

Job Stress and Coping Strategy of Healthcare Workers in Hospital Working with Covid-19 Patients

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Abstract

The COVID-19 pandemic has significantly increased job stress for healthcare workers in hospitals who are directly involved in caring for COVID-19 patients. The unique challenges posed by the pandemic, including the increased workload, risk of infection, emotional strain, and witnessing the suffering and loss of patients, have heightened stress levels. The objective of this study is to identify the level of job stress among healthcare workers in a local hospital working with COVID-19 patients, as well as to investigate the relationship between job stress and coping strategies. This study used a non-experimental quantitative research design. The data was gathered from 120 healthcare workers who worked with COVID-19 patients in a hospital. This study used a Perceived Stress Scale with a five-point Likert Scale and a Brief COPE scale. The results showed a moderately correlated relationship, $r(120) = 0.33$, $p < 0.001$ between job stress and coping strategies among healthcare workers in a hospital working with COVID-19 patients. The level of mean job stress is 2.87 (0.63). Recognizing the consequences of job stress and employing coping strategies are crucial steps in minimizing job stress among healthcare workers. Job stress can be reduced by making a few modifications in leadership styles and reassigning tasks. The adaptation of optimistic and confrontational coping strategies by healthcare workers to reduce job stress should be advocated and encouraged in their jobs.

Keywords: Job Stress, Coping Strategy, Healthcare Workers, Hospital, Covid-19 Patients

Introduction

Wong et al (2005) found that healthcare personnel commonly employ coping mechanisms to solve problems, with a particular emphasis on increasing efficiency and effectiveness under pressure. Khaled et al (2016) came to the same conclusion: a good attitude at work does more than anything else to alleviate stress on the job. Healy and Tyrrell (2011) discovered that

healthcare staff are not given enough resources or training to deal with stress on the job, which has a knock-on effect on productivity and morale. Most people turn to live comfortably, figuring out a way out, keeping some measure of control over the situation, and gathering relevant data while under stress (Xu et al., 2019). Beliefs and effects among the materials used to deal with major life events represent various approaches to resolving issues (Imperatori et al., 2020; Martnez et al., 2020). Since January 6, 2020, when increased screening and monitoring methods were implemented, COVID-19 patients in Malaysia have been mobilised by the country's healthcare system. On January 24, 2020, the first incident was reported, and on March 18, 2020, the Movement Control Order (MCO) went into effect. There have been 86,618 reported cases and 422 fatalities in the state of Malaysia as of December 16, 2020.

As the number of COVID-19 cases rises, healthcare providers must continue to monitor, test, and treat people with the virus. Many people attribute their suicides to the emotional toll of their jobs (Herald, 2011; Vause, 2010). Due to the heavy workload, long working hours, and severe time stress in the general population, healthcare employees (doctors, nurses, physicians, etc.) experience significant levels of job stress (Tsai & Liu, 2012). As a whole, working in healthcare during this pandemic was one of the most discouraging experiences possible (Malun, 2011). The major role of those who work in healthcare is to assist patients in life-threatening situations, making their workplaces very high-stress zones.

Nursing personnel has an exceptional responsibility to play in ensuring that patient wishes are satisfied due to the high need for practicability and efficiency in the provision of private health services. This stress arises from a variety of sources, including insufficient staffing, an excessive workload, dealing with patients' families, unexpected events, assessing the efficacy of therapies and treatments, and juggling personal and professional obligations. During the SARS outbreak in 2003, 57% of job stress could be seen among healthcare workers (Bai et al., 2004). The COVID-19 pandemic clearly shows a significant level of tension among healthcare workers in China that is quite different from others. About 42.5% of Thailand healthcare workers are said to have mild symptoms. Prolonged treatment in treating COVID-19 patients can cause stress, dissatisfaction, isolation from work routines, and fatigue among healthcare workers (Lu et al., 2020).

