Mental well-being and social support perceptions of nurses working in a Covid-19 pandemic hospital

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Abstract

Purpose: This study was conducted to determine the mental well-being and social support perceptions of nurses working in a Covid-19 pandemic hospital.

Design and Methods: This study used a cross-sectional design. The sample included 333 volunteer nurses.

Findings: Based on the marital and income statuses of the nurses, there was a significant difference between the multidimensional scale of perceived social support family subscale ($p < 0.05$). There was a positive, weakly significant relationship between the nurses' mental well-being and their perception of social support ($r = 0.381; p < 0.05$).

Practice Implications: In conclusion, protective measures must be increased and social networks must be promoted to increase the mental well-being and social support levels of nurses.

KEYWORDS

mental well-being, nurses, social support

1 | INTRODUCTION

The novel coronavirus pandemic (COVID-19) is an important international public health problem, unprecedented in modern history.1 Those who are at the highest risk of encountering the infection are health professionals.2 Among health care professionals, nurses, who are primarily responsible for patient care, are affected the most psychologically and are at the highest risk of becoming ill.3 Therefore, the mental well-being of nurses may be negatively affected during pandemics. According to the World Health Organization (2004), mental well-being is defined as being aware of one’s own abilities, overcoming the stress that occurs throughout life, being productive and beneficial in one’s work life, and contributing to the society in line with one’s abilities.4

Studies have shown that individuals with high mental well-being have better psychological and physical health, better quality of life, higher creativity, better relationships with other people, more productive work environments as well as longer lives.4-6 Therefore, mental well-being is an important factor at individual, environmental, and social levels7-8 and may affect the service provided by nurses.

Considering the negative effects during a pandemic, investigating the possible factors necessary for improving the mental health of health care professionals and sustaining their productivity is important.9 Of the effective factors reported in the literature, social support has been accepted as a protective factor for mental health.10 Social support refers to the care and support that people perceive as being provided by others.11 Social support makes individuals feel spiritually better.12 In addition, studies in different samples have demonstrated a relationship between social support and mental health.13-16 There are studies on social support perceptions of nurses during the COVID-19 pandemic.17 However, to our knowledge, there are no studies examining the social support perceptions and mental well-being levels of nurses. A limited number of studies have focused on social and psychological supports.17 Determining the mental well-being and social support perceptions of nurses during the pandemic is important to protect or develop health and planning services. Our study will enable the evaluation of mental health and social support perceptions of nurses during the pandemic. In addition, it will guide the planning of interventions that will increase the mental well-being of nurses and their perception of social support.
Therefore, this study was conducted to determine the mental well-being and social support perceptions of nurses working in a COVID-19 pandemic hospital.

2 | METHODS

2.1 | Type of study

This is a cross-sectional study.

2.2 | Place and time of study

This study was conducted in a pandemic hospital in Turkey between July 30, 2020 and August 25, 2020.

2.3 | Study sample

The study population consisted of nurses working in a pandemic hospital in Turkey (N = 400). The sample size was aimed to reach at least 197 people with 50% unknown prevalence, 1% absolute deviation, and 95% confidence level. A total of 333 nurses participated in the study. This sample size was calculated using OpenEpi, Version 3 (2013), an open-source calculator.

2.4 | Data collection tools

An introductory information form, the Warwick–Edinburgh Mental Well-being Scale (WEMWBS) and the multidimensional scale of perceived social support (MSPSS) were used to collect data.

2.4.1 | Introductory information form

This form comprises 19 questions on sociodemographic characteristics and coronavirus. The introductory information form includes questions such as the sociodemographic of nurses, the unit they work in, their quarantine status, their use of personal protective equipment, their status of being diagnosed with COVID-19, the measures adopted to avoid transmitting the virus to their family and the status of following the media on COVID-19.

