

Article

Prediction of Psychological Distress Based on Job Security, Spiritual Intelligence, and Social Acceptance Among Nurses Working at the COVID-19 Referral Center of Zanjan Province in 2021

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Abstract

Background: Epidemic diseases such as Covid-19 can adversely affect job security and social status, thereby leading to psychological distress.

Objectives: The aim of the present study was to predict psychological turmoil among nurses working during Covid-19 pandemic based on job security, spiritual intelligence, and social acceptance.

Methods: This descriptive-correlational study was conducted on 210 nurses working at the Hazrat-e-Valiasr (AS) Hospital of Zanjan City between Farvardin and Khordad 2021. The participants were recruited by convenience sampling, and data were collected using Kessler Psychological Distress Scale (K10), Nissi's job security questionnaire, the spiritual intelligence scale developed by Naseri *et al.*, and Marlowe-Crowne Social Desirability Scale (MC-SDS). Data analyses were conducted in SPSS software v. 23 using Pearson correlation and stepwise regression.

Results: The research findings indicated that nurses' psychological distress amid Covid-19 pandemic significantly and inversely correlated with job security ($r = 0.42$, $p < 0.01$), spiritual intelligence ($r = 0.43$, $p < 0.01$), and social acceptance ($r = 0.47$, $p < 0.01$). Also, social acceptance ($r = 6.27$, $p < 0.01$), job security ($r = 4.71$, $p < 0.01$), and spiritual intelligence ($r = 4.29$, $p < 0.01$) were able to predict psychological distress among nurses.

Conclusion: Based on the results of the present study, it is suggested that the authorities of medical education organizations consider programs to familiarize nurses with Iran's subcultures (such as religious beliefs, rituals, and obligations) to promote their cultural sensitivity, job security, and social acceptance. This can furthermore ensue with positive consequences such as the improvement of nurses' quality of life, well-being, physical and mental health, job satisfaction, and life condition.



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Implications of this paper in nursing and midwifery preventive care:

- Paying attention to and promoting spiritual intelligence and its dimensions can mitigate psychological distress among nurses and thereby improve patient care.
- Improvement of job security and social acceptance can reduce nurses' psychological and occupational distress.

Introduction

The Covid-19 pandemic, as a global public health crisis, posed many health challenges to societies [1]. The rapid transmission and high rate of spread of this disease intensified the vulnerability and exposure of people to the virus, and fear of contracting the disease caused many psychological problems such as panic, anxiety, and depression in parallel with physical harm [2]. Healthcare workers, who stood on the first line of fighting the Covid-19 pandemic, were more exposed to psychological problems compared to other groups of society [3]. Nurses were among the occupational groups being exposed to the

disease due to working in Covid-19 wards, exposing them to psychological distress and many related problems [3].

The adverse consequences of coronavirus-related occupational stress among healthcare professionals included psychological problems such as depression, anxiety, fatigue, job burnout, compromised care provision abilities, workplace absenteeism, and concentration and focus impairments [4]. Psychological distress is known as a chain of negative and possibly uncontrollable thoughts, imaginations, and emotions functioning as a solution to intrinsic defects with unknown or more than one unwanted outcome [5].

Distress withers the body's resistance to infections and stimulates the thyroid gland, pancreas, and pituitary gland. In general, distress affects numerous physical and psychological aspects of the human body, which can lead to physical sequela [6]. During the Covid-19 pandemic, work overload and nurse-patient conflicts were important sources of anxiety and depression among nurses. These psychological disturbances could threaten nurses' sense of job security, and flimsy job security could increase the likelihood of leaving the profession [7]. In organizational life, job security is one of the issues that occupy the minds of employees, demanding a significant share of the mental and intellectual energy of the organization. On the other hand, if employees enjoy an acceptable level of relief in this area, they can devote their intellectual and physical energy to the organization, and as a result, the organization becomes less entangled with human tension [8]. During the Covid-19 crisis, spiritual intelligence constituted one of the key components of nursing care for Covid-19 patients, which is also believed to be associated with the quality of nursing care. Spiritual intelligence forms the pillars of a person's beliefs and shapes individuals' performance, bestowing them more flexibility in the face of problems [9]. Spiritual intelligence has an essential role in promoting and safeguarding psychological health. In stressful situations, such as working in a Covid-19 ward, spiritual intelligence enables the person to better assimilate, counteract, and avoid the recurrence of negative emotions. Spiritual intelligence can reduce perceived stress in nurses, boost their joyfulness and motivation, and empower them to solve problems with adaptive responses, which ultimately promote nurses' psychological health and reduce their psychological distress [10]. Spiritual intelligence has been defined as a new dimension of human intelligence, which is known as the ultimate intelligence and is employed to solve conceptual and value-based issues. Research shows that religious beliefs and rituals, which enclose spiritual intelligence, have a positive relationship with nurses' professional commitments and improve their quality of life, well-being, job satisfaction, and physical and psychological health [11].

