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Awareness, Fear, Stress & Anxiety Regarding COVID-19 in Pandemic among the Nursing Officer

Ms. Ganji Revathi[1*], Ms. Vinee Shweta Samuel[1]
[1]Nursing Tutor, College of Nursing, Institute of Medical Science, Banaras Hindu University, Varanasi, U.P, India

Abstract: Infectious diseases can be caused by bacteria, viruses, fungi, and parasite that may cause illness and diseases. Every once in a while, there may be an outbreak of these illnesses. Evolution of the new strain or a new disease other than existing pathogens shows a significant impact locally or globally. ***Study Objective*:** 1) To assess the level of knowledge, Fear, Stress & Anxiety regarding COVID-19 among the nursing officer. 2) To find out Correlation coefficient of the Fear & stress regarding the COVID-19 among the Nursing Officer. 3) To find out the relationship between knowledge regarding COVID-19 & selected socio demographical variables among the nursing officer. 4) To distribute the pamphlets after the assess of knowledge regarding COVID-19 among the nursing officer**.** The research approach for the study was descriptive research survey and the design adopted was Non experimental Multivariate descriptive research. 60 nursing officer was selected in Sir Sunder lal & trauma Center hospital, Banaras Hindu University, Varanasi. Sample was selected by the convenience sampling Techniques. The self constructed knowledge questionnaire was prepare and use for data collection to assess the knowledge regarding COVID-19 among the nursing officer. The finding in the present study revealed that knowledge regarding COVID-19 of the nursing officer that Inadequate knowledge 00 (00.00%), Moderate knowledge 13(21.66%) & Adequate knowledge 47(78.33%). The Mean of this study 15.85, Mode 16, Median 15, Range 22-10, Mean Score Percentage 79.25%, Standard deviation 3.23 and mean deviation 2.83. The chi square computed between level of awareness & selected socio demographical variables showed that there was significant relationship such as Religion, Course of the study, years of experience & remaining socio demographical variables like as Age Year's & Gender were not significant. (At significant level 0.05). The research Study concluded that nursing officer of the Sir sunder Lal & Trauma Hospital have good knowledge regarding the COVID-19 in Pandemic time.

Keywords: Knowledge, COVID-19, Pandemic & Nursing Officer.

Research Paper

***Corresponding Author:**
Ms. Ganji Revathi
Nursing Tutor, College of Nursing, Institute of Medical Science, Banaras Hindu University, Varanasi, U.P, India

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INTRODUCTION

"Health is the most precious asset we can ever have. During these difficult times of Pandemic, Hum our proves to e one of the best medicine to boost our immunity and mental wellbeing".

According to Nanjunda swamy

A lot of art work have been made to create awareness about social distancing and the necessity to wear a facial mask.

According to Priya Ramanathan

Corona virus disease 2019 (COVID-19) was first identified in Wuhan City in December 2019, after which, the disease spread throughout Hubei Province and other parts of China. After causing significant morbidity and mortality in China, by February 2020, COVID-19 had spread to numerous other countries, including the USA, Italy, Spain, Germany, France, and Iran. As of now, COVID-19 has spread to almost every country, infecting million people and causing deaths across the world and is therefore considered a global pandemic.

Corona virus (CoV) infections are emerging respiratory viruses that are known to cause illness ranging from the common cold to severe acute respiratory syndrome (SARS). CoV is a zoonotic pathogen that can be transmitted via animal-to-human and human-to-human interactions. Multiple epidemic outbreaks occurred in 2002 (SARS), with approximately 800 deaths, and in 2012(Middle East respiratory syndrome corona virus, MERS-CoV), with 860 deaths. About 8 years after the MERS-CoV epidemic, the

current outbreak of corona virus disease 2019 (COVID-19) has emerged as a global outbreak and significant public health issue. On January 30, 2020, the World Health Organization (WHO) declared COVID-19 a public health emergency of international concern. As of now march 16, 2020 there is total of 1,42,539 reported case of COVID -19 globally, with 5,393 death. The pandemic has spread to many countries with extension to 13 more countries in just past 24 hours.