2.4.2 | Warwick–Edinburgh Mental Well-being Scale

This scale was developed by Tennant et al. to measure the mental well-being levels in individuals living in England. The validity and reliability study in Turkey was conducted by Keldal. WEMWBS comprises 14 items and deals with the positive mental health of individuals by including both psychological and subjective well-being. The scale used was a 5-point Likert scale. The minimum score on the scale is 14 points, and the maximum score is 70 points. All items in the scale are positive. The scoring of the scale is as follows: 1 = strongly disagree, 2 = disagree, 3 = neither agree nor disagree, 4 = agree, and 5 = strongly agree. The Cronbach’s alpha coefficient of the scale was 0.89. In this study, the Cronbach’s alpha coefficient of the scale was found to be 0.91. There is no cut-off point in the scale. Higher scores from the scale indicate better mental (psychological) well-being.

2.4.3 | Multidimensional scale of perceived social support (MSPSS)

This scale was developed by Zimet et al. in 1988. The validity and reliability in Turkey were first conducted by Eker et al. in 1995, and the results were satisfactory. The validity and reliability study of the revised form of the scale was reperformed by Eker et al. in 2001, and it was found that the support sources showed consistency and the internal consistency of the scales was acceptable. This scale comprises 12 items and three subdimensions. These subdimensions include family, friends, and any significant other. Each item is graded using a 7-point scale. The practitioner can give at least 1 point to a statement s/he does not agree with, and a maximum of 7 points to a statement s/he agrees with. Perceived social support increases as the score given to each item increases. The subscale score is calculated by summing the scores of the four items in each subscale, and the total score of the scale is calculated by summing the scores of all subscales. The lowest score that can be obtained from the scale is 12, and the highest score is 84. A high score indicates that the perceived social support is high. Reliability scores of the scale and subscales are as follows: total: 0.89, family: 0.85, friends: 0.88, significant other: 0.92. In this study, the Cronbach’s alpha values of the scale and its subscales are as follows: total: 0.92, family: 0.89, friends: 0.90 and significant other: 0.90.

2.5 | Data collection

After the nurses were informed about the study, those who agreed to participate in the study were provided with data collection forms. The forms were collected after being filled out by the nurses. Filling out the data collection forms took 5 min on average. During the data collection process, necessary measures were adopted to protect against the COVID-19 pandemic.

2.6 | Data analysis

The Statistical Package for the Social Sciences (SPSS) 22.00 package software was used to evaluate the data. In the study, number, percentage, and mean values were used in descriptive statistics.
Shapiro–Wilk W test was performed to analyze if the data followed normal distribution. Among the parametric tests, t test and one-way analysis of variance were used to compare the groups with normal distribution. In comparison of the groups without normal distribution, the nonparametric Mann–Whitney U and Kruskal–Wallis H tests were used. Pearson correlation analysis was performed to analyze the relation between the mean scores on the mental well-being scale and those on the MSPSS.

2.7 Ethical considerations

To conduct the study, permission was obtained from the Republic of Turkey Ministry of Health General Directorate of Health Services COVID-19 Scientific Research Evaluation Commission, Clinical Research Ethics Committee (decision no.: 27.04.2020/08/13), relevant institutions and individuals participating in the study.

3 RESULTS

A total of 52.6% of the nurses who participated in the study were women, 56.5% were married, 79.4% had an associate degree/undergraduate degree, 60.1% had been working as nurses for 1–5 years, and 73.6% had a middle income status (Table 1). In addition, the mean age of the nurses was 29.69 ± 6.28 years.

Of the nurses, 31.5% stated that they perceived their health to be good, 61.3% perceived it to be moderate and 7.2% perceived it to be poor. Of the participants, 61.6% stated that they cared for COVID-19 positive patients, 57.7% had storage COVID-19, 56.8% had undergone the COVID-19 test, 11.4% were quarantined, and 95.5% used protective equipment while working. In addition, 82.9% of the nurses stated that they followed the news in the media about COVID-19. Only 39% of the nurses stated that they received support; 79.9% of those who received support stated that they received this support from their families and relatives, 2.4% from the institution and 17.7% from all of them.

The WEMWBS mean score of the participating nurses was 48.98 ± 9.99. Their mean score for the MSPSS was 59.55 ± 16.09. The mean score for the MSPSS family subscale was 22.19 ± 5.83, that on the friend subscale was 19.63 ± 5.99 and that on the significant other subscale was 17.72 ± 7.32.

