Research Paper

A Descriptive Study To Assess The Level Of Anxiety Due To Covid-19 Outbreak Among B.Sc Nursing 4th Year Students Of Alwar Nursing College At Alwar.

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INTRODUCTION
"A Journey of a thousand miles must begin with a single step"

- Joney Walkar

Abstract
Aim: to assess the level of anxiety due to covid-19 outbreak among BSC Nursing 4th year students of Alwar nursing college at Alwar.
Objectives: To asses the level of anxiety among students of BSC Nursing 4th year of Alwar nursing college.
Methodology:A Descriptive Study Was Conducted In The Alwar Nursing College,Prss,Alwar On 40 B.Sc. Nursing 4th Year Student's Selected Through Simple Random Sampling Technique Method.The Multidimensional Self Structured Rating Scale Used To Collect The Data.
Results: The findings of the study reveals that 20% of them has mild level of anxiety, 70% of them have moderate level of anxiety and 10% of them have severe level of anxiety.
Key words: Anxiety,Covid-19,B.Sc.Nursing 4th year student's.

I. INTRODUCTION:

Anxiety disorders are the most common of all the mental health disorders. Considered in the category of anxiety disorders are: Generalized Anxiety Disorder, Panic Disorder, Agoraphobia, Social Phobia, Obsessive Compulsive Disorder, Specific Phobia, Post-Traumatic Stress Disorder, and Acute Stress Disorder. Anxiety disorders as a whole cost the United States between 42-46 billion dollars a year in direct and indirect healthcare costs, which is a third of the yearly total mental health bill of 148 billion dollars. In the United States, social phobia is the most common anxiety disorder with approximately 5.3 million people per year suffering from it. Approximately 5.2 million people per year suffer from post-traumatic stress disorder. Estimates for panic disorder range between 3 to 6 million people per year, an anxiety disorder that twice as many women suffer from as men. Specific phobias affect more than 1 out of every 10 people with the prevalence for women being slightly higher than for men. Obsessive Compulsive disorder affects about every 2 to 3 people out of 100, with women and men being affected equally. Many people still carry the misperception that anxiety disorders are a character flaw, a problem that happens because you are weak. They say, "Pull yourself up by your own bootstraps!" and "You just have a case of the nerves." Wishing the symptoms away does not work -- but there are treatments that can help.

Anxiety disorders and panic attacks are not signs of a character flaw. Most importantly, feeling anxious is not your fault. It is a serious mood disorder, which affects a person's ability to function in every day activities. It affects one's work, one's family, and one's social life.

Today, much more is known about the causes and treatment of this mental health problem. We know that there are biological and psychological components to every anxiety disorder and that the best form of treatment is a combination of cognitive-behavioral psychotherapy interventions. Depending upon the severity of the anxiety, medication is used in combination with psychotherapy. Contrary to the popular misconceptions about anxiety disorders today, it is not a purely biochemical or medical disorder.

There are as many potential causes of anxiety disorders as there are people who suffer from them. Family history and genetics play a part in the greater likelihood of someone getting an anxiety disorder in their lifetime. Increased stress and inadequate coping mechanisms to deal with that stress may also contribute to anxiety. Anxiety symptoms can result from such a variety of factors including having had a traumatic experience, having to face major decisions in a one's life, or having developed a more fearful perspective on life. Anxiety caused by medications or substance or alcohol abuse is not typically recognized as an anxiety disorder.

We have developed the information here to act as a comprehensive guide to help you better understand anxiety disorders and find out more information about them on your own. Choose from among the categories at left to begin your journey into recovery from this treatable disorder.[1]

Humans have suffered from lethal infectious diseases including viral outbreaks for a long time. The human population has evolved by facing and fighting out the various critical life situations. Survival of the fittest is the law of nature. In recent decades, several new diseases have emerged in different geographical areas with pathogens including Ebola virus, Nipah virus, and coronavirus. [2]

Over the past two decades, coronaviruses have been associated with significant disease outbreaks in East Asia and the Middle East. In humans, several coronaviruses are known to cause respiratory infections ranging from common cold to more severe disease such as Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS). Coronavirus belongs to the **family Coronaviridae**.[2]

