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RESILIENCE AND WELL-BEING AMONG NURSES IN SELECTED HOSPITALS, KATHMANDU

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ABSTRACT

Resilience and Well-being (WB) are vital to nursing professionals' health and work performance. This study examined resilience and WB levels among 200 nurses working at three private hospitals in Kathmandu. Enumerative sampling was used to collect data and applied self-administered surveys with validated tools, including CD-RISC 10 and WHO-5. The study's findings revealed concerning results, with 38.5% of participants displaying low resilience and an equal percentage reporting low well-being. These statistics highlight the pressing need for intervention schemes to improve nurses' WB and resilience. Future studies should incorporate more extensive and more diverse samples with objective measures for a more ample understanding. Ethical considerations were considered, ensuring clearance and confidentiality throughout data analysis using SPSS with descriptive statistics and regression. Addressing resilience and WB in nursing is essential for sustaining a resilient and healthy labor force, leading to amended patient care and job satisfaction.

Keywords: Hospital, Nurses, Resilience, Well-Being

INTRODUCTION

Nursing, an ancient profession, is the primary point of patient contact and a significant healthcare workforce globally (Hassmiller & Wakefield, 2022; Llop-Gironés et al., 2021; World Health Organization, 2021). Their job entails stressors like time pressure, heavy workload, multiple roles, toxic work environment, support, and distress, leaving no room for error. Such conditions hinder nursing performance (ILO, ICN, WHO, PSI, 2002; Llop-Gironés et al., 2021; Pramila et al., et al., 2022). Resilience is crucial in nursing, helping nurses recover from adversity and perform above average. A study of 230 Sri Lankan nurses found a strong positive correlation between resilience and nursing performance, indicating that higher resilience levels lead to better performance. Investing in resilience can combat adverse effects and improve work performance (Walpita & Arambepola, 2020). Moreover, resilience is crucial today as we face increasing pressure and rapid change. It involves successfully adapting to challenges, bouncing back from the

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seatback, and thriving under extreme pressure. It is critical to overcoming adversity and achieving growth (Timalsina et al., 2021). In addition, resilience is an individual's ability to recover or "bounce back" from stressful events. A study by Sharma et al. (2018) aimed to translate and culturally adapt the Connor Davidson Resilience Scale (CD-RISC) in Nepali, providing insights into resilience in Nepal. The psychometric properties of the 10- and 2-item versions were evaluated, confirming their reliability and validity (Sharma et al., 2018).According to a report by Hogan et al. (2015), WB has become of international interest, encompassing economic, sociological, environmental, and psychological factors. Citizen consultations, system science, and a comprehensive sociological toolkit are essential for effective policy design and facilitating sociological progress. Likewise, another study by Corbin et al. (2021) highlighted that health promotion supports the WB policy framework for human and planetary thriving. A WB agenda strengthens health promotion by addressing social determinants and ensuring universal access to resources. In addition, another piece of evidence by Christian et al. (2015) suggested that the global focus on WB extends beyond GDP, emphasizing economic, sociological, environmental, and psychological factors. Citizen consultation, system science, and a comprehensive sociological strategy toolkit are essential for advancing progress. A study by Simons & Baldwin (2021) highlighted that an operation definition was proposed that is not limited to doctors but universal and inclusive: WB is a state of positive feelings and meeting your full potential in the world. It can be measured subjectively and objectively through an autogenic approach. Development et al. (2022) report revealed that crises demand holistic approaches to societal, community, and individual WB, requiring changes in attitude and investment. Prolonged shocks intersect with natural disasters, climate events, and food insecurity, magnifying their effect. Adapting calls for redirecting values towards the 2030 Agenda for Sustainable Development, Prioritizing Health, and WB.' *Wellness* is a term used by the UK charity 'Mind' for action plans (Mind, 2020.) It serves as a tool for self-awareness, communication, and collaboration b/w employees and their managers to support WB and address any health-related needs in the workplace (Mind, 2020).

