International Journal of Advanced Psychiatric Nursing

E-ISSN: 2664-1356
P-ISSN: 2664-1348
www.psychiatricjournal.net
IJAPN 2021; 3(2): 39-42
Received: 18-05-2021
Accepted: 23-06-2021

Muthulakshmi V
Department of Medical and Surgical Nursing, Saveetha College of Nursing, SIMATS, Chennai, Tamil Nadu, India

Praisy Mol Prasad
Department of Medical and Surgical Nursing, Saveetha College of Nursing, SIMATS, Chennai, Tamil Nadu, India

Corresponding Author:
Muthulakshmi V
Department of Medical and Surgical Nursing, Saveetha College of Nursing, SIMATS, Chennai, Tamil Nadu, India

Assess the level of anxiety among caregivers of COVID-19 patients

Muthulakshmi V and Praisy Mol Prasad

Abstract
The range of infections and deaths from corona virus disease 2019 (COVID-19) continues to upward jostle worldwide (World Health Organization, 2020). Because viruses are now not transparent, it causes psychological problems such as fear, denial, stress and nervousness in the popular population. Mental health is becoming an issue that cannot be ignored, while trying to control the outbreak. Anxiety is an emotion characterized with the aid of an unpleasant country of inner turmoil, frequently accompanied with the aid of fearful behaviour. The objective of the study was to assess the level of anxiety among caregivers of COVID-19 patients. A quantitative non-experimental research using descriptive design was conducted among 60 caregivers of COVID-19 patients. A purposive sampling technique was used to select samples. A self- structured questionnaire method was used to collect the demographic variables, Beck Anxiety Inventory scale was used to assess the level of anxiety among caregivers of covid-19 patients. Out of 60 samples majority 39(65%) had mild anxiety, 19(31.67%) had moderate anxiety and 2(3.33%) had severe anxiety. Chi-square test reveals that there is a positive association of educational status with the level of anxiety at the level of $p<0.05$. This clearly interferes that when level of anxiety increases among caregivers of COVID-19 patients. This indicates that anxiety level need to be reduced among caregivers of COVID-19 patients.

Keywords: COVID-19, level of anxiety, caregivers

1. Introduction
An outbreak of novel coronavirus pneumonia is ongoing, called 2019-nCoV, was first identified in Wuhan, Hubei province, China at the end of 2019 [1] SARS-CoV was the causal agent of the severe acute respiratory syndrome outbreaks in 2002 and 2003 in Guangdong Province, China [8] The coronavirus disease 2019 (COVID-19) pandemic is a substantial health burden that has major implications for public health globally. The emergence of COVID-19 exerted unprecedented pressure on the country's health care system and presented various challenges to its nursing workforce, potentially affecting nurses' work performance and mental health and even putting their lives at risk [2].

A novel coronavirus was subsequently identified as the causative pathogen, provisionally named 2019 novel coronavirus (2019-nCoV) [3]. The emergence of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; previously provisionally named 2019 novel coronavirus or 2019-nCoV) disease (COVID-19) in China at the end of 2019 has caused a large global outbreak and is a major public health issue [4]. In December 2019, a mysterious Coronavirus infection was reported in the Huanan Seafood Market, located in Wuhan State of Hubei Province in China. It was later confirmed to be an illness caused by a novel Coronavirus initially called 2019-nCoV and currently named SARS-CoV-2 [7].

The novel coronavirus mandates local, nationwide, and global quarantine measures and this type of sturdy countermeasures additionally result in population-level psychological distress. Healthcare workers are directly involved in the prevention, diagnosis, treatment, and care of patients with COVID-19 [9]. No attender is allowed interior the wards. We realised that many family participants of patients had been anxious to be aware of how they were. Some sufferers do reply cell phone calls or video calls but there are patients who are in respiratory distress and cannot communicate over phone. Many loved ones stand outside the block, waiting for updates on the patients. To provide day by day updates on the fitness status of patients, inclusive of their oxygen saturation levels, the sanatorium has put up boards outside COVID-19 wards with fewer patients.

Coronaviruses are a large family of viruses with four genera: alpha, beta, gamma, and delta. The most pathological diseases caused by human coronaviruses are SARS, MERS, and COVID-19 [5].

The severe acute respiratory syndrome coronavirus two (SARS-CoV-2) is a newly discovered ribonucleic acid coronavirus isolated and identified from sufferers with unexplained pneumonia in Wuhan, China in December 2019. Coronaviruses cause respiratory and intestinal infections in animals and humans. They were not considered to be highly pathogenic to humans until the outbreak of severe acute respiratory syndrome (SARS) [6].

