

**PERCEIVED SOCIAL SUPPORT AND QUALITY OF LIFE AMONG NURSES  
DURING COVID 19 PANDEMIC**

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Master of Science in Psychology

By

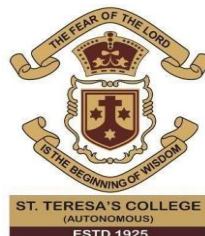
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## **CHAPTER 1: INTRODUCTION**

Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment. However, some will become seriously ill and require medical attention. Older people and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, or cancer are more likely to develop serious illness. Anyone can get sick with COVID-19 and become seriously ill or die at any age. It was first detected in Wuhan, China in late 2019, and it has since spread globally. The rapid spread of the virus transmitted primarily by human to human contact drove the World Health Organization to classify it as a pandemic in March 2020.

Due to the mode of transmission or spread of the virus various countermeasures has been taken to prevent the spread of infection. Social distancing has been done to minimize the spread of virus as in most of the cases the transmission or spread of the virus was from unknown sources. Quarantine was taken to safeguard people against the virus and the infected patients were isolated to limit the spreading of virus. The lockdown , quarantine, isolation has affected people to a great extend especially the mental health. Social functioning were also affected. The healthcare workers were affected as they were more in risk for being infected as they were in contact with infected patients, especially nurses. The virus infection has caused unusual tendency to arouse fear among people.

Now new variation of corona virus has emerged known as Omicron. The Omicron variant is a variant of SARS-CoV-2 (the virus that causes COVID-19) that was first reported to the World Health Organization (WHO) from South Africa on 24 November 2021. Omicron multiplies around 70 times faster than the Delta variant in the bronchi (lung airways) but evidence suggests it is less severe than previous strains, especially compared to the Delta variant. Omicron might be less able to penetrate deep lung tissue. Omicron infections are 91 percent less fatal than the delta variant, with 51 percent less risk of hospitalization. Overall,

the extremely high rate of spread, combined with its ability to evade both double vaccination and the body's immune system, means the total number of patients requiring hospital care at any given time is still of great concern.

The WHO is concerned that a large number of mutations may reduce immunity in people who were previously infected and in vaccinated people. It is also possible the Omicron variant might be more infective in this regard than prior variants. The effects of the mutations, if any, are unknown as of late november 2021. The WHO warns that health services could be overwhelmed especially in nations with low vaccination rates where mortality and morbidity rates are likely to be much higher, and urges all nations to increase COVID-19 vaccinations. Many of the mutations to the spike protein are present in other variants of concern and are related to increased infectivity and antibody evasion. It was not known in November 2021 how the variant would spread in populations with high levels of immunity. It was also not known if the Omicron variant causes a milder or more severe COVID-19 infection.

Nurses plays an important role and have responsibilities during covid 19 pandemic along with other medical field and healthcare workers. They are in front line to take care of patients and they make sure it irrespective of their condition. When a global pandemic arises a strong nursing staff is required and they work over time to take care of the patients and have to stay away from their families. They have actively involved in stopping and reducing the spread of covid 19.

Nurses should be given a positive work place and the support they deserve. Due to the pandemic many of them who were staying in hostels and away from home has faced a very hard time as they were thrown out of hostels and was not given places to stay because people feared that they would spread the infectious disease. They are the warriors who are risking

their lives to keep others safe and helping patients to face the situation. Perceived social support refers to how individuals perceive friends, family members and others as sources available to provide material, psychological and overall support during times of need.

The covid 19 pandemic has isolated nurses from support providers. Due to the stressful situations the mental health of the nurses are in danger and its affects their family life especially the married nurses. Social support is crucial protective factor that help nurses to face the situation. Having friends , family members with nurses when a crisis like covid 19 pandemic arises makes them to focus on their job and a positive , relived outlook to the condition. When they get the perceived social support from their loved ones they can also take care of the patients well as the positive outlook increases their work efficiency. Social support can also causes a great impact on the quality of life too.

Quality of life is the degree to which an individual is healthy, comfortable and able to participate in or enjoy life events. It may also be defined as having ability to live a good life in terms of emotional and physical well-being. Work life can affect quality of life as it is an important part of daily life. Low perceived social support in work life can affect his or her quality of life. Despite of exposed to numerous risk factors during covid-19 time the social support provided to nurses can increase their quality of life. The benefits of social support in terms of positive effects on health and happiness of individuals have a long gained acceptance, perceived social support in particular affects individual to a greater extent by improving their physical and psychological health. The most important function of social support is that it serves as a buffer by reducing or balancing the psychological harms caused by stressful life events and the on going challenges of life. So it is necessary to protect and support nurses physically as well as socially and psychologically to take care of the patients and themselves and prevent them from infecting themselves and other patients and increase their quality of life. These aspects help in improving and increasing healthcare service.

