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Factors affecting work-life balance and psychological resilience levels of nurses working in internal clinics during COVID-19

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ABSTRACT

Introduction and aim. COVID-19 intensity has affected both the psychology of the nurses and the balance established between their work and social lives. In this study, it was aimed to examine the work-life balance and psychological resilience levels of nurses.

Material and methods. Four Hundred and seventy two nurses, working in various hospitals and internal units in Turkey, voluntarily participated in the study. Data was collected online using the Work-Life Balance Scale, Brief Psychological Resilience Scale, and the Personal Information Form.

Results. The sub-dimensions of the work-life balance scale include allocation of time for yourself ($\beta=1.892$; $p<0.001$), life merely being based on work ($\beta=-0.513$; $p<0.05$) and work-life balance; affect the psychological resilience score ($\beta=-0.364$; $p<0.05$). Based on this, devoting time for yourself has a positive effect on psychological resilience, while others have a negative effect. The total score of the nurses on work-life balance is 51.51 ± 7.22 and their psychological resilience score is 15.27 ± 3.93 .

Conclusion. Psychological resilience is affected by educational status, marital status, having children, and working schedule; work-life balance is affected by educational status, marital status, having children, income levels, and working schedule; while work-life balance sub-dimensions are affected by education, marital status, having children, income levels, place of work and working schedule. Both work-life balance and its sub-dimensions affect the psychological resilience of nurses.

Keywords. COVID-19, nursing, psychological resilience, work-life balance

Introduction

Establishing a balance between the work-life and private life of working individuals has an important effect on both their satisfaction and happiness. Because this situation affects not only the employee but also the family and therefore the whole society.¹ Work-life balance, which can be defined in different ways; is a term that explains the balance between both self-time with family, the activities in social life such as hobbies and arts; and the activities in business life.² Psychological resilience is

explained as “psychological strengthening” or “self-recovery strength”.³ According to this, if the individual can find a balance between his work and social life, they will have managed to have a work-life balance.²

COVID-19 only started as pneumonia but then continued as a pandemic.⁴ It was thought that it would be sufficient to take standard measures in social life to prevent infection to end the pandemic.⁵ However, the epidemic has progressed rapidly with each passing day and this process has increased the workload of nurses. In addition to

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the increase in patient density in the hospitals; the closure of some clinics in the hospital and the opening of new and different clinics, insufficient number of personnel,⁶ and working overtime negatively affected the work-life balance of nurses.⁷ The psychological resilience of nurses whose work-life balance is disrupted has also started to deteriorate.^{8,9} It was stated that during the COVID-19 process, patients were frequently hospitalized in internal clinics due to respiratory problems, and nurses, especially young and inexperienced ones, were the most affected group, and their stress and anxiety levels were higher.¹⁰ COVID-19 patients frequently received inpatient treatment in internal clinics and internal intensive care units. For this reason, it is important to evaluate the conditions of the nurses working in the clinics in question.

Aim

In this study, it is aimed to determine the factors affecting the work-life balance and psychological endurance levels of nurses working in internal clinics.

The research questions prepared for this purpose are given below: Is there a difference in psychological resilience according to the workplace, working hours, and sociodemographic characteristics? Is there a difference in work-life balance and sub-dimensions according to the workplace, working hours, and sociodemographic characteristics? Does work-life balance and sub-dimensions affect their psychological resilience?

Material and methods

Type of research and sample and tools

It is descriptive and relational research.¹¹ Power analysis was done with the G power package program. It was determined that the sample should be at least 310 people with 0.5 alpha margin of error, 95% power and 0.42 effect size, and 472 people formed the sample. Personal information form, work-life balance scale (WLBS) and brief psychological resilience scale (BPRS) were used.

Personal information form

The form was prepared by the researchers based on the literature.^{6,9,12-14} In the information form; there are 17 questions about demographic variables such as information about the unit and working hours, gender, age, income status, number of children.