In the world, India has a second most population country in which 38.2 million have Higher education. Covid-19 has become a pandemic these days & it's a topic of high public concern and medical student are directly & indirectly related to it.

COVID-19 is spread by human-to-human transmission through droplet, feco-oral, and direct contact and has an incubation period of 2-14 days. Till date wide variety of vaccines available for COVID -19. Social distancing, wearing mask and frequent hand sanitization plays a major role in preventing spread of the disease.

Pandemic has been one of the buzzwords of late 2005.Merriam-Webster reports that "pandemic" is the seventh most frequently looked-up word in its online dictionary this year. PANDEMIC means "occurring over a wide geographic area and affecting an exceptionally high proportion of the population." A pandemic is basically a global epidemic, an epidemic that spreads to more than one continent," says Dan Epstein, a spokesman for the Pan American Health Organization, are going a office of the World Health Organization. WHO has developed a system of identifying where the world stands with regard to pandemic flu.

Objectives:

1. To assess the level of knowledge, Fear, Stress & Anxiety regarding COVID-19 among the nursing officer.
2. To find out Correlation coefficient of the Fear & stress regarding the COVID-19 among the Nursing Officer.
3. To find out the relationship between knowledge regarding COVID-19 & selected socio demographical variables among the nursing officer.
4. To distribute the pamphlets after the assess of knowledge regarding COVID-19 among the nursing officer.

Reviewer of Literature:

Zheng, Zhou, Fu, Xiang, Cheng, Chen& Li (2021) examine the effect of COVID-19 on the mental health of nurses and the prevalence of anxiety and depression symptom among nurses in China during the outbreak. Across-sectional study a total of 3,228 nurses in Sichuan Province and Wuhan City were selected by convenience sampling. All participants were invited to complete the questionnaire through We Chat from January 27 to February 3, 2020. A self-reported questionnaire combining depression and anxiety scale was used to collect data anonymously. Binary and multivariate logistic regression was applied to measure the odd so f psychosocial factors of anxiety and depression and perceived health, respectively. The total incidence of depression (34.3%) and anxiety (18.1%) during the COVID-19outbreak was lower than that during the SARS outbreak; however, the rate of depression in our study (47.1%) was high and similar in a recent study (50.4%) about the healthcare workers exposed to COVID-19 in China. The results indicated that COVID-19-related stress, relationship quality with family, and demographic characteristics were associated with depression, anxiety, and perceived health status. Furthermore, the prevalence of depression was similar between nurses working in low-risk COVID-19 wards was as high as working in high-risk COVID-19 wards (OR, 1.078; 95% CI, 0.784–1.481).

METHODOLOGY

The research approach was used for study descriptive research approach & design used in Non Experimental multivariate Descriptive Research design. The study was conducted 60 nursing officer who is work (In respective COVID-19 ward) in Sir Sunder lal & Trauma Hospital, Banaras Hindu University, Varanasi by convenience sampling Techniques. All the participant was selected who are willing to participate & follow of the instruction given by the researcher. The instrument used for data collection was self constructed questionnaire. Before data collection the content validity of the tools were established by consulting with 10 experts. A structured Performa & observation checklist used for data collection. The tools were self constructed & written in English language. Participants were not offered any financial compensation. The structured Performa considered two parts - **Part-I:** Considered of item (04) on demographic characteristics of the participants & Part-II: It include Total 40 items regarding COVID -19. **Part-II (A):** It considered (20 items) regarding awareness of the COVID-19. Part-II (B): It Include 07 items regarding fear & (13 items) regarding stress & Anxiety towards in COVID-19 in which 10 items include positive statement & remaining 10 items in Negative statement. An observation checklist was used for awareness, Fear, stress & Anxiety towards in COVID-19. The reliability of the tools in awareness were found + 0.89, fear + 0.84, stress & Anxiety +0.91, thus the tools were highly reliable. The approval of ethical clearance of the research committee. The administrative approval for consent department of the participant's & full fills consent form of the participants. The data collected from 10 Jan.2022 to 20 Jan.2022 by the offline mode. The completion of near about 30-35 minute & included in multiple choice question & check list. The

