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Assessment of Stress Related-Work During COVID-19 Pandemic Among Registered Nurses' by Using Standardized Tool: Across-Sectional Study

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Abstract

Introduction: The nurse's role has long been regarded as stress filled based upon the physical labor, human suffering, work hours, staffing, and interpersonal relationships that are central to the work nurses do. Nursing staff is exposed to stress factors high physical and psycho-social workload. *Purpose:* the goal of the study is to assess the stress among nurses across DHA Hospital in United Arab Emirates during the pandemic of COVID-19. The secondary objective of this study is to associate the demographical data with survey outcome. *Methodology:* This is a quantitative, cross-sectional, correlational study took place across DHA hospitals (Dubai, Rashid, Latifa, Hatta and PHC), United Arab Emirates between the periods October 2020 till December 2020. A convenience sampling technique was used for the purposes of this study. *Results:* The present study consisted of 774 participants. The results showed that nurses did not find time to spend with their friends due to the workload p-value 0.023. The workload of nurses who working in COVID-19 has increased compared to staff who working in regular units p-value 0.004. Also, there was significant result in items "Are the goals for your workplace clear?", p-value .014. *Conclusion:* The present study found that the staff nurses experience high level of stress in different dimensions. The result reflect that the nurses do not have enough time for their socialization like to visit their friends and relative. Moreover, the stress level among nurses during the pandemic of COVID-19 is higher compared other units. Despite the workload during the pandemic of COVID-19, still the staff were able to finish their assignment and have the possibility to influence decisions at work. Staff reported difficulty sleeping because they are thinking in work. *Recommendation:* This study provided a comprehensive and in-depth understanding of the stress related work experience of nurses' dealing with patients with COVID-19. Self-coping style and psychological growth are important for nurses to maintain mental health. This study provided fundamental data for further psychological intervention.

1. Introduction

The emergence of a novel coronavirus disease, COVID-19, was designated a Public Health Emergency of International Concern by the World Health Organization (WHO) in January 2020. COVID-19 poses a significant risk of spreading to other countries, according to the WHO. The World Health Organization declared COVID-19 a worldwide pandemic in March 2020. [1]. WHO and public health authorities around The global community is working to limit the COVID-19 epidemic. However, the populace is under stress as a result of the current situation. The WHO Department of Mental Health and Substance Use prepared the considerations contained in this paper as a set of messages that may be used in communications

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to support mental and psychosocial well-being in various target groups throughout the outbreak. [2].

Nurses are the frontline health care professionals who are actively involved in patient care; as a therefore, they are crucial in the health system's response to the COVID-19 outbreak [3]. Nurses are anxious for their own health, the health of their close family members, and the health of their patients since they are particularly vulnerable to COVID-19 [4]. In these settings, nurses face major psychological and emotional issues, which can lead to stress and burnout, as well as decreased productivity, clinical mistakes, and a lack of compassion for patients [5].

T There is no precise definition of stress-related work, however the American Institute of Nursing described stress as "physical, mental, or emotional strain or tension" experienced when a person perceives that demands exceed the personal and social resources the individual is able to mobilize. Menzies [6] recognized four sources of anxiety among nurses in 1960 when he named patient care, decision making, taking responsibility, and change as reasons of worry. Nursing personnel is subjected to high physical and psychosocial job loads, which can cause stress. Long shifts, work overload, work-related conflicts, staff shortages, supervisory conflicts, prejudice, and a lack of organizational support are all stressful problems in nursing positions [6]. This might be associated with higher rates of sickness, absenteeism, high worker turnover, stress, and poor physical and psychological health [7]. Nurses' stress is a critical and health issue that has negative consequences for not just nurses, but also patients, colleagues, and the health-care facility [8]. Workload is divided into three dimensions: task-level, job-level, and unit-level workloads. These workload classifications represent several aspects of work, and each has an impact on burnout, job dissatisfaction, and the chance of medication errors [9]. Workload has been linked to nurses' intentions to leave as well as job outcomes [10]. The cost of training new nurses or using temporary staff is higher when there is a high turnover of nursing staff [11]. As a result, in order to decrease excessive turnover and deliver high-quality patient care, stress must be minimized.

