



**FEAR AND PREVENTIVE MEASURE PRACTICES OF COVID-19 AMONG BACHELOR
OF NURSING STUDENTS OF KATHMANDU VALLEY, NEPAL**

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ABSTRACT

Background: Novel Coronavirus disease (COVID-19) is an infectious disease and its consequences have led to fears, worries, and anxiety among individuals including health care workers essentially nurses worldwide. Thus, this study aimed to find out the Fear and Preventive Measures Practice of COVID-19 among Bachelor Nursing Students. **Methods and Materials:** A descriptive cross-sectional research design was used to conduct this study. Study subjects were selected by census method, 192 subjects were participated in this study. Data were collected through online survey using the Google form questionnaire. Data were imported and entered in SPSS 20. Descriptive statistics such as number and percentage were used to describe demographic data and for analysis of the COVID-19 fear and preventive measure practices. While the chi-square test was used to associate the level of COVID-19 Fear with selected demographic variables. Besides these, Pearson's correlation coefficient was computed to describe the relationship between the level of COVID-19 Fear and Its Preventive Measure Practices. **Results/Findings:** The result showed that the majority (63%) had no significant fear and the majority (98.4%) had good practice regarding prevention of COVID-19. Only religion had a significant relation with COVID-19 fear. The participant who had good practice had low fear of COVID-19 that means there was a statistically negative correlation between COVID-19 Fear and Its Preventive Measure Practices. Still, 37% have a significant fear. **Conclusion:** Despite increasing trends of worldwide morbidity and mortality from this disease, this study concludes that majorities had good practice regarding the prevention of COVID-19. Participants who had good practice had a low fear of COVID-19. Still, 37% have significant fear, to reduce their fear level. Training regarding management of infectious diseases to all nurses might be helpful to reduce their fear level and prepare for similar outbreaks in future.

KEYWORDS: COVID-19, Fear, Preventive Measure Practice, Bachelor Nursing Students.

INTRODUCTION

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus, also called a novel coronavirus. The COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness. COVID-19 is a disease important in public health globally. As early as November 2019, a pneumonia-like disease emerged in Wuhan, China, which the World Health Organization later called Coronavirus Disease 2019 or COVID-19.^[1]

The World Health Organization (WHO) declared the outbreak to be a Public Health Emergency of International Concern on 30 January 2020 and recognized it as a pandemic on 11 March. The World Health Organization has categorized Nepal as a high-risk country and also one of the least prepared for the COVID-19 outbreak. However, WHO later re-classified Nepal to less at risk from its initial classification.^[2] There were 18,142,718 confirmed cases of COVID-19, including 691,013 deaths that occurred globally till 4th August 2020. Within a few months, COVID-19 has caused significant damage to public health, while causing financial and economic loss in many countries. As of 7 August 2020 till 05:45, globally confirmed cases of the disease had reached 18902735, with 709511 confirmed deaths. Cases of COVID-19 had been reported in 216 countries in six regions. Region-wise, number of confirmed Cases till 7 August were;

10,135,322 in USA, 3,513,219 in Europe, 2,428,584 in South-East Asia, 1,610,798 in Eastern Mediterranean, 860,507 in Africa and lastly 353,564 in western Pacific. This data showed that the USA remains the country with the highest number of confirmed cases followed by Europe, in South-East Asia, Eastern Mediterranean, Africa, and the western Pacific.^[3]

Nepal's neighboring countries, India and China had 2,214,137 and 84, 619, 97 confirmed cases and 44,466 and 4,634 death respectively. Nepal has 22,972 confirmed cases and 75 deaths till 9th August 2020.^[4] According to this data, India has the most number of confirmed cases and deaths cases among Asian countries. According to the daily press meet of the ministry of health and population of Nepal, trends of rising cases of COVID-19 is increasing day to day in Nepal despite extensive measures to prevent the transmission of the disease, such as strict social distancing, home and community quarantines, hand washing and education campaigns about the disease, etc.

The above data shows the COVID-19 pandemic has been far-reaching and unprecedented around the world. Millions of individuals all around the world have been told to remain in their houses as a lockdown and many have not been able to work and earn money because they are unable to do their job from home.^[5] As Covid-19 is a newly emerged infectious disease, effective vaccines and treatments are still in development and testing. Thus, in tackling this, health care workers especially nurses face a potential risk of infection. To prevent transmission and spread of COVID-19, many health measures like hand washing, maintaining social distances, lockdowns et cetera (etc) are implemented in all countries.

