Original Research Article

ASSESS THE LEVEL OF ANXIETY RELATED TO SURVEY DURING COVID 19 AMONG ASHA WORKER

Comment [u1]: It should be "Assessing" or "Assessment of "

Comment [u2]: Add (-)

Comment [u3]: "workers"

Comment [u4]: Unclear title ..needs revision

ABSTRACT

BACKGROUND

Research is aimed at assessing ASHA worker's anxiety levels during the Covid19 epidemic. Worldwide, over 7.5 million people were infected by COVID-19. The number of cases in India grew rapidly in three months, from 470 in March to 4 lakhs. The epidemic of Covid-19 has grown intolerant and in many cases overpowered, medical systems and health personnel. The WHO ~~emphasised~~ emphasized the particularly high burden on health professionals and requested action to address the immediate requirements and activities needed to save lives and to avert major effects on the physical or mental health of health workers (WHO, 2020). Previous viral outbreaks demonstrated an elevated risk of infection and other poor physical consequences for frontline and non-frontline health workers.

Comment [u5]: In sceientific writing you should write"four" all numbers below ten are written in letters

Comment [u6]: You should continue using the same language as the whole documents, you should write " millions"

METHODS:

A non-experimental descriptive research approach was selected for this study. The study was conducted in community area of Wardha district. The population of the study was ASHA workers of Wardha district.100 employee were selected by purposive sampling.

RESULTS:

In the present study, the result shows that 3% of ASHA workers had mild anxiety, 24% had moderate anxiety, 64% had severe anxiety and 9% of ASHA workers had extreme anxiety. Minimum anxiety score was 10 and maximum anxiety score was 46.Mean anxiety score was 31.09±8.03 and mean percentage of anxiety score was 38.86±10.03.

CONCLUSION:

During COVID-19 and future pandemics, the findings of this study should be used to inform public health messages.

Comment [u7]: Disconnected, needs revision

KEYWORDS:

Covid-19, Assess, Anxiety, ASHA Worker

BACKGROUND

COVID-19 is a recently found corona-virus infectious illness. In December 2019, before the outbreak in Wuhan, China, this new virus was not identified(1).

COVID-19 virus is primarily transmitted spread respiratory droplets and contact routes between humans (1). This virus is get easily transmitted through droplet of infected person. If the infected person comes in close contact with normal person infection can be transmitted through respiratory system (coughing, sneezing)(1).Transmission can also occur through fomites in the immediate environment of infected person. So transmission can occur when you come direct contact with infected person and indirectly when you will touch the object after touching of infected person.(2)

Globally, 47,932,397 confirmed COVID-19 cases were reported to WHO on 5 November 2020, including 1,221,781 fatalities (3). Pandemics always come up with various life threatening issues. Nowadays all over the world COVID-19 outbreak came along with the issues with certain other problems which involve public, administrative socio-economic issues, unemployment and hunger, transport issue, economic and mental collapse and various adverse effects in the human living and environment and healthcare sector concerns. The disease which started from Wuhan, China has now affected almost every country in the world with crucial manner(4).

Research is aimed at assessing ASHA worker's anxiety levels during the Covid19 epidemic. Worldwide, over 7.5 million people were infected by COVID-19. The number of cases in India grew rapidly in three months, from 470 in March to 4 ~~lakhs~~ millions. The epidemic of Covid-19 has grown intolerant and in many cases overpowered, medical systems and health personnel(5). The WHO emphasized the particularly high burden on health professionals and requested action to address the immediate requirements and activities needed to save lives and to avert major effects on the physical or mental health of health workers (WHO, 2020). Previous viral outbreaks demonstrated an elevated risk of infection and other poor physical consequences for frontline and non-frontline health workers (6). In addition, health professionals reported mental health issues, including symptoms of post-traumatic, burnout, depression and anxiety, in a hypothesized manner, with the employment of health workers over and up following epidemics. Throughout the present global health crisis, mental impact reports on health professionals surfaced persistently (7)

ASHA is one of the key factor in community health care sector. In rural life ASHA is symbolic as a hope. Firstly, because of increased jobs and longer routes, their work has been strengthened.(8) Secondly, their pay was low and inconsistent and their profits also have been lost since their customary incentive-based payments have been suspended. Third, their health has been jeopardized by insufficient safety equipment and training.(9)

OBJECTIVE:

1. To assess the level of anxiety among ASHA workers
2. To find out the level of anxiety of ASHA worker related to survey during covid 19

Comment [u8]: ??

