

Resilient Coping of Nurses working Among Patients with Covid 19 -A Cross Sectional online Survey

Jobin Tom¹, Reena George², Elizabeth K Thomas³,
P KrishnaKumar⁴

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Authors Affiliation

^{1,3}Assistant Professor, ^{1,3}Department of Psychiatric Social work, ²Assistant Professor & Head, Department of Psychiatric Nursing, ⁴Director, Institute of Mental Health and Neurosciences, Kozhikode 673008, Kerala, India.

Corresponding Affiliation

Reena George, Assistant Professor & Head, Department of Psychiatric Nursing, Institute of Mental Health and Neurosciences, Kozhikode 673008, Kerala, India.

Email: reenaalancheril@gmail.com

Abstract

Background: Resilience is the capacity to bounce back and quickly recover from the stress experienced by a person. The resilience of frontline COVID 19 Fighters, especially the working nurses needs a great deal of attention during this era of COVID 19 pandemic. Literature on the impact of supportive interventions on resilience of 92 nurses in isolation ward during the COVID-19 pandemic shows that the total resilience score was 87.04 ± 22.78 , the mean resilience score was negatively associated with the scores of other domains of psychopathological symptoms. This study concluded that the high resilience promotes physical and mental health.

Objectives: The objectives were to assess the Resilient Coping of nurses working among patients diagnosed with COVID 19 and to identify the relationship between resilient coping and selected socio demographic variables.

Materials and methods: A quantitative approach with cross sectional descriptive design were adopted for the study. The data collected from 141 registered nurses from various parts of the world through online platform. The sampling technique was convenience sampling. The study included the registered nurses working in hospitals where patients with COVID-19 are treated and the study excluded nurses who have been severely affected and not able to respond to the data collection instruments provided. The data collection instruments were a socio demographic proforma and Brief Resilient Coping Scale

(Sinclair and Wallston, 2004). The collected data were analysed using descriptive and inferential statistics.

Results: This study reveals that 52% of nurses were currently working in India, 14.2% from Saudi Arabia and 7.8% from UK and UAE each. Majority of the sample 78 (55.5%) had BSc Nursing education; most of the sample (36.7) had 6-10 years of clinical experience. Most of the sample 69 (48.9%) had low resilient coping 53 (37.6 %) had medium resilient coping and 19 (13.5%) had high resilient coping. Correlation of resilient coping scores with socio demographic variables were assessed using Karl Pearson's correlation and there were no significant relationship between resilient coping and selected socio demographic variables at 0.05 level. This study concludes that it is clinically relevant to address the resilient coping of nurses caring for patients with COVID 19 to plan and implement various resilience programmes to promote the physical and mental health of nurses working among patients with COVID 19.

Keywords: Resilience; Coping; Nurses; COVID 19.

Introduction

Resilience refers to a person's ability to adapt to major stressors such as trauma, threat, tragedy, familial and relationship troubles, job, and financial concerns.^{1,2}

World Health Organization has rightly recognised the need of addressing the mental health of staff and protect them chronic stress in order to improve their capacity to carry out their role efficiently.³ Nurses face a variety of challenges, including risk of being infected, concerns about infecting their families, lack

of personal protective equipment (PPE), longer work hour, and distress associated with allocation of resources.⁴ Acute stress and depression symptoms were considerably more common among nurses and advanced practice providers than in physicians.⁵

Lockdown restrictions forced individuals to limit their social interactions in order to decrease the risk of infections, while health care workers were required to go about their everyday duty. While undertaking difficult tasks in their work place, they were extremely worried about family members being infected and they were quiet uncomfortable among family members who may be unable or reluctant to see them owing to infection fears.⁶ Many front line health workers were not prepared to deliver care to patients afflicted with a novel virus about which nothing is known.⁷ As a result of the high need for healthcare, they undertake lengthy work shifts with limited resources, hazardous infrastructure and with personal protective equipment (PPE), which can cause physical pain and trouble breathing.⁸

The resilience of frontline COVID 19 (Corona Virus Disease 19) Fighters, especially the working nurses need a great deal of attention during this era of COVID 19 pandemic. A study evaluated Impact of supportive interventions on resilience of 92 nurses in isolation ward during the COVID-19 pandemic was evaluated using Connor Davidson Resilience Scale (CD-RISC). A total resilience score was 87.04 ± 22.78 , the mean resilience score was negatively associated with the scores of other domains of psychopathological symptoms. This study concluded that the high resilience promotes physical and mental health.⁸