In a research conducted in Malaysia, perceived inadequacy of social support received at work, suffering from some medical illnesses even with covid-19, long working hours without leave, and direct involvement with covid-19 patients lead to frequent exposure significantly predicted higher odds of burnout among healthcare workers in this country during the covid-19 pandemic. Higher levels of burnout are associated with lower general quality of life and psychological quality of life among healthcare workers especially in nurses and who are married and having kids. Lack of perceived social support from friends, family and from the organization or hospital they are working in can affect their quality of life.

In case of married and unmarried nurses the married nurses have to face more difficulties during covid-19 pandemic. As the married nurses and the ones who have kids have more responsibilities as compared to unmarried nurses. Marriage is a commitment and the marital adjustment plays a crucial role for the overall well-being of the family. Nurses have to take care of the family members and look after the needful. The occupation of the partner is of great importance and has a significant importance on marital adjustment. Nursing is a kind of profession in which one should take care of the patients and they must do the job with dedication and with compassion. They must make sure that all the needs of the patients are met, medicines should be given on time for all the patients, regular monitoring is required and nurses should be there if there any emergencies has occurred.

Nursing is a job with lot of complexities and it should be done with at most care, even a minor mistake can cause great risk and even it can harm patients. The increased complexity and ever changing nature of this profession have made sweeping changes. It has a fluctuating work schedules, this job is of high demands, night shifts, long hours of work, low payment can cause problems for married nurses. It can affect the quality of life of the married nurses.

If they are not getting the perceived social support which they needed the most for the well-being of married life it causes low quality of life. The management of the hospital that they are working if make them work for long hours without any leave and salary it causes difficulties to do the job with dedication.

During the time of covid-19 pandemic the nurses who were working with infected covid patients and became positive had to face more consequences. Due to high number of patients infected with virus and low number of nursing faculties to look after the patients made the nurses who are infected with covid-19 virus to work in hospitals. Working and taking care of infected patients even after being tested positive for covid-19 has made the life even difficult for the nurses. Some of them were thrown out of the houses where they were staying as paying guests and in hostels. Married nurses had to stay away from their family and kids and was not able to do the responsibilities at home. Working for hours without any break and salary and being infected by virus puts them into more trouble due to the lack of social support from the organisation they work.

Due to the arrival of Covid virus variant Omicron and it's faster spread makes the life of nurses more difficult as they had to work more due to the increase in number of patients. Nurses had to rush and take care of every patients and medicines should be given on time and arrange ventilators and other necessary items. They are working over time to take care of all the patients in hospital without bothering their own health. They have to sacrifice their life, loved ones and families, married nurses especially.

Even though numerous studies has been done or conducted on the medical aspects of the covid-19 pandemic, only a few studies have focused on the perceived social support and quality of life among married and unmarried nurses during covid-19 pandemic even after nurses deals with infected patient care directly and are the bedrock of healthcare community.

Therefore, this study is conducted to identify the relationship between the perceived social support and quality of life among married and unmarried nurses during covid-19 pandemic.

### **Need and significance of study**

This study helps to identify the rate of perceived social support and quality of life among married and unmarried nurses during covid 19 pandemic. Through this study we can find out how does the perceived social support received by the nurses affects their quality of life and it's relation. This study also helps everyone to understand the struggles undergone by the nurses during such a difficult situation, especially the married nurses. There were many attacks against healthcare workers during the pandemic for isolating the infected from preventing the spread of virus. This study bring an impact to the lives of nurses by making everyone realise that nurses struggles a lot by working overtime without payment and even being inflected for our loved ones as well as for us so that we ought to respect them and follow the rules and restrictions given by government and doctors for the safety of ourselves. This study will change the perspective of how we value nurses especially it is the starting of fourth wave of covid 19. This study uses perceived social support and quality of life because this two variables helps to understand how much support they received and how did it effect their quality of life during the time of covid 19 pandemic. Perceived social support is important for the healthcare workers especially nurses because during a situation like pandemic especially when it is an unknown virus or diseases they need the support of everyone if they do not receive the support they expected it can affect their quality of life which leads affects their working conditions, unable to concentrate on their work. Nursing is a noble profession where they need compassion towards their work and it should be taken care of patients as they are dealing with the life of people. So this study helps us to measure



perceived social support and quality of life among married and unmarried nurses during covid 19 pandemic.