In previous studies, particularly the incidence of SARS and MERS, healthcare workers unequivocally report stress levels (Tam et al., 2004; Lee et al., 2018). Only work anxiety can mean stress at work and will cover various factors such as stress and burnout (Liu et al., 2012). The latest research on the job stress and coping strategies of healthcare workers has been found. The relationship between job stress and coping strategies have been the subject of previous research (Phua et al., 2005; Khalid et al., 2016; Cai et al., 2020) because initial anxiety affects many people, but individual response as mechanisms guide. Similarly, to more common combative strategies, they refer to social and intellectual practices to reduce stress in difficult situations and serve when the need is greater than wealth (Martínez, et al., 2020) used together (Yin et al., 2018; Martínez et al., 2020). Thus, this study is based on a recent healthcare worker's study with COVID-19 patients and has been shown to add more historical evidence.

Haslinda (2016) conducted research on the nursing staff in the private sector in Malaysia. Her study sought to understand the connection between nurses, their working conditions, the traits of individual nurses, the assistance they received from their superiors, and the ways in which they dealt with the stresses of their jobs. Individual differences in coping with job and life stress were found between those who relied on internal and external resources and those who relied on neither (Wright, 2014). A healthcare worker's coping mechanism is a key factor in overcoming or mitigating stress on the job. A suitable and effective coping approach can lessen the negative impact on a person's physical and mental health, as noted by Adler and Park (2003). One can deal with stress in a variety of ways. One way to deal with a difficult situation is to employ coping techniques. It is understood that coping is a process that evolves in response to stressful conditions (Latack & Havlovic, 1992). Some people cope with stress through unhealthy means like drug use, drinking, excessive eating, and unproductive smoking, while others appear to benefit from healthy means like exercise, meditation, and listening to physical activity.

In this sense, managing the tax situation means making more of an effort to find solutions to personal difficulties and lessening the impact of occupational stress. Overcoming stress on the job at a hospital is one way, according to the study's authors, to deal with challenges and mitigate their effects. A successful coping technique can be achieved through a variety of means. The first step towards getting different findings from an experiment is to try to foresee any potential difficulties that could arise. Therefore, stress-inducing physical stimuli should be mitigated. The capacity to tell the difference between being well organised and experiencing stress-relieving experiences is essential. It has been hypothesised (among other things; see Lambert et al., 2004) that individuals are more likely to select a strategy employing diverse processes to cope with job stress.

The nursing staff at Japanese hospitals utilised it as a means to resist self-control, as discovered by Lambert et al. (2004). Nurses in South Korea were more interested in constructive criticism, whereas nurses in the United States were more interested in finding solutions to problems. Researchers O'Brien and De Longis (1996) found that nurses typically employ problem-oriented coping strategies like problem-solving, planning, positive reassessment, and work-related problems, as well as emotion-related coping strategies like distance, rejection, and rejection when talking about personal health or family matters. Few studies have focused on healthcare personnel in Malaysia and those that did were conducted in the west. Therefore, the information gleaned will be helpful in suggesting ways to alleviate stress at work and boost productivity among healthcare professionals.

This paper aims to identify the level of job stress among healthcare workers in hospital working with COVID-19 patients and to investigate the relationship between job stress and coping strategies among healthcare workers in a hospital working with COVID-19 patients.

Methods

This study employed a non-experimental quantitative research methodology to quantify the stress experienced by healthcare workers caring for COVID-19 patients at a local hospital as well as examine the connection between occupational stress and coping mechanisms utilised by these individuals. Descriptive research designs are useful for spotting patterns in information on the mental health of healthcare workers under pressure. Since the purpose of

this study is to explain the correlations between the variables rather than investigate the causes (which may be done in future studies), a correlation analysis is an appropriate research design. The participants in this study will consist of 120 hospital staff members. To achieve a representative sample, we included all types of healthcare personnel in our survey. In order to get respondents interested in this work, a simple example was used. The convenience and cheap cost of the required financial instrument make this sampling strategy a go-to. The perceived stress scale and the brief coping techniques are used to compile this survey's data on respondents' stress levels.

A self-exhaustion questionnaire, the Perceive Stress Scale (PSS) was developed by Cohen et al. (1983) and is based on Christina Maslach's (1981) Maslach exhaustion inventory. Daily life stress may be evaluated with the PSS. The PSS utilises inverted scoring, with 0 indicating never and 4 indicating often, on a 5-point Likert scale. Additional questions were added to the completion strategies to ascertain demographic information such as age, race, marital status, monthly income, education level, occupation, and field of employment beyond what was asked in the three surveys. Several investigations, including the pioneering one published in 1983 by Cohen et al., have shown that this technique is reliable; in such cases, participants may corroborate the measurements over several sessions.