The Global Wellness Summit (GWS) predicts trends in the wellness industry, shaping billion-dollar markets and revolutionizing sectors within the wellness economy (Richard Oliver (Dalam Zeithaml. 2021). It added confusion to the WB study. It has been clear as 'the active pursuit of actions and lifestyles that are primary to holistic health. Wellness varies from WB in being a dynamic noun, whereas WB is impassive (Simons & Baldwin, 2021). According to Development and Report (2022), WB is to access essential resources, support systems, and equitable opportunities for overall WB. The holistic approach recognizes that WB encompasses physical, mental, social, and environmental dimensions and requires a collaborative effort at various levels of society to promote and protect it (Development & Report, 2022). Extensive research has focused on nurse's work experiences worldwide, exploring factors such as workload, resource

scarcity, and workplace bias that impact WB, patient care, burnout, and the intent to leave the profession. Much of this research adopts a stressor-specific framework, enhancing our comprehension of nurses' workplace experiences. (Burke et al., 2011).

The literature review on resilience and well-being provides valuable insights into the factors influencing individuals' ability to adapt and thrive in the face of challenges. The findings empathize with the significance of sociological support, coping mechanisms, and positive psychological traits in fostering relationships and improving well-being outcomes. Numerous studies have been conducted to gain insight into the examination of the level of satisfaction and well-being, as well as socio-demographic factors, among nursing employees. A study conducted by Sumner & Kinsella (2021) with UK frontline workers (N = 869) reported lower well-being than Republic of Ireland (ROI) participants. Slow government response to the pandemic was associated with lower resilience, higher burnout, and a lower WB in UK workers.

Moreover, nursing is physically and emotionally demanding (Brennan, 2017). In this cross-sectional study of 377 midwives and nurses, the prevalence of depression was 31.8%. Midwives had a higher risk of depression compared to nurses. Perceived stress and emotional exhaustion increased the risk, while higher psychological resilience was protective against depression (Yörük & Güler, 2021). Promoting resilience and staff well-being benefits organizations, nurses, and patients. Activities like supervision, reflection, education, and supportive working climates contribute to building resilience. Mindfulness and meditation programs promote reducing stress(Brennan, 2017). A study by Park & Jung (2021) highlighted that individual and occupational characteristics could lead to differences in nursing resiliencies, job stress levels, and nursing professionalism, significantly mediating the relationship between b/w resilience and job stress level. Likewise, A cross-sectional study with a total of 230 nurses from Sri Lanka found that higher levels of resilience at work were associated with better working performance among nurses (Walpita & Arambepola, 2020).Multiple studies have examined resilience and WB in different populations and settings, highlighting varied levels and influential factors. Research in Nepal showed low rates of WB among frontline and general healthcare workers. Quality of life and WB are distinct concepts with different measurement approaches. Marital status, education, and work environment affect nurse WB. For that reason, exploration is needed in Nepal's context. Despite the critical role of nursing employees in providing health care services, their WB and resilience in Nepal still need to be studied. This study aims to address this research gap by examining the level of resilience and WB among nurses employed in selected private hospitals in Kathmandu while exploring socio-demographic factors associated with these outcomes. Findings will contribute to understanding Nepal's nursing educators' unique challenges and support needs, enabling tailored intervention for their WB.

2. MATERIALS & METHODS

A hospital-based descriptive-analytical study determined resilience and WB among nurses in selected private hospitals in Vasundhara, Kathmandu. This study was conducted at three private hospitals. The Consecutive (Enumerative) sampling technique was used in this study, and the total sample size was 200. This study used a self-administered survey to gather the data and combined a quantitative method with a descriptive cross-sectional research design. Various tools were used, including the 10-Items Version Connor-Davidson Resilience Scale (CD-RISC 10) to measure resilience and the World Health Organisation-5 points WB Index (WHO-5) to measure WB. At the same time, the correlation formula was used to show associations. All the tools used in the study have been validated and tested for reliability. The tools used in this research study contain a total of three sections,

Section A: It consists of 8 socio-demographic information on gender, age, ethnicity, religion, marital status, qualification, type of family, and work experience.

