`A DESCRIPTIVE STUDY TO ASSESS COVID-19 RELATED DEPRESSION, ANXIETY AND STRESS AMONG STAFF NURSES WORKING IN SCPM MULTI-SPECIALTY HOSPITAL, GONDA UP.

Dr. S. Balachandar[1]. Asmita Srivastava[2], Archna Shukla[3], Arpita Panday[4] and Aradhana[5]

1. Professor cum Vice Principal, Mental Health Nursing, SCPM College of Nursing and paramedical sciences, Gonda, Uttar Pradesh
2. Research Scholar, BSc Nursing, SCPM college of nursing and paramedical sciences, Gonda, Uttar Pradesh
3. Research Scholar, BSc Nursing, SCPM college of nursing and paramedical sciences, Gonda, Uttar Pradesh
4. Research Scholar, BSc Nursing, SCPM college of nursing and paramedical sciences, Gonda, Uttar Pradesh
5. Research Scholar, BSc Nursing, SCPM college of nursing and paramedical sciences, Gonda, Uttar Pradesh

Contact: Dr. S. Balachandar. Ph.D., Professor cum Vice Principal, Mental Health Nursing, SCPM College of Nursing and paramedical sciences, Gonda, Uttar Pradesh

Email: Prof.dr.balachandar@gmail.com. **Telephone number:** +919844933608

ABSTRACT

Objectives of the study

1. To assess COVID-19-related Depression, Anxiety, and stress among staff nurses working in SCPM multi-specialty Hospital, Gonda
2. To find out the association between COVID-19 related Depression, Anxiety, and stress among staff nurses with their selected demographic variables.

Methods of the study

A Nonexperimental descriptive research design was adopted. Socio-demographic data consists of 10 items and The DASS -21 scale consists of 21 items was used for data collection. Formal written permission was obtained from the authority followed by the data collected from 40 staff nurses who were selected by using a non-probability convenient sampling technique.

Result of the study

The result of the study found that 75% of the nurses belonged to 20-25 years, 85% were Hindu, 50% qualified with BSc nursing, 75% were living in a joint family, 75% were unmarried, 60% were getting monthly income between 5000 -10000, 87.5% were staff nurses, and 92.5% had posted on COVID-19 duty, 72.5% had work experience between 2 to 5 years. 32.5% of staff nurses were not having COVID-19-related depression, 12.5% had mild, 25% had moderate, 15% had severe and 15% had extremely severe depression. With regards to Anxiety 7.7% were

not having anxiety whereas 22.5% had mild anxiety, 17.5% had moderate, 2.5% had severe and 50% had extremely severe anxiety. With regards to stress, 40% of staff nurses do not experience stress whereas 20% had mild stress, 15% had moderate, 22.5% had severe and 2.5% had extremely severe levels of stress. For depression, the mean value was 14.83±1.99, for Anxiety 17.25±1.79, and for stress 17.90±1.75 with a mean percentage of 35.31% for depression, 41.07% for anxiety and 42.61% for stress. There was a significant association between type of residence, monthly income, and COVID-19-related depression. There was a significant association between type of residence, monthly income, and COVID-19-related anxiety. There was no significant association between the socio-demographic variable and COVID-19-related stress among staff Nurses.

Conclusion of the study

The present study suggests that all the parameters ranging from depression, anxiety, and stress after the covid 19 pandemic were significantly high among staff nurses. The results emphasize a need for preparedness to counter any future pandemics on mental beings. The policymakers should consider the nurse's well-being while making healthcare policies and promote their mental health by establishing wellness clinics for the nurses.

INTRODUCTION

Several fearsome epidemics of infectious diseases have always affected the history of humanity. [1] The world in 2020 has seen a distinctive type of coronavirus with an acute respiratory syndrome called COVID-19 which appeared in Wuhan, China, and rapidly extended to other countries. [2,3] The World Health Organization (WHO) declared COVID-19 to be a pandemic on March 11, 2020.[4] More importantly, the COVID-19 pandemic can also significantly affect the mental health of the workers in the healthcare sector (HCWs), who directly struggle with this crisis. The HCWs who provide frontline healthcare to struggle with infectious diseases will have higher mental health problems in the short and long terms. [5] The effect of this unexpected condition on the mental health of frontline HCWs i.e. mental problems such as anger fear anxiety, and depression was shown in the obtained from Wuhan city, China. [6] Coronaviruses are enveloped single-stranded RNA viruses of a zoonotic nature that cause symptoms ranging from those like the common cold to more severe respiratory, enteric, hepatic, and neurological symptoms. [7] On 30 January 2020, the World Health Organisation (WHO) declared a new coronavirus pandemic and classified it as a PHEM (Public Health Emergency) of International Concern, according to the WHO's International Health Regulation. On 11 February 2020, the WHO officially declared the new coronavirus to be the