There was no significant difference between the mean scores on the WEMWBS and those on the MSPSS according to age, gender, marital status, years of employment, education, and income levels of the nurses (p > 0.05). Based on the marital and income statuses of the nurses, there was a significant difference between the MSPSS family subscale (p < 0.05; Table 2).

The mental well-being scale and MSPSS mean scores of the nurses who perceived that their health was good and thought that they were COVID-19 positive were significantly lower (p < 0.05). The mean scores of the multidimensional social support scale were significantly higher in quarantined nurses (p < 0.05; Table 3). In addition, there was a statistically significant difference between receiving support during the pandemic and the mean mental well-being scale and multidimensional perceived social support scale scores of the nurses (p < 0.05).

Thus, a positive, weak and significant relationship was observed between the nurses’ mental well-being and their perception of social support (r = 0.381; p < 0.05; Table 4).

4 DISCUSSION

During the COVID-19 pandemic, high mental well-being and social support perceptions of nurses are crucial in protecting and improving both their own health and the health of the individuals they care for. Therefore, this study was conducted to determine the mental well-being and social support perceptions of nurses working in a pandemic hospital.

This study found that neither the mental well-being scale mean scores nor the multidimensional perceived social support scale mean scores of the nurses were at the desired level. In a study, social

| Characteristics          | n  | %  |
|--------------------------|----|----|
| Age                      |    |    |
| 18–27 years              | 160| 48.0|
| 28–52 years              | 173| 52.0|
| Gender                   |    |    |
| Female                   | 175| 52.6|
| Male                     | 158| 47.4|
| Marital status           |    |    |
| Married                  | 188| 56.5|
| Single                   | 145| 43.5|
| Educational status       |    |    |
| Health vocational high school | 32 | 9.6 |
| Associate degree/undergraduate | 263 | 79.4 |
| Post graduate            | 38 | 11.4|
| Working year             |    |    |
| 1–5 years                | 200| 60.1|
| 6–30 years               | 133| 39.9|
| Income status            |    |    |
| Good                     | 40 | 12.0|
| Midle                    | 245| 73.6|
| Bad                      | 48 | 14.4|
| Total                    | 333| 100.0|
support levels were found to be low in a study conducted with nursing students. In literature, health care professionals with a high level of social support have been reported to be likely to have a high level of mental health. This result obtained from in this study is critical in terms of reflecting the health status of nurses during the COVID-19 pandemic. The fact that more than half of the nurses provided care to patients with a diagnosis of COVID-19 may have affected this result. In addition, the mean scores of the nurses on the MSPSS were higher than those on other subdimensions. Other studies support the results of our study. This result from our study is important as it shows that support from family is stronger during the pandemic.

In this study, there was no significant difference in nurses' gender, marital and educational statuses, and their perception of social support. Similar results were obtained in the study by Kılıç and Çelik. The mean mental well-being scale scores of the nurses with professional experience ≥ 6 years were higher than those of nurses with professional experience less than 6 years. In addition, the social support perception of nurses with professional experience ≥ 6 years was lower than that of nurses with professional experience less than 6 years. Social support is deemed essential in terms of career and well-being in maintaining the nursing profession. Similar to this study, the study by Vahedian-Azimi et al. has shown that an increase in working years decreases social support. Another study supports the results of our study.

### Table 2: Comparison of nurses' Warwick–Edinburgh Mental Well-being Scale and multidimensional scale of perceived social support scores with some variables