## **CHAPTER 2: REVIEW OF LITERATURE**

Yu, Hung, Wu, Tsai, Wang, Lin (2008) conducted a cross-sectional research to explore the Quality of life and job satisfaction and their inter-relationships among nurses. Participants were 1,020 nurses who had worked for over six months at seven hospitals in Yunlin and Chiayi counties. Nine hundred and eleven questionnaires were returned, with a response rate of 89.3%. The questionnaire comprised three parts: demographic characteristics and work environment, quality of life, and job satisfaction. The Cronbach's alphas were 0.87- 0.94. Data were analyzed by SPSS/PC 13.0. The results showed that factors affecting job satisfaction were support from managers, number of patients cared for during day time, health status, stress from changing units, religion, work stress, and working unit's suitability to one's interests ( $R(2) = 53.5\%$ ). Factors affecting quality of life were job satisfaction, happiness of life, health status, work stress, and age ( $R(2) = 51.0\%$ ). There was a positive correlation between job satisfaction and quality of life. Study concluded that nursing managers should create better work environments to improve nurses' job satisfaction and facilitate their retention in the nursing profession.

Lee (2004) identified correlations between fatigue and quality of life among clinical nurses in Korea. A sample of 294 nurses working in 3 general hospitals answered a questionnaire containing Yoshitake's fatigue scale (1979) and WHOQOLBREF. Data were analyzed using t-test, ANOVA and Pearson correlation coefficients. The SPSS 11.0 version was used for analysis. The score for level of fatigue was 2.11 (52.7%) and quality of life, 2.89 (57.8%).

The level of fatigue was highest in the physical domain followed by psychological and nervous-sensual domain in that order. There were statistically significant differences in scores of fatigue depending on the nurse's age, marital status, career, position, health status and present illness. Quality of life had the highest score in the social domain followed by physical, psychological, and environmental domain. There were statistically significant differences in scores on quality of life depending on nurse's age, marital status, career, position, health status and present illness. The relationship between fatigue and quality of life revealed a significant negative correlation. Based on this study, nursing administrators need to reduce the level of nurse fatigue by providing various programs, which improve quality of life.

Somgiat, Oumtanee (2007) studied Quality of working life of professional nurses and the relationship between variables such as job characteristics, perceived organizational support, and head nurses-staff nurses relationship. The sample consisted of 250 professional nurses working in Police General Hospital, Bangkok, Thailand, who were selected by stratified random sampling technique. Statistical methods used to analyze the data were mean, standard deviation, Pearson's product moment correlation coefficient, and stepwise multiple regression analysis. The results of the study revealed that the overall quality of working life of professional nurses at Police General Hospital was at the moderate level. Variables predicting quality of working life of professional nurses at  $p = 0.05$  were, perceived organizational support and head nurses- staff nurses relationship. These predictors accounted for 49.7 percent of the variance ( $R^2 = 49.7$ ). These findings indicated that the factors, perceived organizational support and head nurses- staff nurses relationship, have effect on the quality of working life of professional nurses so that the nursing administrators should support and create good relationship with their staff nurses in order that they will improve their work qualitatively and effectively.

Hsu, George (2006) carried out a descriptive study with a convenience sample to determine Quality of working life of nurses in Taiwan. A total of 16 focus groups in one medical centre and five regional hospitals informed a quality of working life framework. Each group had three to five participants who were Registered Nurses in medical or surgical wards with at least two years nursing experience, and held a position below assistant nurse manager. A total of 56 nurses' quality of working life categories were identified and fitted into six dimensions: socio-economic relevance, demography, organizational aspects, work aspects, human relation aspects and selfactualization. The issues emphasized by focus group participants were managing shift work within the demands of family life; accommodation; support resources; and nurses' clinical ladder system and salary system. Further research is needed with other groups of nurses in a wider variety of settings in order to examine strengths and weaknesses in the total healthcare work environment and to develop appropriate strategies for nurses' quality of working life.

Alfaia dos Santos, Beresin (2009) conducted a cross-sectional study to evaluate the quality of life of operating room nurses and to collect their opinions as to the influence their professional activity exerts on their quality of life. This was carried out on a sample of 24 nurses of a large private hospital in the city of Sao Paulo. Two questionnaires were applied; one was designed by the researchers, and the other was the Quality of Life Questionnaire (WHOQOL-BREF). As to quality of life, the environment domain obtained the highest score, while the psychological domain obtained the lowest. When asked if their professional activity in the operating room influenced their quality of life, most responded affirmatively. Regarding the justifications offered by the nurses for the influence of their professional activity on their quality of life, 50% mentioned environment-related stress, responsibilities, duties, risk situations, relationships with the multiprofessional team, and the type of work carried out in the operating room. The psychological domain obtained the lowest score in the

nurse quality of life evaluation, pointing out the need to facilitate and/or encourage nurses to seek psychological support. As to the influence of their professional activity on their quality of life, the nurses mentioned stress related to their work environment and professional activities in the operating room. This highlights the importance of managers in this area, paying greater attention to the individual and collective needs of their employees.