coronavirus (COVID-19) and declared the pandemic a global public health emergency. The new coronavirus has not only increased the number of people dying from viral infections, but it has also had a significant impact on the psychological and mental health of people around the world.[9] According to the latest statistics released by WHO, about 226 million confirmed cases of COVID-19 have been identified worldwide and more than 4654,000 people have died until September 16, 2021.[10]

NEED FOR THE STUDY In December 2019, a new viral outbreak of severe acute respiratory syndrome, coronavirus-2 infection, occurred in Wuhan City, which later spread throughout China and other countries. [11] In late January 2020, the World Health Organization (WHO) declared the novel coronavirus (nCoV), later renamed coronavirus disease-2019 (Covid-19), to be an outbreak public health emergency of international concern (PHEIC).[12] Amid the COVID-19 episode, healthcare laborers have created mental issues such as discouragement, uneasiness, push, posttraumatic stretch clutter (PTSD), and destitute rest quality.[13] According to an Italian study, the outbreak of COVID-19 affects the productive state, the state of attachment and the human psyche, which indicates the severity of the mental health burden.[14] All members of the community are vulnerable to the adverse effects of COVID-19, but health workers should receive more attention because they are on the front line of the fight against this disease and play an important role in the health system. [15] Most people are uncovered to an phenomenal unpleasant circumstance for an obscure period, which may increment stretch, uneasiness, and misery levels, as well as disturb rest.[16] Currently, Iran has one of the highest rates of infection and death. Since the outbreak of the epidemic in Iran, there have been five waves of COVID-19. According to official reports, more than 5 million cases and approximately 116,000 deaths from COVID-19 have been reported in Iran as of September 16, 2021.[17] An unknown pneumonia outbreak in China in late 2019 brought a new type of coronavirus that caused a new respiratory disease. The rapid spread of the disease in China and other countries was caused by a new coronavirus, scientifically known as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and the resulting disease called Coronavirus Disease 2019 (COVID-19). concern among people around the world.[18] The COVID-19 pandemic has brought many challenges and obstacles to a growing but unprepared health care system, with health care workers already under increased workload. These factors have led to a significant association between acute stress syndrome, posttraumatic stress disorder (PTSD), and burnout among health care providers, especially physicians.[19] Corona virus 19 initially appeared in the Chinese city of Hubei in December 2019 as a flurry of respiratory infections. Widespread epidemics are known to cause emotional distress and mental

health problems.[20]

OBJECTIVES

1. To assess COVID-19-related Depression, Anxiety, and stress among staff nurses working in SCPM multi-specialty Hospital, Gonda

2. To explore the relationship between COVID-19-related depression, anxiety and stress among nurses using selected demographic variables.

HYPOTHESIS

1. There is a significant association between COVID-19-related depression among staff nurses with selected Demographic variables.

2. There is a significant association between nurses' anxiety about COVID-19 and some demographic variables.

3. There is a significant association between nurses' stress about the COVID-19 virus and some demographic variables.

Research Approach

The research approach used in this study is a quantitative approach.

Research Design

A non-experimental descriptive research design was adopted in this study.

The setting of the study

The study was conducted in SCPM multi-specialty hospital in Gonda Uttar Pradesh.

Variable

Dependent variable: Covid-19 related Depression, Anxiety, and Stress.

Socio-demographic variables

Age, type of residence, type of family, monthly income, marital status, designation, year of experience, and education.

Population

In this study, the Target population is referred to as staff nurses, and the accessible population is referred to as staff nurses who work in SCPM Multi-specialty hospital in Gonda, India

Sample

The sample includes 40 staff nurses who meet the criteria for participation in the study.

Sampling technique

The samples are selected by using a non-probability-convenient sampling technique.

Sampling criteria

Inclusive criteria:

- Staff nurse who has at least 2 years of experience in clinical.

- Female staff nurses.

- The staff nurses who are available at the time of data collection.

