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## THE ROLE OF RESILIENCE AS A MEDIATOR AND ITS IMPACT ON NURSES AND HEALTHCARE PROFESSIONAL'S PSYCHOLOGICAL WELL-BEING AND MENTAL DISTRESS.

Qamar Yasmeen

### ABSTRACT

**BACKGROUND:** Professional healthcare providers and nurses' jobs are classified as stressful and demanding. The possibility of emotional distress is high. **OBJECTIVE:** The study aims to investigate the role of resilience as a mediator and its impact on nurses and healthcare professional's psychological well-being and mental distress. **METHODS:** A questionnaire survey was employed through random sampling strategy. The study involved 120 certified professional healthcare practitioners and nurses who were working in different hospitals and clinics. Data were collected via a demographic questionnaire, The Kessler Psychological Distress Scale (K-10) for measurement of emotional distress, The Satisfaction with Life Scale (SWLS) for assessment of psychosocial well-being, and the brief resilience scale (BRS) for analysis of resilience among nurses and healthcare provider. Descriptive statistics and graphs as numbers, frequencies, and percentages was applied. **RESULTS:** The result indicated major participants (35.8%) belong to age group 20-30 YEARS. 55% participants were females. 48.3% were in nursing profession. 78% participants were in 12hour working shift. On K-10 scale, Majority of the participants showed emotional stress on K10 scale. The result of satisfaction with life scale in our findings showed that lower number of participants were satisfied (4.16%, 10% and 12%) while major population was dissatisfied. 42% participants showed high resilience levels on BRS scale. **CONCLUSION:** The mediation analysis found that resilience protected against direct correlations between stress and emotional/psychological suffering. In conclusion, our results confirmed the hypothesis that resilience moderated the link between emotional distress and psychosocial well-being

**KEY WORDS:** Resilience, psychosocial well-being, emotional distress, healthcare provider

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### INTRODUCTION

Psychological suffering is growing extensively all around the world. A person's emotional issues and psychological reactions to environmental adaptability are characterized by psychological distress, which has a detrimental effect on their ability to perform their job, maintain a family and

overall psychological well-being<sup>1</sup>. Because of highly stressful work situations in hospitals and clinics health care providers and nurses are at the verge of getting stress, anxiety and depression. Their vulnerability to high levels of psychological distress is getting high due to extensive duty hours, lack of sleep, pressure of job, low income and inability to

maintain an equilibrium between job, social and family life <sup>2</sup>.

In recent years around the world professional health care providers and nurses have reported high rates of mental and psychosocial agony <sup>3</sup>. In another study high levels of anxiety, depression and stress rates were observed among intern nurses and professionals, with a considerably higher frequency among younger female interns and nurses <sup>4</sup>. In recent years, mental health issues have gained recognition as a significant public health concern that impacts physiological well-being and has a range of social and economic implications <sup>5</sup>. Mental disease is influenced by a variety of factors, such as exposures to biological, psychological, social, and environmental factors. This problem is particularly troubling since nurses and medical professionals who are experiencing psychological discomfort may not be able to give their patients the best treatment possible <sup>6</sup>. Mental stress can be caused by a variety of variables, including biological, psychological, socioeconomic, and lifestyle factors. Negative physical and mental health impacts, including anxiety, despair, and exhaustion, have been associated to occupation-related characteristics such high job demand, limited job control, and poor work support <sup>7</sup>. Assessment of life satisfaction and subject well-being has become more crucial in healthcare settings, since the effects of a high-stress job are severe for both the patients receiving care and the people who are directly caring for them <sup>8</sup>. Understanding the connection between nurses' and healthcare providers' subjective wellness and psychological suffering is essential <sup>9</sup>.

Resilience is characterized as having the capacity to recuperate swiftly from stress, adapt to new conditions smoothly, and even grow intellectually during times of stress. Resilience in mental health circumstances comprises self-control through internal resources (e.g., beneficial psychological management and cognitive

assessments) and external support, allowing caregivers to cope and restore optimal functioning ability complying with challenging situations <sup>10</sup>. Consequently, the present study explored into the manner in which psychological/mental distress regulates the subjective wellbeing of medical professional workforce. Age sex, cultural background and various other socioeconomic variables can all have an impact on resilience. Resilience was used as a mediator in the present investigation.

The goal of this research project was to delve into the significance of resilience as a mediator and the way it contributes to the emotional wellness and emotional distress of nurses and healthcare professionals.

## **METHODOLOGY**

A cross-sectional study was carried out in Sargodha, Pakistan, from September to March 2023. Registered medical professionals and nurses working in hospitals and clinics during data collection using a random sampling technique met the inclusion and research population. The information was acquired via a self-administered questionnaire. The demographic questions queried about gender, age, relationship status, position title, duration of experience, and shift/duty duration. Mental health/emotional distress among nurses and healthcare professional was assessed by Kessler Psychological Distress Scale (K-10). The scale has 10 items with five options from all of the time to none of the time. A high score indicates that the person is experiencing significant psychosocial distress. To assess cognitive component of participants' subjective well-being the Satisfaction with Life Scale (SWLS) was employed (a 5-item scale with a 7-point Likert scale ranging from strongly agree to strongly disagree). The brief resilience scale (BRS), which comprises six items on a five-point Likert scale that spans strongly agree to strongly disagree, was implemented to determine respondents' resilience levels, with larger scores implying higher resilience across

nurses and healthcare workers. Descriptive statistics and graphs were applied to illustrate the sociodemographic characteristics, the Kessler psychological distress scale, the Satisfaction with Life Scale (SWLS), and the brief resilience scale as numbers, frequencies, and percentages.

