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Coronaphobia, Job Satisfaction, and Languishing Levels of Intensive Care Nurses: A Cross-sectional and Correlational Study

Yoğun Bakım Hemşirelerinin Koronafobi, İş Doyumu ve Duygusal Yorgunluk Düzeyleri: Kesitsel ve Korelasyonel Bir Çalışma

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ABSTRACT Objective: This study investigated the association between coronaphobia, job satisfaction, and languishing levels in intensive care nurses.

Materials and Methods: This cross-sectional and correlational study was conducted with 106 intensive care nurses. The coronavirus disease-2019 phobia scale, Mental Health Continuum-Short form, and Nurse Job Satisfaction scale were used for data collection.

Results: The total score of coronaphobia was 49.41 ± 12.39 , 36.57 ± 13.60 for the mental health continuum, and 94.28 ± 12.82 for nurse job satisfaction. There was a weak correlation between coronaphobia and emotional well-being. There was no relationship between coronaphobia and nurse job satisfaction. However, there was a moderate positive relationship between the mental health continuum and nurse job satisfaction.

Conclusion: Intensive care nurses had a moderate mental health continuum in languishing. Psychosocial support and psychological counseling should be provided to intensive care nurses to eliminate feelings of emptiness, improve their concentration and motivation, and increase their working capacity.

Keywords: Intensive care unit, nurse, coronaphobia, job satisfaction, languishing

ÖZ Amaç: Bu çalışma, yoğun bakım hemşirelerinin koronafobi, iş doyumunu ve duygusal yorgunluk düzeyleri arasındaki ilişkiyi araştırmayı amaçlamıştır.

Gereç ve Yöntem: Bu kesitsel ve ilişkisel araştırma, 106 yoğun bakım hemşiresi ile yürütülmüştür. Veri toplama aracı olarak koronavirüs hastalığı-2019 fobi ölçeği, Ruh Sağlığı Sürekliliği-Kısa formu ve Hemşire İş Doyumu ölçeği kullanılmıştır.

Bulgular: Koronafobi toplam puanı $49,41 \pm 12,39$, ruh sağlığı sürekliliği toplam puanı $36,57 \pm 13,60$ ve hemşire iş doyumunu toplam puanı $94,28 \pm 12,82$ bulunmuştur. Koronafobi ile duygusal iyi oluş arasında zayıf bir ilişki bulunmuştur. Koronafobi ile hemşire iş doyumunu arasında bir ilişki saptanmamıştır. Bununla birlikte, ruh sağlığı sürekliliği ile hemşire iş tatmini arasında orta düzeyde pozitif bir ilişki olduğu belirlenmiştir.

Sonuç: Yoğun bakım hemşirelerinin, duygusal yorgunluk açısından orta düzeyde bir ruh sağlığı sürekliliğine sahip oldukları belirlenmiştir. Yoğun bakım hemşirelerine boşluk hissini gidermek, konsantrasyon ve motivasyonlarını artırmak, çalışma kapasitelerini geliştirmek için psikososyal destek ve psikolojik danışmanlık verilmelidir.

Anahtar Kelimeler: Yoğun bakım, hemşire, koronafobi, iş doyumunu, duygusal yorgunluk

Introduction

The coronavirus disease-2019 (COVID-19) pandemic, in addition to its emergence as a global health emergency, has also negatively affected people socioeconomically and psychologically. Increasing death rates, unemployment rates, disruptions in education, and protective measures such as quarantine and masks contributed to this. As a result, people have a fear of contracting COVID-19. Coronaphobia, which means fear or anxiety about catching COVID-19, has increased the rate of people using antianxiety drugs to cope with anxiety and stress (1). Coronaphobia is an overtriggered response to the fear of contagion of the virus. It causes excessive anxiety about the physiological symptoms accompanying COVID-19, personal and work-related problems, security problems, and an increase in self-protective behaviors, being away from crowded environments and people, and a significant deterioration in daily life functioning (2).

Coronaphobia, stress, and isolation associated with extended lockdown and existing concerns related to new variants that cause burnout and anxiety. These psychological changes have caused the feeling of languishing (3,4). A sense of languishing is accepted as one of the powerful emotions of 2021. Languishing is the state of not flowing or moving and containing nothing. It includes having trouble concentrating, not functioning at total capacity, decreased motivation, and disrupted ability to focus. It isn't burnout and depression because people still have energy and do not feel hopeless (5). Languishing is defined as feeling empty, slowing down, feeling helpless, losing motivation, not wanting to work, having trouble concentrating, and delaying responsibilities (6). While it indicates depression, it is considered a line between flourishing and lack of well-being. It is a very common problem and is considered as an indicator for many mental disorders (5).