When a stressful event occurs, such as a pandemic, resilience allows us to anticipate and prepare for the occurrence, allowing us to avoid interruption of our usual routine.⁹ There is lack of adequate information on the resilience level and the demographic and work characteristics that predict resilience in the critical circumstances of these professionals.¹⁰

A study aimed to ascertain the score of resilience among the nurses employed at the hospitals with COVID-19 patients identified low score of resilience.¹¹

According to studies, effective treatments minimise nurses' job stress, burnout, and increase job satisfaction and care quality. Nurses must utilize both basic and creative safety methods in COVID and non-COVID regions to enhance their resilience while encountering the pandemic.^{12,13}

More treatments are needed to promote frontline nurses' mental health in the time of a pandemic, such as increasing self-efficacy and resilience through effective training and contagion control lectures, as

well as delivering adequate social support through tele communication.¹⁴

Recognizing the association of COVID-19 with burnout of health workers, it is imperative to provide interventions to improve resilience in order to facilitate wellbeing.¹⁵ Resilience can help nurses to impede poor psychosocial impact by reducing the negative consequences of burnout in health care settings.¹⁶

The COVID-19 pandemic is distinct from previous public health emergency of international concern in terms of social isolation; resilience may be a more fruitful reaction to regulate this scenario, which is critical to cope with stress. Hence, health workers with burnout should investigate the relevance of resilience support.¹⁷

As everyone is vulnerable to the pandemic, they need to be ready and resilient, policies need to be implemented for resilience support.¹⁸

It is crucial to structure individualized and effective resilience interventions for coping in this pandemic situation.¹⁹ A study evaluated relative influence of personal resilience, social support and organisational support in reducing COVID 19 anxiety in frontline nurses. The study included 325 nurses working with COVID 19 cases. The result revealed that nurses who perceived high resilience, organizational and social support were less likely to report anxiety related to COVID 19.²⁰ Hence, the present study aims to understand the Resilient Coping of nurses working with patients of COVID-19 across the world using online data collection instruments. Researchers expect that outcome of the study may help to develop, validate and implement necessary tele intervention programmes, so that nurses being the frontline workforce in the healthcare could be helped to maintain Resilience and adapting healthy coping in order to safeguard their physical and mental health.

Objectives of the study

1. Assess the Resilient Coping of nurses working among patients diagnosed with COVID 19
2. Identify the relationship between resilient coping and selected sociodemographic variables.

Method

The cross sectional online survey was conducted after the first wave of COVID-19 outbreak, to assess the Resilient Coping of nurses working among patients diagnosed with COVID 19, the data collection tools were a socio demographic proforma and (BRCS) Brief Resilient Coping Scale. Sinclair and Wallston (2004) developed the Brief Resilient Coping Scale (BRCS). It

is a 4 items rating scale developed to capture tendencies to cope with stress in highly adaptive manner. It consists of 5 options for each 4 statements that is, Describes me, Describes me very well, Does not describe me, Does not describe me at all and Neutral. The reliability of the test was established by the authors and the BRCs had high internal consistency with a Chronbach's alpha of 0.82.²¹ Socio demographic proforma was developed by the investigators and it consists of 12 items, which include, age, sex, education, marital status, living with spouse and children, country of origin, country of presently working etc. The data collected using online platform. Registered nurses from various parts of the world participated in this study. The sample size was 141, selected through non-probability convenience sampling. The study included the registered nurses working in hospitals where patients with COVID – 19 are admitted for treatment and the study excluded nurses who have been severely affected and not able to respond to the data collection tools provided. Informed consent was taken from the participants after obtaining the approval of Ethics Committee of Institute of Mental Health and Neurosciences (IMHANS), Kozhikode. The collected data were analysed with descriptive and inferential statistics using SPSS.

Results

The sample consists of 141 registered nurses, 2 (1.4) preferred not to reveal their gender, 42 (29.78%) males and 97(68.79) females, who were involved in the care of patients diagnosed with COVID-19 pandemic. Among 141 sample, 130 (92.2%) of the sample working in various countries reported that they were from India and the remaining sample were from Bangladesh 2 (1.4%), Ethiopia 1(0.7%), Indonesia 1 (0.7%), Ireland 2 (1.4%), Pakistan 1 (0.7%), Sri Lanka 2 (1.4%), United Kingdom 1(0.7%) and Zimbabwe1 (0.7%).