Coronaviruses got their name from the way that they look under a microscope. The virus consists of a core of genetic material surrounded by an envelope with protein spikes. This gives it the appearance of a crown. The word Corona means **"crown"** in Latin.[2]

According to the WHO, "coronaviruses are a large family of viruses that are known to cause illness ranging from the common cold to more severe diseases such as SARS and MERS." Recently, a new coronavirus **SARS coronavirus 2 (SARSCov-2)** causing coronavirus disease 2019 (COVID-19) emerged in late 2019, has posed a global health threat, causing an ongoing pandemic in many countries and territories. [3]

Coronaviruses are zoonotic, meaning that the viruses are transmitted between animals and humans. It has been determined that MERS-CoV was transmitted from dromedary camels to humans and SARS-CoV from civet cats to humans. The source of the SARS-CoV-2 (COVID-19) is yet to be determined, but investigations are ongoing to identify the **zoonotic** source to the outbreak

Coronavirus disease 2019 (COVID-19) is a **highly contagious** viral illness caused by severe acute respiratory syndrome SARS-CoV-2. It has had a devastating effect on the world's demographics resulting in more than 5.5 million deaths worldwide. It has emerged as the most consequential global health crisis since the era of the influenza pandemic of 1918.[4]

With the **first case** being reported in December 2019 in **China**, the virus spread rapidly within China and further throughout the world on January 13, 2020, the first case of COVID-19 outside China was reported in Thailand.[4]

On January 30, 2020, India also reported its first case of COVID-19 in **Thrissur** district of Kerala.[3]

On February 11, 2020, International Committee on Taxonomy of viruses named the virus as SARS-CoV-2 and the WHO named the disease caused by SARS-COV-2 as "COVID19" which stands for[4] –
* Co – corona
* Vi – virus
* D – disease
* 19 – 2019

The outbreak of COVID-19 has proven to be a world wide unprecedented disaster.

● The virus has inflicted billions of lives across the globe in many ways e.g. physically, psychologically, socially.
● Compared to MERS and SARS, COVID-19 has had: significantly higher transmissibility; worst post-recovery implications; frequent mutations (from the initial SARS-CoV-2 strain) leading to higher mortalities and uncontrolled virulence.
● The clinical manifestations of this particular virus has exhibited deleterious impacts on systems

other than the respiratory system (primary target organ) e.g. brain, hematological system, liver, kidneys, endocrine system, etc. with no promising curatives to date.

●   Lack of emergency treatments and shortage of life-saving drugs has promoted the repurposing of existing therapeutics along with the emergence of vaccines with the combined efforts of scientists and industrial experts in this short span.[5]

Globally, as of 4:52 pm CET, 19 January 2022, there have been 332,617,707 confirmed cases of COVID-19, including 5,551,314 deaths, reported to WHO.[5] In India, from 3 January 2020 to 4:52 pm CET, 19 January 2022, there have been 37,901,241 confirmed cases of COVID-19 with 487,202 deaths, reported to WHO.[6]

Typically Coronaviruses present with respiratory symptoms. Among those who will become infected, some will show no symptoms. Those who do develop symptoms may have a mild to moderate, but self-limiting disease with symptoms similar to the seasonal flu.[5]

Symptoms may include:

●   Respiratory symptoms
●   Fever
●   Cough
●   Shortness of breath
●   Breathing difficulties
●   Fatigue
●   Sore throat

A minority group of people will present with more severe symptoms and will need to be hospitalized, most often with pneumonia, and in some instances, the illness can include ARDS, sepsis and septic shock . Emergency warning signs where immediate medical attention should be sought include:

●   Difficulty breathing or shortness of breath
●   Persistent pain or pressure in the chest
●   New confusion or inability to arouse
●   Bluish lips or face[4]

According to the WHO and Centers for Disease Control and Prevention – the incubation period of SARS-Cov-2 was estimated to be **2–14 days.**

The diagnostic process for COVID-19 is based on the collection of respiratory samples, which can be done by mouth swabs, nasal swabs, or lower respiratory tract secretions. A specialist will then analyze the samples to identify the virus. In most cases, patients withCOVID-19 will require hospitalization and isolation. [5]