| Variables            | WEMWBS | MSPSS | Family/subscale | Friends/subscale | Significant other subscale |
|----------------------|--------|-------|-----------------|-----------------|---------------------------|
|                      | X ± SD | X ± SD| X ± SD          | X ± SD          | X ± SD                    |
| Age                  |        |       |                 |                 |                           |
| 18–27                | 48.53 ± 9.42 | 59.70 ± 15.21 | 22.51 ± 5.49 | 19.58 ± 5.67 | 17.60 ± 7.43          |
| 28–52                | 49.39 ± 10.49 | 59.42 ± 16.92 | 21.90 ± 6.12 | 19.68 ± 6.29 | 17.83 ± 7.23          |
| p = 0.429*          | p = 0.872* | p = 0.340* | p = 0.885* | p = 0.774* |                           |
| Gender               |        |       |                 |                 |                           |
| Female               | 48.12 ± 9.87 | 59.10 ± 16.41 | 20.00 ± 6.05 | 19.10 ± 5.77 | 19.99 ± 5.67          |
| Male                 | 49.93 ± 10.05 | 60.06 ± 15.77 | 20.08 ± 5.64 | 19.74 ± 5.73 | 20.23 ± 5.52          |
| p = 0.098*          | p = 0.587* | p = 0.891* | p = 0.318* | p = 0.697* |                           |
| Marital status       |        |       |                 |                 |                           |
| Married              | 49.27 ± 9.43 | 60.70 ± 16.14 | 23.18 ± 5.62 | 19.62 ± 6.16 | 17.89 ± 7.55          |
| Single               | 48.60 ± 10.68 | 58.06 ± 15.97 | 20.91 ± 5.86 | 19.64 ± 5.78 | 17.50 ± 7.03          |
| p = 0.548*          | p = 0.138* | p = 0.001* | p = 0.975* | p = 0.585* |                           |
| Working year         |        |       |                 |                 |                           |
| 1–5 years            | 48.51 ± 10.33 | 60.02 ± 15.96 | 20.17 ± 5.84 | 19.49 ± 5.63 | 20.35 ± 5.62          |
| 6–30 years           | 49.69 ± 9.44 | 58.56 ± 16.33 | 19.84 ± 5.89 | 19.27 ± 5.94 | 19.74 ± 5.55          |
| p = 0.291*          | p = 0.522* | p = 0.612* | p = 0.740* | p = 0.333* |                           |
| Educational status   |        |       |                 |                 |                           |
| Health vocational high School | 48.96 ± 10.44 | 59.75 ± 14.23 | 19.84 ± 5.14 | 19.62 ± 4.80 | 20.28 ± 5.44          |
| Associate degree/undergraduate | 48.71 ± 10.11 | 58.77 ± 16.11 | 19.85 ± 5.92 | 19.11 ± 5.75 | 19.80 ± 5.61          |
| Post graduate        | 50.86 ± 8.66 | 64.81 ± 16.84 | 21.47 ± 5.90 | 21.28 ± 6.21 | 22.05 ± 5.31          |
| p = 0.462**         | p = 0.096** | p = 0.278** | p = 0.090** | p = 0.067** |                           |
| Income status        |        |       |                 |                 |                           |
| Good                 | 49.85 ± 11.27 | 62.07 ± 17.85 | 21.02 ± 6.63 | 20.07 ± 6.09 | 20.97 ± 6.07          |
| Middle               | 48.98 ± 9.73 | 60.06 ± 15.69 | 20.24 ± 5.71 | 19.54 ± 5.61 | 20.26 ± 5.45          |
| Bad                  | 48.25 ± 10.29 | 54.89 ± 16.06 | 18.18 ± 5.62 | 18.14 ± 6.11 | 18.56 ± 5.73          |
| p = 0.757*          | p = 0.072* | p = 0.044* | p = 0.225* | p = 0.089* |                           |

Note: Bold values indicate the values that are statistically significant. *Independent-samples t test; **One-way analysis of variance.

Abbreviations: MSPSS, Multidimensional Scale of Perceived Social Support Scale; WEMWBS, Warwick–Edinburgh Mental Well-being Scale.
reported that nurses with professional experience ≥11 years had higher perceptions of social support. In a different study conducted with intensive care nurses, who are reported to have high critical thinking skills, perceived social support, stress and communication were found to decrease with an increase in the number of working years. Another study has found a significant negative relationship between working years and social support perceptions. As the work experience (years) of nurses increase, their mental well-being levels are expected to be high and their social support perceptions to be low. This may be an indication that nurses cope with problems more efficiently as their experience increases. In addition, imposing more responsibilities on nurses with more working years during the pandemic may have limited social communication.

In the study, the mean mental well-being and perceived social support scores of the nurses who perceived their health as good were higher than those of the nurses who perceived their health as moderate or poor. This is an expected result as the perception of health is based on individuals’ evaluations of their own health conditions in general and is a simple but powerful indicator reflecting the multidimensionality of health.