During any pandemic, myths and misinformation largely concern the people. Such preventive measures or approaches may have negative effects on peoples' mental health which might affect their psychological health.^[6] Consequently, many people have started to be worried about their jobs and not just in lower-income and middle-income countries. All types of media (television, radio, print, and social media) coverage and the lead stories typically focus on the number of infected individuals and deaths arising from COVID-19, appear to have had profound psychological effects on all individuals worldwide. One psychological aspect of the COVID-19 pandemic is fear. Fear is defined as an unpleasant emotional state that is triggered by the perception of threatening stimuli. Extraordinary situations such as disease outbreaks and epidemics can induce fear among many people. Such fear has led to individuals committing suicide because they thought they had COVID-19.^[5]

Similarly, in light of the current COVID-19 pandemic, frontline health care workers around the world are facing anxiety and fear because of increasing the number of COVID-19 cases and death from it. Health Care workers,

especially nurses who constitute the largest part of the healthcare workforce in an epidemic and comes close in contact with infected patients with covid-19 when providing care are often left stricken with inadequate protections from contamination, high risks of infection, working burnout, fear, anxiety, and depression.^[7] This is also supported by a study done in Neal among 475 health workers working in public and private health facilities and involved in COVID-management reveals that nearly half of the participants (46.1%) expressed a high degree of COVID related fear. The proportion of high degree of COVID-related fear was 63.5% among nurses, 39.7% among other health workers, and 34% among doctors.^[8]

According to the International Council of Nurses (ICN), about 90 000 or 6% of all confirmed cases of COVID-19 worldwide were healthcare workers. Of this figure, 600 nurses had succumbed to the disease, a figure which was expected to continue rising. In the Philippines, the Department of Health reported a total of 2 736 healthcare workers infected with COVID-19 and 32 deaths. Among these confirmed cases, 1 006 were nurses.^[9]

As to Kathmandu Post, at least 91 health workers like doctors, nurses, paramedics and lab technicians, deployed in the front line to fight Covid-19 have been infected so far in Nepal till 3rd July 2020.^[10] It is rising in trends because of rising trends of this disease.

Nurses are key members of healthcare teams charged to control and prevent the spread of infectious diseases. Moreover, the nurse's work on the front line, providing direct care to individuals infected with COVID-19.^[11] As a full-time nurse, student nurse especially a nursing student that is a post-basic bachelor student works independently at her assigned clinical practicum areas in Nepal. Most of them do a part-time nursing job in a hospital or other type of health organization as well. The studies on Fear and Preventive Practice measures of COVID-19 among bachelor level nursing students are limited globally and maybe on progress in Nepal but not published to date. Therefore, this study aims to investigate the fear and preventive practice measures applied for COVID-19 among bachelor nursing students and try to give useful lessons for the prevention and management of future similar outbreaks.

METHODOLOGY

A descriptive cross-sectional research design was used for this study which was conducted in the two Nursing Colleges of Kathmandu and the non-probability purposive technique was used to select these two nursing colleges and all students studying bachelor level were included by using the census method was used to select participants. A self-developed structured questionnaire was used to assess socio-demographic and preventive measure practices. Likewise, Fear of the Covid-19 was assessed with the newly developed Fear of the Coronavirus Questionnaire (FCV-19S) consisting of 7 questions on different dimensions of fear by Ahorsu et

al., 2020.^[12] All questionnaires described above were delivered through an online survey using the Google form on participants' web address to 240 participants but only 192 participants were responded.

Validity and reliability were maintained by the extensive review of related literature, consulting experts, and pre-testing the tool in 10% of the estimated sample size in a different setting with similar characteristics. Internal consistency of the FCV-19S was assessed by Cronbach's alpha (α) coefficients (which was $\alpha = 0.84$). Data was imported and entered in SPSS v20. Descriptive statistics such as number and percentage were used to describe demographic data and for analysis of the COVID-19 fear and preventive measure practices while the chi-square test was used to associate the level of COVID-19 Fear and Its Preventive Measure Practices with selected demographic variables. Besides these, Pearson's correlation coefficient was computed to describe the relationship between the level of COVID-19 Fear and Its Preventive Measure Practices

To find out the level of COVID-19 Fear, FCV-19S was used. It is 7 items containing a five-item Likert type scale minimum score possible for each question is 1, and the maximum is 5. A total score is calculated by adding up each item score (ranging from 7 to 35). The higher the score, the greater the fear of coronavirus-19.^[12]

Demographic Patterns

Table 1: Socio-demographic Factors of Participant.