Tülay Kılınç RN, MSc, Aslı Sis Çelik RN(2020) conducted a cross-sectional study on Relationship between the social support and psychological resilience levels perceived by nurses during the COVID-19 pandemic. The study comprised the Descriptive Properties Form, the Multidimensional Perceived Social Support Scale, and the Connor–Davidson Resilience Scale were used to collect the data from 720 nurses working at a university hospital in an eastern province in Turkey. It was found that the total average MSPSS score of the nurses included in the study was  $67.33 \pm 11.00$ , and the total average CD-RISC score was  $64.28 \pm 15.99$ . A positive directional significant relationship was observed between the social support perceived by the nurses and their level of psychological resilience; the latter increased as the social support perceived by them increased. Moreover, both age and the economic condition of the nurses affected their perceived social support and psychological resilience levels, while the term of employment and work shift only affected their psychological resilience level. The nature of duties performed by the nurses during the study period was not found to affect either their perceived social support or psychological resilience levels.

Yinmei Yang MD, Peigang Wang, Mohammedhamid Osman Kelifa, Bo Wang PhD, Mingxiu Liu MD, Lili Lu MD and Wei Wang PhD(2020) conducted a study on How workplace violence correlates turnover intention among Chinese health care workers in COVID-19 context: The mediating role of perceived social support and mental health. A cross-sectional survey was conducted among Chinese health care workers (N = 1,063)

between 13 and 20 February 2020. Mediation effects were tested using structural equation modelling with weighted least squares mean and variance adjusted (WLSMV) estimator. The study used 12-item perceived social support (PSS) scale, The Chinese Depression Anxiety Stress Scales-21 (DASS-21), Workplace violence was evaluated using a dichotomous variable (Yes or No), measured turnover intention with a single item (Yes or No). It was found that the workplace violence had both direct and indirect effects on turnover intention among Chinese health care workers. Specifically, perceived social support, mental health and perceived social support together with mental health partially mediated the relationship between workplace violence and turnover intention. Chinese health care workers experiencing violence during the COVID-19 outbreak were more likely to report turnover intention. Enhancing social support and reducing mental health problems would be beneficial in decreasing the detrimental effects of workplace violence on turnover intention.

Tianya Hou, Qianlan Yin, Yan Xu, Jia Gao, Lian Bin, Huifen Li, Wenpeng Cai, Ying Liu, Wei Dong, Guanghui Deng and Chunyan Ni(2021). the study was on The mediating role of perceived social support between resilience and anxiety 1 Year after the COVID-19 pandemic: disparity between high-risk and low-risk nurses in China. Connor-Davidson Resilience scale, Perceived Social Support Scale and Generalized Anxiety Disorder Scale were administrated to 701 nurses from Jiangsu Province, China, 1 year after the COVID-19 outbreak. The mediating effect was examined by Mackinnon's four-step procedure, while the moderated mediation model was tested by Hayes PROCESS macro. The findings presented the prevalence of anxiety among nurses was 21.4% 1 year after the COVID-19 pandemic. High-risk nurses presented a higher prevalence of anxiety (24.5 vs. 19.3%) than low-risk nurses. Age and professional title were significantly associated with anxiety only in high-risk nurses (all  $P < 0.05$ ). Perceived social support mediated the association between resilience and anxiety and the indirect effect was stronger for high-risk nurses than low-risk nurses.

Anxiety remains prevalent among nurses 1 year after the COVID-19 outbreak, and resilience plays a protective role against anxiety.

Anna E. Schierberl Scherr, Brian J. Ayotte, Marni B. Kellogg(2021) conducted study on Moderating roles of resilience and social support on psychiatric and practice outcomes in nurses working during the covid-19 pandemic. Nurses across the United States (N=312) were invited to participate in an online survey collecting data on demographics, resilience, social support, and screening measures of depression, PTSD, anxiety, and distracted practice. Data were analyzed using descriptive statistics and hierarchical regression for each outcome measure. findings support a growing body of research reporting that nurses are experiencing mental health sequelae during the COVID-19 pandemic, especially those providing direct care to patients with the virus. Found that compared to nurses who did not care for patients with COVID-19, those who did reported increased symptoms of PTSD, depression, and anxiety. Nurses providing direct COVID-19 care also experienced increased levels of distracted practice. Also found that resilience and social support acted as moderators of some of these relationships. Fostering resilience and social support may help buffer the effects of providing care to patients with COVID-19 and could potentially decrease nurse vulnerability to developing psychological symptoms and impairment on the job.

