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Factors associated with quality of life among nurses during COVID-19 pandemic

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Background: Nurses represent the largest group of the health sector and act as the frontline managers on mitigation of the COVID-19 pandemic. Increased workload, responsibilities, prolonged duty hours, and psychological distress are challenges affecting the quality of life (QOL) of nurses during the pandemic. Poor professional QOL impact on low job satisfaction, higher burnout, and caring behaviors. The factors influencing the QOL of nurses have not been extensively explored.

Objective: The current study was aimed to identify factors associated with the QOL of nurses during the COVID-19 pandemic.

Methods & Materials: A web-based descriptive cross-sectional study was carried out among 145 nurses attending KAATSU International University (KIU) Sri Lanka using the simple random sampling method. The student registration list was considered as the sampling frame and the research questionnaire was circulated among the students in seven different batches. A pre-tested, web-based researcher-developed questionnaire that consisted of demographic data, factors contributing to QOL, and validated questionnaire; WHOQOL-BRIEF were used to collect data. The study was approved by the ERC at KIU (KIU/ERC/21/77). Data were analyzed using descriptive and inferential statistics. Chi-square tests were used to identify the associations between selected variables and SPSS version 25 was used as the data analysis tool. $P < 0.05$ was considered as significant level.

Results: Mean age of participants is 32.01 ± 5.82 years. The majority were female (96.6%) and married (67.6%) and worked in COVID-19 units (73.1%). The mean overall quality of life was 61.46 ± 21.22 . The mean values for domain were; physical health domain 56.47 ± 21.06 , psychological domain 50.95 ± 21.17 , environmental domain 52.90 ± 18.11 , and social relationships domain 61.37 ± 22.94 . Overall QOL was associated with sleeping hours ($p=0.02$), fear of getting COVID-19 infection ($p < 0.001$), social support at the workplace ($p=0.014$), and duty shift allocation ($p=0.046$). Overall QOL or subdomains of QOL that were measured through WHOQOL-BRIEF (physical health, psychological, social relationship, environment) was not associated with other demographic characteristics such as age, gender, ethnicity, and level of income.

Conclusion: QOL of nursing officers was associated with work allocation, working unit, sleeping hours, and workplace support during the pandemic. Periodically surveys, comparative studies are further encouraged to identify the dynamic changes of QOL of nurses with the COVID-19 pandemic.