During the COVID-19 pandemic, health personnel experienced significant problems that negatively affect their mental health, such as deterioration in social interaction, difficulty in fulfilling their roles, fear, and anxiety. As the cases and workload increased during the pandemic, the intense work tempo and insufficient staff caused the work-life balance to deteriorate and psychological problems (7). According to Fronda and Labrague (8), more than half of frontline nurses experienced coronaphobia; some wanted to leave their jobs and lost their professional motivation.

Another study showed that the prevalence of coronaphobia was 54.76% (9).

Although there are not many studies on coronaphobia in intensive care nurses, studies are showing that they experience high levels of death anxiety, work-related burnout, posttraumatic stress disorder, depression, anxiety, and stress (10,11). Intensive care nurses faced physical and mental symptoms and social problems during the COVID-19 pandemic (12). They stated that while caring for patients, they were worried about catching the disease, their work-related responsibilities increased, and they had difficulty completing their work. The condition of the patients was very variable. They could not get enough support from the manager nurses (13).

Nurse leaders have an essential role in actively supporting nurses, creating good study conditions, accessing adequate materials and staff, and rewarding them during and after the COVID-19 pandemic (14). Unfortunately, intensive care nurses reported that they were not supported by health and government officials and institution managers (10). The complexity and crowdedness of the working environment, working with different health equipment, and applying other treatment methods make safe, intensive nursing care difficult. Intensive care nurses have problems providing health care because they have deficiencies and work in a caring environment with adverse conditions. It is even subject to moral stress (15).

A healthy work environment is essential. An unhealthy work environment causes mental problems such as fatigue, boredom, anxiety, depression, moral distress, and thoughts of death (16). Intensive care nurses should be supported regarding the symptoms of mental disorders, stress management, and professional and personal development during the COVID-19 pandemic because fear of contracting an illness has been associated with reduced professional satisfaction and higher turnover intention. An unhealthy work environment, insufficient equipment, insufficient number of nurses, problems in performing their professional roles, and lack of professional promotion opportunities negatively affect the job satisfaction of nurses (17).

The study aimed to investigate the association between coronaphobia, job satisfaction, and the languishing levels of intensive care nurses. The research questions are:

- Is there a significant relationship between intensive care nurses' coronaphobia and job satisfaction?

- Is there a significant relationship between intensive care nurses' coronaphobia and languishing levels?
- Is there a significant relationship between intensive care nurses' languishing and job satisfaction levels?
- What are the predictors of intensive care nurses' languishing levels?

Materials and Methods

Design

This cross-sectional and correlational study was done following the guidelines of the Strengthening Reporting of Observational Studies in Epidemiology.

Sample

The study sample consisted of intensive care nurses during the COVID-19 pandemic in Northeastern Turkey from June to July 2022. For the survey, 200 nurses from seven intensive care units were invited using a convenience sampling strategy. In total, 106 nurses filled out the questionnaire. The mean age of the nurses was 31.95 ± 8.84 .

The criteria for inclusion in the study were working in intensive care units during the COVID-19 pandemic and volunteering to participate in the study. Those who completed the questionnaires incompletely and refused to participate in the study were excluded from the study.

Data Collection Instruments

Nurse Information Form: The researchers developed the form by related literature (7-9). It consisted of eight sociodemographic characteristics (age, gender, marital status, education, working years, types of shifts, working position, and working unit).

The COVID-19 Phobia Scale (C19P-S): The scale was developed by Arpacı et al. (18). The scale consisted of 20 items and four factors. The items of the five-point Likert scale are scored between 1 and 5. The lowest score obtained from the scale is 20, and the highest score is 100. High scores indicate a high phobia. In the original study, Cronbach's alpha for the scale's total score was 0.92, 0.87 for the psychological subdimension, 0.82 for the psychosomatic subdimension, 0.79 for the economic dimension, and 0.79 for the social dimension (18). In this study, Cronbach's alpha coefficient of C19P-S was 0.92, 0.83 for the psychological subdimension, 0.86 for the psychosomatic, 0.72 for the social, and 0.75 for the economic.

The Mental Health Continuum-Short Form (MHC-SF):

The scale was developed by Keyes et al. (19) to measure emotional, social, and psychological well-being. The short form includes 14 items and consists of three sub-dimensions: "emotional well-being, psychological well-being, and social well-being." The scale also shows flourishing and languishing mental health. The items are scored between 0 and 5. The lowest score obtained from the scale is 0, and the highest score is 70. Higher scores indicate flourishing, and lower scores indicate languishing. Demirci and Akın (20) carried out a Turkish reliability and validity study. In this study, Cronbach's alpha coefficient of the MHC-SF was 0.92, 0.87 for "emotional well-being" subdimension, 0.82 for "social well-being" subdimension, and 0.89 for "psychological well-being" subdimension.