Nurses' mental health and wellbeing are affected by stress, anxiety, and overwork, which increases the risk of post-traumatic and other stress-related illnesses [12]. When it comes to patient care, nurses are at the head of the line. However, their tremendous workload as a profession might make them feel overworked and worried. Due to the demanding nature of their profession, nurses are more prone to experience negative mental states such as depression, anxiety, and stress. Nurses have always had to work under a lot of stress, but the current epidemic is putting them under a lot of physical and emotional stress. Nurses need emergent

support towards any mental health issues, and to prevent some of the mental health consequences that may not be apparent now but may emerge in the future [13]. Nurses would be in a state of physical and mental stress and feel isolated and helpless in the face of health threats and pressure from the high-intensity work caused by such public health emergencies [14]. A high incidence of anxiety in nursing professionals is also evident, with studies stating prevalence rates ranging from 20% in Australian Midwives [15] to 32–43% in Chinese nurses [16], 40–46% in Iranian nurses [17], 44–66% in Brazilian nurses [18], and 22–24% of American nurses who showed post-traumatic stress disorder symptomology [19].

Literatures have shown that when nurses are in close contact with patients with merging infectious diseases such as COVID-19 they are at risk to suffer from loneliness, anxiety, fear, fatigue, sleep disorders, and other physical and mental health problems "Cov, 10, 11 Ebola, 12 H1N1", [20]. A handful studies have assessed the stress-related to work among nurses as overall. But this is the first study used "The Work Stress Questionnaire" during the pandemic of COVID-19 and specially in United Arab Emirates.

Purpose of Study

The goal of the study is to assess the stress among nurses across DHA Hospital in United Arab Emirates during the pandemic of COVID-19.

2. Methodology

2.1. Design / Setting / Sample

This is a quantitative, cross-sectional, correlational study took place across DHA hospitals (Dubai, Rashid, Latifa, Hatta and PHC), United Arab Emirates between the periods October 2020 till December 2020. A convenience sampling technique was used for the purposes of this study.

2.2. Inclusion and Exclusion Criteria

The participants included in the study had working during the pandemic COVID-19. On the other hand, staff who do not have direct contact with patients or administration staff was excluded from the study.

2.3. Instrument and Data Collection

A standardized tool "The Work Stress Questionnaire" was adopted for the purposes of this study. Permission to use the tool was granted from the author "Kristina Holmgren" through her email [kristina.holmgren@neuro.gu.se]. The tool consisted of 21 questions ranked on Likert Scale. Demographical data sheet developed by the author. Approval of the research committees was obtained prior to

data collection.

Online survey was created by using google forms. The survey link sent to participants by using staff emails along with cover letter explaining the purpose of the study and measures to protect confidentiality and privacy.

2.4. Planned Data Analysis

Descriptive statistics including percentages, means, and standard deviations used to describe the sample and to summarize survey scores. As the question on Likert scale nature, Exact fisher test was used. $p < .05$ was considered statistically significant. Data were analyzed using Statistical Package for the Social Sciences (SPSS) Version 23.

2.5. Ethical Approval

The study reviewed by Dubai Scientific Research Committee (DSRC). Institutional Review Board (IRB) approval was be obtained in order to start data collection. The survey link and consent form were sent to the participants who meet the inclusion criteria. An information sheet attached to the questionnaire explaining to them the purpose of the study. Participants assured that the confidentiality and privacy of the answers are maintained. No names, phone numbers, and identification are required.

3. Result

The present study consisted of 774 participants. The vast majority of nurses were females (722, or 93.3%) and Filipino (457, or 59%). In terms of level of education, 580 (74.9%) had a bachelor's degree and SN2 513 (66.3%). The survey was distributed to Med-Surg, Critical Care, and Maternity 191 (24.7%), 171 (22.1%), and 186 (24.0%) retrospectively. (Table 1). The mean age is 39.168.552, with overall experience of 15.218.518, while the mean duration of working in the COVID-19 unit is 2.522.441 months. (Table 2).

Table 1. Participants Demographical data.

Variables	Group	Frequency	Percentage
Gender	Male	52	6.7%
	Female	722	93.3%
Nationality	Arab	46	5.9%
	Indian	258	33.3
	Filipino	457	59.0%
	Other	12	1.6%
Level of Education	Diploma	135	17.4%
	Bachelor	580	74.9%
	Master	55	7.1%
	Ph.D.	4	.5%
Designation	AN	87	11.2%
	SN1	31	4.0%
	SN2	513	66.3%
	SN3	90	11.6%
	SSN	32	4.1%
	CN	18	2.3%
	NS	3	.4%
UNIT	Med-Surg	191	24.7%
	Critical Care Units	171	22.1%
	Isolation Center	56	7.2%
	ER	65	8.4%
	Pediatrics	105	13.6%
	Maternity	186	24.0%

Table 2. Descriptive statistics of Continuous variables.

