

Level of Anxiety, Depression, and Stress Among Rural Health Unit Nurses During the Covid-19 Pandemic among Selected Municipalities in the 6th Congressional District of Isabela

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Abstract: *The purpose of this study was to assess the level of anxiety, depression, and stress of Rural Health Unit nurses during the Covid-19 pandemic in the selected municipalities in 6th Congressional District of Isabela. It sought to determine the demographic profile of the respondents, including their age, gender, religion, civil status, work setting, and number of years of work experience; the level of anxiety, depression, and stress among RHU nurses; and any significant difference on the level of anxiety, depression and stress when grouped according to their demographic profile. The cross-sectional descriptive design was used for the study. Total enumeration was used in the selection of respondents. The respondents were the 50 RHU nurses from RHU Echague, CHO Cauayan, and RHU San Isidro only who are employed from January 2022 to June 2022. The statistical tool used were the descriptive statistics such as frequency counts, percentage, and weighted mean were applied to describe the demographic profile and level of anxiety, depression, and stress. Spearman's correlation was used to determine the extent to which certain variables relate to the DAS (Depression, Anxiety, and Stress). Based on the findings of the study, it was revealed that the level of anxiety, and stress among RHU Nurses was mild, low level of depression, and it was found that there is no significant difference between the level of depression, anxiety, and stress in the respondents' demographic profiles*

Keywords: Anxiety, Depression, Stress, Nurses

I. INTRODUCTION

Coronavirus Disease 2019 (Covid-19) has dominated global news since the beginning of 2020. The event began in Wuhan, China, in December 2019, when an outbreak of cases infected with a deadly virus was reported. The disease was later identified as Covid-19 after the causative microorganism was a new kind of coronavirus. The disease spread to over 100 nations between January and March 2020, and the number of patients outside China increased.

The covid-19 pandemic is one of the most devastating recent events in the world. It is a once-in-a-lifetime condition, with no one knowing when the infection will disappear. As a result, this pandemic posed a significant threat to the population's social, economic, and, most importantly, psychological well-being. This serious issue affects many people, mainly front liners, including nurses worldwide, who silently cry beneath their protective equipment. Healthcare professionals, and even the Healthcare systems, have been significantly affected by the Covid-19 pandemic.

Nurses who work as frontline responders to the covid-19 pandemic may be more vulnerable to developing mental health problems due to the pandemic. It causes fear of getting the disease, working long hours, patient loads, a lack of effective covid-19 medicine, coworker deaths following exposure to covid-19, isolation, and distance from family and friends. These are just a handful of the issues that they face. Work overload and stress symptoms make health workers more prone to mental illness, increasing their chances of developing it. Recognizing hazards and developing interventions to reduce the impact on professionals' mental health care for infected patients should be a top concern.

These factors can cause varying levels of psychological stress, resulting in feelings of isolation and helplessness and unpleasant emotional states like stress, irritability, physical and mental exhaustion, and sadness.

The pandemic does not literally end. Caregivers (nurses) continuously sacrifice their lives despite many casualties. As persistently exposed also increases the risk of fatigue and anxiety. Furthermore, the duration of nurses' exposure to viral infections, illnesses, and diseases is correlated with their fear level, not just in fear of being contagious but also a fear of infecting others, especially their families. And I know "Fear" is the ultimate stressor of nurses that triggers increasing their Anxiety level, and in a worse scenario, this can lead to depression. Nurses spend all their time and energy caring for and treating each patient, which should be labeled as means of also protecting the mental health of all caregivers, regardless of the current situation of the working department.

According to the most recent data provided to the Provincial Epidemiology Surveillance Unit (PESU) by the Regional Epidemiology Surveillance Unit (RESU), Municipal Epidemiology Surveillance Unit (MESU), and City Epidemiology Surveillance Unit (CESU), there are 22 total number of province-wide active cases as of March 21, 2022, and the total number of cumulative cases to 68,927.

Although active cases are decreasing, RHU nurses' routine activities have changed during the pandemic. They travel and initiate mass vaccinations in communities as part of their service, and they are also assigned to facilities for the care of close contacts, suspect, probable, and confirmed COVID-19 cases within their catchment. Measures for infection prevention and control and standards and protocols are in place at all times. RHU nurses may experience stress, anxiety, or depression due to these changes.

