INVESTİGATİON OF ANXİETY STATUS OF NURSES TAKİNG CAREOF PATİENTS WİTH COVİD-19

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Abstract

Backround:

Healthcare professionals are more exposed to emotional stress factors in service delivery, increased workload, moral dilemmas, greatly differentiation of familiar practices, staying at the center of a rapidly developing practice environment. These situation burden their mental health and cause emergence of anxiety and depressive symptoms.

Purpose:

The purpose of this study is investigation of anxiety levels that may develop in the psychological conditions of nurses working in Covid-19 clinics, to take precautions in line with the results and to create a basis for nurses to overcome the process more easily in new epidemics.

Methods:

Nurses work in the Covid-19 Quarantine clinic from Kırıkkale (*N*= 220), İstanbul (*N*= 200) and Ankara (*N*= 133) were included in the studybetween June 2020 and August 2020. A questionnaire on sociodemographic characteristics and a 21-item multiple-choice Beck Anxiety Scale (BAI) were used. Datas were analyzed using IBM SPSS Statistics 21.0 (IBM Corporation, Armonk, NY, USA) statistical package program.

Results:

The anxiety levels were were statistically significantly higher in Ankara and Istanbul than Kırıkkale ($p<0.001$). It was determined that the average anxiety score in Kırıkkale province was 32 points, the average anxiety score in Ankara was 40 points, the average anxiety score in Istanbul was 33 points, and the anxiety level in all three provinces was found to be severe.

Conclusions/ Implications for Practice:

As a conclusions, the Covid-19 pandemic caused high anxiety in nurses. In order to make improvements in the health service provision of nurses who work with high devotion, it can be aimed to reduce anxiety rates in case of possible new epidemics or worsening of the current pandemic process, based on national and

international standards.

For improvements, informations should made about ways to cope with stress psychologically by using media and social media. Evidence-based psychological health services should provided for those working in workplaces

Key Words: *Anxiety, Nurses, Covid-19*

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Introduction

COVID-19 patients were first reported to the World Health Organization (WHO) in the form of pneumonia cases of unknown cause in Wuhan, Hubei province, China on December 31, 2019 (World Health Organization, 2020a).The epidemic, which was declared as "international public health emergency" (PHEIC), spread rapidly to all countries of the world and was declared as a "pandemic" on March11, 2020 (World Health Organization,2020b).

COVID-19 renders conventional coping styles dysfunctional due to its prevalence in the general population in many countries, its unpredictable and high infectious natüre. The necessity of physical distance and isolation and the associated high morbidity and mortality rates(Thu et al., 2020). It also requires adaptation to the new crisis and developing ways of thinkingabout the crisis, and it creates an unprecedented burden on all healthcare professionals around the world(Hick &

Pavia, 2020). Undoubtedly, one of the occupational groups that are in the closest contact with infected individuals in epidemics and therefore most affected by the pandemic period are healthcare workers at the forefront.

Sakaoglu et al. reported that during the COVID-19 pandemic period, among the reasons that cause anxiety in healthcareworkers, materials such as masks, visors, glasses, and overalls they use for protection from the Corona virüs. Because it will cause wounds and damage to the hands, face and other parts of body (Sakaoğlu et al., 2020). Prolonged workinghours during epidemic periods such as COVID-19, the risk of getting sick withincreasing virus load, or the risk of transmitting the virus to their families or third parties are also considered among the causes of concern (Meyerowitz et al., 2021). In addition, it was stated that navigating an unknown environment or care system and encountering additional difficulties when they adapt to a

completely new working environment in a stressful situation also increase the anxiety of employees (Rogers et al., 2020).

Studies have been conducted in the literature to measure the psychological effects of the COVID-19 pandemic period on healthcare workers (Bender et al., 2020; Lai et al., 2020; Sakaoğlu et al., 2020). In these studies, it was determined that mentalhealth of healthcare workers was negatively affected due to the reasons we have listed above. Nurses, in particular, not only experienced an increase in the

intensity of their work, but also had to adapt to new protocols and 'a new norm'. The complex nature of care and new ways of working have become potentially very stressful for nurses (Bender et al., 2020; Mo et al., 2020).