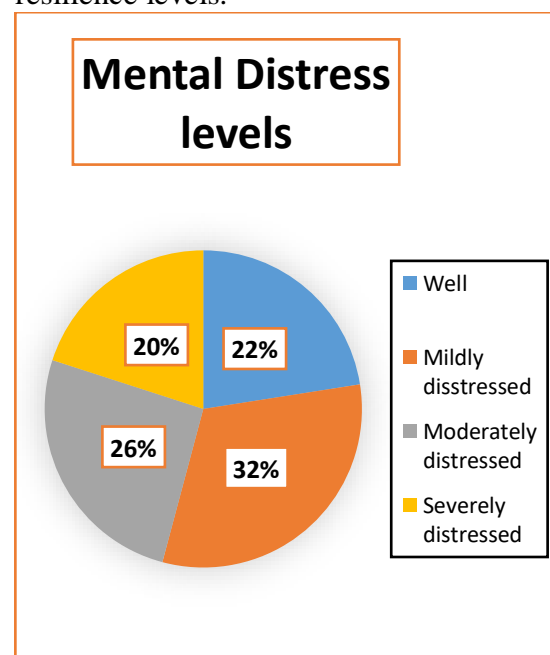
## RESULTS

Table 1 displays the demographic characteristics of respondents. According to the table, the majority of participants (35.8%) were between the ages of 20 and 30. Females made up the majority of the demographic (55%). The majority of participants (58.3%) were married, with a large proportion (48.3%) working in the nursing profession. 48.3% of participants have experience spanning two to five years. Most of participants (78%) indicated that their job working shifts exceeded 12 hours per day.

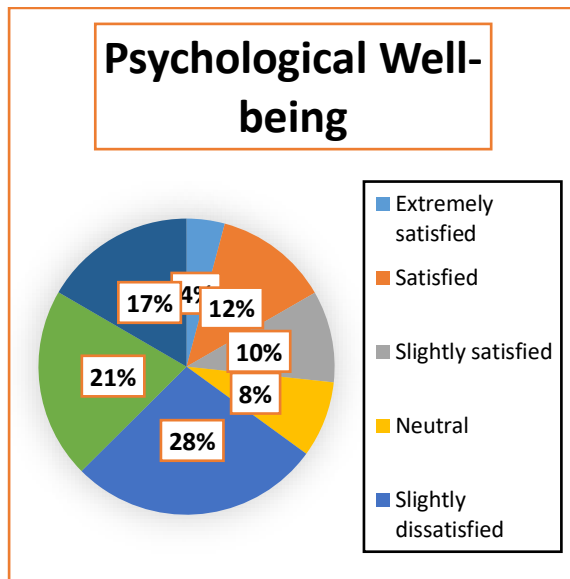
**Table 1. Characteristics of the Study Participants (n = 120)**

Characteristics	Frequency (%)
Age	
20-30	43 (35.8)
31-40	35 (29.1)
41-50	22 (18.3)
51-60	20 (16.6)
Gender	
Male	54 (45)
Female	66 (55)
Marital status	
Unmarried	70 (58.3)
Married	50 (41.7)
Job description	
Doctor	34 (28.3)
Nurse	58 (48.3)
Dentist	18 (15)
Physiotherapist	10 (8.33)
Years of experience	
Less than 1 years	33 (27.5)
2-5	58 (48.3)
>5 years	29 (24.1)
Shift hours	
8h	23
12h	78
24h	19

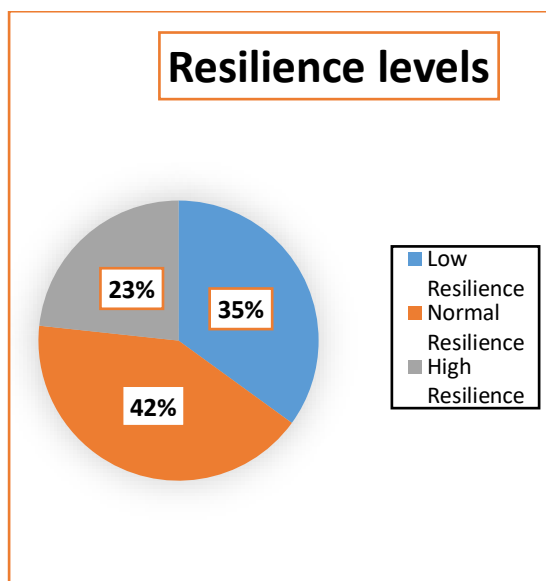
The Kessler Psychological Distress Scale (K-10) was used to assess mental health of health care professionals and nurses. According to this scale **figure 1** explain levels and prevalence of mental distress among nurses and professional health care providers. 22%, 32%, 26% and 20% were well, mildly distressed, moderately distressed and severely distressed respectively. The Satisfaction with Life Scale (SWLS) was used to assess psychosocial well-being of participants. The result showed (**Fig-2**), 4.16% of the participants were extremely satisfied, 12.5% were satisfied, 10% were slightly satisfied, 8.3% showed no response, 27.5% were slightly dissatisfied, 20% were dissatisfied and 16.6% were extremely dissatisfied. The brief resilience scale (BRS) Likert scale with higher number indicating strong resilience was applied. The analysis on scale (**Fig-3**) revealed 35% of the participants had low resilience, 23% had normal levels of resilience on scale while 42% showed high resilience levels.