During the Covid-19 pandemic, many healthcare providers, particularly community nurses, were under much pressure and had many duties, and they were directly affected by the virus's impacts. As a result, maintaining their mental health is a primary priority, as they are more likely to experience psychological stress, anxiety, and depression.

This study aimed to determine the level of anxiety, depression, and stress among Rural Health Unit (RHU) nurses during the Covid-19 Pandemic among the selected municipalities in the 6th Congressional District of Isabela.

II. RESEARCH METHODOLOGY

2.1 Research Design

To attain the objective and purpose of this study, the cross-sectional descriptive design was used. This requires gathering relevant data and compiling information about the level of anxiety, depression, and stress experienced by the RHU nurses. In general, cross-sectional descriptive studies offer estimates of prevalence in the entire population under study, whether based on data from the entire population or a representative sample (Kesmodel, 2018).

2.2 Locale of the Study

The 6th district of Isabela province is composed of 4 municipalities, Echague, Cauayan City, San Guillermo, and San Isidro. These areas give primary health care services for medical consultation, treatment, development, formulate plans for disease prevention and handling cases of Covid-19. However, RHU San Guillermo opted not to take part in the study. Hence, this study was conducted in the RHU Echague, CHO Cauayan City, and RHU San Isidro until June 2022.

2.3 Respondents of the Study

The respondents of the study were the fifty (50) RHU nurses among the selected municipalities in the 6th congressional district of Isabela. Nineteen (19) from the municipality of Echague, eighteen (18) from Cauayan City, and thirteen (13) from San Isidro, who are employed from January 2022 to June 2022. Respondents are all exposed to Covid-19 cases, with weekly duty rotations in diverse fields such as vaccination sites, quarantine areas, municipal health offices, and other services. Hence, the respondents were the total population of 50 RHU nurses in the said locations.

Table 1: Distribution of Respondents

Respondents	Frequency	Percentage
CHO CAUAYAN CITY	19	38%
RHU ECHAGUE	18	36%
RHU SAN ISIDRO	13	26%
Total	50	100%

2.4 Data Gathering Instrument

The researchers used a questionnaire including informed consent that is categorized into two parts; 1) the demographic profile of the respondents in terms of their age, gender, civil status, work setting, and years of work experience, and 2) DASS-21 (Depression, Anxiety, Stress) questionnaire. The questionnaire has been adapted from the Depression Anxiety Stress Scales – (DASS-21) developed by Lovibond, S.H.; Lovibond, P.F. (1995). DASS-21 is a self-report scale that measures depression, anxiety, and stress. A 4-point likert scale was utilized to assess the extent of the respondent's anxiety, depression and stress.

Table 2: Likert Scale

Point	Range	Description
1	1.00-1.49	Did not apply to me at all
2	1.50-2.49	Applied to me some of the time
3	2.50-3.49	Applied to me good part of the time
4	3.50-4.00	Applied to me most of the time

The questionnaire was distributed personally, while some were distributed online using Google form by sending it to the respondents' social media accounts due to pandemic limitations, taking into consideration the respondents' desire to participate.

2.5 Data Gathering Procedures

- Researchers first asked the Dean of the College of Nursing-Echague Campus for permission to conduct the research and administer the questionnaires.
- Following approval, a letter seeking permission to carry out the study and gather the required data was delivered to the selected research location.
- Due to a pandemic movement restriction, the researchers floated and retrieved the questionnaire personally, while some questionnaires were given and saved online via Google form and Google Drive.
- The researchers allowed the respondents to answer the items when administering the questionnaire.
- The collected information was statistically processed before analysis.

2.6 Statistical Treatment of Data

In order to analyze the data, the Statistical Package of Social Sciences (SPSS) was utilized.

Descriptive statistics such as frequency counts, percentage, and weighted mean were applied to describe the sociodemographic profile and degrees of anxiety, depression, and stress.

Nonparametric correlation, specifically Spearman's correlation, was used to determine the extent to which certain variables relate to the DAS (Depression, Anxiety, and Stress). The level for statistical significance was established at 0.05.