In this study, it was aimed to examine anxiety situations based on individual characteristics and working conditions by evaluating nurses working only in Covid-19 quarantine clinics in different provinces (The majority ratios of

cities in terms of population are respectively, from the highest to the lowest; Istanbul, Ankara, Kirikkale).

Method

This non-interventional prospective study was conducted (after taking permission from Kirikkale UniversityResearch Ethics Committee, between June 2020 and August 2020 dates, approval number:2020.07.14.2020/10) with volunteer nurses responsible for patients in Covid-19 quarantine clinics after taking writing concent. The study was performed in accordance with the Declaration of Helsinki. Nurses who were not employed in Covid-19 quarantine clinics and did not want to participate were not included inthis study. A total of 553 people, 220 fromKırıkkale, 133 from Ankara and 200 from Istanbul participated in the study. The data was created via Google forms, sent online to the participants and collected.

The questionnaire forms consisted of two parts. In the first part, 16 questions related to sociodemographic characteristics created in accordance with the literature, and in the second part, the 21-item multiple-choice Beck Anxiety Scale (BAI) was used (Lemos et al., 2019).

Beck Anxiety Scale (BAI): The Turkish validity and reliability study of the scale developed by Ulusoy et al (Ulusoy & Hisli,1998). The scale consists of 21 statements in four degrees that describe the mood. Each item scores between 0 and 3, andhigh scores from the scale indicate a high level of anxiety. 0-17 points that individuals get from the scale explain low, 18-24 points explain moderate, 25 points and above explain high anxiety level. . The BAI showed a high internal consistency(alpha = 0.93) in this study (Ulusoy & Hisli, 1998).

Data analysis: Data was analyzed using IBM SPSS Statistics 21.0 (IBM Corporation, Armonk, NY, USA) statistical package program. Descriptive statistics were made and numerical variables were

presented as mean and standard deviation, and categoricalvariables as numbers and percentages. The chi-square test was used for in-group comparisons and the Mann-Whitney U test was used for comparisons between groups. Cronbach α coefficient was used for internal consistency analysis of the scale. The internal consistency coefficient of the scale was high (alpha = 0.90). $p<0.05$ value was considered statistically significant.

Results

Five hundered fifty three (553) participants were included in the study. The sociodemographic characteristics, distribution, low and high anxiety levels of the participants are given in Table 1 as numbers and percentages. There was not any statistically significant differencewithin groups (Table 1). Anxiety levels of participants according to the professional experience and psychosocial support demand was shown in Table 2. The anxietylevels of the nurses involved in the care of the patient with Covid-19 are given as numbers and percentages in Table 3. In all three cities, participants' total anxiety scores were found significantly higher, however higher anxiety levels in Ankara and Istanbulwere significantly higher than Kırıkkale ($p<0.001$, Table 3). The average anxiety scores of Ankara province is significantly higher than Istanbul and Kirikkale province (Figure 1).

The demographic charecteristics of the nurses were; 32.7% of the participants were male, 67.3% were female, the average age was 30.7 (± 5.8), 59.1% weremar ried, 40.9% were single, 2.5% were high school graduates, 76.1% were associate degree and 21.3% were graduate, 90.8% of them had children, 9.2% of them had no children. Economic status of the participants were of 92.4% good, 7.6% bad, working year of 21.7% was 1-5 years, of 9.6% was 6 to 10 years, of 68.7% was 11 years and more, working face to face with the patient was of 57.5% were 1-5years, of 40.3% were 6-10 years and of 2.2% were 11 years and above, of 66.2% of the units where the participants work ıs in the internal branch and of 33.8% is in the surgical branch, 62.2% of the working years in the department is less than 1 month, of 37.8% of them is 1 month and more. Weekly working hours of the participants of 70.2% were 48 hours, of29.8% were 48 hours and more, thenumber of patients under responsibility is of 61.3% were one patient, of 38.7% were one patient and above, 55.7% of them satisfied with the unit where they work, of 44.3% were not satisfied, of 59% wanted psychiatric support, and 41% did not. It

was observed that the median Beck Anxiety Scale score in Kırıkkale province was 32 points, the average anxiety score in Ankara was 40 points, and the average anxiety score was 33 points in Istanbul(Table 3). In the study, 82.6% of the nurses reported that they weremoderately terrified or afraid and 95% of the nurses were feared to die, 81.7% of the nurses participating in our study stated thatthey controlled the nerves (Table 4).

