



Psychological Distress, Work Satisfaction And Turnover Intention Among Front Line Nurses Working During Covid-19 In Various Hospitals And Isolation Centres Of M.P

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Abstract

Introduction: This study was conducted with intention to check impact of covid-19 on psychological distress, work satisfaction and turnover intention to leave their organization and profession.

Method: This is cross-sectional research design involving 130 front line nurses in the specific city of M.P .Five standardize scales were used with online data collection. The fear of covid-19 scale was used to assess the apprehension about COVID-19.It was a uni dimensional scale containing 7 items in which respondents had to answer using a 5-point Likert scale which ranged from 1 (strongly disagree) to 5 (strongly agree). [1]

Results: The vast majority of nurses—95.8% (n = 125)were aware of the existing workplace protocol related to COVID-19 however, less than 50% (n = 53) reported attending training. The complete score for the Fear of COVID-19 Scale on 130 front line nurses who were participated in the study was 19.91 (SD: 6.15) . Job satisfaction and scale of psychological distress results in 3.65 (SD: 0.99) 3.09 (SD:0.96) respectively. Measures of organizational and professional turnover intention were 1.86 (SD: 1.26) and 2.23 (SD: 1.26) respectively.

Conclusion: Contributing key results from this study will be fruitful in enriching policies in the field of nursing management and leadership.

Keywords: Psychological distress, work satisfaction, turnover intention, front line nurses.

Introduction

From the onset of the corona virus disease in November 2019, a huge number of studies have been conducted all over the world but only few published navigating the effects of the disease outbreak on mental health among nurses and other healthcare workers. However, despite the increasing number of studies on the topic, no study have been conducted to examine how these COVID-19-related mental consequences effects front line nurses psychological status and their job satisfaction[4]. Since the earliest days of the nursing profession, nurses all over the world have played a vital role during disasters and disease outbreaks moreover nurses remain committed to this role, the unprecedented pressure exerted by the pandemic on every country's healthcare system has presented various challenges to nurses which is effected their physical well being ,psychological health ,work performance and family relationship .According to the ICN, about 6% of all covid-19 positive cases were health workers.[6]

In addition, front line nurses, particularly those who work directly with corona virus patients, often witness patients suffering and dying, impacting their emotional health and causing compassion fatigue (Alharbi et al., 2020)[2,9]

To effectively play their role during this pandemic, it is essential for nurses to maintain their psychological and mental health (Mo et al., 2020; Catton, 2020); however, the literature has shown that the emergence of COVID-19 has significant association between the COVID-19 out break and adverse mental health issues such as stress or burnout, depression and anxiety (Wu et al., 2020;Nemati et al., 2020; Mo et al., 2020).[3,7,13,]

Most healthcare professionals are working more than 12 hours a day to keep the services running which is still not enough to take care of the total infected population (0.014% ~ 2 Lacs). Ac to a study In the "Economic Times" in April 2020 hospitals are Hospital: A hotbed for the virus The worst affected by the virus are the people fighting the virus - doctors, nurses - who have no option or protection from prolonged exposure to the virus.

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 Corona virus Disease 2019 or COVID-19 (WHO, 2020). Within a few months, COVID-19 has caused significant damage to public health, while causing financial and economic loss in many countries. Globally, confirmed cases of the disease had reached 7 255 960, with 412 583 confirmed deaths[13]

Vast amounts of evidence have shown a significant association between the COVID-19 outbreak and adverse mental health issues such as stress or burnout, depression and anxiety (Wu et al., 2020; Nemati et al., 2020; Mo et al., 2020). [7,8,13]

INTERNATIONAL COUNCIL OF NURSES COVID-19 UPDATE on 13 January 2021
MASS TRAUMA EXPERIENCED BY THE GLOBAL NURSING Workforce September 2020, ICN released a report, Protecting Nurses from COVID-19 a top priority, revealing the

continuing and catastrophic increase in the number of deaths and infections among nurses due to COVID-19, and exposing the associated risks in the pandemic. This report, based on information from our members up to the end of 2020, is intended to highlight the continued critical importance of protecting and retaining the nursing workforce in COVID-19 responses. It also provides an insight into how policy decision-makers in governments, healthcare facilities and health organizations can deliver on their responsibility to support and strengthen the nursing workforce, which is the backbone of health systems. As of 31 December 2020, the ICN data set reveals that more than 1.6 million healthcare workers have been infected in 34 countries. ICN has previously identified a wide range in healthcare worker infection rates (up to 30%) and rates vary at different points in time. However, ICN believes that, on average around 10% of all confirmed COVID-19 infections are among HCWs, with a range of 0-15%[6]

