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THE LEVEL OF STRESS AMONG STAFF NURSES DURING COVID19

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Abstract

Background: According to Shah et al., (2021) [5], around 71% of the nursing staff were concerned about receiving more COVID-19 patients and exhibited heightened workload-related stress resulting from taking care of infected patients. The study found that most nurses (82%) are stressed about getting their friends and family infected.

Purpose: The study determined and assessed the level of Stress Indicators of Staff Nurses during Covid-19 Pandemic.

Methods: A total of 310 nurses regardless of categories such as staff, supervisory, head of the department or even the chief nurse was invited to be part of the research who handled patients in this time of pandemic. The study utilized descriptive-correlational method to describe relationship between variables. Online survey forms were distributed, and data were retrieved and analyzed.

Results: During the COVID 19 epidemic, data shows that many of the indications are common among nurses, including an irregular staffing schedule, painful procedures, working even during breaks, and not enough time to finish nursing chores.

Conclusion: This COVID 19 pandemic deals with unpredictable staffing schedule, also experience performing painful procedures, having work even breaks and not enough time to complete the performance of nursing tasks.

Keywords: Stress, Emotional Preparation, Workload, Workplace Discrimination.

Background

On work-related stresses, the pandemic had not just presented an extraordinary challenge to healthcare systems across the globe but the quick spread of the disease in early 2020 caught many nurses off guard being emotionally unprepared and scrambling to provide service to physicians and peers with higher level of workload accompanied by treatment uncertainties. According to Shah et al., (2021) [5], around 71% of the nursing staff were concerned about receiving more COVID-19 patients and exhibited heightened workload-related stress resulting from taking care of infected patients. The study found that most nurses (82%) are stressed about getting their friends and family infected. Overall, younger, less experienced nurses reported more stress levels compared to older, senior-level nurses. Findings suggest that many nurses fail to perceive protective measures as an effective coping strategy, with only 75% reporting problem-solving strategies such as hand washing and wearing a face mask, and only 60% avoiding public transportation and crowded spaces. Findings also suggest a lack of organizational support including psychiatric assistance, with no nurses reportedly seeking psychological therapy.

The COVID-19 pandemic increased the stress level of the nursing staff globally. The study finds that the cases are still increasing dramatically, which can overwhelm the healthcare system and escalate nurse stress levels.

The effect of the COVID-19 pandemic has made the world at a loss of words that the crisis is already on this scale that will challenge society in considerable ways, neither better nor worse. With the rapid growth of COVID-19 confirmed cases of approximately 335,000 cases, 275,000 recoveries, and 6,152 deaths (WHO, 2020) here in the Philippines, it is affecting a number of sectors from the financial market to the population of health. This crisis has implications for economic status, health systems, and patient care delivery. The Filipino front-line nurses experience mild-to-moderate levels of distress of COVID-19, and the varying levels of fear were also related to increased psychological distress, reduced job satisfaction, decreased health perceptions, and an increase in

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turnover intention among Filipino nurses (Labrague & Delos Santos, 2020 [1]).

The global pandemic has brought huge and impactful direct and indirect transformation across industries but the largest scale landed on the healthcare delivery system which in all its might has had to adapt as fast and efficient as it could. In the process of such immediate need to thrive with such risk and attend to the increasing number of patients with very special needs while maintaining the same level of care, down the line, the stresses come down to nurses as the closest contact. The affects evidently are on work-related, physical and physiological stresses which descend to touch the level of job satisfaction.

This combination of physical and physiological strain on an already stressed nursing workforce has become the hallmark of the COVID-19 pandemic. It has exposed nurses to environments that can harm their health and ability to work. As characterized by Sanliturk (2021) [4] it is demonstrated by feelings of fatigue, disconnection from one's job, and a sense of diminished professional fulfilment. The COVID-19 pandemic's onset has increased work stress among an already strained nursing workforce, putting their mental health and well-being at risk.

Objective

The study determined and assessed the level of Stress Indicators of Staff Nurses during Covid-19 Pandemic.

Methods

Research Design

This research utilized descriptive-correlational method. The research study design aligned with the primary aim to assess the stress indicators and job satisfaction of staff nurses during Covid-19 pandemic which served as the basis in the formulation of Career and Psychosocial Mentoring Competency. The premise of the descriptive correlational design required local and international studies relating to the assessment of the stress indicators and job satisfaction of Staff Nurses during Covid-19 Pandemic that supported the data analysis and framed the theoretical model appropriate that seeks to understand the multiple perspective and awareness in Career and Psychosocial Mentoring Competency.