Discussion

In this study, the anxiety levels that may develop in the psychological conditions of 553 nurses working in Covid-19 quarantine clinics in three different provinces were examined and 6.7% of all nurses participating in the study from three provinces showed moderate and 97.7% severe anxiety symptoms. When we look atthe higher scores of anxiety, it was observed that Ankara and Istanbul has the highest scores compared to Kırıkkale province. The reason for this may be due tothe population density of the Ankara and Istanbul. We thought the high frequency ofCovid-19 disease and the high mortalityfrom the disease in the Ankaracaused the higher average scores than the other provinces at the conducting time of the study.

In the COVID-19 pandemic, more and higher levels of anxiety have been reportedin healthcare workers compared to the general population, as in previous outbreaks (Goulia et al., 2010; Simione & Gnagnarella, 2020; Wu et al., 2005). Berkan et al. reported that all health sector workers have mild to severe anxiety, approximately 17% have moderate and 27% severe anxiety (Sahin et al., 2020). This study was conducted with a wide range of participants, such as doctors, nurses and technical personnel, who had different functions (Sahin et al., 2020). In our study, the anxiety levels of Covid-19 patients were found to be higher because nurses, who play a major role in all care functions, constitute all participants. Thisis because nurses are in close contact with patients during the diagnosis, treatment, and care process, and the risk of exposure to COVID-19 is high. We think that the higher levels of anxiety in three different cities are also due to the fact that the participants in each city are nurses.

In addition, a study conducted in Turkey on health care workers, health care workers indicated that they experienced anxiety andstress due to the spread of the virus (Eriş &Akif İnan, 2020). Nurses who work in such close contact with the patient and have such a high risk of transmission show high

anxiety symptoms due to the risk of carrying the virus to their families due to their working conditions (Eriş & Akif İnan, 2020). In our study, 82.6% of the nurses reported that they were moderately terrified and 95% of the nurses were feared to die. Many patients died in front of their eyes in a distressing way due to Covid-19 and the nurses accompanied this painfulprocess from beginning to end. This situation may have caused anxiety innurses. In a cross-sectional study on mentalhealth, those who lost their colleagues to COVID-19 were found to have more post- traumatic stress and depression symptoms (Rossi et al., 2020). However, despite such higher fear of death and the symptoms of horror (82.6% and 92.9% respectively), 81.7% of the nurses participating in ourstudy stated that they had a mild degreecontrol of their nerves during this process. Volunteers participating in the study mostly described fear, in our opinion, their control levels were less because of the beginning stages of the pandemic. The fact that the moderate fear of death was also quite high had an effect on this.This shows that under such severe conditions, working under both physiological and psychological pressure, nurses can manage events by showing self- sacrifice (CAM et al., 2020). The study of Sun et al. supports this situation (Sun et al., 2020). In that study conducted with 20 nurses, it was reported that positive andnegative emotions appeared simultaneously during the epidemic, and coping strategies developed at this pointand psychological development developed simultaneously (Sun et al., 2020).

In the survey conducted by Bettinsoli and his friends in March-April 2020 with the participation of 580 people in Italy to investigate psychological status of theparticipants, they found that it was worse during the Covid epidemic when the 'Pre- Covid Situation and the situation during Covid' was evaluated (Bettinsoli et al. 2020). In anxiety studies conducted in our country on healthcare professionals working with Covid-19 patients, anxiety levels were found to be high during the pandemic period (Sakaoğlu et al., 2020).

However, although the participants in thesestudies are employees working in many different fields, that is, with different levelsof contact risk, the number of participantsis almost half or less of our study. The sample size of our study is larger in terms of reflecting a certain population. In addition, the nurses in our study were agroup with high contact with the patients and they showed a high rate of anxiety as reported in the previous study (Sakaoğlu etal., 2020).