Continuous variables		
	Mean	S. D
Age	39.16	8.552
Experience in DHA	11.09	8.560
Overall Experience	15.21	8.518
How long you worked in COVID unit.	2.52	2.441

As Table 3 below show that 206 (63.3%) of participants who working in COVID-19 units did not find time to spend with their friends due to the workload" compared to 108 (34.7%) who worked in non-COVID-19 units p-value 0.023. While there was no significant result in terms of time to finished their assignment, possibility to take decision in their workplace, considering supervisor to nurse views, find time to spend with their nearest, and find time to recreational activities P>0.5. (Table 3).

Table 3. Exact fisher test outcome of "The Work Stress Questionnaire" (Part 1).

Items	Answer	Do you work in COVID-19 Unit		P-value
		Yes	No	
01 Do you have time to finish your assignments?	Yes, always	305 (68.7%)	139 (31.3%)	.480
	Yes, rather often	197 (67.9%)	93 (32.1%)	
	No, seldom	23 (65.7%)	12 (34.3%)	
	No, never	5 (100.0%)	0 (0.0%)	
02 Do you have the possibility to influence decisions at work?	Yes, always	195 (67.5%)	94 (32.5%)	.664
	Yes, rather often	255 (69.1%)	114 (30.9%)	
	No, seldom	64 (66.7%)	32 (33.3%)	
	No, never	16 (80.0%)	4 (20.0%)	
03 Does you supervisor consider your views?	Yes, always	195 (65.7%)	102 (34.3%)	0.309
	Yes, rather often	241 (69.9%)	104 (30.1%)	
	No, seldom	78 (69.0%)	35 (31.0%)	
	No, never	16 (84.2%)	3 (15.8%)	

Items	Answer	Do you work in COVID-19 Unit		P-value
		Yes	No	
04 Can you decide on your work place?	Yes, always	136 (69.7%)	59 (30.3%)	.626
	Yes, rather often	216 (66.1%)	111 (33.9%)	
	No, seldom	108 (69.7%)	47 (30.3%)	
	No, never	70 (72.2%)	27 (27.8%)	
19 Due to work, do you find it hard to find time to be with your nearest?	Yes, always	129 (76.3%)	40 23.7%	.098
	Yes, rather often	212 (66.9%)	105 (33.1%)	
	No, seldom	112 (65.5%)	59 (34.5%)	
	No, never	77 (65.8%)	40 (34.2%)	
20 Due to work, do you find it hard to find time to be with your friends?	Yes, always	132 (78.1%)	37 (21.9%)	0.023
	Yes, rather often	206 (65.3%)	108 (34.7%)	
	No, seldom	116 (65.5%)	61 (34.5%)	
	No, never	77 (67.5%)	37 (32.5%)	
21 Due to work, do you find it hard to find time for your recreational activities?	Yes, always	128 (73.6%)	46 (26.4%)	.398
	Yes, rather often	224 (66.5%)	113 (33.5%)	
	No, seldom	106 (66.7%)	53 (33.3%)	
	No, never	72 (69.2%)	32 (30.8%)	

The workload of nurses who worked in COVID-19 has increased compared to staff who worked in regular units p-value 0.004. Furthermore, there was significant result in items "Are the goals for your workplace clear?", p-value .014. The same result was found in item "Do you know which assignments your work tasks include?" p-value =.004. due to the pandemic of COVID-19, the participants were facing Sleeping difficulties as p-value=.031. In the light of other items, there were no significant statistically result reported. (Table 4).

Table 4. Exact fisher test outcome of "The Work Stress Questionnaire" (Part 2).