Work-life balance scale

The scale was developed by Apaydın, and it is a five-point Likert scale consisting of 20 items. The 6th, 7th, 8th, 9th, 17th, and 19th items constitute the work-life compatibility sub-dimension of the scale. The 1st, 2nd, 4th, 5th, 10th, and 11th items constitute the neglect of life sub-dimension of the scale. The 12th, 13th, 18th, and 20th items constitute the sub-dimension of self-time allocation of the scale. The 3rd, 14th, 15th, and 16th items

constitute the life consisting of work sub-dimension of the scale. The total internal consistency Cronbach Alpha coefficient of the scale is 0.91, and it is specified in the order in the sub-dimensions as 0.88; 0.81; 0.77; 0.79. The scale does not have a cut-off score, the total score ranges between 20 and 100. On the scale, an increase in work-life compatibility and self-time allocation scores creates a positive perception, while an increase in scores in other dimensions indicates negativity.¹⁵

Brief psychological resilience scale (BPRS)

The scale was developed by Smith et al. and its validity and reliability in Turkish was carried out by Doğan.¹⁶ It is a five-point Likert scale with six items based on self-report. Items two, four, and six are coded in reverse, and high scores from the scale indicate that individuals perceive themselves as psychologically sound. Scale total score ranges between 6-30. The Cronbach Alpha coefficient of the scale is 0.83.¹⁷

Research variables

Continuous variables

Work-life balance scale score, brief psychological resilience scale score, age, and professional experience, weekly/monthly working hours, total working time.

Categorical variables

Categorical variables involve questions about sociodemographic characteristics, the work unit, and the state of thinking about resigning.

Universe and sampling

The universe of the research was created by nurses working in Turkey. The sample was prepared using the data of a similar study. In the study in question, it was explained that there is a difference between the psychological deficiencies of those who have to leave the house during the pandemic and those who do not have to leave the house (who have to leave the house: 285.03, who do not have to leave: 237.47, χ^2 : 6.232, p :0.044).¹² Power analysis was performed in the G-power 3.1.9.4. package using the data of this study; the error margin of 0.05 alpha, the number of people who need to be reached with 85% power was determined as 436. The study was completed with 471 people. The posthoc power of the study is 0.88.

The study included individuals working in internal clinics as nurses, continuing to work during the COVID 19 process, accessible online, and *excluded* nurses working in another country other than Turkey.

Collection of data

Data were collected between March 2021 and June 2021. The surveys were prepared online. In order to ensure the reliability of the data, the surveys were organized

in such a way that each participant answered only once. The questionnaires that were arranged were filled out online for 20 people before the application and the necessary arrangements were made. These 20 people were not included in the study. The prepared questionnaires were transmitted to the nurses online both individually and through nurses' associations.

Ethics approval

For research; Research permission was obtained from the Ministry of Health Scientific Research Platform (2021-02-17T20_50_25), Necmettin Erbakan University Health Sciences Scientific Research Ethics Committee (03.03.2021, Decision Number: 06). Permission to use was obtained from the scale owners and written consent was obtained from the participants. The study has loyally been carried out to the Declaration of Helsinki. It is prepared, implemented, and reported by the Observational Research Reporting Criteria (STROBE).¹⁸

Structural equation modelling

In order to test the hypotheses of the study, the structural equation modelling, created between the sub-dimensions of the WLB scale such as work-life compatibility (WLC), neglecting life (NL), self-time allocation (STA), life-based on work (LBW), and BPRS, is shown in Figure 1.

