International Journal of Applied Research

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A study to assess the effectiveness of breathe and meditation on reducing the level of stress, anxiety and depression among nursing professionals working in COVID pandemic situation

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Abstract
Introduction: Nursing professionals, working in COVID pandemic situation are exposed to various infectious diseases, including those transmitted through the blood or other body fluids and/or airborne infectious agents, the Nursing professionals who are in direct contact with the patients are exposed to highest levels of risk. Nurses are particularly vulnerable to many job-related hazards, and undergo a considerable amount of emotional pressures in relation to their jobs.

Aim: a study to assess the effectiveness of breathe and meditation on reducing the level of stress, anxiety and depression among nursing professionals working in COVID pandemic situation

Materials and Methods: Quantitative approach- one group Pretest Posttest design was adopted to conduct the study on 160 nursing professionals who were working in COVID pandemic situation Bangalore was selected by using Non probability convenience sampling technique to. Nursing professionals who had moderate and severe stress, anxiety and depression and those were willing to participate were included in the study. Nursing professional's who have history of hyper sensitivity, asthma, mental illness, nasal polyps and use of any anxiolytic; herbal drugs were excluded from the study.

Results: In the current study findings reveals that among 160 nursing professionals, during pretest 49 (30%) had low level of stress, 105 (66%) had Moderate level of stress and 6 (4%) had high perceived stress and in posttest 153 (96%) had low level of stress, 7 (4%) had Moderate level of stress. Among 160 Nursing professionals, during pretest 13 (8%) had low level of anxiety, 140 (88%) had Moderate level of anxiety and 7 (4%) had severe anxiety and in posttest 152 (95%) had low level of anxiety and 7 (4%) had moderate level of anxiety. among 160 Nursing professionals, during pretest 6 (4%) are normal, 2 (1%) had Mild mood disturbance, 44 (27%) had borderline clinical depression and 108 (68%) had moderate level of depression whereas in posttest 140 (87%) are normal and 20 (30%) are having mild mood disturbance.

Conclusion: The study is concluded that breathe meditation is effective in reducing the level of stress anxiety and depression among nursing professionals working in COVID pandemic situation. It can be practiced easily, less time consuming and cost effective.

Keywords: Stress, anxiety, depression, breathe meditation

Introduction

In November 2019, a novel corona virus disease (COVID-19) was first reported and then became widespread within Wuhan, the capital city of Hubei Province of China. The disease rapidly spread throughout China and elsewhere, becoming a global health emergency. Since late December 2019, the outbreak of a new Corona virus (COVID-19, formerly known as nCoV-2019) was reported in Wuhan, China. As of April 4th, 2020, the disease had spread into more than 60 countries around the world, with more than 1 million cases of infected patients.[1] Based on the data from 72,314 cases, 14% and 5% of the patients are undergoing serious and critical conditions respectively, with an overall mortality rate of 2.3%.

In general, COVID-19 is an acute fatal disease that may end up with death due to progressive respiratory complications. This is the seventh corona virus that has been proved to infect humans. However, there are only limited data on the clinical traits and natural evolution of the disease among the patients engaged with COVID-19.

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Nursing professionals, working in COVID pandemic situation are exposed to various infectious diseases, including those transmitted through the blood or other body fluids and/or airborne infectious agents, Studies have shown that the group of Nursing professionals who are in direct contact with the patients are exposed to highest levels of risk. Nurses are particularly vulnerable to many job-related hazards, and undergo a considerable amount of emotional pressures in relation to their jobs. This is even more important during a pandemic outbreak of an infectious disease on a global scale, and can lead to stress, anxiety and depression among the Nursing professionals.