Hosseina Ebrahimi, Ezzatb Jafarjalal, Asgharc Lotfolahzadeh, Moghadam Kharghani Melika Seyedeh(2021) conducted a cross-sectional study on The effect of workload on nurses' quality of life with moderating perceived social support during the COVID-19 pandemic. This was a cross-sectional descriptive-analytic study. 336 nurses who worked in inpatient wards with COVID-19 patients were randomly selected and studied. NASA-TLX Workload Questionnaire, WHO Quality of Life Questionnaire and Multidimensional Social Support Perception Scale were used to data collection. Structural equation modelling in PLS software was used to modelling. The results showed that the average score of workload,

perceived social support and quality of life were  $80.87 \pm 20.17$ ,  $56.23 \pm 11.46$  and  $55.87 \pm 13.74$ , respectively. A significant inverse relationship was observed between workload and quality of life ( $P < 0.05$ ). Also, perceived social support had a moderator effect on relationship between workload and quality of life ( $P < 0.05$ ).

### **CHAPTER 3: METHODOLOGY**



### **3.1 Aim**

To find the perceived social support and quality of life among married and unmarried nurses during covid-19 pandemic.

### **3.2 Problem statement**

This study is to identify the perceived social support and quality of life among married and unmarried nurses during covid 19 pandemic. Perceived social support is important for the nurses to improve their quality of life. When they receive the support they perceived from others their quality of life increases and helps them to work efficiently because nursing is a noble profession and they are dealing with the life of people so they have to perform their duties with at most care and with compassion so to perform well they should have a good quality of life and they should receive the perceived social support from others.

### 3.3 Objectives

- ★ To evaluate the relationship between perceived social support and quality of life among married and unmarried nurses during covid-19 pandemic.
- ★ To assess the difference in perceived social support between married and unmarried nurses during covid-19 pandemic.
- ★ To assess the difference in Quality of life between married and unmarried nurses during covid 19 pandemic

### 3.4 Hypothesis

H1: There is a significant relationship between perceived social support and quality of life among married and unmarried nurses.

H2: There is no significant difference in perceived social support between married and unmarried nurses

H3: There is no significant difference in quality of life between married and unmarried nurses.

### 3.5 Operational definition

#### **Perceived social support**

It refers how individuals perceive friends, family and others as sources available to provide material, psychological and overall support during times of need. It has been consistently related to well-being as the perceived levels of support, love and care can provide positive experiences. It is the Independent variable in the study

#### **Quality of life**

It is defined as an individual's perception of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is the dependent variable in the study.

### **3.6 Sample**

The study takes 250 samples in which 126 samples were from married nurses and 124 samples from unmarried nurses.

#### **3.6.1 Population**

The population is done on nurses from India and abroad (3%).

#### **3.6.2 Sampling design**

The study uses snowball sampling method. Snowball Sampling (or chain sampling, chain-referral sampling, referral sampling) is a nonprobability sampling technique where existing study subjects recruit future subjects from among their acquaintances. Thus the sample group is said to grow like a rolling snowball. This is done by passing the questionnaires to the subject and they pass on other subjects under the criteria and it goes on.

#### **Inclusion criteria**

- ★ Married and unmarried nurses
- ★ Who can follow, read and write English language
- ★ Who has the access to social media like whatsapp, mail, instagram and facebook.
- ★ Who are mentally strong

#### **Exclusion criteria**

- ★ Who cannot reads,write and follow English language.

- ★ Who are not mentally sound.
- ★ Who has no social media access.

### 3.7 Tools

- ★ The research tools used are Multidimensional Scale of Perceived Social Support ~~Scale~~ (Zimet and Pahlem,1988). It is a 12 item questionnaire consist of sub scales like social support, family support and friends support. It is a seven-point Likert scale, with scores 1-7 being judged as “very strongly disagree” to “ very strong agree”. The scale shows higher reliability of 0.91 with a reliability of 0.94, 0.90, 0.95 for friends, family and significant others respectively. The subdimension scale score is obtained by adding the total points of the items in each subdimension, and the total score of the scale is obtained by summing the scores of all the items and finding the mean. A high total MSPSS score indicates high social support, whereas a low total score indicates that social support is either not perceived, is not adequate, or not provided at all. The Cronbach alpha value of the scale was calculated as 0.88. The scale has both construct and concurrent validity.
- ★ WHOQOL-BREF questionnaire is used to assess the quality of life, developed by WHO. It has six domains which are physical, psychological, level of independence, social relations, environmental and spiritual. It is a 26 item questionnaire. It is a five-point likert scale. Cronbach alpha values for each six domains ranged from 0.71 to .86. The study has discriminant validity.