One of the less-recognized factors contributing to the establishment and enforcement of the public image and social acceptance of nurses has been noted to be their role in the management of emerging infectious diseases such as Covid-19 [12]. Social acceptance is defined as speaking and behaving according to the expectations of others. Social acceptance is linked with flourishing and mental health and can be regarded as desirable social relationships and social attachments. Social acceptance is actually the outcome of several social phenomena such as social influence, harmony, judgment, and attitudes. Therefore, it can be argued that social acceptance reflects people seeing issues from the viewpoints of others and behaving accordingly in order to conform with them. Others. The more social acceptance is, the more successful the individual will be in fulfilling his/her responsibilities [13].

The physical and psychological health of nurses is directly related to their patient care performance, job satisfaction, job interest, and work efficiency [14]. Nurses' psychological turmoil, especially amid the outbreak of epidemic diseases such as Covid-19, can exert profound adverse effects on their personal and professional performance. Therefore, it is necessary to investigate the predictors of psychological distress among nurses in order to design appropriate psychological interventions. Regarding the aforementioned, the present study's aim was to ascertain the predictors of nurses' psychological distress in the midst of the Covid-19 pandemic based on their job security, spiritual intelligence, and social acceptance.

Methods

Participants

The present descriptive-correlational study's statistical population consisted of all nurses working at the Valiasr Hospital of Zanjan City between Farvardin and Khordad 2021 (i.e., a total of 460 subjects). This hospital was chosen in this study because it had been designated as the Covid-19 referral center in Zanjan province during the pandemic. The sample size was estimated as $n=210$ using the Krejcie & Morgan table. The research participants were selected from the statistical population using the convenience sampling method.

After making administrative arrangements and obtaining permission and ethical approval, the research tools, including the Kessler Psychological Distress Scale (K10), Nissi's job security questionnaire, the spiritual intelligence scale developed by Naseri *et al.*, and Marlowe–Crowne Social Desirability Scale (MC–SDS), were distributed among the participants in person. Before requesting them to fill out the questionnaires, the necessary explanations and information were provided.

Statistical Analysis

SPSS.23 software (IBM Corp., Armonk, NY, USA) was used for data analysis. Mean and standard deviation were used to describe the data, and Pearson correlation and stepwise regression were used as inferential statistical tests. The Kolmogorov-Smirnov test showed that all quantitative variables had a normal distribution. The statistical significance level was designated as $P < 0.05$.

Data Collection Tools

The following four scales were used for data collection.

1- Kessler Psychological Distress Scale (K10):

This questionnaire was developed by Kessler (2003) to investigate patients' mental health status. This scale contains 10 questions that measure the three dimensions of educational presence, social presence, and cognitive presence based on a 5-point Likert scale (5= completely agree, 4= somehow agree, 3= neither agree nor disagree, 2= somehow disagree, and 1= strongly disagree). The responses were scored from 0 to 4, with the maximum score being 40. The cut-off of 8 was chosen to separate psychologically healthy individuals from those with impaired mental health. The overall score of the questionnaire was calculated by summing up the scores of all items, creating a score range of 0-50. The higher the score obtained from this questionnaire, the more severe the psychological distress. The reliability of this questionnaire was approved by Kessler with Cronbach's alpha coefficient of 0.86 [15]. Yaqoubi *et al.* (2014) also assessed the reliability of this questionnaire and reported Cronbach's alpha coefficient of 0.93 [16]. Also, Khanipour *et al.* confirmed the reliability of this tool by reporting Cronbach's alpha coefficient of 0.80 [17]. In the present study, the reliability of the

questionnaire was assessed, and Cronbach's alpha coefficient was obtained as 0.93.

