FEAR AND ANXIETY OF COVID-19 AMONG NURSING STUDENTS OF KHYBER PAKHTUNKHWA

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ABSTRACT

OBJECTIVE

To evaluate the level of fear and anxiety among nursing students of Khyber Pakhtunkhwa.

***METHODOLOGY**:*

A cross sectional study was designed to collect data from student nurses in Khyber Pakhtunkhwa. Data was collected through online survey from 164 student nurses from July 1st to July 12th 2020. A non-probability convenient sampling technique was used. An adopted and validated questionnaire was used for data collection having two main parts; demographic data and a five point's likert scale for assessing of fear and anxiety.

RESULTS

Result shows that moderate to severe type of fear and anxiety is found in nursing students. Mostly (90%) participants replied that fear and anxiety was present during Corona Pandemic.

CONCLUSION:

It is concluded that COVID-19 affected every part of life as well as educational institute. Educational sector was severely disturbed and students nurses were found in great fear and anxiety during COVID-19.

KEYWORDS :*COVID-19, Stress, fear, Anxiety, Nursing Students*

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INTRODUCTION

Stress is a normal reaction of the body toward any physical or emotional responses. It is a universal phenomenon which type of change that causes physical or Emotional damage. Stress is not always easy to recognize, but there are some ways to identify some signs that you might be experiencing too much pressure Every person experiences stress to some degree.[1] In this COVID-19 pandemic situation, the danger of becoming infected with the virus and pressure upon health care system globally can cause considerable stress and severe mental health problems. During this COVID 19 the frontline healthcare workers were more vulnerable to psychological issues due to the fears of this disease and quarantined period, along with the possibility of their family and close friends being infected.[2] Extensive spread of infection and victims among the health care workers (HCWs) have been reported previously for Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) and now for the COVID-19 infection, imposing considerable amounts of social and mental pressures and stress on the workers.[3] As the COVID-19 pandemic rapidly progress across the world, as a result creation of fear, worry and concern in the population at large and small level among certain groups such as older adults, health care providers and people with underlying health conditions. People, who were quarantined or

isolated, experienced various psychological problems such as stress, fear, and frustrations. This stressful life situation have significant adverse effects on mental health and psychological functioning of a person and lead to psychological problems such as anxiety, mental confusion, social deprivation, and depression. COVID-19 has badly affected the psychological health of individuals by leading to stress, anxiety, and behavioral problems in which the prevalence rates of psychological distress like stress and anxiety were significantly high (more than 25%) during COVID-19 pandemic[4]. Significant proportions of healthcare workers presented with stress symptoms (21.4%), anxiety (5.6%) and depression (5.6%). It is noted that Post-traumatic stress symptoms were also prevalent and almost one third could be considered for probable Post-traumatic stress disorder (PTSD) based on the scores in PC-PTSD-5 means Primary Care PTSD Screen for DSM-5. The coping strategies for such condition were, remain busy in activities, problem solving, sharing feelings, and talking to others.[5] Staff working in critical areas like emergency, ICU, CCU and respiratory department was twice prone to anxiety and depression. It is resulted that depression, anxiety, insomnia, and fear rates in Asian HCP were 27.2%, 25.9%, 35.0%, and 77.1% respectively. Chinese Health care workers had a higher anxiety level (25.9% vs 12.5%), similar depression level (27.8% vs 23.0%), and lower fear (70.6% vs 91.2%) rates during COVID-19 pandemic. supporting the health care workers must be needed[6]. Nursing and medical professionals routinely live with pain and distress and are subjected to extreme rhythms and long working hours, low wages, complex human relationships, scarcity of resources, and a reduced number of professionals. Occupational stress is a set of manifestations in the worker's body that has harmful possible to his/her health due to his/her difficulty in developing his/her activities. Stress at work place results from the interaction between many psychological requirements involving time, speed, workload and intensity, less control in the work process relating to decision-making and intellectual abilities, as well as lower social support. Self-care actions and psychological support that support the spirit of the front line team, create positive working conditions, and reduce stress, directly reflecting on the health of HCWs and the quality of care provided.[7] Traumatic stress in health care workers during COVID-19 was the major issue. The available findings in this study highlighted the presence of trauma-related stress, with a prevalence ranging from 7.4 to 35%, particularly among women, nurses, frontline health care workers, and in workers who experienced physical symptoms. Depression and insomnia is more common in men and physicians.[8] A study was conducted in Egypt in 2021, on health care workers including Doctors, nurses, dentist, pharmacist, physiotherapists, administrative and paramedics. It was resulted that only 1.3% people showed low stress while 98.5% showed moderate to severe stress. About 9.5% did not experienced generalized anxiety, whereas the remaining 90.5% showed different level of anxiety as mild anxiety showed the maximum percent affecting about 40% of participants followed by moderate anxiety about 32% then severe anxiety (18.5%). 94% of participants showed mild to severe depression. Though mental health problems and psychosocial issues are common among health care workers, most of the health professionals do not often seek a regular mental healthcare, but COVID- 19 affect most of the time these health care workers. Thus, the mental health problems of HCWs in the COVID-19 situation have become an urgent public health concern[9]. The aim of this study is to assess the fear and anxiety among students nurses of Khyber Pakhtunkhwa.