Items	Answers	Do you work in COVID-19 Unit	Do you perceive that as stressful?					Total	P-Value
			Not stressful	Less stressful	Stressful	Very stressful	Not applicable		
05a Has your workload increased?	Yes	Yes	18 (4.3%)	72 (17.1%)	245 (58.2%)	83 (19.7%)	3 (0.7%)	421	.004
		No	4 (2.6%)	28 (17.9%)	89 (57.1%	31 (19.9%)	4 (2.6%)	156	
	No	Yes	13 (11.9%)	34 (31.2%)	22 (20.2%)	0 (0.0%)	40 (36.7%)	109	
		No	18 (20.5%)	27 (30.7%)	9 (10.2%)	1 (1.1%)	33 (37.5%)	88	
06a Are the goals for your workplace clear?	Yes	Yes	43 (11.1%)	75 (19.3%)	129 (33.2%)	14 (3.6%)	127 (32.7%)	388	.014
		No	30 (16.2%)	35 (18.9%)	40 (21.6%)	5 (2.7%)	75 (40.5%)	185	
	No	Yes	0	0	4 (44.4%)	4 (44.4%)	1 (11.1%)	9	
		No	0	0	4 (40.0%)	2 (20.0%)	4 (40.0%)	10	
	Partially	Yes	5 (3.8%)	19 (14.3%)	87 (65.4%)	20 (15.0%)	2 (1.5%)	133	
		No	1 (2.0%)	10 (20.4%)	28 (57.1%)	10 (20.4%)	0 (0.0%)	49	
07a Do you know which assignments your work tasks include?	Yes	Yes	43 (9.8%)	103 (23.5%)	116 (26.5%)	14 (3.2%)	162 (37.0%)	438	.004
		No	27 (13.4%)	43 (21.4%)	39 (19.4%)	2 (1.0%)	90 (44.8%)	201	
	No	Yes	2 (22.2%)	2 (22.2%)	1 (11.1%)	3 (33.3%)	1 (11.1%)	9	
		No	1 (12.5%)	1 (12.5%)	0 (0.0%)	1 (12.5%)	5 (62.5%)	8	
	Partially	Yes	0 (0.0%)	17 (20.5%)	52 (62.7%)	14 (16.9%)	0 (0.0%)	83	
		No	3 (8.6%)	11 (31.4%)	17 (48.6%)	3 (8.6%)	1 (2.9%)	35	
08a Do you know who is making decisions concerning your workplace?	Yes	Yes	51 (11.7%)	86 (19.7%)	112 (25.6%)	15 (3.4%)	173 (39.6%	437	.131
		No	30 (15.7%)	33 (17.3%)	43 (22.5%)	1 (0.5%)	84 (44.0%)	191	
	No	Yes	0 (0.0%)	3 (23.1%)	4 (30.8%)	4 (30.8%)	2 (15.4%)	13	
		No	2 (28.6%)	1 (14.3%)	0 (0.0%)	1 (14.3%)	3 (42.9%)	7	
	Partially	Yes	1 (1.3%)	22 (27.5%)	44 (55.0%)	13 (16.3%)	0 (0.0%)	80	
		No	2 (4.3%)	16 (34.8%)	19 (41.3%)	6 (13.0%)	3 (6.5%)	46	
09a Are there any conflicts at work?	Yes	Yes	2 (1.1%)	30 (16.1%)	105 (56.5%)	46 (24.7%)	3 (1.6%)	186	.530
		No	6 (6.8%)	13 (14.8%)	48 (54.5%)	18 (20.5%)	3 (3.4%)	88	
	No	Yes	51 (14.8%)	69 (20.1%)	55 (16.0%)	6 (1.7%)	163 (47.4%)	344	
		No	24 (15.4%)	34 (21.8%)	17 (10.9%)	0 (0.0%)	81 (51.9%)	156	
10a Are you involved in any conflicts at your workplace?	Yes	Yes	3 (3.2%)	14 (14.7%)	53 (55.8%)	22 (23.2%)	3 (3.2%)	95	.121
		No	3 (6.7%)	10 (22.2%)	19 (42.2%)	9 (20.0%)	4 (8.9%)	45	
	No	Yes	50 (11.5%)	76 (17.5%)	77 (17.7%)	8 (1.8%)	224 (51.5%)	435	
		No	33 (16.6%)	35 (17.6%)	24 (12.1%)	3 (1.5%)	104 (52.3%)	199	