Several techniques are being used to diagnose the disease condition appropriately. Molecular tests including real-time **reverse transcription-polymerase chain reaction,** serology tests, isothermal amplification assays, antigen test, and antibody test including serology test and enzyme-linked immunosorbent assay are being used widely.[5]

The virus that causes COVID-19 infects people of all ages. However, evidence to date suggests that three groups of people are at a higher risk of getting severe COVID-19 disease

●   Older people (people over 70 years of age)
●   People with serious chronic illnesses
●   People who are physically inactive

II. RESEARCH METHOLOGY

Problem   Statement
A Descriptive study to assess the level of anxiety due to covid-19 outbreak among B.Sc. Nursing 4th year students of Alwar nursing college at Alwar.

Objectives of The Study
*   To assess the level of anxiety due to covid-19 outbreak among BSC Nursing 4th year student's of Alwar nursing college.
*   To find out the association between the level of anxiety due to covid-19 outbreak among BSC nursing 4th year students of Alwar nursing college with their selected socio-demographic variables.

Hypothesis
*   There will be a significant difference in the level of anxiety among the BSC nursing 4th year students at Alwar nursing college , Alwar.
*   There will be a significant association between the selected demographic variables with the level of anxiety.

Research setting:
The Study Was Conducted In The Alwar Nursing College,Prss,Alwar.The Researcher Selected 40 Students Of B.Sc.Nursing Students By Using Simple Random Sampling Technique.The Investigator Distributed Structured Questionnaire To The Students.

Sample size:
*   Sample size refers to the total number of participants from target population participating in the research study. In this study sample of 40 students who are studying in B.Sc. nursing 4th year of Alwar nursing college at Alwar.

Sampling technique:
*   Simple random sampling technique

Ethical consideration :
 Data was collected in the month of January-2021, after getting the permission of administration of Alwar nursing college at Alwar.

Reliability of tool: The reliability of tool was 7.

Description of Tool   Part-I
The Demographic Data In Relation To Age,Sex,Religion,Types Of Family,Residence,Habitat,Place,Of Residence,Income.

Part-II

The multidimensional Self structure Anxiety Rating scale consist of 20 objective type questions in which 8 of them were based on physical symptoms , 7 of them were emotional symptoms and 5 of them were behavioural symptoms to assess the level of anxiety due to covid – 19 among Bsc nursing 4th year students of Alwar nursing college at Alwar.

Score Interpretation
The score item in the self structured Anxiety Rating scale is as follow

Mild: 1   Moderate: 2   Severe:3

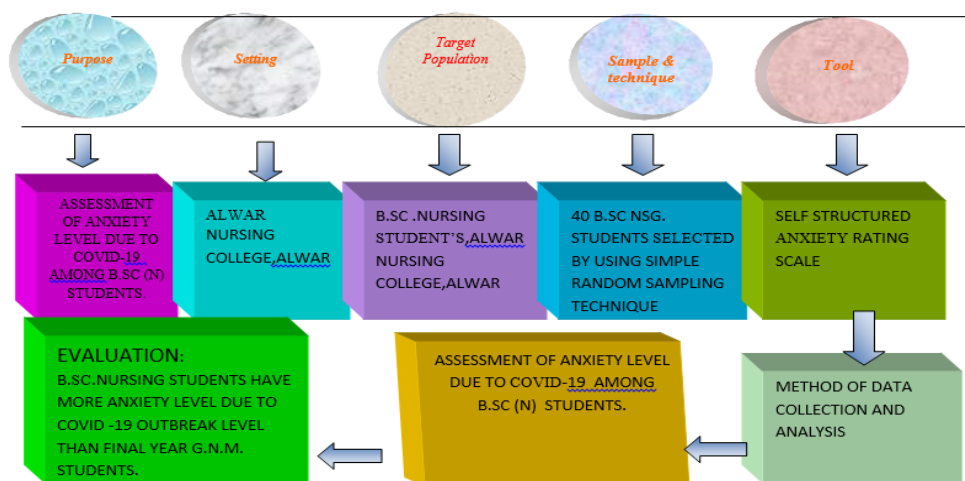Mild anxiety: less than 29   Moderate anxiety: 30-44   Severe anxiety :more than 45