Researchers verbally described the strength of the correlation using the following guide for the absolute value:

Table 3: Range and Interpretation for Correlational Analysis

Sign of correlation coefficient	Strong	Moderate	Weak	Very weak or None
+ Values (Positive relationship)	0.5 to 1.0	0.3 to 0.49	0.1 to 0.29	0 to 0.09
- Values (Negative relationship)	-1.0 to -0.5	-0.49 to -0.3	-0.29 to -0.1	-0.09 to 0

Ethical Considerations

Upon collecting or gathering the said data, the result would reveal how the healthcare providers, specifically the nurses, respond mentally amidst pandemics, how their establishment supports their medical staff, and how they cope. We know that the participants' confidentiality and identities may be at risk. For this reason, we, the researchers, are committed to providing and respecting our respondents' privacy, including informed consent. The information gathered was limited to the context of the RHU Nurses' personal experiences.

III. REVIEW OF RELATED LITERATURE AND STUDIES

3.1 Related Literature

Anxiety, Depression, and Stress

The COVID-19 pandemic is still harming healthcare systems, with a growing number of infected healthcare workers a year after it spread worldwide. Emotional stress, worry, depression, and anxiety can emerge from a unique circumstance, leading to resignation and burnout (Natividad et al., 2021).

Nurses have been shown to have moderate depression, anxiety, and stress. It urges hospital administration to seek interventions for all nurses, regardless of their current working departments. Since they are among the most susceptible in today's scenario, facing the COVID-19 epidemic in the clinical setting during pandemics, it is essential to facilitate ongoing and thorough support mechanisms to safeguard nurses' mental health (Nadeem et al., 2021).

In today's work life, nurses have been suffering from emotional problems related to quarantine, such as exhaustion and a lack of communication with their families, since the global epidemic of Covid-19. The significance of Covid-19 is causing further mental health issues among nurses, which may impact their physical and emotional health. Nurses may experience post-traumatic stress symptoms, poor service performance, suicidal ideation, and suicide due to their constant stress. Nurses may suffer sadness, disappointment, and weakness when shifting from a healthcare provider to a Covid-19 patient (Okechukwu et al., 2020). Nurses' and other healthcare workers' mental health must be monitored and preserved to provide optimal disease control. Healthcare workers dealing with Covid-19 face elevated psychological stress and high rates of psychiatric morbidity, similar to the scenario during the SARS and H1N1 outbreaks (3, 9) (Chakraborty, 2020).

The disease's rapid spread put a strain on hospitals, forcing staff to deal with clinical and non-clinical stressors like a lack of personal protective equipment, Covid-19-related mortality and morbidity, the fear of spreading the virus to family members, and the fact of losing coworkers to the disease. Previous outbreaks and early findings from the Covid-19 pandemic show that these events have both short- and long-term psychological consequences for healthcare personnel. During and after the Covid-19 pandemic, all stakeholders in the healthcare system should adopt short- and long-term measures to support workers' mental health (Hall, 2020). The high risk of infection associated with the novel coronavirus illness (COVID-19) can increase the burden on healthcare workers, particularly nurses, who comprise most of the workforce. These issues can lead to mental health issues (Aly et al., 2022).

Working for healthcare workers is significantly affected, and delivering health care services has been emotionally challenging due to uncertainty and stress (Ramaci et al., 2020). Healthcare workers, particularly nurses involved in Covid-19 treatments, are more vulnerable to adverse psychological effects, leading to future problems if not detected and treated properly (Chen et al., 2020). Symptoms of post-traumatic stress disorder, burnout, sadness, and anxiety were described by healthcare personnel during and up to years after epidemics (Park et al., 2018). Similarly, between March 31 and May 4, 2020, the Covid-19 outbreak seemed to impact nurses' sleep quality and depression, anxiety, and stress symptoms. The only factors directly linked to the outbreak and positive variation in nurses' symptoms were fear of transmitting to others and being infected (Sampiao et al., 2021).

Mental health issues may impair medical personnel's concentration, comprehension, and decision-making and negatively impact their general welfare. Protecting these medical practitioners' mental health is thus critical for both epidemic management and long-term wellness (Kang et al., 2020).