Therefore, this study was carried out to examine whether front line nurses' fear of COVID-19 contributes to psychological distress, work satisfaction and intent to leave their organization and the profession. During my study I assess the consequences and relationship of fear and dilemma of covid-19 with psychological de-stress and work satisfaction of nurses working in various covid-19 hospitals and isolation centers, moreover I tried to co associate it with intention to turnover or changing the profession or current working area. The results of my study will definitely provide input for policymakers and nursing administrators on preparing guidelines and beneficiary policies how to effectively support front line nurses during this pandemic.[10]

Method

Research Design This is a cross-sectional research design involving 130 front line nurses working during covid-19 in various hospitals and isolation centers of a specific city of M.P.

Samples and Settings The study included front line nurses working during covid-19 in various hospitals and isolation centers of a specific city of M.P. The criteria regarding participation in study was to be registered nurses who hold either a full-time job status and currently work in a public hospital that provides services to corona virus patients in a specific city of M.P. **Sample size** The small estimated effect size was chosen to ensure that a large sample was collected to detect meaningful correlations between variables. Survey questionnaires were distributed to 200 nurses and 130 responses were received (65% return rate).

Tools& data collection Five standardized scales were used for data collection The fear of covid -19 scale was used to assess the apprehension about COVID-19 (Ahorsu et al.,2020). It was a uni dimensional scale containing 7 items in which respondents had to answer using a 5-point Likert scale which ranged from 1 (strongly disagree) to 5 (strongly agree). [1]Job Stress Scale was used to assess the psychological distress while carrying out their work (House & Rizzo, 1972)here respondents answer each item on the

scale using a 5-point Likert scale which ranged from 1 (strongly disagree) to 5 (strongly agree)[5] Job Satisfaction Index (Schriesheim & Tsui, 1980). was used to check the work satisfaction while working in different units This 5-item scale consisted of 5 essential elements for job satisfaction like working conditions, organizational support, relationship with co-workers, salary satisfaction, and personal development in carrier.[12] Turn over intention is assessed by using two items including both organizational turn over and professional turn over s. Professional turnover intention was assessed by the item "Given the current situation, I am thinking about leaving nursing as a profession". Organizational turnover intention was assessed by the item "Given the current situation, I am thinking about leaving this healthcare facility". Nurses rated each item on a Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree).

Ethical Approval and Data Collection Ethical approval was taken by research ethical committee of the university & permission for data collection was taken by dean of hospital prior to data collection. Participants were contacted according to decided inclusion criteria and sought for written consent. A short orientation regarding study and its objectives, nature of research and its benefits for nursing community is done via online platform, 4 meetings were conducted according to time suitability of respondents and in spite of names to maintain confidentiality a unique code is given to each of them. The respondents were asked to complete the questionnaires during their free time and online google form was sanded with given time limit of 20 to 30 minutes to complete the survey.

Data Analysis The SPSS version 23 software program was used to perform analysis of collected data Percentages, means and standard deviations were the components used under descriptive statistics for analyzing of data. For identification of correlations between the nurse, unit and hospital characteristics and fear of COVID-19. the Pearson's r correlation coefficient, analysis of variance (ANOVA) and independent t-test were used Multiple linear regressions (enter method) were employed, after checking for the multicollinearity and normality of the data, to identify which variables could explain the impact of fear of COVID-19 on nurse job outcomes. The level of acceptable significance was t at $p < 0.05$.

Result

The complete details about character sticks of front-line nurses participated in the study is as indicated below Total 130 front-line nurses were participated in the study .out of these 34 were males and 96 were females, hence majority of female nurses were the participants of my study. Out of 130 total 88 respondents were married and 42 were unmarried. If we see the educational standard 107 having baccalaureate degrees in nursing and 23 were having diplomas. s. The vast majority of nurses—95.8% (n = 125)—were aware of the existing workplace protocol related to COVID-19; however, less than 50% (n = 53) reported attending COVID-19-related training.