Section B: It consists of 10-Items Version CD-RISC 10 (Connor-Davidson Resilience Scale). Scale scores range from 0 (not accurate) to 4 (accurate nearly always). CD-RISC 10 consists of 10 items measuring resilience. Each item has a minimum score of 0 and a maximum score of 4. Total scores are calculated by summing all ten items, and a higher score indicates higher resilience. None of the items are reverse scored (Connor-Davison salience Scale 10-Item/Rehab Measures Database, n.d.).

Section C: It is according to the WHO standard tool. The WHO-5 is an instrument developed for assessing psychological WB over two weeks. The five items in the scale cover positive mood (feeling in good spirits, feeling relaxed), vitality (being active and waking up fresh and rested), and being interested in things. Each item is rated on a six-point Likert scale from 0 at no time' to 5 'at all the time', with higher scores representing better self-perceived WB. The total scores range from 0 to 25, with a score below 13 indicating poor WB (Chow Ki et al., 2018).All levels of registered nurses who were met and ready to participate in the self-administered questionnaire survey were included in the study, and nurses who were on leave and unwilling to participate were excluded. The survey was created to emphasize anonymity and privacy, ensuring that individual responses are handled in compliance with the Institutional Review Committee of Yeti Health Science Academy and assessed as a whole. The use of anonymous or collective data was fully consented to by the researchers. Collected data was checked, reviewed, and organized for completeness and accuracy. The data was coded, tabulated, and analyzed and was stored safely and accurately. The collected data was analyzed using SPSS version 26 using descriptive statistics in frequency, percentage, mean, and standard deviation and presented in different tables. The link between independent and dependent variables was investigated using descriptive and regression analyses. Ethical

clearance was taken from the Institutional Review Committee (IRC) of Yeti Health Science Academy (YHSA). Informed consent was taken, and privacy and confidentiality were maintained. **RESULTS**

The obtained data were analyzed according to the objectives of the study and research questions. The findings of the study are presented in three parts: 1. Questionnaire related to socio-demographic variables, 2: Questionnaire related to resilience, and 3. Questionnaire related to wellbeing.

Table.1: Socio-demographic Information of participants

Variables	Frequency	Percentage
Age		
Less than 20	21	10.5
20-29	162	81.0
30-39	14	7.0
40-49	3	1.5
Mean: 24.96 Standard Deviation: 3.643		
Religion		
Hindu	158	79.0
Buddhist	25	12.5
Christians	14	7.0
Muslims	3	1.5
Ethnicity		
Dalit	6	3.0
Janajati	102	51.0
Madhesi	8	4.0
Chhetri	44	22.0
Brahmins	40	20.0
Marital Status		
Single	140	70.0
Married	58	29.0
Divorced	2	1.0
Types of family		
Nuclear family	148	74.0
Single Parent Family	29	14.5
Extended Family	23	11.5
Educational level		
Certificate of Nursing	117	58.5
Bachelor of Nursing Science	48	24.0
Post Basic Bachelor in Nursing Science	35	17.5
Work experience		
less than 1 year	45	22.5
2-5 years	127	63.5
6-10 years	25	12.5
10 years above	3	1..5
Working Ward / Unit		
Emergency	29	14.5
General Ward	52	26.0
Post-Operative Ward	42	21.0
Intensive Care Unit	59	29.5
Outpatient Department	14	7.0
Operation Theater	4	2.0

Researchers used descriptive data analysis to determine socio-demographic factors, and the results showed that 200 nurses participated in this study. The respondents' ages ranged from 20-29 (n= 162, 81%). Out of 200 respondents maximum (n=158, 79%) were from the Hindu religion. Regarding ethnicity, the maximum (n=102, 51%) was Janajati. Maximum respondents (n=140, 70%) were single and had a nuclear family (n=148, 74%). Most of the respondents had passed the certificate of nursing (n=117, 58.5%). In terms of years of experience, most of them (n=127, 63.5%) had work experience of 2-5 years. Most (n=59, 29.5%) were from the intensive care unit.