Respondents of the Study

This study involved the total population of the nursing department of the said institution. A total of 310 nurses regardless of categories such as staff, supervisory, head of the department or even the chief nurse was invited to be part of the research who handled patients in this time of pandemic. This allowed the researcher to conduct the research study using a questionnaire. Eligible respondents were nurses working in the hospital during pandemic regardless of their work especially nurses working in the Emergency Room, Medical and Surgical Ward, Intensive Care Unit ward, Dialysis Ward and Isolation Ward. The inclusion criteria included staff nurses who are employed in the hospital for more than six months, ages 20 to 45, both male and female. Exclusion criteria are: Fresh graduate nurses that currently have mental health illness or comorbidities, Front liners who already resigned and are not currently working on the chosen institution and staff nurses who were not able to sign the informed consent, as well as those who didn't agree with the agreements on the orientation phase. Those who didn't agree with the aforementioned agreement are excluded from the study. Other Nurses who did not fall to the inclusion criteria was also not within the scope of this research, thus, excluded from this study.

Research Instrument and Data Collection

The researcher adapted and modified a questionnaire from Muhawish, Salem and Baker (2019) [3] entitled "Job Related Stressors and Job Satisfaction among Cultural Nursing Workforce" which was published in the Middle East Journal of Nursing and available online by the International Organization for Scientific Information (IDOS). A modification on questionnaires was tailored to the content of the current practices or the target population and to bring out a more precise and concrete answer from the respondents. The researcher formally asked the authors permission regarding modifying their questionnaire to be used for this study.

The modified questionnaire undergone pilot testing and it was submitted to Cronbach analysis to check for reliability and validity of the content to ensure the appropriateness of the questionnaire in measuring the stress indicators and job satisfaction of staff nurses during covid-19 pandemic.

Statistical Treatment of Data

Descriptive statistics (frequency and percentage) was used to describe the findings for the demographic profile. Students' t-test, analysis of variance (ANOVA) and Pearson's correlation were performed to determine the significant difference and relationship among the variables of the study. A statistically significant $p < 0.05$ level was considered.

Ethical Consideration

The Ethics Review Committee of La Consolacion University of the Philippines reviewed this research study to ensure that it did not violate ethical considerations that should be observed.

Result

Table 1: Inadequate Emotional Preparation

Stress Indicators	Mean Score	Descriptive Interpretation
Feeling inadequately prepared with the emotional need of a patient with COVID-19.	3.71	Frequently Stressful
Being asked a question by a patient for which I do not have a satisfactory answer regarding the manifestations, sign and symptoms of COVID-19 Virus.	3.32	Occasionally stressful
Watching a patient suffer with COVID-19 virus.	3.57	Frequently Stressful
Listening or talking to a patient about his/her approaching death with COVID-19 virus	3.54	Frequently Stressful
The death of the patient with you whom you developed a close relationship.	3.60	Frequently Stressful
Average Mean	**3.54**	**Frequently stressful**

Always Stressful – 5.0- 4.50, Frequently Stressful – 4.49 – 3.50, Occasionally Stressful – 3.49- 2.50, Rarely Stressful – 2.49 – 1.50, Never Stressful – 1.49 – 1.0

It can be noted that the average mean score on the level of stress of nurses during COVID 19 pandemic in terms of inadequate emotional preparation showed 3.54 with descriptive interpretation of "Frequently stressful". Data denotes that almost all of the indicators are frequently occurring among the nurses during COVID 19 pandemic that deals with the emotional needs of the patients, watching their patient suffer with SAR COV-2 Virus, dealing with their patients approaching death and eventually death of the patients with whom closeness have been developed.