Table 1a: Frequency and percentage distribution of socio demographic characteristics (n=141).

Variable	Category	Frequency	Percentage
Gender	Female	97	68.8
	Male	42	29.8
	Prefer not to say	2	1.4
Country of Origin	Bangladesh	2	1.4
	Ethiopia	1	.7
	India	130	92.2
	Indonesia	1	.7
	Ireland	2	1.4
	Pakistan	1	.7
	Sri Lanka	2	1.4
	United Kingdom	1	.7
	Zimbabwe	1	.7

Table 1b:Frequency and percentage distribution of socio demographic characteristics(n=141).

Variable	Category	Frequency	Percentage
Nursing Education	Degree	78	55.3
	Diploma	36	25.5
	Post Graduate Degree	27	19.1
Living with Spouse and Children	No	40	28.4
	Not Applicable	32	22.7
Marital Status	Yes	69	48.9
	Living Together	1	.7
	Married	102	72.3
	Single	36	25.5
	Widow or Widower	2	1.4

The data depicted in Table 1 breveal that most of the sample 78 (55.3%) had BSc Nursing as their educational status and 36 (25.5%) had Diploma in Nursing and remaining 27(19.1%) had Post graduation in Nursing. 69 (48.9%) reported that they are living with spouse and children. With regard to the marital status 102 (72.3%) were married 36 (25.5%) were single and 1(0.7%) were living together.

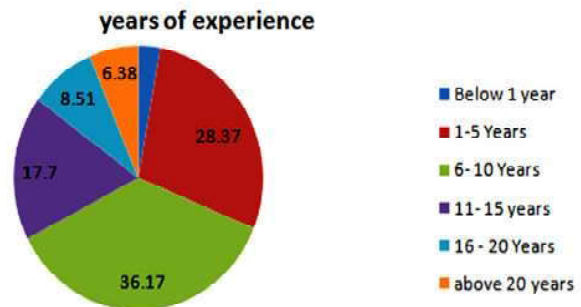


Fig. 1: Pie diagram showing percentage distribution of sample based on Years of

Clinicalexperience (n=141)

The study reveals that most of the sample 36.7% had 6-10 years, 28.37% had 1-5 years of clinical experience and 6.38% had experience above 20 years. This study identified that 52% of sample was working in India, 14.2% from Saudi Arabia and 7.8% from UK and UAE each and remaining subjects from other countries.

Table 1c: Frequency and percentage distribution of sociodemographic characteristics (n=141)

Variable	Response	Frequency	Percentage
Immediate family member had infected with COVID-19	No	130	92.2
	Yes	10	7.1
How is your appetite?	Good	129	91.5
	Poor	12	8.5
How is your sleep?	Good	105	74.5
	Poor	36	25.5
How is your digestion?	Good	116	82.3
	Poor	25	17.7

Among 141 nurses, 10 (7.1%) had their immediate family member infected with COVID-19 whereas 130 (92.2%) had none. 129 (91.5%) have good appetite, 105 (74.5%) have good sleep and 36 (25.5%) have poor sleep, 116 (82.5%) reported that they have good digestion whereas 25 (17.7%) have digestion issues.

Table 2: Percentage distribution of sample based on Resilient coping score (n=141)

Category	Range	Frequency	Percentage
Low resilient coping	4-13	69	48.9
Medium resilient coping	14-16	53	37.6
High resilient coping	17-20	19	13.5
Total	141	100	

The data depicted in table 2 shows that among 141 nurses, 19 (13.5%) had high resilient coping, 53 (37.6%) had medium resilient coping and 69 (48.9%) had low resilient coping.