Variables	Frequency (N)	Percent (%)
n=192		
Age		
<= 25	103	53.6
26 – 30	76	39.6
31+	13	6.8
Mean Age	26.09±3.28	
Ethnicity		
Brahmin	49	25.5
Janajati	59	30.7
Chettri	69	35.9
Dalits	8	4.2
Others	7	3.6
Religion		
Hindu	163	84.9
Christian	4	2.1
Buddhist	21	10.9
Muslim	1	0.5
Others	3	1.6
Area of Residence		
Rural area	33	17.2
Urban area	159	82.8
Type of Family		
Nuclear	142	74.0
Joint	50	26.0

However, score, further, the level of fear was categorized as:

No significant Fear: Score below 21

Significant Fear: Score equal to and above 21 to 35

To find out the level of Preventive Measure Practices, related questions were compiled with considering the score of the correct answer as 1 and wrong answer as 0. The level of awareness was grouped as:

Good Practice: Score below mid-value (50% of possible score)

Poor Practice: Score equal to and above mid-value (50% of possible score)

A formal approval letter was taken from the concerned authority of Norvic Institute of Nursing Education and OM Nursing Campus, Kathmandu. Since the FCV-19S is a freely accessible tool, but the researcher was also taken permission for using it from its original authors. The informed consent was obtained electronically from each participant and they were requested to fill out the online survey form and asked for voluntary participation. Ethical approval was taken from the Nepal Health Research Council (NHRC).

Findings/ Results

In this study, 240 Bachelor Nursing Students were approached but only 192 were responded (response rate = 80%). Findings/ results were divided into various subheadings which were as below:

Above table 1 shows that the majority (53.6%) were age < = 25 years old, the minority (6.8%) were above 31 years of age and their mean age was 26.09±3.28. Most of them (35.9%) were Chettri and least (3.6%) were from

other ethnicities. Likewise, the majority of them followed Hinduism (84.6%). Similarly, most (82.8 %) were from urban settings and the majority (74%) had a nuclear family.

Table 1: Continue...Socio-demographic Factors of Participant.

n=192		
Variables	Frequency (N)	Percent (%)
Marital Status		
Unmarried	102	53.1
Married	90	46.9
Occupational Status		
Employed as a part-time nurse	97	50.5
Unemployed	95	49.5
If employed, the Type of Organization currently working		
Private Hospital/Nursing Home	73	75.3
Government Hospital	16	16.5
Others	8	8.2
Education Program Year		
First Year	33	17.2
Second Year	72	37.5
Third Year	87	45.3
Monthly Income (Binned)		
< 20000	50	26.0
20000 - 30000	86	44.8
30000 and above	56	29.2
Median (Q1-Q3):	2200(18000-30000)	

The remaining part of the table no. 1 reveals that majorities (53.1%) were unmarried and employed as a part-time nurse (50.5%), among them 75.3% works in Private Hospital/ Nursing Home. Majority (86%) had

20000-30000 Nepalese Rupees monthly income and most of them (45.3%) from Bachelor of the nursing third year.

Table 2: Participants' responses on Fear of COVID-19.

n=192

Fear Items	Responses									
	Strongly Disagree		Disagree		Nor Disagree or Agree		Agree		Strongly Agree	
	N	%	N	%	N	%	N	%	N	%
I am most afraid of coronavirus-19.	11	5.7	20	10.4	70	36.5	40	20.5	51	26.6
It makes me uncomfortable to think about coronavirus-19.	33	17.2	42	21.9	48	25.0	46	24	23	12
My hands become clammy when I think about coronavirus-19.	62	32.3	52	27.1	31	16.1	33	17.2	14	7.3
I am afraid of losing my life because of coronavirus-19.	35	18.2	51	26.6	30	15.6	36	18.8	40	20.8
When watching news and stories about coronavirus-19 on social media, I become nervous or anxious	21	10.9	26	13.5	49	25.5	50	26.0	46	24.0
I cannot sleep because I'm worried about getting coronavirus-19	83	43.2	63	32.8	17	8.9	16	8.3	13	6.8
My heart races or palpitates when I think about getting coronavirus-19.	69	35.9	42	21.9	35	18.2	28	14.6	18	9.4