Figure: 1 Schematic Representation of study design

III.   Result

Table-1 Percentage distribution of anxiety level among B.Sc. Nursing students due to covid-19 out break

S.NO	LEVEL OF ANXIETY	FREQUENCY	PERCENTAGE
1	MILD	8	20%
2	MODERATE	28	70%
3	SEVERE	4	10%

The table -1 reveals the findings of the study that 20% of them has mild level of anxiety, 70% of them have moderate level of anxiety and 10% of them have severe level of anxiety.
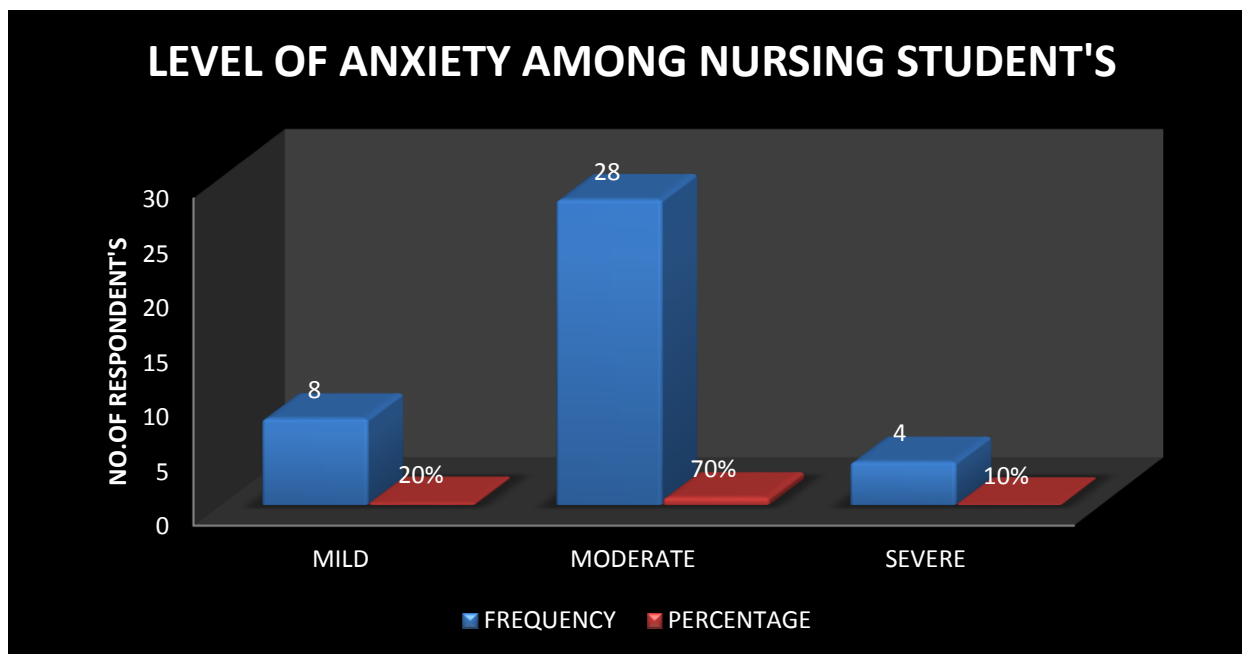

Figure-2 Bar diagram showing categories wise level of anxiety mean Frequency & percentage Distribution among B.Sc.Nursing 4th year student's .

IV.   Discussion:-

Major Findings Of The Study:

1. FIRST OBJECTIVE : The first objective of the study is to assess the level of anxiety due to covid – 19 outbreak among BSC nursing 4th year students of Alwar nursing college at Alwar.

The findings of the study reveals that 20% of them has mild level of anxiety, 70% of them have moderate level of anxiety and 10% of them have severe level of anxiety.

2.SECOND OBJECTIVE :-

To find out the association between the level of anxiety due to covid-19 outbreak among BSC nursing 4th year students of alwar nursing college with their selected socio-demographic variables .

FINDINGS:-.