### 3.8 Procedure

The sample size of this study is 250(125-married nurses and 125-unmarried nurses). the study was carried out relying on online self-reports under a snowball sampling technique with an attachment of consent form where each participant consented to participate in the survey

after reading the consent form. Two e-questionnaires are given to the participants which are Multi-dimensional Scale of Perceived Social Support(MSPSS) to measure perceived social support and Quality Of Life questionnaire by WHO(WHOQOL-BREF) to measure quality of life. The e-questionnaire is passed on to the participants and then scored accordingly to find ofthe perceived social support and quality of life among married and unmarried nurses and then it is analyzed.

### **3.9 Data analysis technique**

The responses of the subjects were analyzed using Statistical Package for Social Sciences (SPSS) and Excel sheet. Spearman's rho correlation test and Mann-Whitney U test were used.

A Spearman correlation coefficient is also referred to as Spearman rank correlation or Spearman's rho. Like all correlation coefficients, Spearman's rho measures the strength of association between two variables. As such, the Spearman correlation coefficient is similar to the Pearson correlation coefficient. All bivariate correlation analyses express the strength of association between two variables in a single value between -1 and +1. This value is called the correlation coefficient. A positive correlation coefficient indicates a positive relationship between the two variables (as values of one variable increase, values of the other variable also increase) while a negative correlation coefficient expresses a negative relationship (as values of one variable increase, values of the other variable decrease). A correlation coefficient of zero indicates that no relationship exists between the variables.

The Mann-Whitney U test is used to compare differences between two independent groups when the dependent variable is either ordinal or continuous, but not normally distributed. Unlike the independent-samples t-test, the Mann-Whitney U test allows you to draw different conclusions about your data depending on the assumptions you make about your data's

distribution. These conclusions can range from simply stating whether the two populations differ through to determining if there are differences in medians between groups.

## CHAPTER 4: RESULT AND DISCUSSION

### Result

**Table 4.1:** Spearman's rho correlation between Perceived social support and Quality of life among married and unmarried nurses.

variables	Perceived social support
Quality of life	.429**

\*\*p<0.01

p value of correlation is .000

Table 4.1 Spearman's rho correlation between Perceived social support and quality of life among married and unmarried nurses. It has been found that the  $r = .429$ ,  $p = .000$  which shows that it is statistically significant ( $p < 0.01$ ) and it is a positive correlation and has moderate correlation between perceived social support and quality of life among married and unmarried nurses. So the hypothesis which states that there will be a significant relationship between perceived social support and quality of life among married and unmarried nurses is retained.

**Table 4.2:** Mann Whitney U test showing marital difference in Perceived social support among married and unmarried nurses

Variables	Categories	N	Mean rank	U	Sig.
Perceived social support	Married	126	125.57	7803.00	.987
	Unmarried	124	125.43		



Table 4.2 Mann-Whitney test showing difference in perceived social support between married and unmarried nurses. The mean rank in of married and unmarried nurses are found to be 125.57 and 125.44 and  $p = .987$  ( $p > 0.01$ ) which indicates that there is no significant difference in perceived social support between married and unmarried nurses and perceived social support is slightly more for married nurses than unmarried nurses. So the hypothesis which states that there will be no significant difference in perceived social support between married and unmarried nurses is retained.

**Table 4.3:** Mann Whitney U test showing marital difference in Quality of Life among married and unmarried nurses.

Variables	Categories	N	Mean rank	U	Sig.
Quality of life	Married	126	118.60	6943.00	.128
	Unmarried	124	132.51		

Table 4.3 Mann-Whitney test indicates difference in quality of life among married and unmarried nurses. The mean rank of married and unmarried nurses are found to be 118.60 and 132.51 respectively and  $p = .128$  ( $p > 0.01$ ) which shows that there is no significant difference in quality of life among married and unmarried nurses and quality of life is slightly more for unmarried nurses than married nurses. So the hypothesis which states there will be no significant difference in quality of life between married and unmarried nurses is retained.

## Discussion

This study was conducted to understand the perceived social support and quality of life among married and unmarried nurses during covid 19 pandemic. A sample size of 250 was taken in which 126 were married and 124 were unmarried. To measure perceived social support Multidimensional Scale of Perceived Social Support Scale (MSPSS) was used and to measure Quality of life revised version of World Health Organization Quality of life (WHOQOL-BREF) was used.

