INTRODUCTION

A series of pneumonia cases were identified with presumptive viral origin in Wuhan, Hubei, China in December 2019. The virus was first designated as the novel coronavirus (2019-nCoV), and after global agreement, the virus was renamed as Coronavirus Disease 2019 (COVID-19). The available evidence suggests that stress at work tends to weaken the system, further increasing the danger of diseases among health care workers. Given this fact, additionally to having a high risk of contracting COVID-19, partly attributed to suboptimal protection, HCWs are susceptible to poor psychological state outcomes. Therefore, early detection among HCWs has the potential to combat such issues, thereby helping to scale back the less desirable trend of getting compromised HCWs during an pandemic state.

Immediate interventions are essential so as to reinforce psychological resilience and strengthen the healthcare systems’ capacity. Clear communication, limitation of shift hours, provision of rest areas also as broad access and detailed rules on the utilization and management of protective equipment and specialized training on handling COVID-19 patients.
could reduce anxiety coming from the perceived unfamiliarity and uncontrollability of the hazards involved. Providing timely and appropriately tailored psychological state support through hotline teams, media or multidisciplinary teams, including psychological state professionals is additionally important.4

Thus, this study assessed and compared the demographic and psychological factors of frontline HCWs that are needed to preserve the mental health and resilience of HCWs.

**METHOD**

A Cross Sectional study was conducted online involving 100 participants. The online Google forms were created and mailed to the participants after obtaining informed consent from them. The survey was conducted from December 2020 to March 2021 and snowball sampling technique was used. The data were entered and analysed using SPSS software. Frequency and percentage were calculated and chi square test was applied for level of significance. P value less than 0.05 was considered significant. Interns those who were working in covid 19 dedicated hospitals exclusively and gave informed consent were included in the study.

Those who were not willing to participate in the study and those who had pre-existing psychiatric disorders, medical co-morbidities like epilepsy, hypothyroidism, diabetes, bronchial asthma, ischemic heart disease etc were excluded from the study.

A semi-structured, pretested questionnaire was used to collect data. The questionnaire contained an informed consent, socio demographic details like age, gender, past history of medical illness and psychiatric disorders. The psychometric tool, Zung Self Rating Anxiety Scale5 was used to assess anxiety and its severity level. It was designed by William WK Zung to quantify anxiety. It is a self reporting questionnaire comprising 20 questions. Each question has four options. The participant must mark the choice that closely resemble the symptoms they experience. The scoring of the choice range from 1 to 4. The lowest score being 20 and highest is that of 80 score. A score of 20 to 44 is taken into account in the normal range, 45 to 59 as mild to moderate severity, and 60 to 74 as moderate to severe grade and above 75 the extreme anxiety level.

**RESULTS**

This study included 100 interns working at Bowring and Lady Curzon hospitals Bengaluru. The gender distribution of the interns is as shown in table 1.

It is observed that males outnumbered the females. The mean age of study participants is 22.

In this study out of 100 interns studied for anxiety 13 of them showed mild anxiety.

**DISCUSSION**

There are few studies done to explore the incidence of anxiety disorders among the health care workers or intern doctors’ population online during the COVID-19 pandemic. Our study is an attempt to understanding about the occurrence of the anxiety disorder in the aforesaid group.

A cross sectional study conducted by Muna Alshekaili et al3 using Depression Anxiety Stress Scale(DASS-21) showed that HCWs in the frontline group were 1.5 times more likely to report anxiety (OR=1.557, p=0.004), stress (OR=1.506, p=0.016) and insomnia (OR=1.586, p=0.013) as compared with those in the non- frontline group. Similar findings were seen in this study which also showed mild anxiety among 13 interns.4

A multinational, multicentre study on Healthcare workers from 5 major hospitals, involved in the care for COVID-19 patients, in Singapore and India was conducted by Nicholas W S Chew et al6 using Depression Anxiety Stress Scale(DASS-21) and Impact Of Events Scale –Revised (IES-R). The study showed that out of the 906 healthcare workers who participated in the survey, 8.7% had moderate to extremely-severe anxiety. In contrast this study revealed 13(13.5) mild anxiety and no moderate to severe anxiety.

Study done using Impact Of Events Scale –Revised (IES-R) by Mustafa Küşat Şahin et al7 to evaluate the prevalence of depression, anxiety, distress, and insomnia and related factors in healthcare workers.
during the COVID-19 pandemic in Turkey revealed that 60.2% exhibited anxiety. We conducted an online cross-sectional study in which out of 100 participants 13 reported varying degrees of anxiety disorder and males outnumbered females.

A Scoping Review by Jacob Shreffler on Impact of COVID-19 on Healthcare Worker Wellness revealed stress, anxiety, and depressive symptoms in HCWs as a result of COVID-19).9 our study also revealed mild anxiety in health care workers ie 13.5 percent.

In two studies administered separately, one by Wang et al 10 (2020) in China and second, a meta-analysis by Sofia et al 10(2020) in their study reported 28.8% and 23.2% population respectively to possess experienced anxiety related disorders and females being more sufferers than males, which was in contrast to our study where males outnumbered females in experiencing more anxiety.

A study by Fei Dong et al11, identified 25 articles comprising a total of 30,841 completed questionnaires and 22 studies for meta-analysis. The scale used was SCL-90 scale. The prevalence of anxiety, depression, and stress disorders was 34.4% (29.5-39.4%), 31.1% (24.5-37.7%), and 29.1% (24.3-33.8%) for HCWs. Our sample size comprising 100 participants, found 13 (13.5%) people to experience anxiety disorder which is quite a significant number.

Zhou Zhu et al12, conducted single-center, cross-sectional survey of HWs via online questionnaires using GAD-7 scale, 29.8%, 13.5% and 24.1% of Healthcare Workers reported stress, depression and anxiety symptoms. This study also showed 13.5 percent anxiety among subjects.

LIMITATIONS

This study has some limitations. Anxiety was evaluated by only online questionnaires, not with a psychiatric interview. As we couldn’t meet face to face with HCWs, detailed information about psychiatric illness history couldn’t be obtained. This study is a cross-sectional study. Longitudinal research is required for the prevalence of those mental states within the COVID-19 pandemic process.

CONCLUSIONS

This study concludes that anxiety issues among doctors are to be given importance and regular recreational activities can be taken up by organization to avoid work related stress.

REFERENCES