Nurse Job Satisfaction Scale (NJSS): The scale was developed by Muya et al. (21). Türe-Yılmaz and Yıldırım (22) carried out a Turkish reliability and validity study. The scale consists of 27 items and four subdimensions. The items of the five-point Likert scale are scored between 1 and 5. The lowest score obtained from the scale is 27, and the highest score is 135. Higher scores show high job satisfaction. In this study, the Cronbach's alpha coefficient of the NJSS was 0.88, 0.79 for the positive emotion toward work subdimension, 0.95 for the appropriate support from superiors subdimension, 0.68 for perceived significance in the workplace, and 0.65 for the pleasant working environment sub-dimension.

Ethical Considerations

Before starting the study, written approval was obtained from the Clinical Research Ethics Committee of Aksaray University, numbered 2022/12-05 (date: 23.06.2022). The sample consisted of nurses who voluntarily participated in the research. Written and verbal consent were obtained from all participants.

Statistical Analysis

SPSS 24 was used to analyze the data. Data were presented with descriptive statistics. The normality analyses were performed with Kolmogorov-Smirnov. The Pearson correlation test was used to determine the correlation between intensive care nurses' coronaphobia, languishing, and job satisfaction scores. Multiple Linear Regression analysis was used to identify predictors of languishing in intensive care nurses. Statistical significance was set at $p < 0.05$.

Results

Table 1 shows the sociodemographic characteristics of the participants. Of the nurses, 91.5% were female, 56.6% were single, and 81.1% were with bachelor's degree. Of them, 49.1% worked for 1-5 years, and 90.6% performed day and night. Of the nurses, 92.5% worked as department nurses, and 43.4% worked in the COVID-19 intensive care unit.

Table 2 shows the mean scores of C19P-S, MHC-SF, and NJSS. The mean score of coronaphobia was 49.41 ± 12.39 , psychological subdimension 18.12 ± 4.65 , psychosomatic subdimension 9.95 ± 3.63 , social subdimension 13.13 ± 3.58 ,

Table 1. Nurses' sociodemographic characteristics		
Valuables	n	%
Gender		
Female	97	91.5
Male	9	8.5
Marital status		
Single	60	56.6
Married	46	43.4
Education		
High school	6	5.7
Associate degree	9	8.5
Bachelor's degree	86	81.1
Master's degree	5	4.7
Working years		
<1	6	5.7
1-5	52	49.1
6-10	9	8.5
11-15	6	5.7
16-20	14	13.2
≥ 21	19	17.9
Type of shift		
Always day shift	7	6.6
Always night shift	3	2.8
Shifting (day and night)	96	90.6
Working position		
Department nurse	98	92.5
Nurse-in-charge	8	7.5
Working unit		
COVID-19 intensive care unit	46	43.4
Other intensive care units	60	56.6
COVID-19: Coronavirus disease-2019		

and economic subdimension 8.20 ± 2.67 . The mean score of the mental health continuum was 36.57 ± 13.60 , emotional well-being 7.53 ± 3.44 , social well-being 10.48 ± 5.31 , and psychological well-being 18.55 ± 6.88 . The mean score of nurse job satisfaction was 94.28 ± 12.82 , positive feelings about work 29.91 ± 4.80 , appropriate support from superiors 19.47 ± 6.15 , perceived importance at work 27.88 ± 3.35 , and pleasant working environment 17.00 ± 3.60 .

Table 3 shows the correlation findings between the scales. There was a weak and negative relationship between coronaphobia and emotional well-being ($r = -0.208$, $p < 0.01$). There was a weak and negative relationship between the social dimension of coronaphobia with emotional well-being ($r = -0.228$, $p < 0.01$) and social well-being ($r = -0.192$, $p < 0.01$). There was no relationship between coronaphobia and nurse job satisfaction ($p > 0.05$). However, there was a moderate and positive relationship between mental health continuum and nurse job satisfaction ($r = 0.497$), positive feelings about work ($r = 0.459$), perceived importance at work ($r = 0.417$), and pleasant working environment ($r = 0.476$; $p < 0.05$).

The model in Table 4 explained 62.2% of the nurses' mental health continuum ($F = 15.914$, $p < 0.001$) and revealed the most important predictors. In order of importance, the predictors were pleasant working environment ($\beta = 0.368$, $p < 0.001$), positive feelings about work ($\beta = 0.223$, $p = 0.025$), nurse's age ($\beta = 0.194$, $p = 0.018$), and perceived importance at work ($\beta = 0.192$, $p = 0.048$).