Table. 2:10-Item Resilience Scale

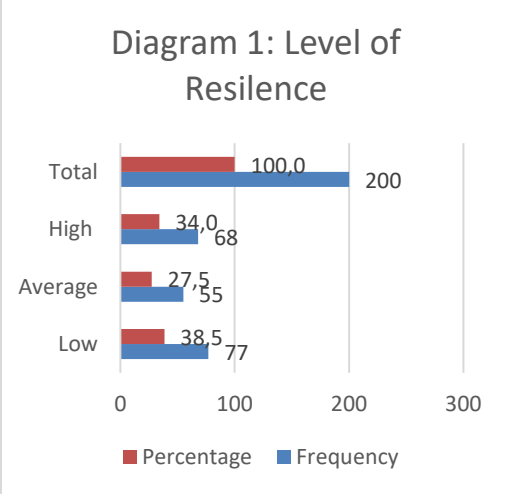
SN	10-Item Resilience Scale	Not at all n (%)	Rarely true n (%)	Sometimes true n(%)	Often true n(%)	True nearly all the time n (%)
1	Adaptive during change occurs	13(6.5%)	13(6.5%)	48(24%)	71(35%)	55(27.5%)
2	Deal with whatever comes on the way.	0(0%)	9(4.5%)	50(25%)	76(38%)	65(32.5%)
3	See the humorous side of things when faced with problems.	9(4.5%)	19(9.5%)	66(33%)	74(37%)	32(16%)
4	Having to cope with stress can make you stronger.	5(2.5%)	9(4.5%)	48(24%)	86(43%)	52(26%)
5	Bounce back after illness, injury, or other hardships.	8(4%)	25(12.5%)	56(28%)	68(34%)	43(21.5%)
6	Achieve my goals, even if there are obstacles.	3(1.5%)	17(8.5%)	36(18%)	72(36%)	7(6%)
7	Under pressure also stays focused and thinks clearly.	14(7%)	25(12.5%)	44(22%)	67(33.5%)	50(25%)
8	Not discouraged by failure.	8(4%)	11(5.5%)	43(8.6%)	86(43%)	52(26%)
9	When dealing with life's challenges and difficulties think as strong	2(1%)	19(9.5%)	38(19%)	82(41%)	58(29%)
10	Able to handle unpleasant or painful feelings like sadness, fear, and anger.	7(3.5%)	14(7%)	41(20.5%)	72(36%)	66(33%)

The above table's findings show that most participants (35%) are adaptive to change, 38% can deal with whatever comes their way, 37% see a humorous side while facing problems, and most of the questions answered were as "often accurate."

Table. 3: 5-Items Well -being Index

5-Items Wellbeing Index	At no time n (%)	Some of the time n (%)	Less than half of the time n(%)	More than half of the time n (%)	Most of time n (%)	All of the time n(%)
Feeling cheerful and in good spirits.	4(2%)	27(13.5%)	19(9.5%)	50(25%)	65(32.5%)	35(17.5%)
Feeling calm and relaxed.	0(0%)	13(6.5%)	29(14.5%)	44(22%)	83(41.5%)	31(15.5%)
Feeling active and vigorous.	7(3.5%)	8(4%)	21(10.5%)	65(32.5%)	69(34.5%)	30(15%)
Feel fresh and rested waking up in morning.	9(4.5%)	20(10%)	13(6.5%)	57(28.5%)	75(37.5%)	26(13%)
Daily life has been filled with things that interest me.	9(4.5%)	20(10%)	16(8%)	44(22%)	72(36%)	39(19.5%)

The above table shows that most of the participants' answers are "most of the time" for every index.