Means and standard deviations of the key study variables.

The complete score for the Fear of COVID-19 Scale on 130 front-line nurses who were participated in the study was 19.91 (SD: 6.15), which was above the middle point.

Job satisfaction and scale of psychological distress results in e 3.65 (SD: 0.99) and 3.09 (SD:0.96) respectively

Measures of organisational and professional turnover intention were 1.86 (SD: 1.26) and 2.23 (SD: 1.26) respectively. Bivariate analysis to examine the correlations between fear of COVID-19, nurses 'variables and other key variables

The independent t-test shows that fear of covid -19 as assessed with Fear of COVID-19 Scale is more in part-time or contracted nurses than in full-time nurses ($t = -2.492$, $p = 0.013$)

Higher mean fear of covid-19 scale is seen in nurses who had not attended COVID-19-related training in comparison to those who attended training ($t = -2.349$, $p = 0.020$).

negative correlation with job satisfaction was seen ($r = -0.155$, $p < 0.05$)

positive correlations with psychological distress ($r = -0.155$, $p < 0.05$), organizational turnover intention ($r = -0.155$, $p < 0.05$) and professional turnover intention ($r = -0.155$, $p < 0.05$) was seen significantly .

Discussion

This study helps in assessing the influence and effects of covid-19 on front-line nurses working in various hospitals and isolation centers on job satisfaction, psychological distress, organizational turnover intention and professional turnover intention. According to my knowledge this was the first study in Madhya Pradesh to investigate such a relationship, thus contributing key results from this career area in the field of enriching policies in the field of nursing management and leadership, mean scale score for the fear of COVID-19 measure in the present study was 19.92 (SD: 6.15), which was above the midpoint. Due to the lack of studies involving the nurse population, comparison was not possible.

Limitations of the Study This study was conducted within one state of the country; the exclusion of nurses from other may affect the generalisability of the study. The research design used can be the limitation as cross-sectional study design cannot establish perfect relationship between variables .The sample size taken is only 130 nurses and due to covid -19 2nd wave the data collection is online offline data collection can make our study more reliable and generalized.

Conclusion

The conclusion of the study have focused on the important role of hospitals and administrators in supporting front-line nurses in this pandemic there is great need of evidenced biased research, conducting Covid -19 management related training, providing psychological and emotional support and interventions related to reducing the stress & off course formulation of special policies for them.

As we seen during the study that fear of corona-virus is higher in those nurses who had not attended training programmes so it is imperative that hospitals should formulate and develop special In service programmes and training sessions to improve professional skill in nurses to handle such pandemics know &in future also. This can be easily done by maintaining social distancing also via webinars, social media platforms or video technologies etc.

As per job role research findings suggested that fear of covid-19 was higher in part time nurses that can be managed by providing adequate peer and organizational support. A buddy system where a part-time nurse is paired with a more seasoned colleague can help support part-time nurses during the pandemic crisis.

Excessive anxiety provoked by excessive fear can also leads to many mental health issues which effects nurses in accomplishment of their daily goals of effectively managing covid cent-res and providing care to patients that can leads to job dissatisfaction and turn over decision .so supporting mental, psychological, emotional, and physical health should come first in priority list of nursing administrators and hospital managers. Mental health professional should take the responsibility and ensured for instrumental use during this pandemic in effectively supporting the mental health of front-line nurses.

Provision of Psychotherapy and psychological treatment will also ensure good mental health for front line nurses which can be easily provided by tele psychiatry, provision of psychological materials (e.g., books, journals on mental health), and counselling or psychotherapy

For reduces the fear and negative emotions associated with the disease and corona virus ensure to provide updated, accurate and latest information. Further, professional nursing organization should provide COVID-19-related resources to nurses, including information on mental and psychological well-being, and the provision of resilience, coping and stress management programmes

Support from family friends and society & peers also plays a vital role in providing sense of safety and boost up mental health of front-line nurses. Support from top managers and availability of proper resources like PPE and other infection control supplies is vital to support nurses in their daily practices.

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