METHODOLOGY

A cross sectional stud design was used to collect information from nursing students of Khyber Pakhtunkhwa. The data was collected by using an online survey in July 2022. By using convenient sampling method, a questionnaire was distributed among participants using Google online link. All the students nurses were approached to fill the questionnaire online. Data were collected from nursing students through self reported (online) questionnaire after their consent. We used a modified adopted questionnaire having two parts; part one consist on demographic data and part two was a 5-poitn Likert scale consist on strongly agree (5), agree (4), Neutral (3), disagree (2) and strongly disagree (1) where 5 show highest level of fear and anxiety and 1 show lowest level of anxiety and fear. Total 164 students were participated in this study. Data was analyzed by using SPSS version 26.

RESULTS

Among all 164 participants 77.4% were male and 22.6% were male having majority of 21-25 age group people. 48.8% were married and 51.2% were unmarried. About the residency 51.2% participants were residing in urban area while 48.8%in rural

area. All the participants were student nurses in which 20.1% were in 1st year, 29.95 in 2nd year, 25% in 3rd year and 25% were in 4th year's students. All health staff was working during corona along with students, in this study it is resulted that 20.1% were on duty in general ward, 32.9% in critical units and 47% were on off during COVID. It means majority were not offering their services during Corona (see table 1) Table 2.1 show the Assessment of Fear and anxiety in which 31.1% participants replied that they are infected with Corona virus while 68.9% were not infected by corona virus. The second question was regarding family members or close friend infected with corona virus, 70.1% replied yes while 29.9% replied no. in this table it is also show that 29.9% participants losses their friends or family member due to corona virus. When asked that COVID affect your study or not? 90.2% replied yes while only 9.8% replied no. another question related to study did COVID-19 affect your GPA or exam, 79.9% replied yes while 20.1% replied no. Table 2.2 consists of five possible answer as Strongly agree, agree, neutral, disagree and strongly disagree. Majority (36.6%) participants agree that it is uncomfortable to think about COVID-19. 51.2% agree that I am fearful of losing my life due to Corona. 42.1% participants agree that I am become nervous when watching about COVID.48.2% students agree that I am fearful about the fear and anxiety due to COVID. 41.5% participants agree that quarantine is fearful for me. Regarding sleep due to the fear of COVID-19, 20.7% students agree, 31.1% replied as neutral, 32.3% disagree, that I am unable to sleep due to Corona Virus fear. During eating when I hear or thought about the COVID, I lost my interest in eating, regarding this question 31.1% agree, 11.% strongly agree, 29.9% neutral, 28% disagree and strongly disagree about this. About the eradication of COVID-19, 42.1% agree that the uncertainty of when COVID will be eradicated make me nervous, 33.5% become neutral. 42.7% agree that Infected with corona virus after taking all protective measure make me upset (table 2.2). We can say that strongly agree (5) and agree (4) responses are considered to be positive toward fear and anxiety while disagree (2) and strongly disagree (1) is considered negative means less/no anxiety and fear. Our results show that there was a moderate to severe type of anxiety and fear. Study of the students was badly affected as well as some effect on GPS/Exam results. All variable's results show moderate to severe type of fear and anxiety except variable number 7 that I am unable to sleep.

Table 1: Demographic Data:

Age group	f	%age
15-20	28	17.1%
21-25	95	57.9%
26-30	32	19.5%
31-35	09	5.5%
Gender		
Male	127	77.4%
Female	37	22.6%
Marital Status		
Married	80	48.8%
Unmarried	84	51.2%
Area of residency		
Urban	84	51.2%
Rural	80	48.8%
Enrollment year		
1st year	33	20.1%
2nd year	49	29.9%
3rd year	41	25.0%
4th year	41	25.0%
Duty Station During COVID-19		
General ward	33	20.1%
Critical ward	54	32.9%
No duty	77	47.0%

Table 2.1: Assessment of Fear and Anxiety

Variables	Yes	No
Have you been infected with COVID-19?	51 (31.1%)	113 (68.9%)
Any one in your family or close friend has been infected with COVID-19?	115 (70.1%)	49 (29.9%)
Do you loss anyone from your family or close friend due to COVID-19?s	49 (29.9%)	115 (70.1%)
Does COVID-19 affect your study?	148 (90.2%)	16 (9.8%)
Did your GPA/Exam result affect during COVID-19?	131 (79.9%)	33 (20.1%)