A primary challenge in the COVID-19 pandemic has been to take care of infected patients, which defines a serious risk to the workers at intensive care units (ICUs) because of the need for constant contact with infected patients for extended periods of time. Wide spread infection and fatalities among the Nursing professionals have been reported previously for MERS (Middle East Respiratory Syndrome) and SARS (Severe acute respiratory syndrome) and currently for the COVID-19 disease, imposing considerable amounts of social and mental pressures on the workers. During the outbreaks of SARS and MERS, the Nursing Professionals reported concerns about themselves and their families' health and explained their painful experiences of fear, anxiety, and even social prejudice and stigma. Moreover, it has been shown that Nursing Professionals tend to continue to undergo the job stress burnout, mental pressure, anxiety, and depression symptoms even upon the mitigation of the outbreak.

The mental health of nursing professionals has been greatly challenged during the immediate wake of the viral epidemic. In battling the sudden emergence of severe acute respiratory syndrome (SARS), psychological distress among nursing professionals appeared gradually: fear and anxiety appeared immediately and decreased in the early stages of the epidemic, but depression, psycho physiological symptoms and posttraumatic stress symptoms appeared later and lasted for a long time, leading to profound impacts. Being isolated, working in high-risk positions, and having contact with infected people are common causes of trauma. These factors may have impacted on nursing professionals in Bangalore, leading to mental health problems.

Providing care to that in need brings great meaning and purpose to nursing professionals. But nursing can also come with physical and emotional demands that create stressful environments. Nurses who are working hard to provide quality care for patients may struggle to manage stress when faced with busy schedules and exacting responsibilities. Finding ways to manage stress is essential for nurses to stay healthy and satisfied with their important work. Stress management techniques for nurses include deep breathing, meditation, and exercise.

Nurse leaders should keep in mind the importance of nurse scheduling in managing stress. They can also help nurses by being role models for self-care and by reminding staff members that self-care is vital to caring for others. Engaging in deep breathing can be an effective way to reduce stress and anxiety. It can also improve lung function, blood pressure, and other elements of health. One of the benefits of breathing techniques is that they can be used at anytime, anywhere to help reduce stress symptoms. Breathing techniques also can be practiced every day for five to 15 minutes for greater benefits.

Meditation is the process of calming the thoughts and clearing out unimportant information from the mind. When someone meditates, they seek to quiet the jumbled stream of consciousness that can cause stress and anxiety. Meditation helps individuals find a deep state of relaxation and mental tranquility. This can result in increased patience and tolerance and reduced negative emotions, which can help nurse's combat stress on the job and reconnect with a sense of purpose. Meditation can also help nurses to Gain a new perspective on a situation, Increase self-awareness, Focus on the present, Build stress-management skills.

In consideration of these premises, the published literature indicates that yoga and other mind-body meditation programs provide some innovative solutions, scientifically recognized as effective methods to enhance empathy, reduce stress and improve physical work-related issues in nursing professionals.

In some cases, yoga programs have been readapted to meet the needs of the work environment as being structured in less time-invasive sessions to be held in the workplace, in association with daily meditation to be carried out individually at home. The clinical trials have highlighted significant efficacy in stress management, relieving from anxiety and depressive symptoms and in overall improvement of quality of life (QOL).

To the best of our knowledge, distress experienced (depression, anxiety and stress) by people during COVID-19 has not been explored altogether so far in India. Thus, the present research is an attempt to fill this gap so that effective mental health management can be planned by practitioners and policymakers.

Need for the study
A widespread pressure on nurses who are supporting to fight against COVID-19. Maintaining the mental health of nursing staff is essential to control COVID-19.

The risk of COVID-19 infection may cause significant psychosocial stress, anxiety and depression among medical staff. Unfortunately, several young medical staff members infected with COVID-19 whose cases appeared to be mild at the early stage of the disease recently sharply deteriorated and died, further increasing the fear of the virus. To relieve the mental stress of nurses, Breath and meditation techniques are greatly helpful.

As the coronavirus disease 2019 (COVID-19) pandemic takes hold, nurses are on the front line of health and social care in the most extreme of circumstances. The nurses needs to be supported with positive mental health out of working hours.