Items	Answers	Do you work in COVID-19 Unit	Do you perceive that as stressful?					Total	P-Value
			Not stressful	Less stressful	Stressful	Very stressful	Not applicable		
11a Have your supervisor done anything to solve the conflicts?	Yes	Yes	0	70 (17.2%)	71 (17.4%)	17 (4.2%)	249 (61.2%)	407	
		No	0	35 (18.5%)	30 (15.9%)	4 (2.1%)	120 (63.5%)	189	
	No	Yes	0	0	0	0	0		.587
		No	0	0	0	0	0		
	Partially	Yes	0	26 (21.1%)	65 (52.8%)	22 (17.9%)	10 (8.1%)	123	
		No	0	13 (23.6%)	30 (54.5%)	8 (14.5%)	4 (7.3%)	55	
12a Do you put high demands on yourself at work?	Yes	Yes	17 (5.9%)	65 (22.5%)	159 (55.0%)	41 (14.2%)	7 (2.4%)	289	
		No	20 (13.4%)	26 (17.4%)	82 (55.0%)	16 (10.7%)	5 (3.4%)	149	.211
	No	Yes	32 (13.3%)	63 (26.1%)	45 (18.7%)	1 (0.4%)	100 (41.5%)	241	
		No	16 (16.8%)	32 (33.7%)	10 (10.5%)	0 (0.0%)	37 (38.9%)	95	
13a Do you often get engaged in your work?	Yes	Yes	56 (11.3%)	173 (34.9%)	209 (42.1%)	39 (7.9%)	19 (3.8%)	496	
		No	44 (19.3%)	74 (32.5%)	90 (39.5%)	14 (6.1%)	6 (2.6%)	228	.099
	No	Yes	7 (20.6%)	7 (20.6%)	3 (8.8%)	2 (5.9%)	15 (44.1%)	34	
		No	3 (18.8%)	4 (25.0%)	1 (6.3%)	1 (6.3%)	7 (43.8%)	16	
14a Do you think about work after your working-day?	Yes	Yes	17 (8.0%)	41 (19.3%)	108 (50.9%)	42 (19.8%)	4 (1.9%)	212	
		No	17 (15.7%)	22 (20.4%)	55 (50.9%)	12 (11.1%)	2 (1.9%)	108	
	No	Yes	16 (12.6%)	17 (13.4%)	22 (17.3%)	3 (2.4%)	69 (54.3%)	127	.374
		No	6 (12.0%)	6 (12.0%)	6 (12.0%)	0 (0.0%)	32 (64.0%)	50	
	Partially	Yes	17 (8.9%)	86 (45.0%)	75 (39.3%)	10 (5.2%)	3 (1.6%)	191	
		No	7 (8.1%)	43 (50.0%)	31 (36.0%)	4 (4.7%)	1 (1.2%)	86	
15a Do you find it hard to set a limit to work assignment although you have a lot to do?	Yes	Yes	9 (4.8%)	29 (15.5%)	106 (56.7%)	39 (20.9%)	4 (2.1%)	187	
		No	7 (9.0%)	17 (21.8%)	36 (46.2%)	16 (20.5%)	2 (2.6%)	78	
	No	Yes	18 (14.2%)	19 (15.0%)	7 (5.5%)	0	83 (65.4%)	127	.209
		No	13 (23.2%)	10 (17.9%)	1 (1.8%)	0	32 (57.1%)	56	
	Partially	Yes	6 (2.8%)	97 (44.9%)	102 (47.2%)	6 (2.8%)	5 (2.3%)	206	
		No	7 (6.4%)	37 (33.6%)	61 (55.5%)	2 (1.8%)	3 (2.7%)	110	
16a Do you take more responsibility at work than you ought to?	Yes	Yes	40 (10.4%)	117 (30.3%)	218 (56.5%)	0	11 (2.8%)	386	
		No	21 (12.0%)	48 (27.4%)	101 (57.7%)	0	5 (2.9%)	175	.367
	No	Yes	18 (12.5%)	33 (22.9%)	15 (10.4%)	0	78 (54.2%)	144	
		No	15 (21.7%)	16 (23.2%)	9 (13.0%)	0	29 (42.0%)	69	
17a Do you work after ordinary working hours to finish your assignments?	Yes	Yes	16 (13.6%)	20 (16.9%)	55 (46.6%)	25 (21.2%)	2 (1.7%)	118	
		No	8 (11.1%)	15 (20.8%)	37 (51.4%)	11 (15.3%)	1 (1.4%)	72	
	No	Yes	24 (9.4%)	46 (18.1%)	3 (9.1%)	0 (0.4%)	64 (63.0%)	254	.497
		No	16 (17.0%)	11 (11.7%)	3 (3.2%)	0 (0.0%)	64 (68.1%)	94	
	Partially	Yes	14 (8.9%)	52 (32.9%)	83 (52.5%)	8 (5.1%)	1 (0.6%)	158	
		No	8 (10.3%)	37 (47.4%)	29 (37.2%)	2 (2.6%)	2 (2.6%)	78	
18a Do you find it hard to sleep because your mind is occupied with work?	Yes	Yes	0	12 (9.0%)	72 (53.7%)	45 (33.6%)	5 (3.7%)	134	
		No	0	4 (8.7%)	32 (69.6%)	7 (15.2%)	3 (6.5%)	46	
	No	Yes	0	31 (15.8%)	14 (7.1%)	0	151 (77.0%)	196	.031
		No	0	13 (12.7%)	1 (1.0%)	0	88 (86.3%)	102	
	Partially	Yes	0	77 (38.5%)	107 (53.5%)	7 (3.5%)	9 (4.5%)	200	
		No	0	33 (34.4%)	56 (58.3%)	4 (4.2%)	3 (3.1%)	96	