Table 2: Conflict with Physicians

Stress Indicators	Mean Score	Descriptive Interpretation
A physician not being present in a medical emergency with COVID 19 patient	3.80	Frequently Stressful
A physician ordering what appears to be inappropriate treatment for a COVID patient.	3.84	Frequently Stressful
Inadequate information from a physician regarding the medical condition of the COVID patient.	3.84	Frequently Stressful
Having to organize doctors' work	3.71	Frequently Stressful
Physician(s) not being present when a COVID patient dies.	3.83	Frequently Stressful
Average Mean	**3.80**	**Frequently Stressful**

Always Stressful – 5.0- 4.50, Frequently Stressful – 4.49 – 3.50, Occasionally Stressful – 3.49- 2.50, Rarely Stressful – 2.49 – 1.50, Never Stressful – 1.49 – 1.0

It can be deduced that the average mean score on the level of stress of nurses during COVID 19 pandemic in terms of conflicts with physicians showed 3.80 with descriptive interpretation of "Frequently stressful". Data denotes that all of the indicators are frequently occurring among the

nurses during COVID 19 pandemic that deals with the physician being absent during medical emergency with COVID 19 patients, lacking information on the medical conditions, inappropriate treatment of patient and the most importantly physician not being present when a COVID patient dies.

Table 3: Peer-Related Problems

Stress Indicators	Mean Score	Descriptive Interpretation
Difficulty in working with a particular nurse (or nurses) outside in my immediate work setting due to exposure to COVID 19 patient	3.61	Frequently Stressful
Difficulty in working with a particular nurse (or nurses) in my immediate work setting due to exposure to COVID 19 patient	3.62	Frequently Stressful
Lack of opportunity to express to other personnel on the unit of my negative feelings toward patients	3.57	Frequently Stressful
Lack of opportunities to talk openly with other personnel about problems in a work setting with confirmed COVID 19 patients	3.58	Frequently Stressful
Lack of opportunity to share experiences and feelings about COVID 19 with other personnel in the work setting.	3.58	Frequently Stressful
Average Mean	**3.59**	**Frequently Stressful**

Always Stressful – 5.0- 4.50, Frequently Stressful – 4.49 – 3.50, Occasionally Stressful – 3.49- 2.50, Rarely Stressful – 2.49 – 1.50, Never Stressful – 1.49 – 1.0

It can be deduced that the average mean score on the level of stress of nurses during COVID 19 pandemic in terms of conflicts with physicians showed 3.59 with descriptive interpretation of "Frequently stressful". This means that all of the indicators are frequently occurring among the nurses during COVID 19 pandemic that deals with the peer related problem such as difficulty in the workplace setting both within or outside of the area due to exposure to COVID 19 patients, lack of opportunities to talk openly and express negative feelings and other personnel in the workplace.

Table 4: Supervisor Related Problems

Stress Indicators	Mean Score	Descriptive Interpretation
Conflict with a supervisor.	3.65	Frequently Stressful
Lack of support of my immediate supervisor.	3.70	Frequently Stressful
Lack of support by nursing administration.	3.74	Frequently Stressful
Lack of support from other health care administration	3.76	Frequently Stressful
Feeling inadequately trained for what I must do in handling COVID 19 patient.	3.71	Frequently Stressful
Average Mean	**3.71**	**Frequently Stressful**

Always Stressful – 5.0- 4.50, Frequently Stressful – 4.49 – 3.50, Occasionally Stressful – 3.49- 2.50, Rarely Stressful – 2.49 – 1.50, Never Stressful – 1.49 – 1.0

It can be noted that the average mean score on the level of stress of nurses during COVID 19 pandemic in terms of supervisor related problem showed 3.71 with descriptive interpretation of "Frequently stressful". Data indicates that all of the indicators are frequently occurring among the nurses during COVID 19 pandemic that deals with the lack of support from health care administration, nursing administration and nurse supervisor and the feeling of inadequate training in handling COVID 19 patients.

Table 5: Workload

Stress Indicators	Mean Score	Descriptive Interpretation
Fear in making a mistake in treating a COVID 19 patient.	3.74	Frequently Stressful
Unpredictable staffing and scheduling.	3.79	Frequently Stressful
Performing procedures that patients experience as painful such as renal canula, NGT and intubation	3.71	Frequently Stressful
Not enough time to complete all of my nursing tasks in COVID patient	3.74	Frequently Stressful
Having to work through breaks	3.71	Frequently Stressful
Average Mean	**3.74**	**Frequently Stressful**

Always Stressful – 5.0- 4.50, Frequently Stressful – 4.49 – 3.50, Occasionally Stressful – 3.49- 2.50, Rarely Stressful – 2.49 – 1.50, Never Stressful – 1.49 – 1.0

It can be noted that the average mean score on the level of stress of nurses during COVID 19 pandemic in terms of workload showed 3.74 with descriptive interpretation of "Frequently stressful". Data indicates that all of the indicators are frequently occurring among the nurses during COVID 19 pandemic that deals unpredictable staffing schedule, performing painful procedures, having work even breaks and not enough time to complete the performance of nursing tasks.