Supporting nurses practically and psychologically is essential to preserving their health in the short and long term, particularly when occupational stress levels are so high during Covid-19 pandemic situation. Ensuring psychological well-being requires a layered response, with different components at different times, comprising strategies aimed at prevention

Use claiming strategies when stress levels are high, for instance, the FACE COVID mnemonic: Focus on what is in your control; Acknowledge thought and feelings; Comeback into your body (Notice body-press feet into floor, or press fingertips together) or Engage in what you are doing-refocus the activity in hand (Harris 2020)

Meditation and mind fullness in breaks at work or outside of work may also help (Cole King and Dykes 2020)

The COVID pandemic has drawn the global array of natural therapies and practices with host-enhancing or anti-viral capabilities to suggest integrative treatment strategies. The researchers from the Massachusetts Institute of Technology, University of California-San Diego, Chopra Library for Integrative Studies, and Harvard University share one such exploration. Their conclusion, that "certain meditation, yoga asana (postures), and pranayama (breathing) practices may possibly be effective adjunctive means of treating and/or preventing infection.

A large-scale cross-sectional, descriptive, correlational study design was used. A total of 2,014 eligible frontline nurses from two hospitals in Wuhan, China, participated in the study. On average, the participants had a moderate level of burnout and a high level of fear. About half of the nurses reported moderate and high work burnout, as shown in emotional exhaustion ($n = 1,218$, 60.5%), depersonalization ($n = 853$, 42.3%), and personal accomplishment ($n = 1,219$, 60.6%). The findings showed that 288 (14.3%), 217 (10.7%), and 1,837 (91.2%) nurses reported moderate and high levels of anxiety, depression, and fear, respectively. The majority of the nurses ($n = 1,910$, 94.8%) had one or more skin lesions, and 1,950 (96.8%) nurses expressed their frontline work willingness. Mental health outcomes were statistically positively correlated with skin lesion and negatively correlated with self-efficacy, resilience, social support, and frontline work willingness.

Huge number of nurses are facing repeated challenges during covid-19, which is significantly affecting their mental health/well-being, which will affect the quality of their care towards patients, it is well clear that nurses should receive comprehensive stress management programme

While at work and outside of work, nurses should prioritize their own well-being as much as possible, paying attention to meeting their essential needs for drinks, food, rest and sleep, and building in rest and comfort breaks (Cole-King & Dykes, 2020). At times of crisis, human physiological and safety needs come to the forefront—adequate food, shelter, rest, sleep and safety needs for example (Kenrick, Griskevicius, Neuberg, & Schaller, 2010). Recent interviews with medical staff (including nurses) treating COVID-19 in a hospital in Hunan Province support this (Chen *et al.*, 2020) Immediate interventions are essential in order to enhance psychological resilience and strengthen the healthcare systems' capacity (Bao *et al.*, 2020).

The survey showed that the total stress load score of 180 nurses who assisted in combating the COVID-19 was 39.91 ± 12.92, with a score rate of 39.91%, of which the event load score was 19.32 ± 6.52 points, and the individual vulnerability score was 20.59 ± 6.61 points. The total SAS score was 32.19 ± 7.56 points, which was higher than the national standard points ($29.78 + 0.46$), and the difference was statistically significant ($t = 4.27$, $p < .001$).

General perceived stress on nurses assisting in Wuhan to fight against COVID-19. The results of this study showed that the total stress load of nurses who assisted in fighting against COVID-19 was 39.91 ± 12.92 points, with a score rate of 39.91%, and those with a score > 50 were 22.22%. This result showed a widespread pressure on nurses in Hubei who helped fight against COVID-19. COVID-19 was severe and coincided with the large-Scale cross-regional population movement during the Chinese Lunar New Year. This epidemic has spread to the entire country, with Wuhan as the epicenter, and the number of confirmed and suspected patients has increased rapidly in a short period of time. This

phenomenon has resulted in huge challenges in disease prevention and control. All localities have actively responded to the national call and quickly formed a nursing team to assist in Hubei. Given unknown and uncontrollable nature of the epidemic rescue work, coupled with being far away from their hometown and loved ones, the nurses helping in Hubei had certain psychological pressure.