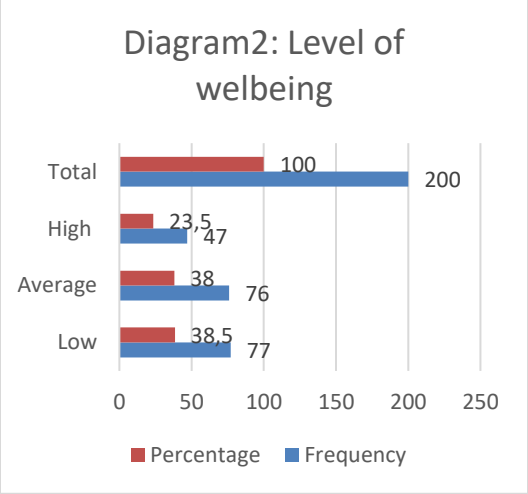


Diagram 1 shows that among all 200 nurses, 4% had high resilience, 27.5% had average resilience, and 38.5% had low resilience.

Diagram 2 shows that among all 200 participants, 23% had a high level of WB, 38% had an average, and 38.5% had a low level of WB

Table. 4: Level of resilience

Level of resilience	Frequency	Percentage
Low	77	38.5
Average	55	27.5
High	68	34.0

Table 4 showed that among all 200 participants; 34% had high resilience, 27.5% had average resilience, and 38.5% had low resilience.

Table. 5: level of well-being

Level of wellbeing	Frequency	Percentage
Low	77	38.5
Average	76	38.0
High	47	23.5

Table 5 shows that 23% had a high level of well-being, 38% had an average, and 38.5% had a low level of well-being.

Table. 6: Association between Resilience and Socio-demographic Variables.

Variables	Coefficient		Standardized coefficient	t	Significance
	B	Std. error	Beta		
	3.084	.417		7.394	.000
Age	-.001	.017	-.005	-.054	.957
Religion	.019	.071	.020	.273	.785
Ethnicity	-.006	.037	-.011	-.153	.879
Marital Status	-..115	.108	-.087	-1.061	.290
Types of family	-.122	.067	-.131	-1.819	.071
Education level	-.113	.061	-.136	-1.847	.066
Work experience	.065	.028	.218	2.352	.020

Dependent Variable Mean Resilience

The result shows that the association between resilience and work experience is significant.

Table. 7: Association between Wellbeing and Socio-demographic Variables

Variables	Coefficient		Standardized coefficient	T	significance
	B	Std. error	Beta		
	3.575	629		5.681	0.000
Age	026	026	094	.997	.320
Religion	-084	106	-057	-794	.428
Ethnicity	-203	055	-263	-3.648	.000
Marital Status	-043	163	-021	-263	.793
Types of family	006	101	.004	.056	.955
Education level	183	092	-1.43	-1.993	.48
Work experience	057	.042	.123	1.373	1.71

The result shows a significant association between WB and age, type of family, and work experience.

DISCUSSION

This section deals with the discussion of different findings of the study. It also concludes the study results and provides recommendations for further study. This analytical cross-sectional study was conducted among 200 nurses working in different wards /units of three private hospitals to assess resilience and well-being among nurses. The study's socio-demographic information revealed that most respondents (81%) were between 20-29 years old. Similar findings were obtained from a study conducted in Mangalore in 2022 that showed most participants were aged 21-25 (64.6%).In this study, most respondents (58.5%) had an educational qualification of PCL level. Similar findings were found in the majority group with a bachelor's degree (91%).In this study, most of the participants have work experience of 2-5 years (63.5%), whereas similar study results as most of the participants had 3-6 years (60%)(Kannappan & Veigas, 2021).

The present study aims to assess the level of resilience among 200 participants and compares it with previous research findings. Table 4 displays the distribution of resilience levels among the participants. The results indicate that 34% of the participants exhibited high resilience, 27.5% had average resilience, and 38.5% displayed low resilience. However, the data from Table 5 indicates that, in general, 23% reported a high level of WB, 38% reported an average level, and 38.5% reported a low level of WB. These results highlighted the prevalence of varying levels of WB in the study population. Notably, a significant proportion of individual

users reported a low level of WB, indicating potential areas of concern and the need for targeted intervention to address their WB.