To find out perceived social support and quality of life among married and unmarried nurses Spearman's rho correlation test and Mann-Whitney U test were used to find out to know whether there is a significant difference in Perceived social support between married and unmarried nurses and also to find out whether there is a significant difference in Quality of life between married and unmarried nurses. Through Spearman's rho correlation test it was found that there is a significant positive correlation between Perceived social support and quality of life among married and unmarried nurses during and has moderate correlation. In Mann-Whitney U test it was found that there is no significant difference in Perceived social support between married and unmarried nurses and perceived social support is slightly more for married nurses than unmarried nurses, also found there is no significant difference in quality of life between married and unmarried nurses and quality of life is slightly more for unmarried nurses than married nurses.

Through Spearman's rho correlation test it was found that there is a significant positive correlation which means there is a significant relationship between perceived social support and quality of life. When perceived social support increases quality of life increases. When the nurses receive perceived social support from others the quality of life of nurses is improved and it becomes positive. This result shows that for the nurses to have a good quality of life perceived social support is required from others like partner, family, friends, colleagues, management so that they can work efficiently.

Through Mann-Whitney U test it was found that there is no significant difference in Perceived social support as well as quality of life among married and unmarried nurses which indicates that there is no difference in the amount of perceived social support and quality of life received by married and unmarried nurses. This must be because now everyone are well educated and most of the people are independent and striving to be independent. People support each other to be independent so even after marriage they get the support from their partners, colleagues and in laws and unmarried nurses get support from their parents, colleagues same as the unmarried nurses and also the work environment they are in also must have played an important role.

### **Conclusion**

This study was conducted to understand the perceived social support and quality of life among married and unmarried nurses during covid 19 pandemic. A sample size of 250 was taken in which 126 were married nurses and 124 were unmarried nurses.

To find it out Spearman's correlation test were used and found that there is a significant positive correlation between Perceived social support and quality of life among married and unmarried nurses. Through Mann-Whitney U test it was found that there is no significant difference in Perceived social support in married and unmarried nurses and perceived social support is slightly more for married nurses than unmarried nurses, also no significant difference in Quality of life among married and unmarried nurses and quality of life is slightly more for unmarried nurses than married nurses.

When the perceived social support increases quality of life increases in nurses and there no difference in the amount of perceived social support and quality of life received by married and unmarried nurses.

## **5.1 Findings**

This study was used to identify and understand the perceived social support and quality of life among married and unmarried nurses during covid-19 pandemic. 250 samples were collected in which 126 were married nurses and 124 were unmarried nurses. This study used to identify mainly the relationship between perceived social support and quality of life among married and unmarried nurses, significant difference in Perceived social support between married and unmarried nurses, and significant difference in Quality of life among married and unmarried nurses.

Spearman's rho correlation test was used to find out the relationship between perceived social support and quality of life among married and unmarried nurses and found there is a significant positive correlation. Which satisfied the first hypothesis. This result indicated that perceived social support has influence on quality of life of nurses. When perceived social support increases quality of life also increase in nurses vice versa.

To identify the whether there is any significant difference in perceived social support between married and unmarried nurses and significant difference in quality of life between married and unmarried nurses Mann-Whitney U test is used and found out there is no significant difference in perceived social support between married and unmarried nurses and perceived social support is slightly more for married nurses than unmarried nurses, also there is no significant difference in quality of life between married and unmarried nurses and found to be slightly more for unmarried nurses than married nurses. Which shows that the amount of perceived social support and quality of life received by married and unmarried nurses during covid-19 pandemic was same and there is no difference.

## **5.2 Limitations**

- Due to the use of questionnaire there is a chance that the participants may fill it without reading carefully and just in sake of filling it out.
- The study conducted only between married and unmarried nurses only.
- Only two variables are used.
- This study is done in small resilience.

### **5.3 Suggestions for future research**

- This study used the questionnaire, the future research should use interviews so that researcher can understand better from their facial expressions, mannerisms.
- Future study can do it on the basis of age, gender, geographical area.
- The future research can include or add other variables like job satisfaction, burnout, resilience.
- Future research can do it in large population.

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## Appendix

### Multidimensional Scale of Perceived Social Support

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the "1" if you **Very Strongly Disagree**

Circle the "2" if you **Strongly Disagree**

Circle the "3" if you **Mildly Disagree**

Circle the "4" if you are **Neutral**

Circle the "5" if you **Mildly Agree**

Circle the "6" if you **Strongly Agree**

Circle the "7" if you **Very Strongly Agree**

	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
1. There is a special person who is around when I am in need.	1	2	3	4	5	6	7
2. There is a special person with whom I can share joys and sorrows.	1	2	3	4	5	6	7
3. My family really tries to help me.	1	2	3	4	5	6	7
4. I get the emotional help & support I need from my family.	1	2	3	4	5	6	7
5. I have a special person who is a real source of comfort to me.	1	2	3	4	5	6	7
6. My friends really try to help me.	1	2	3	4	5	6	7
7. I can count on my friends when things go wrong.	1	2	3	4	5	6	7
8. I can talk about my problems with my family.	1	2	3	4	5	6	7
9. I have friends with whom I can share my joys and sorrows.	1	2	3	4	5	6	7
10. There is a special person in my life who cares about my feelings.	1	2	3	4	5	6	7
11. My family is willing to help me make decisions.	1	2	3	4	5	6	7
12. I can talk about my problems with my friends.	1	2	3	4	5	6	7

I.D. number  

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**ABOUT YOU**

Before you begin we would like to ask you to answer a few general questions about yourself: by circling the correct answer or by filling in the space provided.