Table 6: Treatment Uncertainty

Stress Indicators	Mean Score	Descriptive Interpretation
Being blamed for anything that goes wrong.	3.78	Frequently Stressful
Feeling helpless in the case of a COVID patient who fails to improve.	3.76	Frequently Stressful
Being in charge with inadequate experience in handling COVID 19 patients.	3.72	Frequently Stressful
Having to deal with violent guardian or relation with COVID patients.	3.77	Frequently Stressful
Having to deal with abuse from patients' families.	3.73	Frequently Stressful
Average Mean	**3.75**	**Frequently Stressful**

Always Stressful – 5.0- 4.50, Frequently Stressful – 4.49 – 3.50, Occasionally Stressful – 3.49- 2.50, Rarely Stressful – 2.49 – 1.50, Never Stressful – 1.49 – 1.0

It can be noted that the average mean score on the level of stress of nurses during COVID 19 pandemic in terms of treatment uncertainty showed 3.75 with descriptive interpretation of "Frequently stressful". Data denotes that all of the indicators are frequently occurring among the nurses during COVID 19 pandemic that deals with the lack of support from health care administration, nursing administration and nurse supervisor and the feeling of inadequate training in handling COVID 19 patients.

Table 7: Patient and Family Related Problems

Stress Indicators	Mean Score	Descriptive Interpretation
COVID patient's families making unreasonable demands.	3.78	Frequently Stressful
Disagreement concerning the treatment of a COVID patient.	3.72	Frequently

		Stressful
Being the one that has to deal with the patients' families	3.68	Frequently Stressful
Not knowing what a patient or a patient's family ought to be told about the patient's condition and its treatment.	3.70	Frequently Stressful
Average Mean	**3.72**	**Frequently Stressful**

Always Stressful – 5.0- 4.50, Frequently Stressful – 4.49 – 3.50, Occasionally Stressful – 3.49- 2.50, Rarely Stressful – 2.49 – 1.50, Never Stressful – 1.49 – 1.0

It can be noted that the average mean score on the level of stress of nurses during COVID 19 pandemic in terms of patient and family related problems showed 3.72 with descriptive interpretation of "Frequently stressful". Data denotes that all of the indicators are frequently occurring among the nurses during COVID 19 pandemic that deals patient's families making unreasonable patient, disagreement with COVID patient as well as patient's condition and treatment.

Table 8: Workplace Discrimination

Stress Indicators	Mean Score	Descriptive Interpretation
Experiencing discrimination because of institution or school graduated	3.55	Frequently Stressful
Difficulty in working with nurses of the opposite sex.	3.43	Occasional Stressful
Criticism by a supervisor	3.61	Frequently Stressful
Criticism from nursing administration	3.64	Frequently Stressful
Average Mean	**3.56**	**Frequently Stressful**

Always Stressful – 5.0- 4.50, Frequently Stressful – 4.49 – 3.50, Occasionally Stressful – 3.49- 2.50, Rarely Stressful – 2.49 – 1.50, Never Stressful – 1.49 – 1.0

It can be noted that the average mean score on the level of stress of nurses during COVID 19 pandemic in terms of workplace discrimination showed 3.56 with descriptive interpretation of "Frequently stressful". Data denotes that all of the indicators are frequently occurring among the nurses during COVID 19 pandemic that deals criticism with nursing administration, supervisor, difficulty in working with opposite sex and discrimination from institution or school graduated their BS Nursing course.

Conclusion

There is a difficulty in the workplace setting either within or outside of the area due to exposure to COVID 19 patients, lack of opportunities to talk openly and express negative feelings and other personnel in the workplace. There is also a lack of support from health care administration, nursing administration and nurse supervisor and the feeling of inadequate training in handling COVID 19 patients. These COVID 19 pandemic deals with unpredictable staffing schedule, also experience performing painful procedures, having work even breaks and not enough time to complete the performance of nursing tasks.

Conflicts of Interest Disclosure

The authors declare there are no significant competing financial, professional, or personal interests that might have influenced the performance or presentation of the work described in this manuscript.

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