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**TABLE 3**  Comparison of nurses’ Warwick–Edinburgh Mental Well-being Scale and multidimensional scale of perceived social support scores with some variables

| Variables                        | WEMWBS X ± SD | MSPSS X ± SD | Family subscale X ± SD | Friends subscale X ± SD | Significant other subscale X ± SD |
|----------------------------------|---------------|--------------|------------------------|-------------------------|----------------------------------|
| Perception of health             |               |              |                        |                         |                                  |
| Good                             | 53.04 ± 8.39  | 65.02 ± 15.45| 23.75 ± 4.97           | 21.35 ± 5.64            | 19.92 ± 7.06                    |
| Midle                            | 47.70 ± 9.88  | 57.59 ± 15.96| 21.64 ± 6.00           | 19.16 ± 5.88            | 16.77 ± 7.25                    |
| Bad                              | 42.04 ± 10.88 | 52.33 ± 13.56| 20.04 ± 6.46           | 16.12 ± 6.35            | 16.16 ± 7.15                    |
| p                                | 0.001**       | 0.001**      | 0.005**                | 0.001**                 | 0.001**                         |
| Caring for Covid 19 patients     |               |              |                        |                         |                                  |
| Yes                              | 48.35 ± 9.68  | 58.60 ± 15.42| 21.99 ± 21.99          | 19.45 ± 5.71            | 17.35 ± 7.10                    |
| No                               | 49.99 ± 10.41 | 60.77 ± 17.12| 22.52 ± 22.51          | 19.92 ± 6.42            | 18.32 ± 7.65                    |
| p                                | 0.145*        | 0.277*       | 0.429*                 | 0.482*                  | 0.237*                          |
| Suspected Covid-19               |               |              |                        |                         |                                  |
| Yes                              | 46.88 ± 9.98  | 58.45 ± 16.41| 21.97 ± 6.03           | 19.10 ± 6.08            | 17.37 ± 7.40                    |
| No                               | 51.83 ± 9.29  | 61.06 ± 15.58| 22.49 ± 5.55           | 20.36 ± 5.81            | 18.20 ± 7.20                    |
| p                                | 0.001*        | 0.144*       | 0.042*                 | 0.058*                  | 0.307*                          |
| Had undergone the COVID-19 test  |               |              |                        |                         |                                  |
| Yes                              | 48.28 ± 9.33  | 59.52 ± 15.71| 22.21 ± 5.66           | 19.66 ± 5.82            | 17.64 ± 7.14                    |
| No                               | 49.90 ± 10.74 | 59.59 ± 16.64| 22.16 ± 6.06           | 19.59 ± 6.23            | 17.83 ± 7.56                    |
| p                                | 0.142*        | 0.970*       | 0.938*                 | 0.917*                  | 0.817*                          |
| Followed the news in the media about COVID-19 | | | | | |
| Yes                              | 49.72 ± 9.25  | 60.19 ± 16.18| 22.43 ± 5.83           | 19.75 ± 5.96            | 18.00 ± 7.36                    |
| No                               | 45.40 ± 12.47 | 56.49 ± 15.46| 21.03 ± 5.71           | 19.07 ± 6.14            | 16.38 ± 6.99                    |
| p                                | 0.016*        | 0.114*       | 0.099*                 | 0.434*                  | 0.129*                          |
| Quarantined                      |               |              |                        |                         |                                  |
| Yes                              | 48.84 ± 11.25 | 65.10 ± 16.53| 23.36 ± 5.27           | 21.21 ± 6.24            | 20.52 ± 7.02                    |
| No                               | 49.00 ± 9.83  | 58.84 ± 15.92| 22.04 ± 5.88           | 19.43 ± 5.94            | 17.36 ± 7.29                    |
| p                                | 0.927*        | 0.024*       | 0.188*                 | 0.086*                  | 0.012*                          |

Note: Bold values indicate the values that are statistically significant. *Independent-samples t test; **Kruskal–Wallis analysis.