In a study examining the mental responseof healthcare workers to the corona virus epidemic in Italy, it

was found that the high number of cases caused high anxiety and hopelessness in healthcare workers (Bettinsoli et al., 2020). They reported the importance of online psychological counseling services to minimize the possibility of future burnout or psychiatric morbidity (Bettinsoli et al., 2020). In our study, the fact that 59% of the participants requested psychological counseling madeus think that the troubled process we were in in our employees might have led to burnout.

In order to make improvements in the health service provision of nurses who work with high devotion, it can be aimedto reduce anxiety rates in case of possible new epidemics or worsening of the current pandemic process, based on national and international standards. By taking timely and effective measures, for example in order to reduce the work intensity, more health personnel can be employed. For this purpose, information can be made aboutways to cope with stress psychologically by using media and social media. Evidence-based psychological healthservices can be provided for those workingin workplaces.

Conclusion

According to the results of our study, high rates of severe anxiety symptoms were observed in nurses providing care forCovid-19 patients and more than half of the nurses stated that they wanted to receive psychosocial supportin this process, which has been declared a pandemic since March 2020 by the World Health Organization.

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Table 1: Anxiety levels of participants according to the socio demographic charecteristics

Parameter	*N* (%)	Moderate Anxiety *N* (%)	High Level Anxiety *N* (%)	X^2	*P*
Gender					
Male	181(%32.7)	10 (%5.5)	171(%95.4)	0.586	0.44
Female	372(%67.3)	27 (%7.3)	345(%92.7)		
Marital status					
Married	327(%59.1)	264 (%8)	301(%92)	2.036	0.15
Single	226(%40.9)	11 (%4.9)	215(%95.1)		
Education StatusHigh school	14(%2.5)	3 (%21.4)	11(%78.6)	5.031	0.08
Associate Degree	421(%76.1)	27 (%6.4)	394(%93.6)		
Degree	118(%21.3)	7 (%5.9)	111(%94.1)		
Child Status					
Yes	502(%90.8)	33 (%6.6)	469(%93.4)	0.119	0.73
No	51(9.2)	4 (%7.8)	47(%92.2)		
Working Year 1-5 Years	120(%21.7)	10 (%8.3)	110(%91.7)		
6-10 Years	53 (%9.6)	3 (%5.7)	50(%94.3)	0.694	0.71
11 Years and Over	380(%68.7)	24 (%6.3)	356(%93.7)		

N; numberX^2; statisticaly significiance for chi-square test

Table 2: Anxiety levels of participants according to the professional experience andpsychosocial support demand

Parameter	***N* (%)**	**Moderate Anxiety *N* (%)**	**High Level Anxiety *N* (%)**	***X2***	***P***
Working Unit					
Internal medicine	36(%66.2)	29 (%7.9)	337(%92.1)	2.634	0.11
Surgical	187(%33.8)	8 (%4.3)	179(%95.7)		
Weekly Working Hours					
48 h	388(%70.2)	29 (%7.5)	359(%92.5)	1.278	0.26
48 ≥h	165(%29.8)	8 (%4.8)	157(%95.2)		
The number of patients he is responsible for inthe unit					
One patient	339(%61.3)	28 (%8.3)	311(%91.7)		
More than one	214(%38.7)	9 (%4.2)	205(%95.8)	3.453	0.06
Years of workingface to face with the patient					
1-5 Years	318(%57,5)	18 (%5.7)	300(%94.3)		
6-10 Years	223(%40,3)	19 (%8.5)	204(%91.5)	2.597	0.27

11 ≥ Years	12 (%2,2)	0 (%0)	12()%100		
Working Time inthe Department	344(%62,2)	26 (%7.6)	318(%92.4)		
<1 Month	209(%37,8)	11 (%5.3)	198(%94.7)	1.097	0.30
1 month					
Request to participate in Psychosocial Support Program					
Yes	326(%59)	21(%6.4)	305(%93.6)	0.079	0.77
No	227(%41)	16(%7)	211(%93)		