correct answer was given 01 marks & wrong answer given 0 marks for multiple choice question. The Check list used for Fear, stress & Anxiety Scoring of the participants indicate their level of agreement which included strongly agree /agree score was given 03, neutral /uncertain score was given 02 and strongly disagree/ disagree score was given 01. The minimum score possible for each question 01 and the maximum is 03. A total score could be calculated by adding up each item score (ranged from 20 to 60).

The data were analyzed using descriptive & inferential statistics. Data analyzed by the statistical package of social science (SPSS) in IBM version22.

Analysis of awareness

Level of knowledge = Obtained score/Maximum score x 100
Inadequate awareness = below 50 %
Moderate awareness = 50.1 to 75%
Adequate awareness = above 75%

Analysis of Fear, Stress & Anxiety

a. Regarding the fear
Low level fear of COVID-19 = ≤ 50.00%
High level fear of COVID-19 = ≥50.1%

b. Regarding the stress & Anxiety
Mild Stress & Anxiety = ≤ 33.00%
Moderate Stress &Anxiety = 33.1 to 66.00%
Severe Stress &Anxiety = ≥ 66.01%

RESULT

Part-I: The analysis of the result that mostly nursing officer 44 (73.33%) were age group 25-42 year's & remaining 16 (26.66%) were age group 43-60 year's. 31 (51.70%) nursing were female & 29 (48.30%) Male. 41 (68.33%) nursing officer have undergraduate course (general Nursing Midwifery/Bachelor of science in Nursing /Post basic diploma in Nursing) & 19 (31.67%) nursing officer have Post graduate course (Master of Science in Nursing). Most of the participants 32 (53.33%) were 5 to 10 year's clinical experience,16 (26.67%) participants were ≤ 5 year clinical experience & remaining 12 (20.00%) were more then10 year's clinical experience.

Part –II (A): Finding related to awareness regarding COVID-19 among the Nursing Officer.

Table 1: Finding related to Frequency and Percentage distribution to awareness regarding COVID-19 among the nursing officer; N=60

S. N	Level Of Awareness	Frequency (F)	Percentage
1.	Inadequate awareness (Below 50%)	00	**00.00%**
2.	Moderate awareness (50.1-75%)	13	**21.67%**
3.	Adequate awareness (Above 75%)	47	**78.33%**
4.	**Total**	60	**100%**

The data presented in Table 1 & Fig 1 showed that adequate awareness 47(78.33%), Moderate awareness 13 (21.67%) & Inadequate awareness were nil (00.00%).

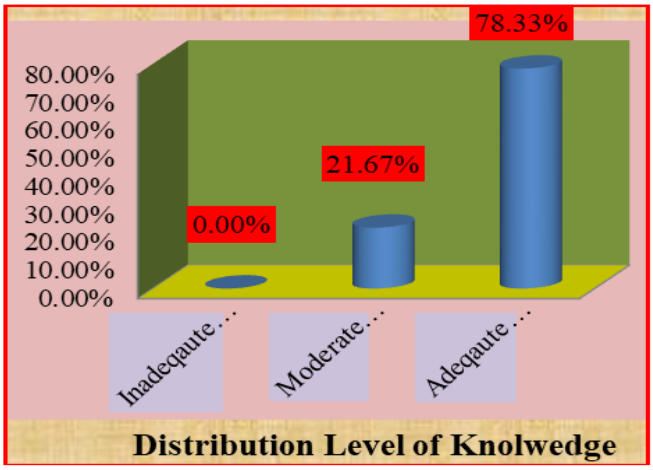

Fig. 1: Bar showing percentage distribution according to level of awareness; N=60

Table 2: Finding related to Mean, Median, Mode, Range, Mean score %, Standard Deviation and Mean deviation to awareness of COVID-19 among the Nursing officer; N=60

Mean +S.D.	Median	Mode	Mean score %	Range	Mean deviation
15.85+3.23	15	16	79.25	22-10	2.83

Max. score 20

The Table 2 data revealed that Mean 15.85, median 15, Mode 16, Mean score % 79.25%, Range 22-10, Standard deviation 3.23 & Mean Deviation 2.83.