4. Discussion

The current study aimed to assess the stress level among nursing staff in the COVID-19 pandemic. The findings revealed that stress affects nurses' ability to work. Moreover, this study differs from other studies in the field due to comparing the nurses' stress levels during the COVID-19 pandemic. This is the first study (to our knowledge) where a sample of UAE nurses in the Dubai Health Authority is heterogenous in many aspects of nationality. In addition, this is the first study comparing the stress among nurses working with COVID-19 patients to nurses working in the regular care unit. The Work Stress Questionnaire assesses not only the occurrence of work characteristics but also the immediate perception of the characteristic's stressfulness. For instance, if the characteristic is perceived as stressful or not, Therefore, this result therefore distinguishes between the occurrence of negative work characteristics and the perception of stress owing to these characteristics.

The present study found that despite the workload during the pandemic of COVID-19, the staff were still able to finish their assignments and have the possibility to influence decisions at work. Similarly, a study conducted by Holmgren in 2009 [21]

consisted of 424 participants. They find that the participants have time to finish their assignments. The majority had low stress: 74 (314), and high: 26 (110) had high stress [21]. Putting high demands on staff, having a high sense of responsibility, and difficulty in setting limits. High dedication to work and difficulties in managing the work situation seem to result in a high amount of stress. The issue is whether the occurrence of perceived stress will result in negative consequences or not [22]. A study has linked overcommitment to a higher risk of poor health [23], and ill-health perception has been associated with sickness absence [24]. High effort and low reward, also known as effort reward imbalance, were shown to have an adverse effect on self-reported health in a European comparative study [22].

Our study found that nurses working in COVID-19 units has more stress compared to other nurses P <. 005. Similarly, a study found the prevalence of increased work-load (66%) [21]. In contrast, in a European report from 2000, 29% of nurse's employees in Europe reported stress related to work [25].

The majority of the participants were unable to spend time with their friends. Shin (2016) observed that nurses with strong relationships to college friends who meet every day had lower stress levels than those who did not, and that strong friendship networks have favourable effects on workplace stress. The findings also demonstrate that receiving life information from their friendship network reduces workplace stress [26]. Staff see themselves as being persons with high demands of capacity, high sense of responsibility and having difficulties setting limits and interact with others. The interaction between work and person-related factors was described as being inseparable [27]. On the other hand, the participants had time to spend with their nearest and for recreational activities. A study showed that nurses who spending time with their families reported lower levels of job stress and had positive effects of job stress of spending time with family with whom gather daily. Therefore, both family and long-term friendships are needed to produce positive effects on job stress, but the network patterns varied with job position [28]. A study found that both environmental and personal factors influenced the possibilities stress at work. Several theorists suggest that it is necessary to obtain a balance between environmental challenges and demands, and on the individual's capacity and self-perceived skills [27].