The Prevalence of depression and its impact on quality of life among frontline nurses in emergency departments during the COVID-19 outbreak shows that the overall prevalence of depression in 1103 ED nurses was 43.61% (95% CI=40.68–46.54%). Close to half (43.6%; 95% CI: 40.68–46.54%) of the ED nurses suffered from depression, which is similar to the findings reported by Lai *et al.* (2020) in Chinese frontline clinicians (50.4%). Another Chinese study using the same assessment tool found that 31.37% of frontline clinicians reported depression during the outbreak of COVID-19 (Zheng *et al.*, 2020)

In a web-based cross-sectional study, 441 nurses working were selected from the hospitals, from 7 to 12 April 2020. Anxiety and depression were measured using the Generalized Anxiety Disorder-7 and the Patient Health Questionnaire-9, respectively. The finding declares healthcare workers are at high risk for mental illness.

Understandably, the rapid spread of COVID-19 has put severe pressure on health care providers especially nurses around the world. But, during the COVID-19 pandemic, the level of anxiety and depression as psychological complications are so alarming, the availability of counseling services to promote mental well-being is essential for healthcare providers, especially nurses, women, and the front line workers exposed to COVID-19

By keeping the view of current scenario and perceived stress, anxiety and depression level among nurses during Covid-19, this study will help the nurses to sustain positive mental health thereby, increase their efficiency in workplace.

Objectives
- To determine the level of stress among nursing professionals working in COVID pandemic situation
- To determine the level of anxiety among nursing professionals working in COVID pandemic situation
- To determine the level of depression among nursing professionals working in COVID pandemic situation
- To evaluate the effectiveness of breathe and meditation on reducing the level of stress among nursing professionals working in COVID pandemic situation
- To evaluate the effectiveness of breathe and meditation on reducing the level anxiety among nursing professionals working in COVID pandemic situation
- To evaluate the effectiveness of breathe and meditation on reducing the level of depression among nursing professionals working in COVID pandemic situation
- To associate the pretest score on reducing the level of stress among nursing professionals working in COVID pandemic situation with socio demographic variable
- To associate the pretest score on reducing the level of anxiety among nursing professionals working in COVID pandemic situation with socio demographic variable
- To associate the pretest score on reducing the level of depression among nursing professionals working in COVID pandemic situation with socio demographic variable

Hypothesis
Research hypotheses
H_1: There is statistically significant difference on level of stress among nursing professionals working in COVID pandemic situation after breathe and meditation.

H_2: There is statistically significant difference on level of Depression among nursing professionals working in COVID pandemic situation after breathe and meditation.

H_3: There is statistically significant difference on level of anxiety among nursing professionals working in COVID pandemic situation after breathe and meditation.

H_4: There is statistically significant association between pretest score on level of stress among nursing professionals working in COVID pandemic situation with their socio demographic variables.

H_5: There is statistically significant association between pretest score on level of anxiety among nursing professionals working in COVID pandemic situation with their socio demographic variables.

H_6: There is statistically significant association between pretest score on level of Depression among nursing professionals working in COVID pandemic situation with their socio demographic variables.

Materials and Methods
Quantitative approach- one group Pretest Posttest design was adopted to conduct the study on 160 nursing professionals who were working in COVID pandemic situation Bangalore was selected by using Non probability convenience sampling technique to. Nursing professionals who had moderate and severe stress, anxiety and depression and those were willing to participate were included in the study. Nursing professional's who have history of hyper sensitivity, asthma, mental illness, nasal polyps and use of any anxiolytic; herbal drugs were excluded from the study.