Abbreviations: MSPSS, Multidimensional Scale of Perceived Social Support Scale; WEMWBS, Warwick–Edinburgh Mental Well-being Scale.
and enables the individual to evaluate his/her biological, mental, and social status.\textsuperscript{3}

In this study, the mean mental well-being and perceived social support scores of the nurses who cared for patients diagnosed with COVID-19 were lower than those of the nurses who did not. Nurses who thought they had COVID-19 had lower mental well-being and perceived social support scores than those of the nurses who did not. In addition, the mental well-being and perceived social support mean scores of the nurses who took the COVID-19 test were lower than those of the nurses who did not. Based on the literature, the group most likely to be exposed to the virus during the pandemic includes health care professionals\textsuperscript{3} and their psychology has been reported to be affected more.\textsuperscript{31} The COVID-19 pandemic presents significant challenges for the health care system. The low mental well-being of nurses who care for patients diagnosed with COVID-19 during the pandemic is an expected result. In addition, the result may have been affected by the fact that nurses are in closer contact with patients and this creates tension. In addition, working with patients diagnosed with COVID-19 caused a decrease and restrictions in social communication. Therefore, low social support perception is an expected result.

In this study, the mean scores of the mental well-being of the nurses who were quarantined were lower than those of the nurses who were not, and their perceived social support mean scores were higher. In a systematic review that investigated the psychosocial effects of quarantine measures in severe coronavirus pandemics before the COVID-19 pandemic and examined 13 studies, it was found that quarantine measures are associated with negative psychosocial outcomes.\textsuperscript{32} Mental health of the nurses who are quarantined is expected to be negatively affected due to the negative effects of the disease. In addition, individuals in quarantine are supported by social support sources such as their families, friends, and immediate surroundings. This may explain why nurses in quarantine have a higher perception of social support than those who are not in quarantine.

A positive, weakly significant relationship was identified between the nurses’ mental well-being and their perception of social support. Studies conducted with different samples have reported a positive relationship between social support and mental health.\textsuperscript{12,15} A meta-analysis study stated that the average effect size between general well-being variables and social support is 0.36, and indicating a positive relationship.\textsuperscript{33} In the literature, it was reported that social support reduced anxiety and stress levels in health care professionals and nurses engaging with the treatment and care of patients with COVID-19\textsuperscript{31} and prevented the deterioration of both mental and physical health of nurses.\textsuperscript{32,34} In a study of nursing students, regression analysis revealed that resilience, coping, family support, friends support, and significant others support significantly predicted psychological well-being.\textsuperscript{35} In another study, there was no significant difference between receiving support and subjective well-being.\textsuperscript{36} Based on this study, it can be concluded that social support is an important determinant of mental well-being.

### 5 | CONCLUSION AND SUGGESTIONS

This study infers that the mental well-being and social support perceptions of nurses are not at the desired level. It is seen that there is a significant relationship between the mental well-being of nurses and their perception of social support. Considering that social support is an important factor in protecting mental health, establishing support systems at both institutional and national levels to strengthen social support networks is necessary. By increasing the number of nurses in clinics, it can be ensured that nurses spend more time for themselves. They will also have more time to communicate more with their families, friends, and colleagues.

Most of the nurses work with patients with COVID-19. Therefore, adopting measures to reduce intense working conditions and COVID-19 exposure during effective service provision will positively affect mental health. In addition, effective pandemic management and case control practices will support employees in protecting their psychosocial health.

Considering that there is a relationship between the mental well-being and social support perceptions of nurses, studies should be conducted covering all health care professionals.

### 6 | IMPLICATIONS FOR NURSING PRACTICE

The results obtained from this study reveal the current situation of nurses during the pandemic process. For this reason, it is important to provide counseling services to strengthen the mental well-being and social support status of nurses during nursing practices. In addition,
qualitative studies can be recommended to determine the factors that affect nurses’ mental well-being and social support. The results obtained from these qualitative studies will help nurses to plan interventional nursing studies for the development of mental well-being and social support networks.

7 | LIMITATIONS OF THE STUDY

The results of this study are limited to the nurses who worked in the hospital at the time of the study and agreed to participate in the study. These results can only be generalized to the nurses in the hospital where the study was conducted.

CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

DATA AVAILABILITY STATEMENT

Statement regarding the data availability statement: research data are not shared.

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