Exclusion criteria:

- Those staff nurses who are not willing to participate in the study.

Description of the tool

A socio-demographic data and DASS -21 scale was used by the investigator which contains items in the following aspects.

Section -A

A socio-demographic data consists of 10 items: Age, religion, education, type of family, type of resident, marital status, monthly income, designation, posted on COVID-19 duty, and year of experience.

Section -B

The DASS -21 scale comprises of 21 things 3-point self-reported scale that incorporates Misery, Uneasiness, and Push. (DASS-21) could be a set of three self-report scales planned to degree the enthusiastic states of discouragement, uneasiness, and stretch. Each of the three DASS-21 scales contains 7 things, isolated into subscales with comparative substance.

Content validity

The legitimacy of the device was built up in interview with guides and specialists from the field of Mental wellbeing (psychiatry) Nursing. The suggestions and recommendations were considered, and the instrument was changed appropriately.

Reliability

The reliability of the tool was checked using the DASS 21 Scale Test-Retest method. Using the obtained values, the coefficients were correlated using the Karl Pearson formula. The resulting reliability score was r = andquot; 0.82. which showed that the DASS-21 scale was highly reliable. Therefore, this tool was considered statistically reliable in the main study.

Data collection method

A formal written permission was obtained from the authority of SCPM Multi-specialty Hospital. The data was collected from 5/11/2022 to 15/11/22 from 40 staff nurses who fulfilled the inclusion criteria. The socio-demographic data and the Dass-21 scale were administered to collect the information. The data collection took 20-30 minutes, before conducting the study

consent was taken from samples by explaining the purpose of the study.

Descriptive statistics

Frequency and percentage distribution, mean, and standard deviation were used to analyze the demographic variables of staff nurses and the level of Depression, Anxiety, and Stress of staff nurses.

Inferential statistics

Chi-square to work out the significant association between socio-demographic Variables and Depression, Anxiety, and Stress of the samples.

Result of the Study

Table 1: Frequency and percentage distribution based on socio-demographic variables.

S.no.	Variables.	Frequency	Percentage
1	**Age in year**		
	20 to 25	30	75 %
	26 to 30	10	25%
2	**Religion**		
	Hindu.	34	85%
	Muslim	5	12.5%
	Christian.	1	2.5%
3	**Education**		
	ANM	17	42.5%
	GNM	3	7.5%
	BSc Nursing	20	50%
4	**Type of family**		
	Nuclear family	10	25%
	Joint family	30	75%
5	**Type of Resident**		
	Urban	15	37.5%
	Semi-urban	6	15%
	Rural	19	47.5%
6	**Marital status**		
	Married	9	22.5%
	Unmarried	30	75%
	Divorce	1	2.5%
7	**Monthly Income**		
	5000-10000	24	60%
	10001-20000	15	37.5%
	above 20000	1	2.5%
8	**Designation**		
	Floor In charge	1	2.5%
	ward in charge	4	10%
	staff nurse	35	87.5%
9	**Have you been posted on COVID-19 duty?**		
	Yes	37	92.5%

	No	3	7.5%
10	**year of experience**		
	2-5 years	29	72.5%
	6-10 years	10	25%
	11-15 years	1	2.5%

Table 2. Level of Covid-19 related Depression, Anxiety, and Stress among Staff Nurses

Level	Depression		Anxiety		Stress	
	Number	**Percentage**	**Number**	**Percentage**	**Number**	**Percentage**
Normal	13	32.5	3	7.5	16	40
Mild	5	12.5	9	22.5	8	20
Moderate	10	25	7	17.5	6	15
Severe	6	15	1	2.5	9	22.5
Extremely Severe	6	15	20	50	1	2.5

Table 3. Mean and Standard deviation of Covid-19 related Depression, Anxiety, and stress among staff nurses

Variables	No of items	Max score	Mean	SD	Mean percentage
Depression	7	42	14.83	1.99	35.31%
Anxiety	7	42	17.25	1.79	41.07%
Stress	7	42	17.9	1.75	42.61%