Description of the tool
The tool has 4 parts. Part I deals with socio demographic variables such as age, gender, qualification, any other health issues Part II consists of Perceived stress scale consists of 10 items, the scoring key is 0= never,1-almost never,2-some times, 3-fairly often,4-very often; score is interpreted as 0-13 is considered as low stress, 14-26 as moderate stress, 27-40 as high perceived stress Part: III consists of Beck anxiety inventory scale which has 21items. The scoring key is 0= not at all, 1=mild, 2=moderate. 3=severe; Score is interpreted as 0-21: low anxiety, 22-42: moderate anxiety, 43-63: severe anxiety. Part: IV consists of Beck depression inventory scale which has 21items. The scoring key is 0= not at all, 1=mild, 2=moderate, 3= severe; Score is interpreted as1-10: normal, 11-16: mild mood disturbance,

17- 20 borderline clinical depression, 21-30: moderate depression, 31-40: severe depression, over 40: Extreme depression

Data collection procedure
After obtaining formal permission from ethical committee, the data was collected from nursing professionals working at Tamil Nadu, Andhra Pradesh, Kerala and Karnataka during COVID pandemic situation. The nature and purpose of the study was explained. Informed consent was obtained from the sample and confidentiality of shared information was assured. Pretest was conducted with Perceived stress scale, Beck anxiety inventory scale and Beck depression inventory scale by using online Google forms it took 30 minutes to collect the data from each nursing professionals. Virtual training of Breathe and meditation was taught for all nursing professionals for 6 days on 7th day post test was conducted by using same questionnaire.

Data analysis
The data was analyzed by using descriptive statistics (mean and standard deviation) and inferential statistics (t –test, chi square)

Results

Table 1: Pretest score of frequency and percentage distribution of level of stress among nursing professionals working in COVID pandemic situation (n = 160)

S. No.	Level of stress	Frequency (F)	Percentage (%)
1	Low stress	49	30
2	Moderate stress	105	66
3	High perceived stress	6	4

Table 2: Pretest score of frequency and percentage distribution of level of anxiety among nursing professionals working in COVID pandemic situation (n = 160)

S. No.	Level of stress	Frequency (F)	Percentage (%)
1	Low Anxiety	13	8
2	Moderate Anxiety	140	88
3	Severe Anxiety	7	4

Table 3: Pretest score of frequency and percentage distribution of level of depression among nursing professionals working in COVID pandemic situation (n = 160)

S. No.	Level of stress	Frequency (F)	Percentage (%)
1	Normal	6	4
2	Mild mood disturbance	2	1
3	Borderline clinical depression	44	27
4	Moderate depression	108	68

Fig 1: Percentage distribution on effectiveness of breathe and meditation on reducing the level of stress among nursing professionals working in COVID pandemic situation (N = 160)

Fig 2: Percentage distribution on effectiveness of breathe and meditation on reducing the level of anxiety among nursing professionals working in COVID pandemic situation (N = 160)
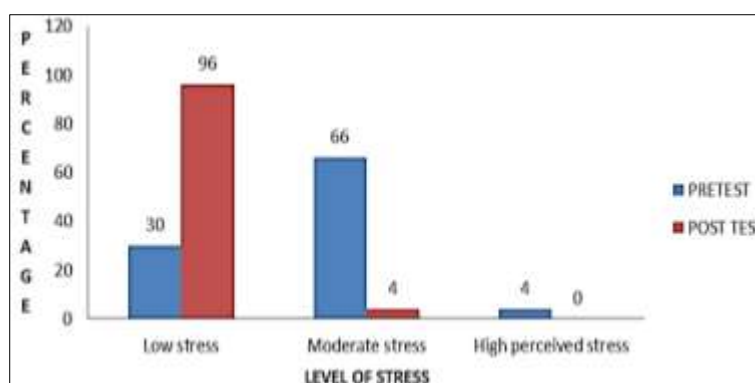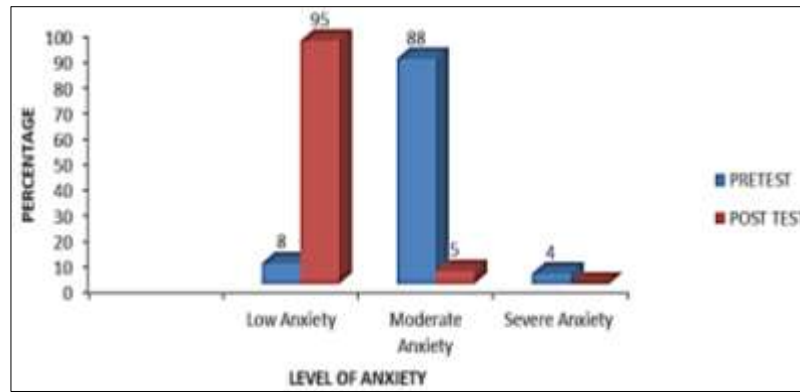

