



The Correlation of Public Hospital Nurses' Occupational Stress to their Quality of Life and Caring Behaviors during the COVID-19 Pandemic



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BACKGROUND

The World Health Organization (WHO) has officially declared Coronavirus disease 2019 (COVID-19) outbreak on March 11, 2020 as a pandemic. In the Philippines, as of August 29, 2021, the total confirmed cases in the country are 1,899,200 with 32,728 deaths (WHO, 2021).

This has brought massive fear and stress to the health care professional, specifically among nurses who account for the largest role in this pandemic as they take up most of the tasks that involve direct handling COVID-19 suspected positive patients which make them more at risk of being infected.

In that event, the occupational stress among nurses increased rapidly affecting their quality of life. Based on the studies of Alwani et al. (2020) and Luo et al. (2020), nurses experienced the highest level and prevalence of anxiety among healthcare workers during the pandemic. An increase in the level of anxiety among nurses is associated with some impairment in bodily functions and negative coping mechanisms.

RESEARCH GAP

Several studies related to occupational stress, caring behaviors, and quality of life among nurses have been published. However, research studies are limited to the correlation of these variables especially in the context of the current pandemic.

PROJECT OBJECTIVES

The study aimed to determine the correlation of occupational stress of public hospital nurses with regard to their caring behaviors and quality of life during the COVID-19 pandemic.

Specifically, it sought to answer the following:

Is there a significant correlation between the occupational stress subscales of public hospital nurses and their caring behaviors as to each of its factors and in general?

Is there a significant correlation between the occupational stress subscales of public hospital nurses and their health-related quality of life as to each of its components and in general?

MATERIALS AND METHODS

RESEARCH DESIGN Descriptive Correlational Study

LOCALE Selected Tertiary Hospital in Region III, Philippines Catering to COVID-19 Patients

RESPONDENTS 187 registered nurses obtained via purposive sampling

DATA COLLECTION PROCEDURES

PHASE 1: Letters

PHASE 2: Preparation of the Questionnaires via Google Form

- Demographic Profile Questionnaire
- Nurses' Occupational Stressors Scale (NOSS-21)
- Caring Behavior Inventory (CBI-24)
- RAND 36-Item Short Form Survey (SF-36)

PHASE 3: Permission to Conduct the Study and Ethical Considerations

PHASE 4: Data Collection Proper

- Obtained the email addresses of the participants
- Sent the link for the informed consent form and questionnaires
- Summarized the responses in Google Spreadsheet

STATISTICAL PACKAGE FOR THE SOCIAL SCIENCES (SPSS)

A. Descriptive Statistics

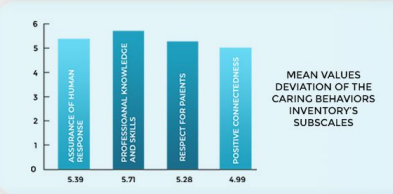
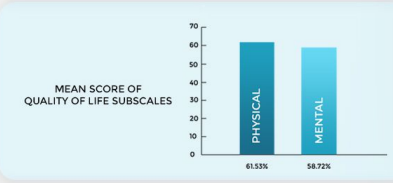
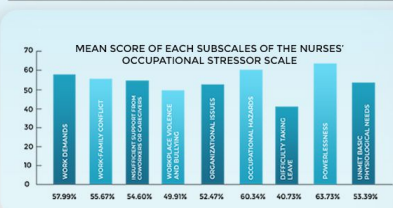
- A.1. Percentage and Frequency Distribution
- A.2. Mean

B. Inferential Statistics

- Non-Normal Distribution (Non-Parametric Test):
- B.1. Spearman's Rho Correlation

DATA ANALYSIS AND INTERPRETATION

RESULTS



Correlation between Nurses' Occupational Stressor Scale (NOSS-21) to 36-Item Short Form Health Survey (SF-36)

	Nurses' Occupational Stressor Scale (NOSS-21)		36-Item Short Form Health Survey (CBI-24)	
	r	p-Value	r	p-Value
Nurses' Occupational Stressor Scale (NOSS-21)	-	-	-0.448**	<0.001
36-Item Short Form Health Survey (CBI-24)	-0.418**	<0.001	-	-

n= 187
** Correlation is significant at the 0.01 level (2-tailed)
* Correlation is significant at the 0.05 level (2-tailed)
Note: r stands for Spearman, p-Value refers to Sig (2-tailed)

Correlation of Nurses' Occupational Stress to their Caring Behaviors

	Assurance of Human Presence		Professional Knowledge and Skills		Respect for Patients		Positive Connectedness	
	r	p-Value	r	p-Value	r	p-Value	r	p-Value
Work Demands	-0.251**	<0.001	-0.142	0.053	-0.202**	0.006	-0.261**	<0.001
Work-Family Conflict	-0.231**	0.001	-0.140	0.055	-0.156*	0.033	-0.173*	0.018
Insufficient Support From Coworkers or Caregivers	-0.213**	0.003	-0.157*	0.032	-0.190**	0.009	-0.226**	0.002
Workplace Violence And Bullying	-0.101**	0.170	-0.118	0.107	-0.045	0.541	-0.064	0.384
Organizational Issues	-0.308**	<0.001	-0.091	0.217	-0.147*	0.044	-0.210**	0.004
Occupational Hazards	-0.067	0.363	-0.117	0.110	-0.089	0.224	-0.110	0.135
Difficulty Taking Leave	-0.141	0.055	-0.119	0.105	-0.107	0.144	-0.032	0.662
Powerlessness	-0.184*		-0.102		-0.170**		-0.191**	
Unmet Basic Physiological Needs	-0.239**		-0.140		-0.165*		-0.184*	

n= 187
** Correlation is significant at the 0.01 level (2-tailed)
* Correlation is significant at the 0.05 level (2-tailed)
Note: r stands for Spearman, p-Value refers to Sig (2-tailed)

CONCLUSION

Overall, powerlessness or the failure to influence patients and their health posed the greatest stress for the majority of nurses. Due to excessive work demands and the current pandemic, time is limited for nurse-patient interaction which makes positive connectedness the least practiced caring behavior. Pain interferes with nurses' ability to achieve a greater quality of life while fatigue affects their work performance negatively.

With regards to correlation, the occupational stress faced by public hospital nurses during the COVID-19 pandemic significantly influences their quality of life and provision of nursing care.

RECOMMENDATION

- Continuous education and training programs with regards to advocating for their health and well-being.
- Create policies enhancing nurse-patient relationships.
- Redesign schedules promoting adequate rest periods to minimize pain and fatigue.