Further exploration into the factors contributing to these levels of WB would provide valuable insights for healthcare professionals, policymakers, and researchers in improving statistics to improve the overall WB of nurses in a private hospital in Kathmandu. These findings align with previous studies that have examined resilience levels among different populations. For instance, a study conducted by Timalsina et al. (2021) reported having an intermediate level of resilience (48.5%), followed by low (28.7%) and high(22.8%) levels. Another study by Sumner and Kinsella (2021) suggests a potential association between countries' response strategies and frontline workers' WB. The slower response in the UK was associated with lower resilience, higher burnout, and lower WB among frontline workers. Another study by Lee et al. (2019) and Pudashini et al., 2023 et al., 2022) demonstrated that the nurses reported challenges, toxic work environments, and working conditions that significantly impacted the WB of nursing employees. These consistent findings from the studies suggested that stress levels among nursing employees may be influenced by contextual factors such as work environment, stress levels, and available support systems. The demanding nature of the nursing profession and the challenges faced by the COVID-19 pandemic could contribute to the observed distribution of stress levels. Identifying individuals with low levels of resilience is crucial for developing targeted interventions to enhance their psychological well-being. Interventions such as resiliency training programs, mindfulness-based interventions, and social support systems can play a vital role in promoting resilience among nursing employees' well-being.It is important to note that the current study has certain limitations. The sample size was limited to 200 participants, which may not represent Nepal's entire nut population. Additionally, the study uses self-reported measures, which may introduce response bias. Further research with more extensive and diverse samples utilizing objective satisfaction measures could provide a more comprehensive understanding of satisfaction levels among nursing employees.In conclusion, this study found varying resistance levels among nursing employees in Nepal. Promoting high, average, and low resilience and well-being with recurrent research, highlighting the need for target intervention in enhancing resilience and promoting WB among nursing employees by inverting in resilience-building and wellbeing-starting organizations can contribute to the well-being and overall effectiveness of their nursing workforce.The current study findings are consistent with previous research demonstrating significant associations between resilience and work experiences (Table 6) and between WB and age, types of family, and work experiences (Table 7). These results support the notion that work experiences are crucial in developing resilience. In contrast, age, types of family, and work experiences are important factors affecting WB among non-nursing employees. These factors underscore the importance of considering these socio-demographic variables when implementing interventions to promote resilience and WB in the nursing workforce.

Recommendations

Based on the findings of this study, it is recommended that healthcare organizations invest in resiliency and WB initiatives for nursing employees. Targeted interventions such as resiliency training programs, mindfulness-based interventions, and social support systems should be implemented to enhance the psychological WB of nurses. Additionally, further research with a more extensive and diverse sample should be conducted to understand safety and WB among nurses in Nepal. Objective satisfaction measures and other factors should be utilized to manage patient responses and assess nursing employees' WB more accurately.

Limitations

This study has certain limitations that should be acknowledged. The sample size was 200 participants from private hospitals in Kathmandu and Basundhara areas in Kathmandu, which may reflect the generalization of the findings to the entire Nepalese population in Nepal. The use of self-reported measures increases the possibility of response bias, which may affect the accuracy of the results. Further research should consider more extensive and diverse samples to obtain a more responsive portfolio of responsive and well-educated nurses. Moreover, utilizing objective satisfaction measures and incorporating a longitudinal design could provide a more comprehensive understanding of the factors influencing employee satisfaction and WB.

CONCLUSIONS

In conclusion, this descriptive-analytical study aimed to assess the levels of resilience and WB among nurses working in selected private hospitals in Bashundhara, Kathmandu. The findings revealed that 38.5% had low resilience. Additionally, 38.5% reported a low level of WB. The study emphasizes the need for targeted interventions to enhance resilience and promote WB among nursing employees. Associations were observed between resilience and work experience, WB and age, type of family, and work experience. More extensive studies incorporating objective measures are recommended to understand nurse WB comprehensively.

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