The original COPE scales were 60 items long and were based on conceptually distinct models of conflict (Carver, 1997). The questionnaire had 28 items that could be used to gauge 14 different factors. Using this scale, one's approach to or handling of workplace stress may be identified. The surveys were disseminated via a social networking platform, with requests made to the hospital's department heads. In order to get clearance from the hospital's director, we need to fill out the National Medical Research Form through the Malaysian Ministry of Health website. IBM SPSS version 26 was used for the statistical analysis of quantitative data.

Results

Demographic

There were more women (60.8%) than men (39.2%), who made up 47. Between 24 and 51 years of age are represented among the respondents. To calculate the percentages, the ages were broken down into seven categories: below 24, between 25 and 30, between 31 and 35, between 36 and 40, between 41 and 45, between 46 and 50, and over 51. Table 1 shows that 39.2% of the entire sample, or 47 respondents, were between the ages of 25 and 30. Meanwhile, 25 people between the ages of 31 and 35 answered, or 20.8% of the total.

Table 1

Demographic Data of respondents

Variable		Frequency (n)	Percentage (%)
Gender	Male	73	60.83
	Female	47	39.17
Age	< 24	0	0
	25 - 30	47	39.17
	31 – 35	25	20.83
	36 – 40	20	16.66
	41 – 45	15	12.50
	46 – 50	8	6.67
	> 51	5	4.17
Race	Malay	100	100.0
Marital status	Married	81	67.50
	Single	39	32.50
Academic Level	Diploma	47	39.17
	Degree	69	57.50
	Master	4	3.33
Field of Work	Emergency & Trauma	17	14.17
	PKRC	8	6.66
	COVID ICU	16	13.33
	General ICU	3	2.50
	Ward 4	21	17.50
	Ward 3	8	6.66
	Ward 2	4	3.33
	Ward 1	5	4.17
	Labor Room	8	6.67
	Post COVID Clinic	12	10.00
	Specialist Clinic	5	4.17
	General Medical	5	4.17
	Operation Theater	3	2.50
	Radiology	5	4.17

Of those who participated, 20 (or 16.6%) were between the ages of 36 and 40. Of the group of respondents who filled out the survey, 15 are between the ages of 41 and 45. One-third-fifth of the populace Finally, there are 8 replies (6.7%) from those aged 46–50 and 5 responses (4.2%) from people aged 51 and higher. All the first people to answer were Malay. According to the data presented in the table, 81 (67.5%) of respondents are married, while 39 (32.5%) are single. However, 9.2 percent of the population has a bachelor's degree or more. Both the RM2900 or less and the RM5100–6000 brackets had 15 respondents (12.5%). There are 16 people who report having monthly incomes of RM6100 or more, or 13.3% of the total.

Meanwhile, 47.5% of the sample size (120 people) was in the RM4100–RM5000 bracket. Seventeen people, or 14.2 percent, report a monthly income between RM3,000 and RM4,000. For this study, healthcare workers from the emergency and trauma department (17 respondents; 14.2%), the PKRC (8 respondents; 6.6%), the COVID intensive care unit (16 respondents; 13.3%), the general intensive care unit (3 respondents; 2.5%), ward 4 (21

respondents; 17.5%), and ward 3 (3 respondents; 2.5%) all filled out the questionnaire. There are 12 (10%) respondents at the post-COVID clinic, 4 (3.3%) at the specialist clinic, 5 (4.2%) at general medical, 3 (2.5%) in the operating room, and 5 (4.2%) in radiology. Similarly, Ward 2 has 4 (3.3%), Ward 1 has 5 (4.2%), the labour and delivery room has 8 (6.6%), and Ward 2 has 5 (4.2%).