Anxiety is a feeling of uneasiness and worry, normally generalized and unfocused as an overreaction to a situation that is solely subjectively viewed as menacing. It is often accompanied through muscular tension, restlessness, fatigue and issues in concentration. Anxiety is closely related to fear, which is a response to a real or perceived on the spot threat; anxiety involves the expectation of future threat. Mental health is becoming an issue that cannot be ignored, while trying to control the outbreak. Because of the disease's high level of transmissibility, COVID-19 patients have to stay in isolated units, and while being treated in isolation they may experience both physical and psychological discomfort, which could result in mental health problems [10]. The presented study Leodoro J. Labrague, Janet de los Santos, was Fear of COVID-19, psychological distress, work satisfaction and turnover intention among frontline nurses. COVID-19 is a pneumonia-like disease caused by a novel coronavirus that emerged in the Province of Wuhan in China in November 2019. Anxiety related to the COVID-19 pandemic in the nursing workforce, potentially affecting nurses' well-being and work performance. This cross-sectional study involved 325 registered nurses from the Philippines using four standardized scales. 123(37.8%) were found to have dysfunctional levels of anxiety. Using multiple linear regression analyses, social support (β = -0.142, p = 0.011), personal resilience (β = -0.151, p = 0.008) and organizational support (β = -0.127, p = 0.023) predicted COVID-19 anxiety. Nurse characteristics were not associated with COVID-19 anxiety. Resilient nurses and those who perceived higher organizational and social support were more likely to report lower anxiety related to COVID- 19.

Objective: The objective of the study was to assess the level of anxiety among caregivers of COVID-19 patients.

2. Methods and Materials

A non-experimental descriptive research design was used for present study to assess the level of anxiety among caregivers of covid-19 patients. The study was conducted from 15/02/2021 to 20/02/2021 at Saveetha Medical College and Hospital at Thandalam, Kancheepuram district. After obtaining formal permission, from head of the nursing department concerned, the investigator selected 60 samples using purposive sampling technique. The inclusion criteria for the samples are all caregivers of Covid-19 patients in Saveetha medical college and hospital, Caregivers who are able to Understand Tamil and English and Caregivers Who are willing to participate in the study. The exclusion criteria for the samples are Caregivers of Covid-19 patients out of Saveetha Medical College and Hospital and Caregivers who are not willing to participate in this study. A self- structured questionnaire method was used to collect the demographic variables, Beck Anxiety Inventory scale was used to assess the level of anxiety among caregivers of covid-19 patients and therefore the collected data were tabulated and analyzed by using descriptive statistics.

3. Results and Discussion

Section A: description of the demographic variables of the caregivers of covid-19 patients.

Table 1: Frequency and percentage distribution of demographic variables of caregivers of Covid-19 patients N = 60

Demographic Variables	No.	%
Age		
20 – 30 years	25	41.7
30 – 40 years	26	43.3
40 – 45 years	9	15.0
Gender		
Male	19	31.7
Female	41	68.3
Religion		
Hindu	38	63.3
Christian	18	30.0
Muslim	4	6.7
Education		
Primary	10	16.7
Secondary	30	50.0
Graduate	20	33.3
Place of residence		
Urban	18	30.0
Rural	24	40.0
Sub-urban	18	30.0
Diet pattern		
Vegetarian	5	8.3
Non-vegetarian	27	45.0
Both	28	46.7
Type of family		
Nuclear family	59	98.3
Joint family	1	1.7
Do you know about Covid-19?		
Yes	60	100.0
No	-	-

The table 1 shows that, most of the caregivers of Covid-19 patients, 26(43.3%) were aged between 30 – 40 years, 41(68.3%) were female, 38(63.3%) were Hindus, 30(50%) had secondary education, 24(40%) were residing in rural area, 28(46.7%) were both vegetarian and non-vegetarian, 59(98.3%) belonged to nuclear family and all 60(100%) were known about covid-19.

Section B: assessment of level of anxiety among caregivers of covid-19 patients.

Table 2: Frequency and percentage distribution of level of anxiety among caregivers of Covid-19 patients N = 60

Level of Anxiety	No.	%
Mild (0 – 21)	39	65.0
Moderate (22 – 35)	19	31.67
Severe (≥36)	2	3.33

The above table 2 shows that 39(65%) had mild anxiety, 19(31.67%) had moderate anxiety and 2(3.33%) had severe anxiety.

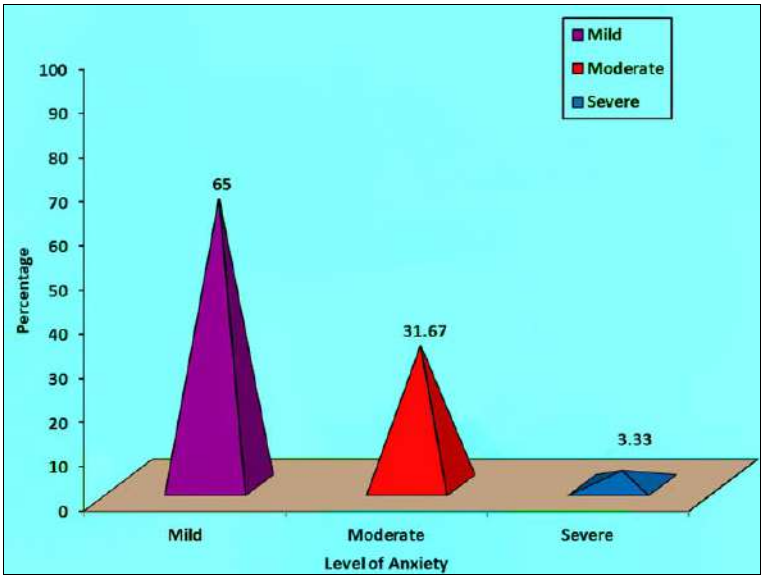

Fig 1: Percentage distribution of level of anxiety among caregivers of Covid-19 patients

Table 3: Assessment of anxiety scores among caregivers of Covid-19 patients N = 60

Anxiety	Score
Minimum Score	0
Maximum Score	43.0
Mean	18.03
Standard Deviation	10.66

The table 3 depicts that the mean score of anxiety among caregivers of Covid-19 patients was 18.03 with standard deviation 10.66 with minimum score of 0 and maximum score of 43.0.