Table 2a: Item wise frequency and percentage distribution of scores of resilient coping of nurses working among patients with COVID 19 (n=141)

I look for creative ways to alter difficult situations	Frequency	Percent
Describes me	38	27.0
Describes me very well	10	7.1
Does not describe me	7	5.0
Does not describe me at all	9	6.4
Neutral	77	54.6
Total	141	100.0

Table 2b: Item wise frequency and percentage distribution of scores of resilient coping of nurses working among patients with COVID 19 (n=141)

Regardless of what happens to me, I believe I can control my reaction to it	Frequency	Percent
Describes me	58	41.1
Describes me very well	16	11.3
Does not describe me	11	7.8
Does not describe me at all	8	5.7
Neutral	48	34.0
Total	141	100.0

Table 2c: Item wise frequency and percentage distribution of scores of resilient coping of nurses working among patients with COVID 19 (n=141)

I believe I can grow in positive ways by dealing with difficult situations	Frequency	Percent
Describes me	58	41.1
Describes me very well	26	18.4
Does not describe me	9	6.4
Does not describe me at all	3	2.1
Neutral	45	31.9
Total	141	100.0

Table 2d: Item wise frequency and percentage distribution of scores of resilient coping of nurses

working among patients with COVID 19 (n=141)

I actively look for ways to replace the losses I encounter in life	Frequency	Percent
Describes me	41	29.1
Describes me very well	18	12.8
Does not describe me	12	8.5
Does not describe me at all	7	5.0
Neutral	63	44.7
Total	141	100.0

The study observed that the correlation of Perceived stress scores with socio demographic variables were assessed using Karl person's correlation and there were no significant relationship between Resilient coping and selected socio demographic variables at 0.05 level.

Discussion

The present study was undertaken to check the Resilient coping of nurses working with patients infected with COVID 19.

Reviews observed that all health professionals experience a lot of stress within their clinical practice such as time pressures, workload, multiple roles and emotional issues. Workplace stress and poor resilience can affect the physical and mental wellbeing of health professionals and result in burnout. These outcomes can affect not only on the wellbeing of health professionals but also on their ability to practise effectively.²² Health care professionals are at an increased risk of psychological issues like high levels of stress, anxiety, depression, burnout, addiction and post traumatic stress disorder, which could have long-term psychological implications.^{23, 24} The current study also found that nurses being the frontline health care warriors, 69 (48.9%) had low resilient coping.

Limitations of the study

The study subjects were selected through non-probability convenience sampling technique, using online platform. However, the study included nurses from various parts of the world, the numbers of subjects representing all countries were not equally distributed and the organizational support including adequate supply of PPE and other benefits, family support and cultural and personal characteristics contributing to resilient coping may differ. Hence, the result may vary in different settings.

Implications of the study

One of the major COVID 19 warriors is nurses, hence, it is important to assess their resilience and provide necessary intervention to promote their physical and

mental health in order to maintain their enthusiasm for quality patient care. The current study throws light in to the need to add resilient training in curriculum of all healthcare programmes including nursing to help them cope effectively when stressful situations like emerging and re-emerging pandemic outbreaks. All the healthcare organizations should focus on improving and maintaining resilience of their employees by adding resilience programmes in induction training of newly appointed staff. In service education giving priority for resilience training is vital to address and prevent burnout, boredom and stress of all healthcare professionals.

Recommendations

A similar study can be done with more number of subjects.

A study on the effects of resilience programme on stress and resilient coping can be done.

Conclusion

Resilience is the capacity to bounce back from difficult situations, being focused, and continue to be hopeful for the future; resilience is an essential characteristic for nurses to work amidst the complex nature of healthcare delivery system. It is vital to develop resilience among nurses through various psychosocial interventions.²⁵ The data on percentage of study subjects show that among 141 nurses, 19 (13.5%) had high resilient coping, 53 (37.6%) had medium resilient coping and 69(48.9%) had low resilient coping. This study found that it is mandatory to conduct resilience programmes for the frontline health care providers like nurses to maintain their physical and mental health status in order to provide quality patient care in all the spheres including the outbreak of this pandemic COVID 19.

References

1. Jacelon CS. The trait and process of resilience. *Journal of advanced nursing*. 1997;25(1):123-9.
2. Jackson D, Firtko A, Eden borough M. Personal resilience as a strategy for surviving and thriving in
3. Jose S, Dhandapani M, Cyriac MC. Burnout and Resilience among Frontline Nurses during COVID-19 Pandemic: A Cross-sectional Study in the Emergency Department of a Tertiary Care Center, North India. *Indian journal of critical care medicine* : peer-reviewed, official publication of Indian Society of Critical Care Medicine. 2020;24(11):1081-8.
4. Pfefferbaum B, North CSJNEJoM. Mental health and the Covid-19 pandemic. 2020;383(6):510-2.
5. Shechter A, Diaz F, Moise N, Anstey DE, Ye S, Agarwal S, et al. Psychological distress, coping