Comment [u9]: In

Comment [u10]: This should have been the research title

Comment [u11]: Repeated sentence

Comment [u12]: You should elaborate more about "ASHA" workers

Comment [u13]: Still the same objective

3. To associate the anxiety level with selected variables.

Comment [u14]: Just give one example

METHODOLOGY

~~The direction by which researchers are required to carry out their research is called a methodology of research. It demonstrates their problem and goal and their outcomes based on the data obtained throughout the study period. The results are presented. This chapter on the design and technique of research further describes how the end results of the research are achieved with the aim of the studies.(10)~~

Comment [u15]: Unnecessary

This chapter discusses the methods used to assess the level of anxiety related to survey of covid 19 among ASHA employees. This includes the evaluation of the research method, survey method, identification of the target population and its attainable people, the study environment, samples and sampling methods, formation of the tools for the collection of data, ethical consideration of the tools and tool reliability.

Comment [u16]: Same manner throughout the whole document "Covid-19"

Comment [u17]: Employees or workers because there is a huge difference!

An evaluative (descriptive – Quantitative) research approach ~~U~~used in the study attempted to assess the level of anxiety among ASHA workers while doing survey of covid 19. In order to accomplish the objectives of the study. ~~The~~ a non-experimental descriptive research design was chosen for this analysis because it is a benefit of a circumstance that occurs naturally. The descriptive style was chosen because it helped in collecting first-hand information and made it easier to obtain reliable and timely information ~~D~~data that is useful. This research is conducted out at the community district Wardha. The population in this study are ASHA workers in the community areas of Wardha district. A ~~N~~non-probability convenient sampling technique ~~is~~ was used for this study.The sample in this study ~~is~~ was Asha workers in the Wardha district. In this study sample size ~~are~~ was 100 ~~samples~~ workers. In the present study there are three variables.

The dependent variable in this study is ASHA workers. The independent variable refers to Level of anxiety while doing survey of covid 19. In the present study demographic variables refers to Age, religion, caste, nationality, educational level, marital status, place of residence, income, number of children, support from family, experience of works, self-reported health status, body mass index, self-reported weight, self-reported exercise in the past month.

Comment [u18]: It should be "socio-demographic"

A modified anxiety scale selected based on the study goals, since it was regarded the most suitable tool for obtaining participants' answers. A structured questionnaire was prepared to assess the level of anxiety among Asha worker while doing survey of covid 19 .

Comment [u19]: What was the name of the scale that you have modified or you mean that the scale was developed from scratch by the researchers..unclear?

The tool was developed: Based on contact and conversation with topic specialists after studying the associated literature, Based on investigator experience and experience, Informal conversation with the ASHA worker.

Comment [u20]: Fragmented

Comment [u21]: Repetitive text

The collected data was coded, tabulated and analyzed by using descriptive statistics (means, mean percentage, standard deviation) to find out the association between the demographic variables, and stress level scores. The data is the form of tables and graphs. The standardized questionnaire and modified stress scale was devised for data collection. The tool was tested for reliability and validity. The data were analyzed by using descriptive and inferential statistics.

The study was approved by institutional ethical committee (IEC). Registration number – ECR/440/lnst/MH/2013/RR-2019 and the study was conducted in accordance with the ethical guideline prescribed by central ethics committee on human research

Comment [u22]: Stress?? You mean anxiety

Comment [u23]: So you used stress scale to assess anxiety?

Comment [u24]: Present at what facility or hospital?

RESULT

SECTION A

Table 1: Percentage wise distribution of ASHA workers according to their demographic characteristics.

n=100

Demographic Variables	No. of ASHA Workers	Percentage(%)
Age in years		
25-30 yrs	34	34
31-35 yrs	42	42
36-40 yrs	13	13
≥41 yrs	11	11
Marital Status		
Married	68	68
Widowed	27	27
Divorced	5	5
Separated	0	0
Number of children		
No child	22	22
1 child	46	46
2 child	30	30
More than 2 children	2	2
Education		

Secondary	51	51
Higher Secondary	28	28
Graduation	18	18
Post-Graduation	3	3
Years of working experience		
1-5 yrs	29	29
6-10 yrs	47	47
11-15 yrs	24	24
≥16 yrs	0	0
History of basic illness		
Diabetes Mellitus	5	5
Hypertension	6	6
Asthma	5	5
No Any	84	84
Working Hours		
5 hrs	33	33
6 hrs	33	33
8 hrs	17	17
>8 hrs	17	17
Family Support		
Yes	70	70
No	30	30
COVID-19 knowledge and protection training		
Yes	72	72
No	28	28

Comment [u25]: I wish if you explained what you mean by " family support" in the methods section and what are the indications for using it?