Fig 3: Percentage distribution on effectiveness of breathe and meditation on reducing the level of depression among nursing professionals working in COVID pandemic situation (N = 160)

Table 4: Mean and standard deviation of effectiveness of breathe and meditation on reducing the level of stress among nursing professionals working in COVID pandemic situation (n = 160)

S. No.	Test	Mean	Standard deviation	t-test
1	Pre test	16.5	5.7	C=33.05
2	Post test	9.9	3.1	T=3.29 S*=0.001

Table 5: Mean and standard deviation of effectiveness of breathe and meditation on reducing the level of anxiety among nursing professionals working in COVID pandemic situation (n = 160)
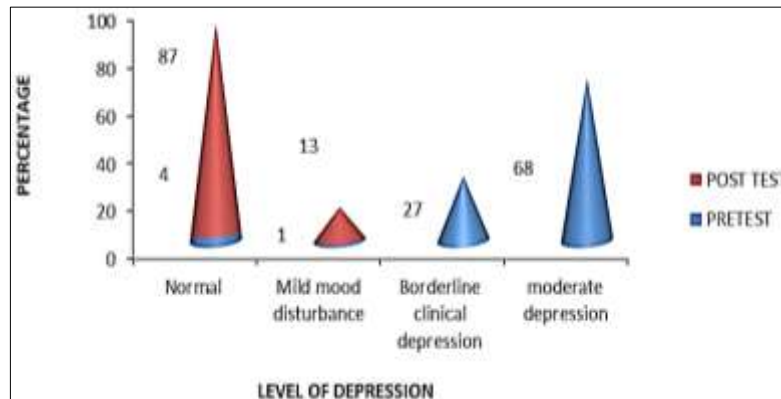
S. No.	Test	Mean	Standard deviation	t-test
1	Pre test	5.6	6.5	C=23.3
2	Post test	2.1	2.5	T=3.29 S*=0.001

Table 6: Mean and standard deviation of effectiveness of breathe and meditation on reducing the level of depression among nursing professionals working in COVID pandemic situation (n = 160)

S. No.	Test	Mean	Standard deviation	t-test
1	Pre test	19.9	4	C=46.6
2	Post test	6.8	3.9	T=3.29 S*=0.001

Table 7: Association between pretest score on level of stress among nursing professionals working in COVID pandemic situation with their socio demographic variables (n = 160)

S. No.	Socio demographic variables	Level of stress						Chi-square value
		Low stress		Moderate stress		High perceived stress		
		f	%	f	%	f	%	
1	Gender							C=0.9 T=3.84 df=1 NS
	a) Male	2	1	26	16	4	3	
	b) Female	47	30	79	49	2	1	
2	Age							C=5.97 T=9.49
	a) 20-30 yrs	26	16	1	1	-	-	
	b) 31-40 yrs	12	7	43	27	3	2	

		f	%	f	%	f	%	
	c) 41-50 yrs	9	5	32	20	1	1	df=4 NS
	d) 51-60 yrs	2	1	27	18	2	1	
	e) 61 and above	-	-	2	1	-	-	
3	Education							C=1.23 T=7.81 df=3 NS
	a) Diploma	3	2	2	1	-	-	
	b) Graduate	15	9	17	11	2	1	
	c) Post Graduate	22	14	77	49	3	2	
	d) Doctorial	9	5	9	5	1	1	
4	Health Status							C=2.13 T=9.49 df=4 NS
	a) High BP	-	-	2	1	2	1	
	b) Cardiac Problems	-	-	1	1	-	-	
	c) Pregnancy	1	1	4	2	-	-	
	d) Others	12	7	27	17	1	1	
	e) None of the above	37	23	71	44	3	2	