- behaviors, and preferences for support among New York healthcare workers during the COVID-19 pandemic. *General hospital psychiatry*. 2020;66:1-8.
6. Marchetti D, Fontanesi L, Mazza C, Di Giandomenico S, Roma P, Verrocchio MC. Parenting-Related Exhaustion During the Italian COVID-19 Lockdown. *Journal of pediatric psychology*. 2020;45(10):1114-23.
7. Di Monte C, Monaco S, Mariani R, Di Trani MJFiP. From resilience to burnout: psychological features of Italian general practitioners during COVID-19 emergency. 2020;11:2476.
8. Ou X, Chen Y, Liang Z, Wen S, Li S, Chen Y. Resilience of nurses in isolation wards during the COVID-19 pandemic: a cross-sectional study. *Psychology, Health & Medicine*,2020;26 (1):98-106.
9. Kisely S, Warren N, McMahon L, Dalais C, Henry I, Siskind DJb. Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis. 2020;369.
10. the face of workplace adversity: a literature review. *Journal of advanced nursing*. 2007;60(1):1-9.
11. Heath C, Sommerfield A, von Ungern-Sternberg BJA. Resilience strategies to manage psychological distress among healthcare workers during the COVID-19 pandemic: a narrative review. 2020;75(10): 1364-71.
12. Afshari D, Nourollahi-Darabad M, Chinisaz N. Demographic predictors of resilience among nurses during the COVID-19 pandemic. *Work (Reading, Mass)*. 2021;68(2):297-303.
13. Thakur D, Dhandapani M, Ghai S, Mohanty M, Dhandapani S. Intracranial Tumors: A Nurse-Led Intervention for Educating and Supporting Patients and Their Caregivers. *Clinical journal of oncology nursing*. 2019;23(3):315-23.
14. Dhandapani M, Kaur S, Das K, Guru RR, Biswal M, Mahajan P, et al. Enhancing the safety of frontline healthcare workers during coronavirus disease: a novel real-time remote audiovisual aided doffing approach. *Infectious diseases (London, England)*. 2021;53(2):145-7.
15. Digby R, Winton-Brown T, Finlayson F, Dobson H, Bucknall TJJJoMHN. Hospital staff well-being during the first wave of COVID-19: Staff perspectives. 2021;30(2):440-50.
16. Kim M, Windsor CJAnr. Resilience and work-life balance in first-line nurse manager. 2015;9(1):21-7.
17. Goh YS, Ow Yong QYJ, Chen THM, Ho SHC, Chee YIC, Chee TTJJjomhn. The Impact of COVID-19 on nurses working in a University Health System in Singapore: A qualitative descriptive study. 2021;30(3):643-52.
18. Zhang X, Jiang X, Ni P, Li H, Li C, Zhou Q, et al. Association between resilience and burnout of front-line nurses at the peak of the COVID-19 pandemic: Positive and negative affect as mediators in Wuhan. *International journal of mental health nursing*.

- 2021;30(4):939-54.
19. Folkman S, Moskowitz JT. Coping: pitfalls and promise. *Annual review of psychology*. 2004;55:745-74.
 20. Labrague lj, Janet Alexis A, Santos D. COVID-19 anxiety among front-line nurses: Predictive role of organisational support, personal resilience and social support. *Journal of Nursing Management:J Nurs Manag J Nurs Manag*. 2020; 28(7):1653-166
 21. Sinclair, V. G, Wallston, K.A. The development and psychometric evaluation of the Brief Resilient Coping Scale. *Assessment*. 2004; 11 (1), 94-101.
 22. Kester, K. and H. Wei, Building nurse resilience. 2018. 49(6): p. 42-45.
 23. Odom-Forren, J., Nursing Resilience in the World of COVID-19. *Journal of perianesthesia nursing : official journal of the American Society of PeriAnesthesia Nurses*, 2020. 35(6): p. 555-556.
 24. El-Hage, W., et al., [Health professionals facing the coronavirus disease 2019 (COVID-19) pandemic: What are the mental health risks?]. *Encephale*, 2020. 46(3s): p. S73-s80.
 25. McCann, C. M, Beddoe, E, McCormick, K, Huggard, P, Kedge, S, Adamson, C and Huggard, J. Resilience in the health professions: A review of recent literature : *International Journal of Wellbeing*. 2013; , 3(1): 60-81.