**Fig-1: Prevalence and levels of mental distress among nurses and professional health care provider**



**Fig-2: Assessment of participant's psychological well-being**



**Fig-3: Measurement of resilience levels among nurses and professional health care providers**

## DISCUSSION

The purpose of this cross-sectional study was to assess resilience's role as a mediator and its impact on the psychological well-being and mental distress of nurses and healthcare professionals. The study found that 26 and 20% of the individuals were moderately or severely distressed, indicating significant levels of mental

distress regarding nurses and professional health care providers. The findings can be explained by many factors like age, household responsibilities, long working hours, low income, and small praise, social distancing due to long shifts, unable to have proper body rest, lack of physical and mental exercise, high number of patients to deal with, lack of social support<sup>11</sup>. The study findings were consistent with other studies, where they reported that health care professional over 40 years of age were more prone to psychological distress<sup>12</sup>. They also noted that employing psychological services, residing in an Asian location, working more than 45 hours per week, and possessing more than seven years of experience had been correlated with greater levels of emotional discomfort. In another study it was noted that moderate to high level (59.9%) of psychosocial and emotional distress was present among care providers due to age, long working shifts (more than 12 hours/day). The study also indicates highest percentage of a very high level of distress were female (66.2%), between the ages of 30 and 40 years (35.1%), had more than 10 years of work experience (48.0%), and were nurses (49.7%) and married (61.6%) which also consistent with our findings<sup>13,14</sup>. Psychological health and distress relationships were better among workers with less working shift as compared to long working shifts among health care workers<sup>15</sup>.

The result of satisfaction with life scale in our findings showed that lower number of participants were satisfied (4.16%, 10% and 12%) while major population was dissatisfied. In a study conducted in Pakistan on resilience as mediator among doctors, dentist, physiotherapist, it was observed that there is a negative relationship between psychosocial well-being and emotional distress<sup>16</sup>. A survey conducted in hospitals in Turkey, 40% of nurses showed low levels of psychosocial and subjective wellbeing<sup>17</sup>. Analysis was done on 589 female nurses who worked in

various hospitals in Japan (response rate: 43%). 49.4% of participants belonged to the group with low mental weariness. A number of occupational stressors, including interpersonal stress at work, irritability, anxiety, depression, physical problems, support from friends and family, and job and life satisfaction, were linked to mental exhaustion<sup>18</sup>. Another study explored at how job satisfaction and emotion control impact the emotional (both positive and negative) and cognitive (life satisfaction) aspects of health care providers' psychosocial well-being (SWB)<sup>19</sup>. Our study results indicate that normal to high resilience levels were in good % among nurses and professional health care providers. Which means they can bounce back and maintain their emotional distress and psychosocial wellbeing. However, 35% of the participants also showed low resilience levels on brief resilience scale. A study conducted among healthcare professionals found that those with higher resilience levels experienced less mental distress and a more constructive work environment.<sup>20</sup> Contradictory to our results it was observed that 54.5% of healthcare providers showed low resilience levels and high emotional distress<sup>21</sup>. In another study conducted in different hospitals among health care provider's low resilience (61%) was observed which was remarkably positive associated with demographic variables (age, hospital types, long day and night shifts, being married and house hold responsibilities)<sup>22</sup>.

## CONCLUSION

According to the study's findings, participants did experience significant degrees of psychosocial/emotional distress. In contrast, their diverse workplaces are very robust, indicating that they have the self-sufficiency to surmount challenges. Increasing nurses' and healthcare professionals' resilience is a crucial strategy for creating a better workplace. It is advised that people receive social, physical, and emotional support because these factors influence their

resilience levels, which in turn impact work-life balance.

**ETHICS APPROVAL:** The ERC gave ethical review approval.

**CONSENT TO PARTICIPATE:** written and verbal consent was taken from subjects and next of kin.

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## AUTHORS' CONTRIBUTIONS:

All persons who meet authorship criteria are listed as authors, and all authors certify that they have participated in the work to take public responsibility of this manuscript. All authors read and approved the final manuscript.

**CONFLICT OF INTEREST:** No competing interest declared

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