 AGE: In mild level of anxiety, the age group of 20 – 24 years had 15% level of anxiety, In 25- 29 yrs. had 5% level of anxiety. In moderate level of anxiety, age 20-24 years have 67.5%, 25-29yrs had 2.5%. In severe level of anxiety in the age groups 20 - 24yrs had 7.5% anxiety level, in 25-29yrs had 2.5% level of anxiety. Chi – square value 5.094 (p = 12.63) is non-significant.

GENDER :- In mild level of anxiety, the Males had 17.5% level of anxiety and Females had 2.5% level of anxiety. In moderate level of anxiety, males have 57.5%, females had 12.5%. In severe level of anxiety in the male had 5.0% anxiety level, females had 5% level of anxiety . Chi – square value 13.43 (p = 12.69) is significant.

RELIGION :- In mild level of anxiety, Hindu had 17.5% level of anxiety and muslim had 2.5% level of anxiety. In moderate level of anxiety, Hindu have 67.5%, muslim had 2.5%. In severe level of anxiety in the Hindu had 7.5% anxiety level, Muslim had 2.5% level of anxiety. . Chi – square value 1.732 (p = 12.59) is non-significant.

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TYPES OF FAMILY :- In mild level of anxiety, the Nuclear had 15% level of anxiety, Joint family had 2.5% level of anxiety and Extended family had 2.5% level of anxiety. In moderate level of anxiety, Nuclear family

have 47.5%, Joint family had 15% and Extended family had 7.5 %. In severe level of anxiety in the Nuclear family had 7.5% anxiety level, Joint family had 2.5% level of anxiety and Extended family had 0 % level of anxiety. . Chi – square value 13.176 (p = 10.73) is significant.

PLACE OF LIVING :- In mild level of anxiety, the Hostel had 5% level of anxiety, with family had 5% level of anxiety and Rent students had 10% level of anxiety. In moderate level of anxiety, hostel have 12.5%, with family had 42.5% and Rent students had 15 %. In severe level of anxiety in the Hostel had 2.5% anxiety level, With family had 2.5% level of anxiety and Rent students had 5% level of anxiety. . Chi – square value 0.79 (p = 3.67) is non-significant.

FAMILY INCOME (monthly) :- In mild level of anxiety who have less than 20,000 had 12.5% level of anxiety, who has 20,000- 35,000   had 7.5% level of anxiety and who has 35,000 or above had 0% level of anxiety. In moderate level of anxiety, who has less than 20,000 have 10%,   who has 20,000 – 35,000 had 50% and who has 35,000 or above had 10 %. In severe level of anxiety who has less than 20,000 had 2.5% anxiety level, Who have 20,000 – 35,000 had 2.5% level of anxiety and who have 35,000 or above had 5% level of anxiety. . Chi – square value 12.65 (p = 12.51) is significant.

HABITAT :- In mild level of anxiety, Rural area student had 12.5% level of anxiety and urban area students had 7.5% level of anxiety. In moderate level of anxiety, Rural area students have 42.5%, amd Urban area students had 27.5%. In severe level of anxiety in the Rural area students had 5% anxiety level, Urban area students had 5% level of anxiety . . Chi – square value 1.298 (p = 13.129) is non-significant.

V.   Conclusion

The present study was undertaken as an attempt to assess the level of anxiety due to covid - 19 among BSC Nursing 4th year of Alwar Nursing College ALWAR.
According to the findings of the study reveals that 20% of them has mild level of anxiety, 70% of them have moderate level of anxiety and 10% of them have severe level of anxiety.
When finding out the association between the level of anxiety due to covid-19 outbreak among BSC nursing 4th year students of alwar nursing college with their selected socio-demographic variables Following variable were significant Gender,types of family,family income remaining were non –significant.

FINDINGS:-.
AGE: Chi – square value 5.094 (p = 12.63) is non-significant.
GENDER :- Chi – square value 13.43 (p = 12.69) is significant.
RELIGION :-Chi – square value 1.732 (p = 12.59) is non-significant.
TYPES OF FAMILY : Chi – square value 13.176 (p = 10.73) is significant.
PLACE OF LIVING : Chi – square value 0.79 (p = 3.67) is non-significant.
FAMILY INCOME : Chi – square value 12.65 (p = 12.51) is significant.
HABITAT: Chi – square value 1.298 (p = 13.129) is non-significant.

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