What is your **gender**? Male Female  
 What is your **date of birth**? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Day / Month / Year

What is the highest **education** you received? None at all  
 Primary school  
 Secondary school  
 Tertiary

What is your **marital status**? Single Separated  
 Married Divorced  
 Living as married Widowed

Are you currently **ill**? Yes No  
 If something is wrong with your health what do you think it is? \_\_\_\_\_ illness/ problem

**Instructions**

This assessment asks how you feel about your quality of life, health, or other areas of your life. **Please answer all the questions.** If you are unsure about which response to give to a question, **please choose the one** that appears most appropriate. This can often be your first response.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life **in the last two weeks.** For example, thinking about the last two weeks, a question might ask:

		Not at all 1	Not much 2	Moderately 3	A great deal 4	Completely 5
	Do you get the kind of support from others that you need?					

You should circle the number that best fits how much support you got from others over the last two weeks. So you would circle the number 4 if you got a great deal of support from others as follows.

		Not at all 1	Not much 2	Moderately 3	A great deal 4	Completely 5
	Do you get the kind of support from others that you need?					

You would circle number 1 if you did not get any of the support that you needed from others in the last two weeks.

**Please read each question, assess your feelings, and circle the number on the scale for each question that gives the best answer for you.**

		Very poor	Poor	Neither poor nor good	Good	Very good
1(G1)	How would you rate your quality of life?	1	2	3	4	5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2 (G4)	How satisfied are you with your health?	1	2	3	4	5

The following questions ask about **how much** you have experienced certain things in the last two weeks.

		Not at all	A little	A moderate amount	Very much	An extreme amount
3 (F1.4)	To what extent do you feel that physical pain prevents you from doing what you need to do?	1	2	3	4	5
4(F11.3)	How much do you need any medical treatment to function in your daily life?	1	2	3	4	5
5(F4.1)	How much do you enjoy life?	1	2	3	4	5
6(F24.2)	To what extent do you feel your life to be meaningful?	1	2	3	4	5

		Not at all	A little	A moderate amount	Very much	Extremely
7(F5.3)	How well are you able to concentrate?	1	2	3	4	5
8 (F16.1)	How safe do you feel in your daily life?	1	2	3	4	5
9 (F22.1)	How healthy is your physical environment?	1	2	3	4	5

The following questions ask about **how completely** you experience or were able to do certain things in the last two weeks.

		Not at all	A little	Moderately	Mostly	Completely
10 (F2.1)	Do you have enough energy for everyday life?	1	2	3	4	5
11 (F7.1)	Are you able to accept your bodily appearance?	1	2	3	4	5
12 (F18.1)	Have you enough money to meet your needs?	1	2	3	4	5
13 (F20.1)	How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14 (F21.1)	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

		Very poor	Poor	Neither	Good	Very good
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				poor nor good		
15 (F9.1)	How well are you able to get around?	1	2	3	4	5

The following questions ask you to say how **good or satisfied** you have felt about various aspects of your life over the last two weeks.

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16 (F3.3)	How satisfied are you with your sleep?	1	2	3	4	5
17 (F10.3)	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18(F12.4)	How satisfied are you with your capacity for work?	1	2	3	4	5
19 (F6.3)	How satisfied are you with yourself?	1	2	3	4	5
20(F13.3)	How satisfied are you with your personal relationships?	1	2	3	4	5
21(F15.3)	How satisfied are you with your sex life?	1	2	3	4	5
22(F14.4)	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23(F17.3)	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24(F19.3)	How satisfied are you with your access to health services?	1	2	3	4	5
25(F23.3)	How satisfied are you with your transport?	1	2	3	4	5

The following question refers to **how often** you have felt or experienced certain things in the last two weeks.

		Never	Seldom	Quite often	Very often	Always
26 (F8.1)	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	1	2	3	4	5

Did someone help you to fill out this form?.....

How long did it take to fill this form out?.....

**Do you have any comments about the assessment?**

.....  
.....

**THANK YOU FOR YOUR HELP**