The majority of staff stated that their workload was increased and it seems very stressful. Similarly, a study conducted by Holmgren found that the prevalence of the three most reported work characteristics in indistinct organization and conflicts was increased work-load (66%), conflicts at work (65%) and involved in conflicts at work (35%) [21]. Surprisingly, that the majority of participants found the goals for workplace is not clear and that is stressful. Moreover, the staff expressed that they do not know the assignments of work tasks include, and who is making decisions concerning workplace and they reported it is very stressful. The same findings were found in as study conducted by HOLMGREN (2004). The participants perceived low influence at work and they did not have the possibility to participate in the decision process. The ability to influence the overall work situation was low. The participants tried to communicate the intolerable work situation to the management but were met with no sympathy [21].

Another source of stress was the goals clarity workplace. Staff who worked in COVID-19 unit reported that the goal of work place was clear. Despite that, it was stressful. This can be due the new role of nurses in the COVID-19 units and Limited knowledge and facts about the disease condition about the disease.

The current study show that the staff were able to decide in their workplace and the supervisor considered their point of view. In contrast, a study found that staff reporting high perceived stress owing to organization and conflicts and high perceived stress owing to individual demands and commitment had an increased probability of having a high level of self-rated symptoms [29].

As noticed above that the staff have faced conflict at work and it was stressful. But the majority expressed that the manager is interfere with the conflict. HOLMGREN claimed that management neglected workplace conflicts or problems and avoided taking responsibility for their resolution. The individual was expected to deal with and resolve disputes on their own, according to the manager in charge. As a result, the individual was placed in a vulnerable and exposed posture [21]. "A failure to appropriately protect nursing staff is producing anger and irritation, making nurses feel uncomfortable at work," says the report [30]. During the COVID-19 the staff put high demands on their self at work and often get engaged in work. Increased workload mostly was mainly due to increase the capacity of COVID-19 patients and severity of cases that required critical care and mechanical ventilation, often one staff used to take care of two critical care patient, however the international recommendation staffing rate acuity in critical care is one nurse to one patient. Staff used to stay back to manage work overload. Furthermore, nurses were used to be without drinking, eating and toileting for long hours after wearing full PPE. There is a direct relationship between nurses' workload and patient outcomes and nurse-reported quality of care [31; 32]. Moreover, the combination of high stress perception caused by indistinct organization and conflicts, as well as by work-related demands and commitment predicted future sick-leave A feeling of mastering the own existence was created by gradually regaining control over body functions. Daily routines such as being able to sleep, to exercise, to eat properly and to perform leisure activities are affected by stress [33].

As noticed from the result above that 50% of staff think about work after their duty and showed it was stressful. Interference between work and leisure time was reported by 33% of the participants in the cross-sectional study, and high level of interference was associated with a high level of self-rated symptoms. A thing to bear in mind is affect the nurse's quality of life [34].

Finally, there was statistically significant in regards item "find it hard to sleep because mind is occupied with work" p-value 0.031. Occupational stress and its consequences on nurses' behaviour can create mental problems such as anxiety, depression, insomnia and feelings of inadequacy [35]. Sleep issues affect almost 40% of professionally active nurses and midwives, according to a study done in Poland. In persons who might come into contact with a COVID-19 patient at work, sleeplessness worsened. Another study conducted by French experts on a sample of the French population found that health crises involving insomnia are linked to anxiety related to fear of infection, economic and financial well-being. These factors can have a significant impact on people's sleep quality [36].

5. Conclusion

The present study found that the staff nurses experience high level of stress in different dimensions. The result reflect that the nurses do not have enough time for their socialization like to visit their friends and relative. Moreover, the stress level among nurses during the pandemic of COVID-19 is higher compared other units. Despite the workload during the pandemic of COVID-19, still the staff were able to finish their assignment and have the possibility to influence decisions at work. Staff reported Sleeping difficulties because they are thinking of work. Occupational stress and its consequences on nurses' behaviour can create Mental health problems such as anxiety, depression, insomnia and feelings of inadequacy. This study provided a comprehensive and in-depth understanding of the stress related work experience of caregivers dealing with COVID-19. Self-coping style and psychological growth are important for nurses to maintain mental health. This study provided fundamental data for further psychological intervention.

6. Limitation

The limitations of the study were acknowledged and reported. This study used a convenience sample technique, which reduced the findings' generalizability across populations. Females were overrepresented in the study, whereas males were underrepresented. The ability to generalize the findings of this study outside the sample was similarly hindered by this demographic aspect of the sample.

Statement of Ethics

Disclosure Statement

The authors declare that they do not have a conflict of interest.

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Author Contributions

Iman Ateeq: Principal investigator

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