To the Editor,

The corona virus disease 19 (COVID 19) spread was declared as a pandemic by the World Health Organization in March 2020.1 Anxiety is a rising concern in the current COVID pandemic. Healthcare workers (HCWs) are particularly vulnerable with fears about infecting their loved ones, inadequate personal protective equipment (PPE), long working hours, and lack of adequate healthcare when infected.2 This study was designed to understand anxiety in HCWs.

We interviewed 296 HCWs above 18 years of age using an online Web-based version of Hamilton anxiety scale. The anxiety was of four grades, zero grade, mild grade (<17), moderate grade (18 to 24), and severe grade (25 to 30).

Data were analyzed by using SPSS version 22.0. The study consisted of 184 (62.2%) males and 112 (37.8%) females. The distribution of HCWs included physicians handling COVID areas (48%), physician specialists working in non-COVID areas (26%), nurses working in COVID areas (10.5%), nurses and other HCWs in non-COVID areas (10.1%), and hospital administrators (5.4%). Among the 296 participants, 27 (9.1%) participants had no anxiety, 241 (81.4%) participants had mild anxiety, 11 (3.7%) participants had moderate anxiety, and 17 (5.7%) participants had severe anxiety (Fig. 1). Statistical analysis showed that 53% of males had mild anxiety compared to 28.4% females. However, female participants (6.7%) had higher levels of moderate to severe anxiety when compared to male participants (2.7%), which was statistically significant (p value < 0.001). Mild anxiety was reported in 16.9% of participants in the age-group between 20 and 30 years, 35.5% in the age-group of 30 to 40 years, 18.9% in the age-group between 40 years and 50 years, and 10.1% of older participants (more than 50 years). No statistically significant difference in anxiety was observed between any of the age-groups (p value 0.113). The level of moderate to severe anxiety was higher among nurses and physicians working in COVID areas compared to the specialists working in non-COVID areas and hospital administrators. No difference in anxiety levels was observed in HCWs between public and private hospitals (Fig. 2).

After the COVID outbreak in China, the focus is mainly to break the chain of transmission, concentrate on various therapeutic strategies, vaccine research, and arrange logistics for proper handling of patients. The focus on mental health is also gaining importance.

**Fig. 1:** Distribution of anxiety grades among healthcare workers

**Fig. 2:** Distribution of anxiety in different groups of participants

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Our assessment demonstrated that most of the participants (90.9%) had anxiety and around 10% had moderate to severe anxiety. The levels of moderate to severe anxiety were higher in females compared to males. It was also noted that HCWs involved in the care of the COVID patients had significantly higher anxiety than those who were not.

Other studies have also shown a similar picture. In a survey done among HCWs in hospitals treating COVID patients in Wuhan, China, an increase in psychological burden was seen among female participants and nurses who were directly involved in treating and caring COVID patients.3

Another study conducted in 662 participants (50% of which were HCWs) in India showed significant feelings of anxiety, apprehension, and worries due to COVID 19 pandemic.4 An article published in April 2020 in JAMA regarding understanding and addressing the sources of anxiety among HCWs, it guides us to use strategies such as addressing PPE shortage, reducing the working hours, and providing adequate support to females for childcare as few examples to mitigate anxiety.2

Thus, anxiety is a hidden problem in HCWs. We feel that preventive strategies such as screening for anxiety, education about transmission of COVID 19, and psychosocial support are the need of the hour. As the whole world is gearing to handle the pandemic, issues regarding the anxiety of frontline warriors also need to be addressed.

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