2- Nissi's job security questionnaire (2011):

This questionnaire has 30 items and nine dimensions aiming to explore different dimensions of job security (focusing on the job, less transitions between jobs, choosing an appropriate job, job satisfaction, emotional satisfaction, economic satisfaction, peace of mind at work, organizational dependence, and advocacy for the organization). The response range is based on a 5-point Likert scale from 1 to 4 (completely agree, agree, completely disagree, disagree, and no opinion, respectively). The score of each dimension is calculated by summing up the scores of relevant questions, and the overall score is the sum of the scores of all questions. A higher overall score reflects a deeper job security feeling from the respondent's viewpoint and vice versa. The tool's validity coefficient has been obtained as 0.83 based on the integration of the overall score [18]. The reliability of this questionnaire has been assessed by various studies using the internal consistency method, declaring Cronbach's alpha coefficients ranging from 0.83 to 0.90 [18-20]. In the present study, the reliability of this questionnaire was calculated as 0.83 using Cronbach's alpha method.

3- Naseri *et al.*'s spiritual intelligence scale (2007):

This tool possesses 97 phrases designed to measure the four elements of transcendental self-awareness, spiritual experiences, patience, and forgiveness. The response options are on of 4-point Likert scale from 1= never, 2= rarely, 3= often, and 4= almost always [21]. In order to calculate the overall score, all scores of the questionnaire's items are summed with each other, with a score range from 0 to 388 and a higher score reflecting higher spiritual intelligence. In a study on 557 students of the Allameh Tabatabai University in the academic year 2006-2007, the reliability of this questionnaire was confirmed based on Cronbach's alpha coefficient of 0.91 [22]. Likewise, the reliability of this instrument was affirmed in the present study by Cronbach's alpha coefficient of 0.76.

4-Marlowe–Crowne Social Desirability Scale (MC–SDS) (2001):

This scale harbors 33 phrases, and the respondent should show his/her agreement or disagreement with each phrase by marking

either option as true or false. The score range of this questionnaire is between 0 and 33, and respondents' responses are matched against a key scale, where the agreement between the answers will determine the overall status of the individual. Those obtaining a score between 0 and 8 will have answers that mostly ignore social acceptance, likely reflecting their more preparedness for giving honest answers to the questions compared to others even if their answers may bring about social rejection. People with scores between 9 and 19 tend to be moderate and modestly care for social acceptance, so it is likely that their actual behaviors generally conform to social rules and norms. Finally, individuals obtaining a score between 20 and 33 tend to pay much attention to social acceptance, and their answers are in a manner to avoid social rejection (i.e., their actual behaviors highly agree with social rules and norms) [23]. The reliability of various elements of this questionnaire has been variable between 0.69 and 0.87, and the reliability of the whole instrument has been calculated as

0.79 based on Cronbach's alpha method [23]. In the present study, the reliability of the questionnaire was confirmed based on Cronbach's alpha coefficient (0.82).

Results

Out of 210 questionnaires distributed among the participants, all of them were answered (i.e., the participation rate of 100%). The mean age of the participants was 33.07 (1.73) years. Men and women constituted 120 (57.14%) and 90 (42.85%) of the participants, respectively. Forty nurses (40%) held bachelor's degrees, and 126 (60%) of them had master's degrees. Of the participants, 136 (64.76%) nurses had 1-10 years of work experience, and 74 (35.23%) had 11-20 years of work experience. The means (SDs) of the total score of psychological distress, job security, social acceptance, and spiritual intelligence were 19.31 (0.52), 64.10 (0.66), 22.57 (0.52), and 248.56 (2.68), respectively (Table 1).

Table 1: The mean total scores of psychological distress, job security, social acceptance, and spiritual intelligence among the participants

Variables		Mean	SD	N
psychological distress		19.31	0.526	210
Job security	Total score	64.10	0.662	210
	Focus on the job	5.00	0.138	210
	Fewer transitions between jobs	8.19	0.173	210
	Choosing a suitable job	6.06	0.096	210
	Economic satisfaction	6.58	0.166	210
	Emotional satisfaction	8.08	0.182	210
	Peace of mind at the workplace	8.07	0.178	210
	Dependence on the organization	8.36	0.188	210
	Advocation for the organization	13.77	0.316	210
Social acceptance		22.57	0.520	210
Spiritual intelligence	Total score	248.56	2.688	210
	Transcendental self-awareness	147.31	2.032	210
	Spiritual experiences	48.73	0.851	210
	Patience	31.03	0.433	210
	Forgiveness	21.48	0.253	210

As can be seen in Table 2, all predictor variables attained collaboration values not less than 0.01 and variance inflation factors

not higher than 10, which indicates a linear relationship between the variables.