SECTION B

Assessment of level of anxiety related to survey during covid-19 among ASHA worker

This section deals with the assessment of level of anxiety among ASHA workers while doing survey of COVID-19 . The level of anxiety is divided in the headings of low stress, moderate stress and high perceived stress.

Comment [u26]:

Table 2: Assessment with level of Anxiety n=100

Level of Anxiety	Score Range	Level of Anxiety	
		No of ASHA workers	Percentage

No Anxiety	0	0	0
Mild Anxiety	0-13	3	3
Moderate Anxiety	14-26	24	24
Severe Anxiety	27-40	64	64
Extreme Anxiety	>40	9	9
Minimum score		10	
Maximum score		46	
Mean anxiety score		31.09 ± 8.03	
Mean % anxiety score		38.86 ± 10.03	

The above table shows that 3% of ASHA workers had mild anxiety, 24% had moderate anxiety, 64% had severe anxiety and 9% of ASHA workers had extreme anxiety.Minimum anxiety score was 10 and maximum anxiety score was 46. Mean anxiety score was 31.09±8.03 and mean percentage of anxiety score was 38.86±10.03.

SECTION C

Association of level of anxiety related to survey during covid-19 among asha worker in relation to demographic variables

Table 3: Association of level of anxiety among ASHA worker in relation to age in years

n=100

Age in years	No. of ASHA workers	Mean anxiety score and SD	F-value	p-value
25-30 yrs	34	35.52±5.57	9.44	0.0001 S,p<0.05
31-35 yrs	42	39.76±4.75		
36-40 yrs	13	40.46±4.11		
≥41 yrs	11	44.18±6.36		

This table shows the association of anxiety score with age in years of ASHA workers. The tabulated 'F' values was 2.68(df=3,96) which is much less than the calculated 'F' i.e. 9.44 at 5% level of significance. Also the calculated 'p'=0.0001 which was much less than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that age in years of ASHA workers is statistically associated with their anxiety score.

Table 4: Association of level of anxiety among ASHA workers in relation to history of basic illness

n=100

Years of experience	No. of ASHA workers	Mean anxiety score and SD	F-value	-value

Comment [u27]: The table is different from the title "history of basic illness and years of experience"

1-5 yrs	28	43.03±4.91	15.18	0.0001 S,p<0.05
6-10 yrs	47	38.25±5.10		
11-15 yrs	25	35.84±5.29		
≥16 yrs	0	0±0		

This table shows the association of anxiety score with years of experience of ASHA workers. The tabulated 'F' values was 3.07(df=2,97) which is much less than the calculated 'F' i.e. 15.18 at 5% level of significance. Also the calculated 'p'=0.0001 which was much less than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that years of experience of ASHA workers is statistically associated with their anxiety score.

Table 5: Association of level of anxiety among ASHA workers in relation to history of basic illness

n=100

H/O basic illness	No. of ASHA workers	Mean anxiety score and SD	F-value	p-value
Diabetes Mellitus	5	27±1.73	14.01	0.0001 S,p<0.05
Hypertension	6	33.16±4.16		
Asthma	5	41±4.63		
No Any	84	39.89±5.05		

Comment [u28]: However, no one with basic illness has the highest mean ?

This table shows the association of anxiety score with history of basic illness of ASHA workers. The tabulated 'F' values was 2.68(df=3,96) which is much less than the calculated 'F' i.e. 14.01 at 5% level of significance. Also the calculated 'p'=0.0001 which was much less than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that history of basic illness of ASHA workers is statistically associated with their anxiety score.

DICUSSION

The present study was the cross sectional study carried out in community area of wardha district. Among 100 participants were include in the study.

~~34% of the ASHA workers were belonging in the age group of 25-30 years, 42% in of 31-35 years,13% were in the age group of 36-40 years and 11% of ASHA workers were belonging to the age group of more than 40 years.68% of the ASHA workers were married, 27% of them were widowed and 5% of ASHA workers were divorced.22% of the ASHA workers had no children, 46% of them had 1 child, 30% of them had 2 child and 2% of ASHA workers had more than 2 children.~~

Comment [u29]: Why repeating the results again, you should start to discuss them

51% of the ASHA workers were educated up-to secondary, 28% upto higher secondary, 18% upto graduation and 3% of ASHA workers were postgraduates.29% of the ASHA workers had working experience of 1-5 years, 47% had 6-10 years and 24% of the ASHA workers had working experience of 11-15 years.19% of the ASHA workers had diabetes mellitus, 28% had hypertension, 30% had Asthma and 23% of ASHA workers had no any other illness.