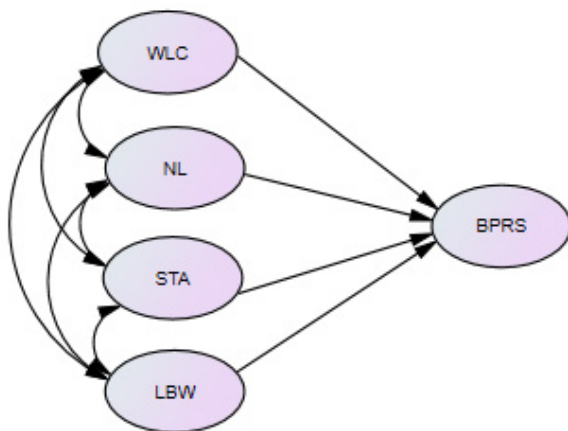


Fig. 1. Structural equation modelling

Statistical analysis

Statistics were made by using the Statistical Package for Social Sciences (SPSS, IBM, v. 22, Armonk, NY, USA) and SPSS AMOS 22 program. For the normal distribution of data; the Kolmogorov-Smirnov test and Levene test results were examined, and it was observed that WLBS and its sub-dimensions and BPRS scores were not normally distributed. For this reason, Mann-Whitney U Test was used for two independent groups from non-parametric tests for analysis. Spearman Correlation coefficient was calculated for the relationship between scores and values. Single-factor confirmatory

factor analysis (CFA) and structural equation modelling (SEM) were performed for the used scales (Fig. 1). All results were evaluated at a significance level of 0.05.

Results

To test the validity of the used scales with the SPSS AMOS 22 program; first-order multifactorial confirmatory factor analysis was performed for WLBS and a single-factor confirmatory factor analysis was performed for the BPRS (Table 1).

Table 1. Factor loads of scales and Cronbach-alpha coefficients^a

Questions	Factor loads			Cronbach Alpha reliability coefficient
	Binding loads	p	Item reliability	
Work-life compatibility				0.816
I can strike a balance between my work and my personal life.	0.843	–	0.768	
I think that I distribute my time in 4 ways, both in my business and personal life.	0.794	***	0.746	
I can do all my work by planning my life in 2.	0.784	***	0.772	
I do activities that I enjoy in my work and private life.	0.720	***	0.815	
I decide what my priorities are in my business life and act accordingly.	0.648	***	0.795	
Neglecting other life activities				0.775
I can't even find time for simple things in the day	0.744	–	0.725	
Although I think my life reflects the ideal lifestyle, I live with the thought that I am missing something.	0.735	***	0.732	
I cannot keep up with the intensity of my work.	0.729	***	0.730	
I see myself as someone who just knows how to work, but doesn't live the rest of life.	0.725	***	0.738	
Because I try to do a lot of work at the same time, I sacrifice basic life activities such as sleep, regular nutrition, and movement.	0.702	***	0.743	
Allocation of Self-Time				0.713
Tensions arising from my job affect my private life negatively.	0.786	–	0.616	
On an ordinary day, I make unhealthy decisions about what jobs to put my time and energy into.	0.785	***	0.615	
"If I had to do things that would make me happy, maybe I would be happier".	0.784	***	0.618	
I am having difficulties in my job because I do not compromise my personal life.	0.563	***	0.735	
A life merely being based on work				0.715
I often leave work late.	0.813	–	0.650	
I continue to work non-stop at the weekends.	0.801	***	0.598	
I miss non-work activities because of the time I spend on my job.	0.780	***	0.622	
Brief Psychological Resilience				0.822
I can do all my work by planning my life.	0.845	–	0.776	
I think I'm watching life from behind.	0.812	***	0.146	
I see myself as someone who just knows how to work, but doesn't live the rest of life.	0.766	***	0.147	
I can't even find time for simple things in the day	0.747	***	0.191	
Because I try to do a lot of work at the same time, I sacrifice basic life activities such as sleep, regular nutrition, and movement.	0.649	***	0.275	

^a *** – p < 0.001

From Work-Life Balance Scale (WLBS); 3, 4, and 9. questions, from Brief Psychological Resilience Scale (BPRS) 3. questions were removed without verification, since the fit values ($X^2/df = 3.038$, $GFI=0.923$, $CFI=0.954$, $RMSEA=0.066$) produced by the measurement models were within acceptable limits, the structures of the scales used in the study were confirmed.