Table 4: Association between Covid-19 related Depression with selected socio-demographic variable

n=40

S.no.	Variables.	≤ Median	≥Median	Total	χ^2 Test	Inference
1	**Age in year**				Cal value=0.0332 Table value=3.84	p≥0.05 NS
	20 to 25	14	16	30		
	26 to 30	5	5	10		
2	**Religion**				Cal value=0.7 Table value=5.99	p≥0.05 NS
	Hindu.	17	17	34		
	Muslim	2	3	5		
	Christian.	1	0	1		
3	**Education**				Cal value=5.169 Table value=5.99	p≥0.05 NS
	ANM	0	3	3		
	GNM	6	11	17		
	BSc Nursing	13	7	20		
4	**Type of family**				Cal value=2.1332	p≥0.05 NS
	Nuclear family	3	7	10		

	Joint family	17	13	30	Table value=3.84	
5	**Type of Resident**				**Cal value=7.0** Table value=5.99	**p≥0.05 *S**
	Urban	10	6	16		
	Semi-urban	5	1	6		
	Rural	5	13	18		
6	**Marital status**				Cal value=2.2402 Table value=5.99	p≥0.05 NS
	Married	3	5	8		
	Unmarried	15	16	31		
	Divorce	1	0	1		
7	**Monthly Income**				**Cal value=10.1935** Table value=5.99	**p≥0.05 *S**
	5000-10000	7	16	23		
	10001-20000	13	3	16		
	above 20000	1	0	1		
8	**Designation**				Cal value=0.5284 Table value=5.99	p≥0.05 NS
	Floor In charge	0	1	1		
	ward in charge	2	2	4		
	staff nurse	18	17	35		
9	**Have you been posted on COVID-19 duty?**				Cal value=2.4444 Table value=3.84	p≥0.05 NS
	Yes	20	16	36		
	No	0	4	4		
10	**year of experience**				Cal value=5.7896 Table value=5.99	p≥0.05 NS
	2-5 years	18	11	29		
	6-10 years	2	8	10		
	11-15 years	0	1	1		

Table 5: Association between Covid-19 related anxiety with selected socio-demographic variable

n=40

S.no.	Variables.	≤ Median	≥Median	Total	χ^2 Test	Inference
1	**Age in year**				Cal Value=0.299 Tab value=3.84	p≥0.05 NS
	20 to 25	15	15	30		
	26 to 30	6	4	10		
2	**Religion**				Cal Value=2.416 Tab value=5.99	p≥0.05 NS
	Hindu.	18	16	34		
	Muslim	1	4	5		
	Christian.	1	0	1		
3	**Education**				Cal Value=4.758 Tab value=5.99	p≥0.05 NS
	ANM	0	3	3		
	GNM	6	11	17		
	BSc Nursing	13	7	20		
4	**Type of family**				Cal Value=1.64 Tab value=3.84	p≥0.05 NS
	Nuclear family	3	7	10		
	Joint family	16	14	30		
5	**Type of Resident**				**Cal Value=10.67**	**p≥0.05 *S**
	Urban	9	6	15		

	Semi-urban	5	1	6	Tab value=5.99	
	Rural	6	13	19		
6	**Marital status**				Cal Value=1.17 Tab value=5.99	p≥0.05 NS
	Married	3	5	8		
	Unmarried	16	15	31		
	Divorce	1	0	1		
7	**Monthly Income**				**Cal Value=8.566** Tab value=5.99	**p≥0.05 *S**
	5000-10000	8	16	24		
	10001-20000	12	3	15		
	above 20000	0	1	1		
8	**Designation**				Cal Value=0.528 Tab value=5.99	p≥0.05 NS
	Floor In charge	0	1	1		
	ward in charge	2	2	4		
	staff nurse	18	17	35		
9	**Have you been posted on COVID-19 duty?**				Cal Value=1.11 Tab value=3.84	p≥0.05 NS
	Yes	19	17	36		
	No	1	3	4		
10	**year of experience**				Cal Value=5.788 Tab value=5.99	p≥0.05 NS
	2-5 years	18	11	29		
	6-10 years	2	8	10		
	11-15 years	0	1	1		

Table 6: Association between Covid-19 related Stress with selected socio-demographic variable

n=40

S.no.	Variables.	≤ Median	≥Median	Total	χ^2 Test	Inference
1	**Age in year**				Calculated value 0.11 Table value 3.84	p≥0.05 NS
	20 to 25	14	16	30		
	26 to 30	4	6	10		
2	**Religion**				Calculated value 0.7332 Table value 5.99	p≥0.05 NS
	Hindu.	15	19	34		
	Muslim	2	3	5		
	Christian.	1	0	1		
3	**Education**				Calculated value 1.488 Tablet value 5.99	p≥0.05 NS
	ANM	1	2	3		
	GNM	6	11	17		
	BSc Nursing	11	9	20		
4	**Type of family**				Calculated value 2.595 Table value 3.84	p≥0.05 NS
	Nuclear family	2	8	10		
	Joint family	16	14	30		
5	**Type of Resident**				Calculated value 5.1814	p≥0.05 NS
	Urban	9	6	15		
	Semi-urban	4	2	6		