N; numberX^2; statisticaly significiance for chi-square test

Table 3. Anxiety levels due to the proviences

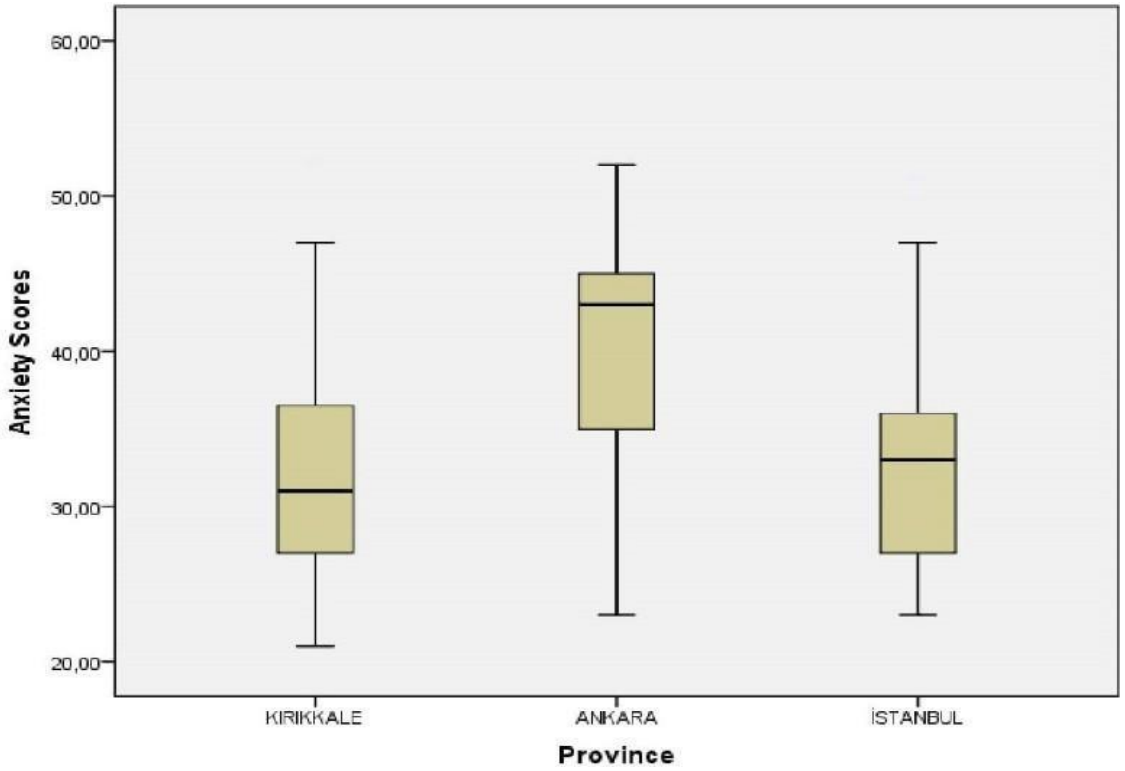
Province	**Number of participants**	**Moderate Anxiety**	**High Level Anxiety**	**Median (25%-75%)**	***P***
	***N*(%)**	***N*(%)**	***N*(%)**		
Kırıkkale	220(%40)	27 (%12.3)	193(%87.7)	31 (27-37.8)	
Ankara					
İstanbul	133(%24)	2 (%1.5)	131(%98.5)	43 (35-45)	<0,001
	200(%36)	8 (%4)	192(%96)	33 (27-36)	

N; number, *P; p* value according to Kruskal-Wallis test

Table 4:Statements of the Questionnaire of Nurses in the Care of Patient with Covid-19 Participation

Questions	**Mildly, but it didn't bother memuch**		**Moderately – it wasn't pleasantat times**		**Severely – it bothered me a lot**	
	n	%	n	%	n	%
Terrified or afraid	26	%4.7	457	%82.6	70	%12.7
Control the Nerves	452	%81.7	92	%16.6	9	%1.7
Fear of dying	23	%4.2	525	%94.9	5	%0.9

Figure 1: Comparison of the total median anxiety scores of the participants in allthreeprovince


60,00
50,00
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Anxiety Scores
KIRIKKALE
ANKARA
İSTANBUL
Province