Due to the seemingly endless number of patients flocking to hospitals seeking emergency care and hospitalization, they claim that healthcare professionals are tired and depressed because they can no longer take the responsibility of selecting who survives and who dies. They added that while fighting dread and worry, they respond "to the call of duty." They also suffer pressure, stress, insomnia, denial, anger, and fear, among other things (Biana & Joaquin, 2020).

Anxiety over the Covid-19 pandemic is widespread among nurses, possibly impacting their well-being and job performance. It's important to find factors that can assist frontline nurses in maintaining their mental health and decreasing coronavirus-related anxiety (Labrague & De Los Santos, 2020).

3.2 Related Studies

Stress, worry, and depression are common among frontline healthcare staff caring for COVID-19 patients. As a result, healthcare authorities and decision-makers on a national and worldwide level should take steps to prevent these disorders among hospital workers treating COVID-19 patients. This improves the hospital's efficiency, accelerates pandemic control measures, and provides more effective treatment methods for COVID-19 patients (Salari et al., 2020). Healthcare workers (physicians, dentists, pharmacists, physiotherapists, nurses, technicians, and administrators) from all Egyptian governorates members of social media groups were surveyed, and the results and frequencies were compared between different sociodemographic characteristics. During the COVID-19 pandemic, a study found a high prevalence of perceived stress, anxiety, and depression among healthcare workers, which affected all workers regardless of sociodemographic characteristics (Aly et al., 2020).

The emotional and psychological difficulties associated with excessive stress significantly impact nurses' future cognitive skills and clinical decision-making processes (Murat et al., 2020). Aside from that, the fast spread of Covid-19 has put much strain on health care personnel, particularly nurses, worldwide. The level of anxiety and sadness experienced by frontline workers during the pandemic is so high that counseling services are critical (Pouralizadeh et al., 2020).

A cross-sectional study was conducted through an online questionnaire survey of 894 registered nurses. Nurses who've been actively involved in the Covid-19 pandemic's battlefield face a higher risk of viral exposure due to minute-to-minute contact with different patients, but this can also significantly influence their mental health due to excessive workload and emotional pressures (Galeta et al., 2021).

Female nurses interacting closely with Covid-19 patients may benefit from initiatives to enhance psychological well-being. However, discrepancies in findings and a lack of data gathered outside of hospital settings imply that while addressing psychological well-being in health and social care professionals, we should not exclude any groups (De Kock, 2021).

The global Covid-19 pandemic has caused damage to the public health system and created multiple challenges for healthcare personnel. The fear of transmitting the virus to their loved ones, lack of effective medication for the patients, and increased workload have harmed the nurses' mental health while serving Covid-19 patients (Montejano et al., 2020). Likewise, nurses are concerned about various issues, including fear of being sick or accidentally infecting others and caring for an infectious but dying patient. They are also cautious of the social stigma and the uncertainty of whether or not their bosses are genuinely concerned about their well-being (Alharbi et al., 2020).

The covid-19 pandemic is a serious health catastrophe impacting numerous countries. Widespread epidemics have been linked to adverse mental health outcomes (Rajkumar, 2020). A worldwide outbreak like this is related to negative mental health consequences. Fear, worry, and anxiety appear to be a more likely result of widespread quarantine (Kshirsagar et al., 2021).

Nurses have a moderate to high fear of Covid-19, and fear of the virus is linked to the female gender. Furthermore, the nurses' fear impacts their psychological suffering and intention to leave the organization and profession (De Los Santos et al., 2020).

Of the 2037 Filipino respondents, one-fourth reported moderate-to-severe anxiety, one-seventh indicated moderate-to-severe stress levels, and one-sixth reported moderate-to-severe depression during the early stages of the COVID-19 epidemic in the Philippines (Tee et al., 2022).