Part –II (B): Finding related to Fear, Stress & Anxiety related to COVID-19 among the Nursing Officer

Table 3: Finding related to level of fear regarding COVID-19 among the nursing officer; N=60

S. N	Level of Fear	Scores	N	%
1.	Low level of fear in COVID-19 (≤ 50.00%)	1–10	38	63.3%
2.	High level of fear in COVID-19(≥50.1%)	11-21	22	36.7%
	Total	**07-21**	**60**	**100.00%**

Table 3 & Fig 2 showing the 38 nursing officer were low level of fear in COVID-19 & 22 Officers were High Level of fear in COVID -19.

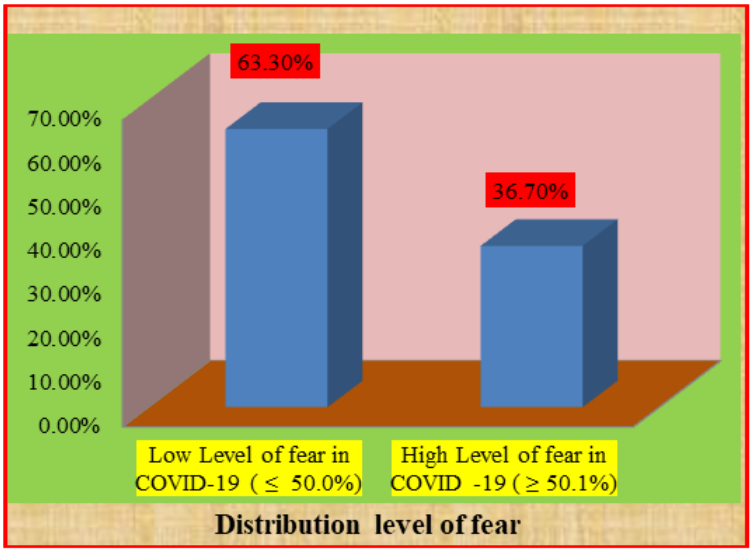

Fig. 2: Chart diagram showing percentage distribution level of fear, N=60

Table 4: Finding related to level of Stress & anxiety regarding COVID-19 among the nursing officer; N=60

Level stress & Anxiety	Scores (Min. -Max)	N	%
Mild Stress & Anxiety (≤ 33.00%)	1-13	49	81.67%
Moderate Stress & Anxiety (33.01 to 66.00%)	14-26	08	13.33%
Severe Stress & Anxiety (≥ 66.01%)	27-39	03	05.00%
Total	**13-39**	**60**	**100.00%**

Table 4 & Fig 3 represent that 49 (81.67%) officers have Mild stress & anxiety, 08 (13.33%) were Moderate Stress & Anxiety & Remaining 03 (5.00%) were Severe Stress & anxiety.