Table 8: Association between pretest score on level of anxiety among nursing professionals working in COVID pandemic situation with their socio demographic variables (n = 160)

S. No.	Socio demographic variables	Level of anxiety						Chi-square value
		Low anxiety		Moderate anxiety		Severe anxiety		
		f	%	f	%	f	%	
1	Gender							C=1.2 T=3.84 df=1 NS
	a) Male	9	6	21	13	2	1	
	b) Female	4	2	119	75	5	3	
2	Age							C=2.36 T=9.49 df=4 NS
	a) 20-30 yrs	9	6	18	11	-	-	
	b) 31-40 yrs	4	2	52	33	2	1	
	c) 41-50 yrs	-	-	40	25	2	1	
	d) 51-60 yrs	-	-	28	18	3	2	
	e) 61 and above	-	-	2	1	-	-	
3	Education							C=9.13 T=7.81 df=3 S
	f) Diploma	2	1	3	2	-	-	
	g) Graduate	7	4	25	16	2	1	
	h) Post Graduate	3	2	95	59	4	2	
	i) Doctorial	1	1	17	11	1	1	
4	Health Status							C=3.03 T=9.49 df=4 NS
	f) High BP	1	1	3	2	-	-	
	g) Cardiac Problems	-	-	1	1	-	-	
	h) Pregnancy	2	1	3	2	-	-	
	i) Others	7	4	28	17	4	2	
	j) None of the above	3	2	105	66	3	2	

Table 9: Association between pretest score on level of depression among nursing professionals working in COVID pandemic situation with their socio demographic variables (N = 160)

S. No.	Socio demographic variables	Level of depression								Chi-square value
		Normal		Mild mood disturbance		Borderline clinical depression		Moderate depression		
		f	%	f	%	f	%	f	%	
1	Gender									C=0.063 T=3.84 df=1 NS
	c) Male	2	1	-	-	27	17	3	2	
	d) Female	4	2	2	1	17	11	105	66	
2	Age									C=5.01 T=9.49 df=4 NS
	f) 20-30 yrs	1	1	-	-	24	15	2	1	
	g) 31-40 yrs	2	1	-	-	20	12	36	23	
	h) 41-50 yrs	3	2	2	1	-	-	37	23	
	i) 51-60 yrs	-	-	-	-	-	-	31	19	
	j) 61 and above	-	-	-	-	-	-	2	1	
3	Education									C=0.068 T=7.81 df=3 NS
	j) Diploma	3	2	2	1	-	-	-	-	
	k) Graduate	2	1	-	-	4	2	28	18	
	l) Post Graduate	1	1	-	-	27	17	74	46	
	m) Doctorial	-	-	-	-	13	8	6	4	
4	Health Status									C10.96 T=9.49 df=4 S
	k) High BP	3	2	-	-	1	1	-	-	
	l) Cardiac Problems	-	-	1	1	-	-	-	-	
	m) Pregnancy	2	1	-	-	-	-	3	2	

		1	1	1	1	26	16	11	6	
	n) Others	1	1	1	1	26	16	11	6	
	o) None of the above	-	-	-	-	17	11	94	58	

Discussion

Findings related to level of stress among nursing professionals working in COVID pandemic situation
From table 1: it is evident that among 160 Nursing professionals, 49 (30%) had low level of stress, 105 (66%) had Moderate level of stress and 6 (4%) had high perceived stress