Table 2 shows the questions that have been asked about healthcare workers in the hospital. The first question is “Did you handle or deal with or treat COVID-19 patients (current/previous)?” and showed that respondent answers YES are 109 (90.83%), and NO 11 (9.17%) respondents. The second question is “Have you ever been tested for COVID-19?”. There were 78 (65%) respondents who said YES and the rest 42 (35%) said NO. The last question is “Have you ever been to COVID-19?” showed that 15 (12.5%) respondents said YES, and 105 (87.5%) respondents said NO.

Table 2
A questionnaire among healthcare workers.

		Frequency (n)	Percentage (%)
Did you handle or deal or treat COVID-19 patients (current/previous)?	Yes	109	90.83
	No	11	9.17
Have you ever been tested for COVID-19?	Yes	78	65.00
	No	42	35.00
Have you ever been as COVID-19 patient?	Yes	15	12.50
	No	105	87.50

The Relationship Between Job Stress And Coping Strategy

The scatter plot was used to examine the PSS score and the score of coping strategy utilization (Figure 1).

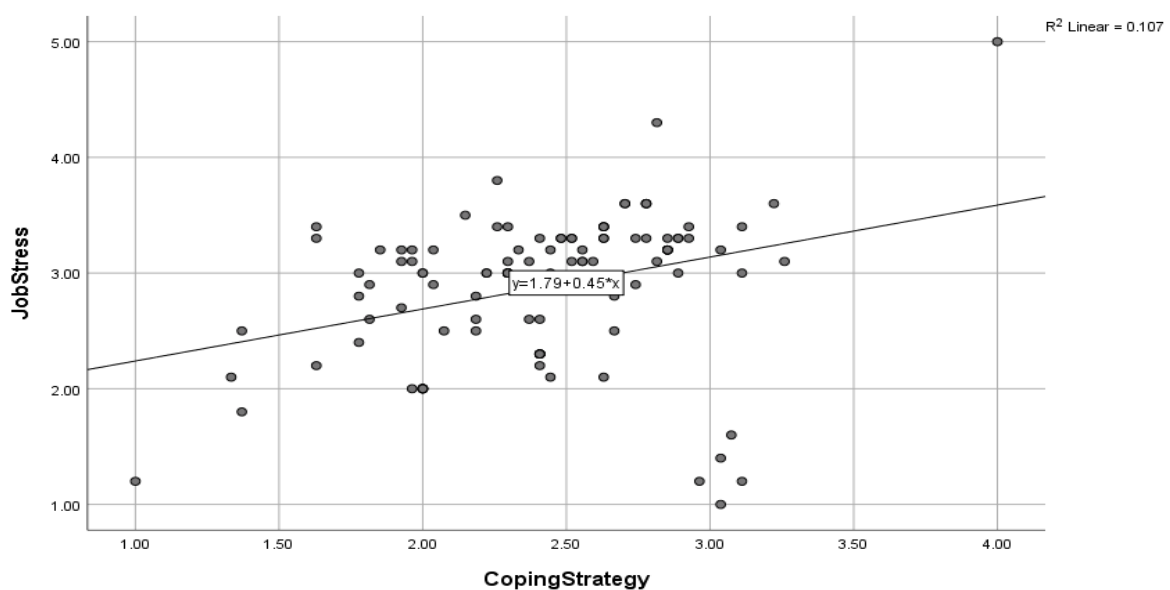


Figure 1. PSS score and the score of coping strategy utilization

The coping strategy and the total PSS score had a positive relationship, according to the scattered graph. Table 3 shows that the level of job stress which is the mean for job stress is 2.87 (0.63).

Table 3

Level of Job Stress

	mean	sd
Job Stress	2.87	0.63

Furthermore, the average PSS score was significantly positively correlated with the subscales of coping strategy use, according to Pearson correlation. Table 4 showed that Job Stress and Coping Strategy were highly correlated ($r(120) = 0.83, p < 0.001$) among healthcare workers in the hospital who worked with COVID-19 patients.