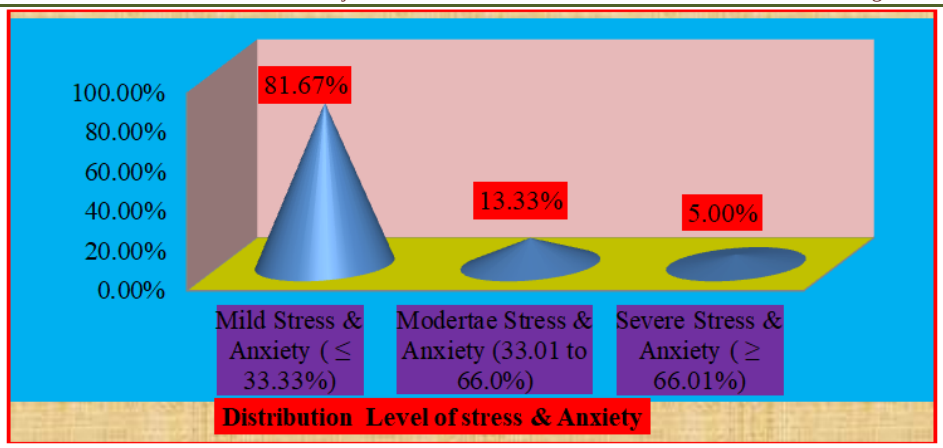

Fig. 3: Cone Diagram showing percentage distribution level of Stress & Anxiety, N=60

Table 5: Shows Correlation coefficient of the Fear & stress regarding the COVID-19 among the Nursing Officer, N=60

S. N	Variables	Mean ± S.D.	r value	Table Value	df	P value	Interpretation
1.	Level of Fear	16.32±3.34	1.1	0.9	58	0.05	Moderately positive
2.	Level of Anxiety	17.09±3.93					

Table 5 showing that the correlation coefficient (r) was 1.1 & table value 0.9 at the probability level of 0.05 at the degree of freedom 58. This showed that there is moderately positive correlation between fear & anxiety.

DISCUSSION

The present study that most of nursing officer have adequate awareness 47(78.33%), remaining 13 (21.67%) Moderate awareness & none of the nursing officer have inadequate awareness. Nursing officer has 63.3% low level of fear in COVID -19 and 36.7% has high level of COVID-19. The high number 81.67% have mild stress & Anxiety, 13.33% Moderate stress & anxiety & only few nursing officer 05% severe stress & Anxiety.

My study support by Srinivasan Padmanaban, Poornima *et al*., (doi:10.1007/s10389-021-05617) on knowledge, attitude & Practice towards in COVID-19 among higher education students in India conducted (April-may 2020). This study was conducted in 22 state in India that 65.5% of students possess a high level of knowledge about COVID-19. It was noteworthy that 71.0% of them had a positive attitude towards COVID-19 and 66.7% of them exhibited desirable practices to mitigate COVID-19. Another study COVID-19 Assessment of knowledge & awareness in Indian society was conducted (April -2020) Ashish Kumar Singh, Bharti Agrawal, Anukriti Sharma (doi:10.1002/pa.2354). A total of 522 responses from all over India were received. The respondents have adequate awareness for COVID-19 outbreak and its preventive measures, out of total, 98% (513) answered that the virus spreads from one person to another, 95% (494) answered that the disease is caused by a virus.

The chi square computed between level of awareness & selected socio demographical variables showed that there was significant relationship such as Religion, Course of the study, years of experience & remaining socio demographical variables like as Age Year's & Gender were not significant. (At significant level 0.05).

CONCLUSION

The Nursing officer have adequate knowledge regarding COVID-19 in pandemic. The adequate level of knowledge to low level of the fear, Mild stress & anxiety in COVID-19. In this study to enhancements, update knowledge to decrease fear, stress & Anxiety.

Acknowledgment: Author thanks to all the Nursing Officer who gave their valuable time to complete questionnaire of this study.

Availability of Data & Materials: All the data analyzed or generate during the present study are not publicity due to ethical consideration.

Author contribution: Author designed for this research study, collect the data then first prepares the manuscript. After then analysis of this study, supervised & edited the manuscript, final draft of the manuscript.

Ethical consideration & consent of the participants: All the necessary approval for carrying out research obtained. The study approval by the administrative & written consent explaining the purpose of research prepare by the sign of participants. In order to maintain confidentially, questionnaires were made anonymous.

Conflict of Interest: This study was no conflict of interest.

Source of Funding: This study no contribution of financial source of participants & no funding source of agency.

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