Findings related to level of anxiety among nursing professionals working in COVID pandemic situation
From table 2: it is evident that among 160 Nursing professionals, 13 (8%) had low level of anxiety, 140 (88%) had Moderate level of anxiety and 7 (4%) had severe anxiety

Findings related to level of depression among nursing professionals working in COVID pandemic situation
From table 3: it is evident that among 160 Nursing professionals, 6 (4%) are normal, 2 (1%) had Mild mood disturbance, 44 (27%) had borderline clinical depression and 108 (68%) had moderate level of depression

Findings related to effectiveness of breathe and meditation level of stress among nursing professionals working in COVID pandemic situation
In the current study from Figure 1 reveals that among 160 nursing professionals, during pretest 49 (30%) had low level of stress, 105 (66%) had Moderate level of stress and 6 (4%) had high perceived stress and in posttest 153 (96%) had low level of stress, 7 (4%) had Moderate level of stress

Findings related to effectiveness of breathe and meditation level of anxiety among nursing professionals working in COVID pandemic situation
In the current study from Figure 2 reveals that among 160 Nursing professionals, during pretest 13 (8%) had low level of anxiety, 140 (88%) had Moderate level of anxiety and 7 (4%) had severe anxiety and in posttest 152 (95%) had low level of anxiety and 7 (4%) had moderate level of anxiety.

Findings related to effectiveness of breathe and meditation level of depression among nursing professionals working in COVID pandemic situation
In the current study from Figure 3 reveals that among 160 Nursing professionals, during pretest 6 (4%) are normal, 2 (1%) had Mild mood disturbance, 44 (27%) had borderline clinical depression and 108 (68%) had moderate level of depression whereas in posttest 140 (87%) are normal and 20 (30%) are having mild mood disturbance

Findings related to association between pretest score on level of stress among nursing professionals working in COVID pandemic situation with their socio demographic variables
From table 4: It is evident that among 160 Nursing professionals that there is no significant association between the pretest score on level of stress among nursing professionals with their socio demographic variables such as Age, Gender, Education and Health Status

Findings related to association between pretest score on level of anxiety among nursing professionals working in COVID pandemic situation with their socio demographic variables
From table 5: It is evident that among 160 Nursing professionals that there is a significant association between the pretest score on level of anxiety among nursing professionals with their socio demographic variables such as Health Status and has no Significant association with their socio demographic variables such as Age, Gender and Education

Findings related to association between pretest score on level of depression among nursing professionals working in COVID pandemic situation with their socio demographic variables
From table 6: It is evident that among 160 Nursing professionals that there is a significant association between the pretest score on level of depression among nursing professionals working in COVID pandemic situation with their socio demographic variables such as Education and has no Significant association with their socio demographic variables such as Age, Gender and Health Status

Recommendations for further research
Working during an infectious disease outbreak increases the stress of healthcare providers, especially Registered nurses on the frontline taking care of infected patients. Stress and workload during an outbreak lead to the unwanted consequences of burnout. Registered nurses working during an outbreak require close attention and an assessment of their level of depression, stress, and anxiety. Coping measures and supportive interventions are also warranted for this group of Registered nurses. Further longitudinal prospective studies using a large population and different time series are recommended to validate the results of this study and to provide a more thorough understanding of this issue. Moreover, it is recommended that interviews be conducted with nurses on the factors that impact their level of stress, anxiety and depression during such times. These studies will facilitate the development of supportive intervention measures to improve the psychological impact on Registered nurses during an outbreak, which will increase patient safety and ensure the high quality of care.

Conclusion
The study is concluded that breathe meditation is effective in reducing the level of stress anxiety and depression among nursing professionals working in COVID pandemic situation. It can be practiced easily, less time consuming and cost effective.

Limitations
Although the research has made significant contributions and can be used by the government and other agencies to tackle the adverse psychological effects during Covid-19, it has some limitations. Firstly, the size of the sample in some groups was quite small. Secondly, the researchers utilized online Google forms for data collection that hindered the participation of a larger section of the population such as

those who do not have internet, especially the underprivileged.

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