Since the model fit values ($X^{2nd}/df=2,804$, $GFI=0.902$, $CFI=0.953$, $RMSEA=0.062$) were within acceptable limits are shown in Table 2. No statistically significant effect was found between variables in the relationship between BPRS and work-life compatibility and neglect of life ($p>0.05$). The self-time allocation ($\beta=1.892$; $p<0.001$), life merely being based on work ($\beta=-0.513$; $p<0.05$) and work-life balance affect the brief psychological resilience score ($\beta=-0.364$; $p<0.05$). When the self-time allocation score increases by one unit, the BPRS score increases by 1.892 units. However, life-based on work and work-life balance affect BPRS negatively. Accordingly, when the score of life-based on work increases one unit, the BPRS score decreases by 0.513 units.

Table 2. Structural equation modelling coefficients^a

Model	Coefficients (β)	S.E.	p	Confidence intervals for 95%
Work-life compatibility – Brief Psychological Resilience	0.022	0.106	0.834	(-0.172, 0.156)
Neglecting life activities – Brief Psychological Resilience	-0.067	0.230	0.771	(-0.453, 0.319)
Self-Time Allocation – Brief Psychological Resilience	1.892	0.456	***	(1.126, 2.657)
Life-based on work – Brief Psychological Resilience	-0.513	0.171	*	(-0.800, 0.226)
Work-life balance – Brief Psychological Resilience	-0.364	0.023	***	(-0.544, -0.152)

^a *** – $p<0.001$; * – $p<0.05$

Information about scale scores is given in Table 3.

Table 3. Descriptive analyses for WLBS and BPRS Scores

Scale scores	Min	Max	Mean ± SD
Work-life compatibility	5	25	14.34±4.04
Neglecting other life activities	5	25	16.74±3.99
Self-harm	4	20	11.58±3.55
A life merely being based on work	3	15	8.86±2.96
Total WLBS	32	80	51.51±7.22
Total BPRS	5	25	15.27±3.93

Descriptive data are given in Table 4.

Spearman correlation analysis was applied to the variables. In evaluations; There is a negatively “weak” relationship between, “Neglect of life” (-0.564), “self-harm” (-0.514) and the “work-life compatibility” sub-dimen-

sion, there is a “very weak” relationship between “A life merely being based on work” (-0.430), the total of WLBS (-0.232), and the “work-life compatibility” sub-dimension”, There is a positively “weak” relationship between the BPRS (0.423) and the “work-life compatibility” sub-dimension. There is a positively weak relationship between, “Self-harm” (0.586) and “life merely

Table 4. Analysis of the differences between sociodemographic characteristics and the scales of WLBS and BPR*

Sociodemographic Characteristics		n	p	p	p	p	p	p
			Work-life compatibility	Neglecting other life activities	Self-harm	A life merely being based on work	Total WLBS	BPRS
Educational Status	High School	94						
	University	321	4.664 ^a	7.139 ^a	12.299 ^a	6.372 ^a	8.783 ^a	16.637 ^a
	Postgraduate	56	0.097 ^a	0.028 ^a	0.002 ^a	0.041 ^a	0.012 ^a	0.000 ^a
Marital Status	Single	180						
	Married	278	5.574 ^a	4.205 ^a	8.788 ^a	9.662 ^a	6.375 ^a	9.981 ^a
	Other	13	0.062 ^a	0.122 ^a	0.012 ^a	0.008 ^a	0.041 ^a	0.007 ^a
Having children	Yes	271	-1.633 ^b	-0.320 ^b	-2.725 ^b	-4.563 ^b	-2.365 ^b	-2.899 ^b
	No	200	0.102 ^b	0.749 ^b	0.006 ^b	0.000 ^b	0.018 ^b	0.004 ^b
Income status	Income is more than expenses	61						
	Income is equivalent to expenses	229	6.780 ^a	11.765 ^a	3.765 ^a	8.112 ^a	7.882 ^a	0.395 ^a
	Income is less than expenses	181	0.034 ^a	0.003 ^a	0.152 ^a	0.017 ^a	0.019 ^a	0.821 ^a
Working Unit	Adult internal clinics	224						
	Pediatrics internal clinics	24						
	Intensive care	167	5.223 ^a	3.018 ^a	5.213 ^a	10.919 ^a	3.891 ^a	3.284 ^a
	Emergency Department	56	0.156 ^a	0.389 ^a	0.157 ^a	0.012 ^a	0.273 ^a	0.350 ^a
Requesting Flexible Work	Yes	406	-3.064 ^b	-4.031 ^b	-6.093 ^b	-4.538 ^b	-4.991 ^b	-6.046 ^b
	No	65	0.002 ^b	0.000 ^b	0.000 ^b	0.000 ^b	0.000 ^b	0.000 ^b