					Table value 5.99	
	Rural	5	14	19		
6	**Marital status**				Calculated value 2.4143	p≥0.05 NS
	Married	2	6	8		
	Unmarried	16	15	31		
	Divorce	1	0	1	Table value 5.99	
7	**Monthly Income**				Calculated value 2.1122	p≥0.05 NS
	5000-10000	8	15	23		
	10001-20000	9	7	16		
	above 20000	0	1	1	Table value 5.99	
8	**Designation**				Calculated value 2.7029	p≥0.05 NS
	Floor In charge	0	1	1		
	ward in charge	3	1	4		
	staff nurse	15	20	35	Table value 5.99	
9	**Have you been posted on COVID-19 duty?**				Calculated value 1.8363	p≥0.05 NS
	Yes	18	18	36		
	No	0	4	4	Table value 3.84	
10	**year of experience**				Calculated value 0.5946	p≥0.05 NS
	2-5 years	14	15	29		
	6-10 years	4	6	10		
	11-15 years	0	1	1	Table value 5.99	

DISCUSSION

This study was conducted to assess depression anxiety and stress among nurses of selected SCPM hospitals in Gonda. The research results were discussed based on the concept and hypotheses presented in this study. The results of the study were discussed in terms of frequency and percentage distribution based on social variables, the level of depression, anxiety and stress in nurses affected by COVID-19 and the relationship between depression, anxiety and stress related to COVID-19 in nurses . With specified variables

OBJECTIVES

1. To assess COVID-19 related Depression, Anxiety, and stress among staff nurses working in SCPM multi-specialty Hospital, Gonda

2. To explore the relationship between COVID-19-related depression, anxiety and stress among nurses using selected demographic variables.

Section 1: Frequency and percentage distribution based on socio-demographic variable.

Most of the samples (75%) were 20-25 years old, most of the samples (85%) were Hindu, many of the nurses (50%) qualified with BSc nursing, and most of the nurses (75%) were living in a joint family. Most nurses (75%) were unmarried, and most of the nurses (60%) were getting monthly income between 5000 -10000. Most nurses (87.5%) designated were staff nurses, and most of the nurses (92.5%) had posted on COVID-19 duty. Most nurses (72.5%) had work experience between 2 to 5 years.

Section-2: To assess covid-19 related Depression, Anxiety, and stress among staff nurses working in SCPM multi-specialty Hospital, Gonda

The result of the study shows that 32.5% of staff nurses were not having COVID-19-related depression, 12.5% had mild, 25% had moderate, 15% had severe and 15% had extremely severe depression. With regards to Anxiety, 7.7% were not having anxiety whereas 22.5% of staff nurses have mild anxiety, 17.5% have moderate, 2.5% have severe and 50% of nurses are having extremely severe anxiety. With regards to stress, 40% of staff nurses do not experience stress whereas 20% have mild stress, 15% have moderate, 22.5% have severe and 2.5% nurses have extremely severe levels of stress. For depression, the mean value is 14.83 ± 1.99, for Anxiety 17.25 ± 1.79, and for stress 17.90 ± 1.75 with a mean percentage of 35.31% for depression, 41.07% for anxiety and 42.61% for stress.

Section 3: Association between Covid-19 related Depression, Anxiety, and stress with selected socio-demographic variable

There's a noteworthy affiliation between sort of home, month to month salary, and COVID-19-related sadness among staff nurses. Hence H1: There's a noteworthy affiliation between COVID-19-related misery with selected demographic factors is accepted.There could be a critical affiliation between type of home, month to month wage, and COVID-19-related uneasiness among staff medical attendants. Consequently H2: There's a noteworthy affiliation between COVID-19-related uneasiness with chosen statistic factors is accepted.There is no significant affiliation between the chosen socio-demographic variable and COVID-19-related stretch among staff Medical attendants Consequently H3: There's a critical affiliation between COVID-19-related stretch and with chosen Statistic variable is rejected.