IV. RESULT AND DISCUSSION

Profile of the Respondents

What is the demographic profile of the respondents in terms of:

4.1 Age

Frequency and Distribution of Respondents Grouped According to Age

Age	Frequency	Percentage
25 – 29	9	18%
30 – 34	24	48%
35 – 39	9	18%
40 – 44	1	2%
45 – 49	1	2%
50 – 54	6	12%
Total	50	100%

As gleaned from the table, most of the respondents are under the age bracket 30-34 with a frequency of 24 or 48% of the total respondents, followed by age brackets 25-29 and 35-39 with a frequency of 9 or 18% each of total respondents. In addition, about 12% of the total respondents are within the age bracket of 50-54 with a frequency of 6, and the remaining 4% is equally divided into age brackets 40-44 and 45-49 with a frequency of 2 each.

This Implies that majority of the respondents are within age bracket of 30-34.

4.2 Gender

Frequency and Distribution of Respondents Grouped According to Gender

Gender	Frequency	Percentage
Male	6	12%
Female	44	88%
Total	50	100%

Most of the respondents are female with a frequency of 44 or 88% of the total respondents. While male respondents are only 6 or as 12% of total respondents. This implies that the majority of the hired nurses in RHUs are female.

4.3 Religion

Frequency and Distribution of Respondents Grouped According to Religion

Religion	Frequency	Percentage
Jehova’s Witnesses	1	2%
Christian/ Born Again	5	10%
Methodist	3	6%
Iglesia Ni Cristo	2	4%
Seventh Day Adventist	1	2%
Roman Catholic	38	76%
Total	50	100%

Most of the respondents are Roman Catholic with a frequency of 38 or 76% of the total respondents. While Jehova’s Witnesses and Seventh Day Adventist got 1 or as 2% each of total respondents. This implies that the majority of the hired nurses in RHUs are Roman Catholic.

4.4 Civil Status

Frequency and Distribution of Respondents Grouped According to Civil Status

Civil Status	Frequency	Percentage
Single	15	30%
Married	34	68%

Widowed	1	2%
Total	50	100%

As shown from the table, among the 50 respondents, there were 34 or 68% married, 15 or 30% single, and 1 or 2% widowed of the total respondents. This indicates that most of the nurses employed at the aforementioned RHUs are married.

4.5 Work Setting

Frequency and Distribution of Respondents Grouped According to Work Setting

Work Setting	Frequency	Percentage
CHO Cauayan	18	36%
RHU Echague	19	38%
RHU San Isidro	13	26%
Total	50	100%

Among the respondents, 19 or 38% are from RHU Echague, followed by CHO Cauayan with 18 respondents or 36%, and 13 or 26% are from RHU San Isidro, as shown in the table. This implies that most of the respondents are from RHU Echague.

4.6 Year of Work Experience

Frequency and Distribution of Respondents Grouped According to Year of Work Experience

Year of Work Experience	Frequency	Percentage
Less than 5 years	14	28%
6 – 10 years	21	42%
More than 10 years	15	30%
Total	50	100%

Based on the table, 21 or 42% of the respondents have 6-10 years of work experience, followed by more than 10 years of experience with 15 or 30% of the total respondents and the least is 14 or 28% , which is less than 5 years of experience. This suggests that most of the respondents have 6-10 years of experience in the field.

4.7 Level of Depression, Anxiety, Stress among Respondents

A. Level of Anxiety among RHU Nurses

Anxiety	Mean	Description
1 (a) I was aware of the dryness of my mouth	1.74	Applied to me some of the time
2 (a) I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion)	1.56	Applied to me some of the time
3 (a) I experienced trembling (e.g., in the hands)	1.6	Applied to me some of the time
4 (a) I was worried about situations in which I might panic and make a fool of myself	1.64	Applied to me some of the time
5 (a) I felt I was close to panic	1.5	Applied to me some of the time
6 (a) I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)	1.74	Applied to me some of the time
7 (a) I felt scared without any good reason	1.56	Applied to me some of the time
Total Mean	1.62	Applied to me some of the time

Table presents the level of anxiety among RHU nurses during the Covid-19 pandemic among the selected municipalities in the 6th Congressional District of Isabela.

As reflected in the table, statement 1, "I was aware of the dryness of my mouth," and statement 6, "I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat)" got the highest mean of 1.74 and a description of "Applied to me some of the time", followed by statement 4, "I was worried

about situations in which I might panic and make a fool of myself" with 1.64 mean and a description of "Applied to me some of the time".