* a – test statistics and p-value according to the result of the Kruskal-Wallis test; b – test statistics and p-value according to the Mann-Whitney U test result

being based on work” (0.574) and the “neglecting life” sub-dimension, there is a negatively very weak relationship between WLBS (-0.373) and the “neglecting life” sub-dimension, there is a positively medium relationship between WLBS (0.759) and the “neglecting life” sub-dimension. There is a positively weak relationship between, “Life merely based on work” (0.577), WLBS (0.556) and the “self-harm” sub-dimension, there is a positively medium relationship between the total WLBS (0.768) and the “self-harm” sub-dimension. There is a

negatively “very weak” relationship between, WLBS (-0.266) and the “Life merely based on work” sub-dimension, there is a positively medium relationship between total WLBS (0.772) and the “Life merely based on work” sub-dimension, On the other hand, a negative and weak relationship (-0.352) was found between total BPRS and total WLBS (Table 5).

Table 5. The relationship analyses between WLBS together with its sub-dimensions and BPRS scores^a

		Work-life compatibility	Neglecting other life activities	Self-harm	A life merely being based on work	BPRS	Total WLBS
Work-life compatibility	Correlation	1.000					
Neglecting other life activities	Correlation	-0.564**	1.000				
Self-harm	Correlation	-0.514**	0.586**	1.000			
A life merely being based on work	Correlation	-0.430**	0.574**	0.577**	1.000		
BPRS	Correlation	0.423**	-0.373**	0.556**	-0.266**	1.000	
Total WLBS	Correlation	-0.232**	0.759**	0.768**	0.772**	-0.352**	1.000

^a*** – Spearman correlation analysis

Discussion

In this study, the work life balance of nurses is affected by their educational status, marital status, childbearing, income status and the working hours they work. It was found that their psychological stability was affected by educational status, marital status, having children and the working hours they worked. The work-life balance of nurses affects their psychological well-being. The results were discussed in the literature. Participants in this study are all women, mostly young adults, married and have children, and their income is equivalent to their expenses. Considering the studies conducted both in Turkey and other countries, it is seen that is mostly in the young adult age group, mostly women, and individuals who do not have income problems.^{9,12,19-21} The fact that all the participants are women may make us think that women value such academic studies more, and the fact that the majority of those who practice nursing are women may be another factor.²²

In this study, the average score of the nurses' work life balance scale was just above the average. It was found that the group had the highest average score in the “neglecting life” sub-dimension. It is similar in the study of Yayla and Eskici.²³ One of the factors that negatively affects the work life balance is the working order. Working more than 40 hours a week, keeping more night shifts, not being able to work with flexible overtime is an undesirable condition for work-life balance.⁷ Working at unusual times also negatively affects the work life balance of nurses.⁶ One study reported that married wom-

en have a higher work-life balance score.²⁴ Because the social support/family support offered to the working individual contributes to the achievement of work-life balance.⁶ Especially in married and working women, spousal support positively affects a woman's work life balance.²⁵ The problems experienced by nurses related to their work affect their lives.²⁶ One of the problems experienced is domestic conflicts. It has been explained that these conflicts have reasons such as shift work, increased workload, etc.²⁰ In this study, it was seen that the work life balance scores of those who were single were higher and those who had children were lower. It can be said that those who have children from Turkish nurses are married and their spouses do not offer adequate support, nurses are trying to continue their lives without neglecting life despite everything.