Table 4

Correlation between Job Stress and coping Strategy

	Job Stress
Coping Strategy	0.83**

Note: ** = $p < 0.001$. N = 120

Discussion

According to the findings of this study, job stress among healthcare workers at the hospital working with COVID-19 patients may be significant due to urgency and work obstacles, as well as increased workload during the COVID-19 pandemic compared to before the pandemic. However, young healthcare staff, such as nurses, may not be well prepared to handle this type of burden in the event of a pandemic. According to the findings of this survey, the most prevalent stressors reported by healthcare workers were workload, lack of support, poor preparation, and confrontation with other healthcare professionals. High hospitalization and discharge rates, as well as acute patient care and understaffing, can put healthcare workers under a lot of pressure. Due to a lack of staff and the urgency of work in the ward, medical practitioners in some hospitals are forced to extend their clinical tasks to include bloodletting, intravenous cannulations, and ECG recordings.

As a result, the expansion of medical responsibilities, combined with the increasing number of emergencies that they must deal with, may also contribute to an increase in the activity stress tiers of high-intensity care workers who have little control over their work environment and a heavy workload. As a result, healthcare workers may find it difficult to express their concerns and share their feelings when working in a clinical setting and under such a tremendous burden. Rapport and trust can be built between the patient and the fitness professional when the fitness professional acts as the patient's advocate and educator, particularly when providing information on the disorder process, treatment options, and fitness education. Indeed, with a growing focus on patients' and family members' rights among most patients, the demand for transparency in healthcare services has risen as well.

Healthcare workers are put in more difficult positions as a result of the demands of patients and their families. The findings show that the top three commonly used strategies to deal with pressure were evasive (avoidant activities used in dealing with a situation), confronting

(confront the situation, resist the hassle, positive hassle fixing), and optimistic (confront the situation, resist the hassle, positive hassle fixing) (high-quality thinking, high-quality outlook, high-quality comparisons). As a result, the healthcare professionals taking this exam may avoid addressing their concerns with their supervisors for fear of negatively impacting their process evaluation. Even though the evasiveness subscale was evaluated as the second most powerful method using the study's participants, it was no longer linked to the pressure level of healthcare workers.

Such a coping strategy, which has become commonplace among healthcare workers, did not work as well as expected in lowering their stress levels. However, each healthcare worker and some healthcare workers may not find the evasive coping strategy to be as effective. In this research, the second often-used coping strategy by way of healthcare workers in the hospital working with COVID-19 patients became confronting, emphasizing hassle-fixing by generating plans to keep them under control.

Healthcare practitioners are now trained to employ critical thinking in problem-solving, considering the underlying logic and the availability of knowledge resources. When it comes to patient care, certain healthcare professionals have shown a preference for this strategy when issues arise. The Confucian work ethic of struggling for life to overcome problems, for example, is akin to the confrontational coping style in Chinese culture. According to Hwang (1977), trying to survive is a Confucian belief. To attain one's objectives, one must work hard and discover creative solutions to challenges. An earlier study by Wong and Kwok (1997) supports this, indicating that some Chinese people are more likely to use direct action to deal with problems in their lives. Furthermore, the participants rated comparison as the most effective coping method, and there was a substantial link between its use and a drop-in stress level. According to Folkman and Lazarus (1988), the problem-solving strategy which is a conflictual coping style can strengthen the person-environment relationship, resulting in greater cognitive evaluation and emotional reaction.

Furthermore, most healthcare workers recognize that applying a positive coping strategy can help them deal with job stress. Optimistic questioning helps people maintain a high-quality consciousness and make constant efforts to solve their work problems. This coping method may lead healthcare workers to choose problem-solving as a solution to their problems to effectively reduce their stress levels (Wong et al., 2001). Meanwhile, despite being one of the least used coping strategies, it had a strong, high-quality correlation with the stress level of healthcare workers and a strong, high-quality correlation with the confrontive coping strategy, implying that managerial and family support are extremely important in reducing stress levels among healthcare workers.

Nurses, doctors, housemen, specialists, physiotherapists, occupational therapists, medical assistants, and other healthcare professionals confront enormous demands in terms of providing high-quality services to humans. Before they can be trusted with the care of their patients, healthcare professionals must take care of themselves. Recognizing the effects of job stress and employing appropriate coping strategies is essential for healthcare professionals to reduce stress. The findings of this study have significant ramifications for the healthcare field. Changes in leadership styles, as well as reassignment of workers, can help minimize workplace stress. The employment of optimistic and confrontational coping

mechanisms by healthcare workers to minimize job stress should be promoted and encouraged in their tasks.

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