Table 2.2: Assessment of Fear and anxiety

S.No	Variables	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	It is un-comfortable for me to think about COVID-19	50 (30.5%)	60 (36.6%)	33 (20.1%)	10 (6.1%)	11 (6.7%)
2	I am fearful of losing my life because of COVID-19	22 (13.4%)	34 (51.2%)	28 (17.1%)	10 (6.1%)	20 (12.2%)
3	When watching news and stories about COVID-19 on social media, I become nervous or frightened	24 (14.6%)	69 (42.1%)	38 (23.2%)	14 (8.5%)	19 (11.6%)
4	I"m fearful about the fear and anxiety caused by COVID 19 in my family	30 (18.3%)	79 (48.2%)	31 (18.9%)	14 (8.5%)	10 (6.1%)
5	I am panic of getting infected by others due to COVID-19	37 (22.6%)	75 (45.7%)	25 (15.2%)	22 (13.4%)	05 (3.0%)
6	I fear the duration of quarantine (14 days) due to COVID-19.	25 (15.2%)	68 (41.5%)	32 (19.5%)	15 (9.1%)	24 (14.6%)
7	I am unable to sleep due to fear of COVID-19	14 (8.5%)	34 (20.7%)	51 (31.1%)	53 (32.3%)	12 (7.3%)
8	I lost interest in eating when I thought about or was exposed to information about the COVID	18 (11.0%)	51 (31.1%)	49 (29.9%)	41 (25.0%)	05 (3.0%)
9	The uncertainty of when COVID-19 will be eradicated makes me nervous	15 (9.1%)	69 (42.1%)	55 (33.5%)	18 (11.0%)	07 (4.3%)
10	Getting infected by COVID-19 even with taking all precautionary measures during the patient"s treatment makes me upset	16 (9.8%)	70 (42.7%)	45 (27.4%)	23 (14.0%)	10 (6.1%)

DISCUSSION

This online study was designed to evaluate the fear and anxiety level among nursing students of Khyber Pakhtunkhwa during COVID-19 pandemic. For this purpose, a questionnaire-basedstudy was formulated to gather information about fear and anxiety of nursing students working in COVID-19 in Khyber Pakhtunkhwa. In pandemics, there is a great impact of psychological issue such as fear and anxiety, among all people especially if the number of infected individuals and death rates isgradually increasing. In this study, it is revealed that 9out of 10 variables in table 2.2 havepositive responses toward fear and anxiety while the result of1 variable is negative means less fear and anxiety. So we can say that 90% result show fear and anxiety. A study was done in Saudia Arabia show 10.7%, 73.5%, and 15.7% of HCWs had a mild, moderate, and severe degree of fear and anxiety, respectively.[2] another study also show 51% of prevalence among health care worker in Saudia Arabia.[10] A Chinese study reported a prevalence of 44.6% of anxiety among 1257 health-care providers.[11]Another study showed that 32.9% health care workers face COVID-19 cases during this pandemic in which 35.6% were very worried about this situation. Inadequate training was considerably associated with a higher proportion of anxiety and depression.[12] A study was conducted in Singapore to know the psychological impact of COVID on 500 health care workers. This study resulted that 14.5% having anxiety, 8.9% depression, 6.6% stress, and 7.7% PTSD.[13] With the beginning of COVID-19 in Pakistan, health care workers were under physical and psychological pressure including risk of infection, inadequate equipment for safety, isolation, exhaustion, and lack of contact with family. This infection caused more severe condition till the involvement of their families. Further problems including anxiety, fear, panic attacks, post-traumatic stress disease (PTSD), psychological suffering, stigma depressive tendencies, sleep disturbances, social isolation.[12] Self-care actions and psychological support that support the spirit of the front line health care workers, create positive working conditions, and reduce stress, directly reflecting on the health of HCWs and the quality of care provided.[15] Corona virus badly affected education system due to lock down worldwide including, learning disruptions, and decreased access to education and research facilities, Job losses and increased student debts.[16,17] In this current study it is revealed that 90.2% students responded that their study was affected in corona pandemic as well as 79.9% replied that their GPA/exam were also disturbed. Developing countries like Pakistan was more affected by this pandemic,specially the education system because developing countries have no advanced resources for providing education at home. Developing countries must enhance broadcast teaching, online learning and teaching, and virtual class infrastructures. As per UNESCO reports 87% of the world's student population was affected by COVID-19 due school closures.[18]

LIMITATION

Sample size was small and the perfoma filled via online, in future studies we should increase the sample size to get more inhance results

CONCLUSION

In conclusion, it is summarized that fear and anxiety at moderate to severe level were present in this current study. More than 60% students respond that their study was also disturbed as well as exam. 90% students replied that fear and anxiety was present during corona pandemic.

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