Table no. 2 shows that majorities (36.5%) were nor disagree or agree about most afraid of coronavirus-19. Similarly, 25 % were nor disagree or agree on uncomfortable feeling while thinking about corona virus-19. Contrarily, majorities (32.3%) were strongly disagree about clammy hands while thinking about it and most of the participants (26.6%) were disagree regarding losing

life due to corona virus-19 but 26 % were agree on the statement of When watching news and stories about coronavirus-19 on social media, I become nervous or anxious. Majorities (43.2%) were strongly disagree on cannot sleep due to worrying of getting corona virus-19 and likewise, 35.9 % were strongly disagree on palpating heart when thinks about it.

Table 3: Participants' responses on Preventive Measures Practices on COVID-19.

n=192

Preventive Measures	Responses						Major Measure (Rank)
	Never		Sometime		Often		
	N	%	N	%	N	%	
I eat thoroughly cooked food especially meat products	11	5.7	56	29.2	125	65.1	9
I am keeping myself warm and hydrated	0	0.0	63	32.8	129	67.2	5
I avoid going to crowded places	6	3.1	61	31.8	125	65.1	8
I avoid touching eyes, nose, and mouth	13	6.8	66	34.4	113	58.9	10
I am avoiding close contact with people having cough and flu-like symptoms	9	4.7	53	27.6	130	67.7	7
During interaction with the Covid-19 patient, I wear /used to wear the necessary personal protective equipment such as masks, gloves, and gown, etc	3	1.6	50	26.0	139	72.4	3
I perform or used to perform hand hygiene before and after touching the Covid-19 or other patients or before and after performing an aseptic procedure	2	1.0	37	19.3	153	79.7	1
I perform/ used to perform hand hygiene after touching the patient's surroundings like beds, tables, doors, etc	1	0.5	39	20.3	152	79.2	1
I avoid unnecessary close contact and practice social distancing and keep at least 1-m distance from patients and other healthcare workers and public	3	1.6	56	29.2	133	69.3	4
I keep up to date on the latest information from trusted sources, such as WHO or government, local and national health authorities, and news channels	2	1.0	66	34.4	124	64.6	6

Table no. 3 shows that the majority (65.1%) often eats thoroughly cooked food especially meat products. Similarly, 67.2% often keeps them warm and hydrated with avoiding going to crowded places by 65.1% and the majority (58.9%) often avoids touching eyes, nose, and mouth. Likewise, Most of them (67.7%) often avoid coming in close contact with people with having cough and flu-like symptoms. The majority (72.4%) often wears or used to wear necessary personal protective equipment and often performs or used to perform hand washing touching CCOVID-19 patients or other patients or before and after performing an aseptic procedure by 79.7% of them. They 79.2%) often perform or used to performs hand hygiene after touching the patient's surroundings like beds, tables, doors, etc. Likewise, the majority (69.3%) often avoids unnecessary close contact and practice social distancing and keep at least 1-m distance from patients and other healthcare workers and the public. Lastly, Most of them (64.4%) often keep up to date on the latest information from trusted sources, such as WHO or government, local and national health authorities, and news channels.

Table 4: Level of COVID-19 Fear among Participants.

Level of Fear	Frequency	Percent
No significant fear	121	63.0
Significant fear	71	37.0

Table no 4 shows that the majority (63%) had no significant fear regarding COVID-19 fear

Table 5: Level of Preventive Measures Practice on COVID-19 among Participants.

Level of Practice	Frequency	Percent
Poor	3	1.6
Good	189	98.4

Table no 5 shows that the majority (98.4%) had good practice regarding the prevention of COVID-19.

Table 6: Associations of Level of COVID -19 Fear with Selected Socio-demographic Factors.