BIBLIOGRAPHY

1. Liu X, Kakade M, Fuller CJ, et al. Depression after exposure to stressful events: Lessons learned from the severe acute respiratory syndrome epidemic. Comprehensive Psychiatry. 2012; 53:15–23

2. Ahmad T, Khan M, Khan FM, et al. Are we ready for the new fatal Coronavirus: scenario in Pakistan? Human Vaccine and Immunotherapeutics. 2020; 16:736-8.

3. Wang Y, Wang Y, Chen Y, et al. Unique epidemiological and clinical features of the emerging 2019 novel coronavirus pneumonia (COVID-19) implicate special control measures. Journal of Medical Virology. 2020; 92:568-76.

4. Huang C, Wang Y, Li X, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. Lancet. 2020; 395:497-506

5. Maunder RG, Lancee WJ, Balderson KE, et al. Long-term psychological and occupational effects of providing hospital healthcare during the SARS outbreak. Emergency Infectious Disease. 2006; 12:1924-32.

6. Kang L, Li Y, Hu S, et al. The mental health of medical workers in Wuhan, China dealing with the 2019 novel coronavirus. Lancet Psychiatry. 2020; 7:14.

7. Zhu N, Zhang D, Wang W, et al. A novel coronavirus from patients with pneumonia in China, 2019. New England Journal of Medicine Overseas Ed 2020; 382:727–33.

8. Xiao C. A novel approach of consultation on 2019 novel coronavirus (COVID-19)-related psychological and mental problems: structured letter therapy. Psychiatry Investigation. 2020; 17:175–6.

9. M.A.S. Khan, S. Debnath, M.S. Islam, S. Zaman, N.E. Ambia, A.D. Barshan, et al., Mental health of young people amidst COVID-19 pandemic in Bangladesh, Heliyon. 2021;7 (6), e07173.

10. World Health Organization, WHO coronavirus (COVID-19) dashboard, 16 September 2021.

11. Zu ZY, Jiang MD, Xu PP, et al. Coronavirus disease 2019 (COVID-19): a perspective from China. Radiology 2020; 296(2): E15-25

12. Jee Y. WHO International Health Regulations Emergency Committee for the COVID-19 outbreak 2020.

13. Vindegaard N, Benros ME. COVID-19 pandemic and mental health consequences: Systematic review Of the current evidence. Brain Behaviour and Immunity. 2020; 89: 531-42.

14. Moccia L, Janiri D, Pepe M, et al. Affective temperament, attachment style, and the psychological Impact of the COVID-19 outbreak: An early report on the Italian general population. Brain Behaviour and Immunity. 2020; 87: 75-9.

15. Ikhlaq A, Hunniya B.E, Riaz I.B, Ijaz F. Awareness and attitude of undergraduate medical students Towards 2019-novel coronavirus. Pakistan Journal of Medical Sciences. 2020;36(COVID19-S4): S32.

16. Altena E, Baglioni C, Espie C.A, Ellis J, Gavriloff D, Holzinger B, et al. Dealing with sleep problems During home confinement due to the COVID-19 outbreak: practical recommendations from a task Force of the European CBT-I Academy. Journal of Sleep Research. 2020;29(4)

17. World Health Organization Iran (Islamic Republic of) https://covid19.who.int/region/emro/country/ir

18. Zare S., Esmaeili R., Kazemi R., Naseri S., Panahi D. Occupational stress assessment of health care workers (HCWs) facing COVID-19 patients in Kerman province hospitals in Iran. Heliyon. 2021;7(5)

19. Restauri N, Sheridan AD. Burnout and posttraumatic stress disorder in the coronavirus disease 2019 (COVID-19) pandemic: intersection, impact, and interventions. Journal of American College of Radiology. 2020; 17(7): 921-6.

20. Bao Y, Sun Y, Meng S, Shi J, Lu L. 2019-nCoV epidemic: address mental health care to empower Society. The Lancet. 2020 Feb;395(10224):e 37–8.

How to Cite this Article?

Balachandar S. Srivastava A, Shukla A, Panda A and Aradhana "A Descriptive Study to Assess Covid-19 Related Depression, Anxiety and Stress Among Staff Nurses Working In SCPM Multi-Specialty Hospital, Gonda UP". IJARMNHS, 2023. July – December; 1 (2) Page Number: 36 – 48.