Each 33% of the ASHA workers had working experience of 5 hrs and 6 hrs and each 17% of them had working experience of 8 hrs and more than 8 hrs.

The result shows that 3% of ASHA workers had mild anxiety, 24% had moderate anxiety, 64% had severe anxiety and 9% of ASHA workers had extreme anxiety. Minimum anxiety score was 10 and maximum anxiety score was 46.Mean anxiety score was 31.09±8.03 and mean percentage of anxiety score was 38.86±10.03.

The study show association of anxiety score with age in years of ASHA workers. The tabulated 'F' values was 2.68(df=3,96) which is much less than the calculated 'F' i.e. 9.44 at 5% level of significance. Also the calculated 'p'=0.0001 which was much less than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that age in years of ASHA workers is statistically associated with their anxiety score and the association of anxiety score with history of basic illness of ASHA workers the calculated 'p'=0.0001 which was much less than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that history of basic illness of ASHA workers is statistically associated with their anxiety score. The association of anxiety score with history of basic illness of ASHA workers is tabulated 'F' values was 2.68(df=3,96) which is much less than the calculated 'F' i.e. 14.01 at 5% level of significance. Also the calculated 'p'=0.0001 which was much less than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that history of basic illness of ASHA workers is statistically associated with their anxiety score.

Validated questionnaire and interviewing techniques were utilized to get data as a basis for this investigation.(11) The study was limited by a small sample of health workers, which could restrict the generalizability of the findings of the research. As a cross-section survey, our capacity to establish causal connections between job stress, fear and workload can be reduced.

Stress reducing physical activity like a stress-controlled exercise with a conscientious procedure, improving skills by regular training and performance through regular evaluation, working on enhancing mental health with reduced interpersonal and inter-organizational changes are extremely essential to decrease stress and burnout in health workers.

Comment [u30]: All just results ..I can't find any discussion

Comment [u31]: There is no clear explanation on what basis you determine the sample size

Comment [u32]: Should be under the "limitations section"

Comment [u33]: This should be under the "recommendations" section

NURSING IMPLICATIONS OF THE STUDY

The results of the study involve care, nursing practice, and nursing research. The content of anxiety assessment will enable nursing staff in all fields such as hospitals and communities and clinics teach

COVID 19 and its prevention to ASHA employees. The results will allow nurses to measure the efficacy of anxiety assessment. The content of the anxiety assessment during the Covid 19 study will allow nursing staff to learn much more about various risk factors and causes, clinical manifestations and therapy and various kinds of preventative action. This helps to explain healthcare personnel during health education.(11)

This resource may be used by the nurse educator to teach students, health workers and persons at the peripheral level their understanding, attitude to and prevention of COVID 19. In conducting education programmers, a workshop or continuing education programming to educate the hospital's nursing staff about COVID 19 and its prevention, the institutes of nursing should take an active part(12).

In order to support them in delivering and prevent education to COVID 19, nursing educators can target health care providers and multi-purpose employees in community sectors for continued nursing education programmers and training for trainers. It may be used as an education module for people.(13)

Further research on the assessment of anxiety levels connected to the survey in Cov 19 among ASHA staff can be carried out on the basis of this study. Patient research will assist to know the function of the nurse in increasing people's awareness and developing the behavior and prevention of Covid 19. Researchers to sensitive and prevent covid 19. Researchers must be conducted(14).

Comment [u34]: You shouldn't write any references in the conclusion section because this is your own point of views.

Comment [u35]: No reference

Comment [u36]: Too many nursing implications when compared to the general study implications

CONCLUSION

To assess overall perceptions, knowledge, and behaviours related to the COVID-19 pandemic, we conducted a survey with a representative sample of the Wardha district. Our findings indicate the pandemic's influence on ASHA workers' anxiety levels, which may be compounded by key concerns about infection risks, healthcare safety, and access. We discovered that most people learn about COVID-19 via domestic news sources, which might explain the high self-reported compliance with preventative measures. During COVID-19 and future pandemics, the findings of this study should be used to inform public health messages.

Comment [u37]: This is questionable as you did not provide any information on how the sample was selected.

Comment [u38]: This was never mention in the results section or the discussion

Comment [u39]: ?

LIMITATION

The study was conducted only for ASHA worker of Wardha district.

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