Discussion

This study showed that intensive care nurses had a moderate mental health continuum in languishing. Their psychological, psychosomatic, and social well-being levels were moderate. Nurses were exposed to various family and work-related problems that disrupted their mental health during the pandemic (23). Intensive care nurses reported symptoms of anxiety, depression, and posttraumatic stress disorder, and the COVID-19 pandemic greatly impacted their mental well-being (24). Nurses' mental health was affected by the COVID-19 pandemic, and nurses presented higher depression, anxiety, and stress levels (25). Studies revealed that nurses experienced burnout, anxiety, posttraumatic stress disorder, and depression (26,27). Hospital nurses and nursing assistants experienced physical and mental burnout, lack of effort to solve problems, lack of interest, concern, or sympathy, psychological symptoms, and

cognitive issues (28). Although studies conducted in the early stages of the pandemic showed that nurses' mental well-being was low, it was moderate in this study. This study, which was conducted at a time when the adverse effects of

the pandemic were diminishing, showed that nurses were still at risk of languishing.

The present study found a weak and negative relationship between coronaphobia with emotional and social well-being.

Table 2. The mean scores of C19P-S, MHC-SF, and NJSS

Scales	Mean ± SD	Min-max	Cronbach's alpha value
Total C19P-S	49.41±12.39	22-82	0.920
Psychological	18.12±4.65	8-28	0.828
Psychosomatic	9.95±3.63	5-23	0.865
Social	13.13±3.58	5-21	0.724
Economic	8.20±2.67	4-20	0.748
Total MHC-SF	36.57±13.60	3-64	0.921
Emotional well-being	7.53±3.44	0-15	0.872
Social well-being	10.48±5.31	0-24	0.819
Psychological well-being	18.55±6.88	1-30	0.895
Total NJSS	94.28±12.82	44-119	0.876
Positive feelings about work	29.91±4.80	13-40	0.788
Appropriate support from superiors	19.47±6.15	6-30	0.948
Perceived importance at work	27.88±3.35	13-35	0.678
Pleasant working environment	17.00±3.60	7-26	0.652

C19P-S: The coronavirus disease-2019 phobia scale, MHC-SF: The Mental Health Continuum-Short form, NJSS: Nurse Job Satisfaction scale, SD: standard deviation, min-max: minimum-maximum

Table 3. The correlation findings between C19P-S, MHC-SF, and NJSS scores

	Total C19P-S	Psychological	Psychosomatic	Social	Economic	Total MHC-SF	Emotional well-being	Social well-being	Psychological well-being
Total MHC-SF	-0.180	-0.113	-0.129	-0.166	-0.163	-	-	-	-
Emotional well-being	-0.208*	-0.116	-0.142	-0.228*	-0.175	-	-	-	-
Social well-being	-0.186	-0.150	-0.096	-0.192*	-0.129	-	-	-	-
Psychological well-being	-0.115	-0.047	-0.133	-0.074	-0.136	-	-	-	-
Total NJSS	-0.084	0.022	-0.149	-0.055	-0.077	0.497**	0.436**	0.509**	0.381**
Positive feelings about work	-0.087	-0.012	-0.118	-0.085	-0.144	0.459**	0.439**	0.415**	0.390**
Appropriate support from superiors	-0.079	-0.049	-0.067	-0.062	-0.027	0.229*	0.197*	0.271**	0.143
Perceived importance at work	-0.047	0.065	-0.145	0.017	-0.153	0.417**	0.349**	0.389**	0.348**
Pleasant working environment	-0.092	-0.021	-0.133	-0.093	0.006	0.476**	0.404**	0.541**	0.305**

*p<0.01; **p<0.05
C19P-S: The coronavirus disease-2019 phobia scale, MHC-SF: The Mental Health Continuum-Short form, NJSS: Nurse Job Satisfaction scale

Table 4. Predictors of mental health continuum by regression analysis

Valuables	B	SD	β	t	p	R	R ²
Positive feelings about work	0.631	0.277	0.223	2.276	0.025	0.622	0.387
Perceived importance at work	0.779	0.390	0.192	1.998	0.048	-	-
Pleasant working environment	1.390	0.330	0.368	4.212	0.000	-	-
Age	0.299	0.124	0.194	2.407	0.018	-	-

F=15.914, p=0.000
SD: Standard deviation

So, languishing was associated with coronaphobia. Similarly, Yayla and Eskici Ilgin (7) found a significant association between coronaphobia and psychological well-being in nurses. Again, in a study with doctors, coronaphobia was associated with psychological and emotional well-being (29). In a study conducted with individuals living in the community, fear of COVID-19 was related to spiritual well-being (30). No other study investigated the relationship between coronaphobia and languishing, that is, social, emotional, and psychological well-being. Although there is a relationship between the variables in this study, more studies on the subject are needed.