Variables		Fear Level			
		No significant fear	Significant fear	Value	p-value *
Age	<= 25	62	41	1.774	0.412
	26 – 30	52	24		
	31+	7	6		
Ethnicity	Brahmin	27	22	2.254	0.484
	Janajati	41	18		
	Chettri	44	25		
	Dalits & others	9	6		
Religion	Hindu	103	60	0.013	0.908
	Non-Hindu	18	11		
Area of Residence	Rural area	18	15	1.228	0.268
	Urban area	103	56		
Type of Family	Nuclear	94	48	2.361	0.124
	Joint	27	23		
Marital Status	Unmarried	70	32	2.935	0.087
	Married	51	39		
Occupational status	Employed as a part-time nurse	67	30	3.08	0.079
	Unemployed	54	41		
If employed	Private Hospital/Nursing Home	4	24	0.525	0.469
	Government Hospital or others	18	6		
Education Program Year	First Year	20	13	3.683	0.159
	Second Year	40	32		
	Third Year	61	26		

*Chi-Square 'p' value significant at 0.05

Table 6 shows that only religion had a significant relation with COVID-19 fear as Chi-Square 'p' value is 0.013.

Table 7: Correlation between COVID-19 Fear and Its Preventive measure Practices.

		Level of Fear
Level of Practice	Pearson Correlation	-.030
	p-value	.676

Table 7 shows that Participant who had good practice had low fear of COVID-19 that means there was a statistically negative correlation between COVID-19 Fear and Its Preventive measure Practices.

DISCUSSION

Nurses are prominent members of healthcare teams charged to control and prevent any contagious pandemic. They remain committed to working as a frontline care provider. To the best of researchers' knowledge, this might be the solo study in Nepal to assess the level of COVID-19 fear and its preventive measures practices among bachelor nursing students to date.

Concerning the socio-demographic characteristics, the current study revealed that among 192 respondents, the majority (53.6%) were age < = 25 years old and their mean age was 26.09±3.28. majority of them (84.6%) belong to the Hindu religion. Most (82.8 %) were from an urban setting and 53.1% were unmarried. About 50.5% employed as a part-time nurse, among them 75.3% works in Private Hospital/ Nursing Home.

Regarding respondents' Fear of COVID-19, this study depicts that majorities (36.5%) were nor disagree or agree about most afraid of coronavirus-19. Similarly, 25 % neither disagreed nor agree on uncomfortable feelings while thinking about corona virus-19. Majorities (32.3%) strongly disagreed about clammy hands while thinking about it. Most of the participants (26.6%) were disagree regarding losing life due to corona virus-19 and 26 % agreed with the statement of when watching news and stories about coronavirus-19 on social media, I become nervous or anxious. Findings of these statement contrast with a study on COVID-19 pandemic fear and anxiety among healthcare professionals in Pakistan by Saleem Z. et.al where 71.10% of nurses agreed on uncomfortable feeling while thinking about corona virus-19, 50 % of nurses agreed on losing life due to corona virus-19 and 64.50% agreed on the statement of When watching news

and stories about coronavirus-19 on social media, I become nervous or anxious this study, majorities (43.2%) strongly disagreed on cannot sleep due to worrying of getting corona virus-19 and likewise, 35.9 % strongly disagreed on palpating heart when thinks about it.^[13]

The adaptation of preventive practices is the only solution to defeat the COVID-19, as to date; there is no specific treatment and prevention for the novel coronavirus.^[14] In this study, the majority (65.1%) often eat thoroughly cooked food especially meat products. Similarly, 67.2% often keeps them warm and hydrated with avoiding going on crowded places by 65.1% and majorities (58.9%) often avoid touching eyes, nose, and mouth. Likewise, Most of them (67.7%) often avoid coming in close contact with people with having cough and flu-like symptoms. The majority (72.4%) often wears or used to wear necessary personal protective equipment and often performs or used to perform hand washing touching COVID-19 patients or other patients or before and after performing an aseptic procedure by 79.7% of them. They (79.2%) often perform or used to perform hand hygiene after touching the patient's surroundings like beds, tables, doors, etc. Likewise, the majority (69.3%) often avoids unnecessary close contact and practice social distancing, and keeps at least 1-m distance from patients and other healthcare workers and the public. Lastly, Most of them (64.4%) often keep up to date on the latest information from trusted sources, such as WHO or government, local and national health authorities, and news channels. These all preventive measures practice practiced by our participants were nearly consistent with a study done in Peshawar, Pakistan among Primary health workers including nurses on March 15 to April 4, 2020, where they found the majority of respondents often practiced thoroughly cooked food (92%), keeping themselves warm and hydrated (69.6%), avoiding close contact with the people having cough and flu-like symptoms (76%) and wearing personal protective equipment during interaction with COVID-19 patients (88.4%). Most of the participants had performed hand hygiene before and after interaction with COVID-19 patients (99.1%). Almost 100% practiced social distance of one meter from patients and other healthcare workers.^[15] Similarly, a study done in China from January 27 to February 1 showed that nearly all of the participants (98.0%) wore masks when going out and the majority (96.4%) of the participants had not visited any crowded place in recent days.^[16] Despite increasing trends of COVID-19 cases and mortality from it, a nevertheless low percentage of participants who also works as part-time nurse in different health organizations, practices all the statements regarding Preventive measure appropriately compared with a study done in Peshawar, Pakistan and China. Surprisingly, some percent of participants are still not practicing these preventive measures which were shown in table no 3 of this study.