Working with patients whose general condition is not good causes nurses to show depressive symptoms.⁹ In a study conducted with nurses working in a pulmonology clinic during the COVID-19 process, it was explained that nurses at a young age and with little professional experience had higher anxiety and depression scores during this process.¹⁰ A higher psychological well-being score was reported for those who worked in internal clinics. However, the score is lower in those who work in intensive care.²³ During the COVID-19 process, patients were generally treated as inpatients in internal clinics and those whose condition deteriorated in intensive care units. The fact that nurses work with patients whose general condition is not good and who need constant follow-up and treatment may have negatively affected their psychological well-being.

Psychological well-being increases as the level of education increases and it has been determined that it is better for married people than singles.²³ It is explained that the nurses who continue to work at home and whose income level is not good and in poor health, are feeling more depressed, and their concerns about COVID-19 infection are higher, both for themselves and their family members.⁹ Individuals' anxiety negatively affects their psychological resilience. Economic anxiety seems to decrease psychological resilience while increasing anxiety scores in women.¹² Increasing education level also positively affects psychological resilience.²⁷ In this study, the BPRS score is found to be higher for those who are married, have children, and want to work flexibly, and lower for those with postgraduate education. The fact that all the participants here are women and that they work intensively both at home and in the hospital can be an important factor affecting their psychological resilience.

While nurses' work affects their family lives, their family lives also affect their psychological resilience. The pandemic process increases the stress of nurses and stress will magnify existing problems.^{6,28} It is emphasized that unresolved problems will lead nurses to

resign.²⁹ Nurses, it is stated that they wanted to resign due to workload and responsibilities.³⁰ While half of the nurses do not intend to resign, the other half considers it, but most of them want to work flexible shift.^{7,31} It is stated that working with flexible working hours is an important predictor of the quality of work life of nurses, it is difficult for them to keep their work and family lives in balance, and flexible working hours can be an alternative to facilitate this.^{7,31} In this study, nurses likely wanted to work flexibly to fulfil their family roles because they were all women, married, and had children. It is a problem that a nurse's life is based only on work, they have no social life, and their psychological resilience is negative. However, the effective execution of a nurse's job is closely related to their psychological resilience.³² This study found that psychological resilience and work-life balance affect each other in different sub-dimensions.

Conclusion

As a result, the psychological resilience of nurses is affected by education status, marital status, having children, and working order. Nurses' work-life balance is affected by education status, marital status, having children, income status, and working order. Work-life balance sub-dimensions are affected by education, marital status, having children, income level, place of work, and working order. Both work-life balance and its sub-dimensions affect the psychological resilience of nurses. In institutions, it can be suggested to determine the factors that negatively affect nurses' work-life balance and psychological resilience, ensuring adequate social support and establish a supportive institutional culture.

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Declarations

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Author contributions

Conceptualization, T.K.A. and R.B.; Methodology, R.B.; Software, T.K.A.; Validation, T.K.A., R.B. and Y.A.; Formal Analysis, Y.A.; Investigation, T.K.A.; Resources, T.K.A., R.B. and Y.A.; Data Curation, T.K.A.; Writing - Original Draft Preparation, T.K.A. and R.B.; Writing - Review and Editing, T.K.A., R.B. and Y.A.; Visualization, T.K.A.; Supervision, R.B.; Project Administration, T.K.A. and R.B.; Funding Acquisition, T.K.A., R.B. and Y.A.

Conflicts of interest

There is no conflict of interest between the authors.

Data availability

Data available on request from the authors.

Ethics approval

Ethical approval and informed consent were obtained (2021-02-17T20_50_25 and 03.03.2021, Decision Number: 06).

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