The present study revealed that coronaphobia was not associated with nurse job satisfaction. Labrague and De Los Santos (9) reported that coronaphobia could negatively affect nurses' job performance, job satisfaction, and job satisfaction during the pandemic. The nurses who recovered from COVID-19 frequently also revealed feeling abandoned, frustrated, suffering in a bad mood, willing to quit their jobs, and experiencing coronaphobia (31). During the pandemic, studies reported that nurses' physical and emotional workload increased, resulting in burnout and decreased job satisfaction (32,33). However, these studies did not investigate the relationship between coronaphobia and job satisfaction. This study showed that coronaphobia was not associated with job satisfaction.

The present study found a moderate positive relationship between the mental health continuum and nurse job satisfaction. In other words, languishing was associated with job satisfaction. Similarly, Da Rosa et al. (34) found that job dissatisfaction was related to nurses' emotional distress and psychological symptoms during the COVID-19 pandemic. Mcloughlin et al. (35) revealed that junior psychiatry doctors experienced increased burnout and decreased psychological well-being. Staff shortages, longer hours, and less experience during the COVID-19 pandemic were significant factors in terms of burnout and psychological well-being. Psychiatric

nurses experienced decreased job satisfaction during the COVID-19 pandemic, and job satisfaction was associated with job burnout (36). It was determined that depression, considered one of the indicators of psychological well-being, was related to the job satisfaction of nurses during the pandemic. As depression increased, job satisfaction decreased (37).

Finally, this study revealed that a nurse's age was a significant predictor of psychological, social, and emotional well-being, namely, languishing. In a study conducted during the pandemic period, it was determined that the age of nurses affects their level of psychological well-being (27). Studies found that younger nurses had low psychological well-being (38,39). Younger healthcare workers experienced more significant anxiety and depressive symptoms and lower psychological well-being during the COVID-19 pandemic (40). Due to younger age, inexperience can cause them to experience an inability to adapt and cope with the pandemic, changing and aggravating working conditions. Older nurses' challenges over the years may have improved and strengthened their coping and problem-solving skills.

This study has some limitations. The study was conducted in a small sample. Languishing should also be explored in larger samples. The results of this study cannot be generalized to all nurses. A cross-sectional and correlational research design was used. With qualitative methods, phenomenological studies can be conducted, and a more in-depth analysis of the subject can be made.

Conclusion

In this study, the languishing levels of nurses are moderate. Moreover, coronaphobia is associated with languishing but not with nurse job satisfaction. Moreover, there is a significant relationship between languishing and nurse job satisfaction. A pleasant working environment, positive feelings about work, nurses' age, and perceived

importance at work are the most important predictors of languishing.

Languishing is a sense of stagnation and emptiness. It includes having trouble concentrating, not functioning at total capacity, decreased motivation, and disrupted ability to focus. Intensive care nurses should receive psychosocial support and psychological counseling to eliminate the feeling of emptiness, improve their concentration and motivation, and increase their working capacity. Those experiencing severe coronaphobia should be identified, and how it affects their motivation, work capacity, and mental health should be described. Job satisfaction of intensive care nurses should be increased, working conditions should be regulated, and work environments should be structured. Manager nurses have a great responsibility for the nurse to perceive themselves as essential and have positive feelings about their profession. They should also take responsibility for being a good role model, showing good examples, motivating, praising, rewarding, leading the effect of their work on patient care outcomes, and organizing webinars. Manager nurses should periodically evaluate the mental health and job satisfaction of intensive care nurses and convey their results to the relevant authorities. It should be in constant interaction

and cooperation with intensive care nurses. They can benefit from resilience training, motivational interviews, and mindfulness-based stress reduction programs.

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Ethics

Ethics Committee Approval: Written approval was obtained from the Clinical Research Ethics Committee of Aksaray University, numbered 2022/12-05 (date: 23.06.2022).

Informed Consent: Written informed consent from the nurses who agreed to participate in the study was obtained in order to conduct the study.

Peer-review: Externally peer-reviewed.

Authorship Contributions

Concept: A.B., E.B.Y., A.Y., Design: A.B., E.B.Y., A.Y., Data Collection and Process: A.B., Analysis or Interpretation: E.B.Y., A.Y., Literature Search: E.B.Y., A.Y., Writing: A.B., E.B.Y., A.Y.

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