Meanwhile, statement 5, "I felt I was close to panic," appeared as the lowest mean of 1.5, and a description "Applied to me some of the time".

This implies that the respondents believed that anxiety affect their mental health status during the Covid-19 pandemic. The findings supported the statement of Pouralizadeh et al., (2020), that the level of anxiety and sadness experienced by frontline workers during the pandemic is so high that counseling services are critical.

B. Level of Stress among RHU Nurses

Stress	Mean	Description
8 (s) I found it hard to wind down	1.66	Applied to me some of the time
9 (s) I tended to over-react to situations	1.78	Applied to me some of the time
10 (s) I felt that I was using much nervous energy	1.8	Applied to me some of the time
11 (s) I found myself getting agitated	1.66	Applied to me some of the time
12 (s) I found it difficult to relax	1.64	Applied to me some of the time
13 (s) I was intolerant of anything that kept me from getting on with what I was doing	1.48	Did not apply to me at all
14 (s) I felt that I was rather touchy	1.36	Did not apply to me at all
Total Mean	1.63	Applied to me some of the time

Table shows stress among RHU nurses during the Covid-19 pandemic in the 6th Congressional District of Isabela.

As observed from the table, statement 10, "I felt that I was using much nervous energy," got the highest average of 1.8, and a description of "Applied to me some of the time", followed by statement 9, "I tended to over-react to situations" with an average of 1.78 and a description of "Applied to me some of the time".

On the other hand, statement 14, "I felt that I was rather touchy," showed the lowest average of 1.36, and a description "did not apply to me at all".

This indicates that the respondents regard that stress has an effect to their mental health status during the Covid-19 pandemic. The findings are supported by the statement of Tsamakis (2020), that healthcare workers dealing with Covid-19 face elevated psychological stress and high rates of psychiatric morbidity, similar to the scenario during the SARS and H1N1 outbreaks (3,9).

C. Level of Depression among RHU Nurses

Depression	Mean	Description
15 (d) I couldn't seem to experience any positive feeling at all	1.58	Applied to me some of the time
16 (d) I found it challenging to work up the initiative to do things	2	Applied to me some of the time
17 (d) I felt like I had nothing to look forward to	1.88	Applied to me some of the time
18 (d) I felt down-hearted and blue	1.48	Did not apply to me at all
19 (d) I was unable to become enthusiastic about anything	1.42	Did not apply to me at all
20 (d) I felt I wasn't worth much as a person	1.42	Did not apply to me at all
21 (d) I felt that life was meaningless	1.18	Did not apply to me at all
Total Mean	1.36	Did not apply to me at all

Table shows the depression among RHU nurses during the Covid-19 pandemic in the 6th Congressional District of Isabela.

As shown from the table, statement 16, "I found it challenging to work up the initiative to do things got the highest mean of 2 and a description of "Applied to me some of the time", followed by statement 17, "I felt like I had nothing to look forward to" with a mean of 1.88 and a description of "Applied to me some of the time".

On the other hand, statement 21, "I felt that life was meaningless," appeared the lowest with a mean of 1.18 with a description that "Did not apply to me at all".

The findings suggest that the participants thought that during the Covid-19 pandemic, depression has nothing to do with their mental health.

Relationship between the Incidence of Anxiety, Stress, and Depression of RHU Nurses at the time of COVID pandemic in the 6th congressional district of Isabela and their Demographic Profile

Spearman's Correlation Analysis between Anxiety, Depression and Stress and Respondent's Demographic Profile