Section C: association of level of anxiety with selected demographic variables.

The current study reveals that the demographic variable education (χ^2=11.549, p=0.021) had shown statistically significant association with level of anxiety among caregivers of Covid-19 patients at p<0.05 level and the other demographic variables had not shown statistically significant association with level of anxiety among caregivers of Covid-19 patients.

4. Discussion

The level of Anxiety among Caregivers of COVID-19 patients was analyzed and discussed by using descriptive statistics. Findings of the study showed that the existing level of anxiety showed that 39(65%) had mild anxiety, 19(31.67%) had moderate anxiety and 2(3.33%) had severe anxiety. The existing level of anxiety scores showed that the mean score of anxiety among caregivers of Covid-19 patients was 18.03 with standard deviation 10.66 with minimum score of 0 and maximum score of 43.0. The Association of level of anxiety among caregivers of covid-19 patients showed that the demographic variable education (□2=11.549, p=0.021) had shown statistically significant association with level of anxiety among caregivers of Covid-19 patients at p<0.05 level.

5. Conclusion

Through this study we had assessed the level of anxiety among the caregivers of covid-19 patients and Findings of the present study revealed that the caregivers of covid-19 patients had generally a mild anxiety level. In association the demographic variable education had shown statistically significant association with level of anxiety among caregivers of Covid-19 patients at p<0.05 level and the other demographic variables had not shown statistically significant association with level of anxiety among caregivers of Covid-19 patients.

Acknowledgement

Authors would like to appreciate all the study participants for their co-operation to complete the study successfully.

Source of funding

This research did not receive any grant from funding agencies in the public or commercial or not for profit sectors.

Conflicts of interest

The authors declare no conflicts of interest.

References

1. She J, Jiang J, Ye L, Hu L, Bai C, Song Y. 2019 novel coronavirus of pneumonia in Wuhan, China: emerging attack and management strategies. Clin Transl Med 2020;9(1):19. doi: 10.1186/s40169-020-00271-z.
2. Leodoro J. Labrague, Janet de los Santos, et al. COVID-19 anxiety among front-line nurses: Predictive role of organisational support, personal resilience and social support. J Nurs Manag 2020;28(7):1653-1661. doi: 10.1111/jonm.13121. Epub 2020 Aug 21.
3. Lu R, Zhao X, Li J et al. Genomic characterisation and epidemiology of 2019 novel coronavirus: implications for virus origins and receptor binding. Lancet 2020;395(10224):565-574. doi: 10.1016/S0140-6736(20)30251-8. Epub 2020 Jan 30
4. Lai CC, Shih TP, Ko WC, Tang HJ, Hsueh PR. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and coronavirus disease-2019 (COVID-19): The epidemic and the challenges. Int J Antimicrob Agents 2020;55(3):105924. doi: 10.1016/j.ijantimicag.2020.105924. Epub 2020 Feb 17.
5. Karimi Z, Fereidouni Z, Behnammoghadam M, Alimohammadi N et al. The Lived Experience of

Nurses Caring for Patients with COVID-19 in Iran: A Phenomenological Study. Risk Manag Healthc Policy 2020;13:1271-1278. doi: 10.2147/RMHP.S258785.
6. Cui J, Li F, Shi ZL. Origin and evolution of pathogenic coronaviruses. Nat Rev Microbiol 2019;17(3):181-192. doi: 10.1038/s41579-018-0118-9.
7. Pericàs JM, Hernandez-Meneses M, Sheahan TP, Quintana E, Ambrosioni J, Sandoval E et al. Hospital clínic cardiovascular infections study group. COVID-19: from epidemiology to treatment. Eur. Heart J. 2020;41(22):2092-2112. doi: 10.1093/eurheartj/ehaa462.)
8. Zhu N, Zhang D, Wang W et al. A Novel Coronavirus from Patients with Pneumonia in China, 2019. N Engl J Med 2020;382(8):727-733.
9. Kibret S, Teshome D, Fenta E, Hunie M, Tamire T. Prevalence of anxiety towards COVID-19 and its associated factors among healthcare workers in a Hospital of Ethiopia. PLoS One. 2020;15(12):e0243022. doi: 10.1371/journal.pone.0243022.
10. Mattila E, Peltokoski J, Neva MH, Kaunonen M, Helminen M, Parkkila AK. COVID-19: anxiety among hospital staff and associated factors. Ann Med 2021;53(1):237-246. doi: 10.1080/07853890.2020.1862905.