Regarding the level of COVID-19 Fear, this study showed that the majority (63%) had no significant fear and 37% had significant fear which was the consistent result of the study done in China among frontline nurses where the majority of the nurses reported moderate (n = 564, 28%) and high (n = 1273, 36.2%) fear of COVID-19.^[7] Likewise study done in Neal among health workers working by Khanal P. et.al on April 26 to May 12, 2020, revealed that nearly half of the participants (46.1%) expressed a high degree of COVID-related fear. The proportion of high degree of COVID-related fear was 63.5% among nurses, 39.7% among other health workers, and 34% among doctors.^[8]

In this study, the majority (98.4%) had good practice regarding prevention of COVID-19 which was nearly consistent with the findings of M. Saqlain et.al where 88.7% (n = 367) health care workers had good practices toward COVID-19^[17] slightly higher than the findings of Nepal R.et. al on April 1st- 14th, 2020 in Nepal where 83.57% of health care workers had good practice towards COVID-19.^[18] and the finding of Ronald Olum et al on April 2020 in Uganda where 74% (n = 101) health care workers had good practices toward COVID-19.^[19] Increasing in good practice in this study might be because the study was conducted during the later stage (that is in September 2020) of an outbreak of this disease but these two studies were conducted in the early stage (in April 2020) of this COVID-19 pandemic when the entire health system and healthcare workers were being prepared to deal with this devastating disease in Nepal and nearly in the entire world. Similarly, Increasing in good practice in this study might be due to the various directives /instructions issued by the central and state Governments and the awareness campaigns against COVID-19 that ran on social and other electronic media like radio, television, etc. as well in Nepal.

Concerning with association of Level of COVID -19 Fears with Selected Socio-demographic Factors this study showed that only religion had a significant relation with COVID-19 fear. But a study conducted by Gaëtan M.et.al in March 2020 where Increased fear was related to perceived risks for loved ones and health anxiety and regular media use and social media use.^[20]

This study showed that participants who had good practice had low fear of COVID-19 but there was statistically negative correlation between COVID-19 Fear and Its Preventive Measure Practices. It may be due to confidence in their practices regarding the prevention of COVID-19, because of their nature of work, preventive directives from central and local government through various Media.

LIMITATION

The availability of internet facilities and responder's compliance might have influenced the number of participants in this study. Despite this, the response rate was 80%. The study sample lack representation of all

bachelor nursing colleges of all geographical areas of Nepal, it was limited to two colleges of Kathmandu, Nepal. Because of low cell count, the association between socio-demographic variables with the level of Preventive Practice was not calculated.

CONCLUSION

Concerning on level of COVID-19 fear and Preventive Measure Practices, the majority (63%) had no significant fear, and majority (98.4%) had good practice regarding prevention of COVID-19.

Regarding the association between socio-demographic variables, only religion had a significant relation with COVID-19 fear.

The participant who had good practice had low fear of COVID-19 that means there was a statistically negative correlation between COVID-19 Fear and Its Preventive Measure Practices. Still, 37% have significant fear, to reduce their fear level, better understanding their perceptions, stress, and concerns may provide critical new information that administrative systems, local and central government may use to better support their professionals during a future outbreak of such infectious disease outbreaks.

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