SPEARMAN RHO CORRELATION		Anxiety	Stress	Depression
Age	Correlation Coefficient	-.096	-.102	-.174
	Sig. (2-tailed)	.507	.480	.226
	N	50	50	50
Gender	Correlation Coefficient	-.237	-.058	-.088
	Sig. (2-tailed)	.098	.689	.542
	N	50	50	50
Religion	Correlation Coefficient	-.088	.234	.123
	Sig. (2-tailed)	.542	.102	.396
	N	50	50	50
Civil Status	Correlation Coefficient	-.016	.045	.127
	Sig. (2-tailed)	.912	.757	.381
	N	50	50	50
Work Setting	Correlation Coefficient	-.092	-.060	.058
	Sig. (2-tailed)	.523	.679	.691
	N	50	50	50
Years of Work Experience	Correlation Coefficient	-.040	.076	-.185
	Sig. (2-tailed)	.784	.600	.199
	N	50	50	50
Anxiety	Correlation Coefficient	1.000	.598**	.541**
	Sig. (2-tailed)	.	<.001	<.001
	N	50	50	50
Stress	Correlation Coefficient	.598**	1.000	.498**
	Sig. (2-tailed)	<.001	.	<.001
	N	50	50	50
Depression	Correlation Coefficient	.541**	.498**	1.000
	Sig. (2-tailed)	<.001	<.001	.
	N	50	50	50

Table presents the correlational analysis between anxiety, depression and stress and profile of the respondents. As to anxiety, it was gleaned from the table that gender showed a "weak" negative correlation with a correlation coefficient of -.237. It indicates that as gender increases, anxiety decreases. On the other hand, age, religion, civil status, work setting, and years of work experience showed "very weak" negative correlations between anxiety with correlation coefficients ranges -0.09 to 0.

As to stress, religion showed a "weak" positive correlation with a correlation coefficient of .234. It indicates that as religion increases, anxiety increases. Age showed a "weak" negative correlation with a correlation coefficient of -.102. It indicates that as age increases, anxiety decreases. On the other hand, gender and work setting showed a "very weak" negative correlation with a correlation coefficient of -.058, for gender, and -.060 for work setting. While civil status and years of work experience showed a "very weak" positive correlation with a correlation coefficient of .076 for work experience, and .045 for civil status.

As to depression, religion and civil status showed a “weak” positive correlation with a correlation coefficient of .127 for civil status, and .123 for religion. It indicates that as religion or civil status increases, so does depression. Age and work experience showed a “weak” negative correlation with a correlation coefficient of -.174 for age, and -.185 for years of work experience. It indicates that as age or work setting increases, depression decreases. On the other hand, gender showed a “very weak” negative correlation with a correlation coefficient of -.088, while years of work setting showed a “very weak” positive correlation with correlation coefficient of -.058.

Sig. (2-tailed) values were found to be higher than 0.05. It indicates no significant difference exists between the level of anxiety, depression, and stress of RHU Nurses at the time of the COVID pandemic among the selected municipalities in the 6th congressional district of Isabela when grouped according to their demographic profile.

Based on the findings, age, gender, religion, civil status, work setting, and years of work experience have no significant difference to the level of anxiety, depression, and stress among RHU nurses. It was supported by the study of Aly et al., (2020), that during the COVID-19 pandemic, a study found a high prevalence of perceived stress, anxiety, and depression among healthcare workers, which affected all workers regardless of sociodemographic characteristics.

V. CONCLUSION

The research study filled a gap in the literature concerning the level of anxiety, depression, and stress of Rural Health Unit nurses during the Covid-19 pandemic in the selected municipalities in 6th Congressional District of Isabela. The study found that nurses aged 30-34, and who are female respondents held dominance. Most respondents were Roman Catholics and are married adults with 6-10 years of work experience. Thus, it is said that female RHU nurses aged 30-34 are more psychologically affected and have higher levels of stress, anxiety, and depression.

The results showed mild anxiety, and stress among Rural Health Unit (RHU) nurses in the selected municipalities of 6th congressional district during the Covid-19 pandemic. RHU nurses were therefore known to experience mild anxiety, and stress.

Results also revealed a low level of depression. Rural Health Unit (RHU) nurses were therefore known to experience low level of depression during the Covid-19 pandemic.

It was found that the profile of the respondents did not significantly correlate with the level of anxiety, depression, and stress. Hence, regardless of the nurse's profile, anxiety, depression, and stress, may occur.

The pandemic has been one factor for the psychological stress, anxiety, or depression that a large portion of the population is experiencing, particularly among those who offer frontline medical care. It is necessary to make available comprehensive and ongoing support mechanisms designed to protect the mental health of local nurses.

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