Table 2: Detection of collinearity between predictor variables and the criterion variable

Predictor variables	Diagnostic statistics	
	Collaboration values	Variance inflation factor
Job security	0.925	1.081
Social acceptance	0.885	1.130
Spiritual intelligence	0.857	1.166

Since the Durbin–Watson statistic was between 1.5 and 2.5, the assumption of the lack of

correlation between the errors cannot be ruled out, so regression can be utilized (Table 3).

Table 3: Durbin–watson test to check the independence of errors

Durbin–watson statistic	Criterion variable
	Psychological distress
	2/014

Data analysis showed that nurses' psychological distress amid the Covid-19 pandemic significantly and negatively correlated with job security ($r=0.42$, $p<0.01$), spiritual intelligence ($r=0.43$, $p<0.01$), and social acceptance ($r=0.47$, $p<0.01$) (Table 4).

Variance analysis statistics indicate that regressions were statistically significant at the $P<0.01$ level, showing linear relationships between the variables. The results showed that the regression model had a good fit with the predictor and criterion variables, and the variance explained by the model was true and not due to chance. The predictor variables of job security, spiritual intelligence, and social acceptance were able to predict changes in psychological distress in

nurses, suggesting a >99% probability of their contribution to fluctuations in the criterion variable.

Table 4 shows the relative importance of predictor variables in forecasting changes in psychological distress based on regression coefficients, revealing that according to the best prediction model, social acceptance ($\beta=0.35$), job security ($\beta=0.27$), and spiritual intelligence ($\beta=0.25$) were important predictors of the criterion variable, and social acceptance claimed a larger share in this area. Regarding the negative values of the regression coefficients, job security, spiritual intelligence, and social acceptance can be regarded as inverse predictors of psychological distress.

Table 4: Pearson correlation coefficients of job security, spiritual intelligence, and social acceptance with psychological distress

Psychological distress	Job security	Focus on the job	Fewer transitions between jobs	Choosing a suitable job	Economic satisfaction	Emotional satisfaction	Peace of mind at the workplace	Dependence on organization	Advocation for organization	Spiritual intelligence	Transcendental self-awareness	Spiritual experiences	Patience	Forgiveness	Social acceptance
	0.419**	0.419**	-0.186**	-0.138*	-0.187**	-0.266**	-0.137*	-0.175*	-0.151*	-0.430**	-0.345**	-0.356**	-0.314**	0.061	-0.468**

Discussion

The present study aimed to predict psychological distress among nurses working during the Covid-

19 pandemic based on job security, spiritual intelligence, and social acceptance. The results of the present study showed that the predictor

variables of job security, spiritual intelligence, and social acceptance could reliably predict changes in psychological distress among nurses, reflecting the high levels of awareness or resilience in the participants.

Our findings demonstrated that nurses' psychological distress was negatively and significantly correlated with job security. This observation was consistent with the studies of Khorrami [24], Tirana et al. [25], and Fiorina [26]. In this regard, Robin Wisley believes that during crises, people's social and personal life structures are disturbed. The disruption of personal life structures leads to a decrease in one's control over life, as well as in the predictability of life course [27]. During home quarantine, people's routine life is disrupted, leading to less ability to predict and plan for the future. People may perceive a reduction in their control over life, resulting in a feeling of insecurity, which subsequently will result in anxiety and tension. Anxiety is the most prominent feature of crises, and to its creation, unpredictability plays the biggest role [28]. In order to further elucidate these findings, it can be argued that although people differ in terms of psychological traits and reactions depending on cultural and mental factors, psychological training, consultation, and awareness can lead to unanimity and similar psychological outcomes with regard to a specific issue.

Another finding of this study was an inverse and significant correlation between spiritual intelligence and psychological distress, meaning that a higher level of spiritual intelligence could predict a lower level of psychological harm in people, rendering this variable an important contributor to the successful facing of life crises (e.g., the 2019 Covid-19 pandemic). This finding was in agreement with the results of studies by Shivandi and Hasanvand [21], Andy et al. [29], Prazierz et al. [30], and Kupolo et al. [31]. According to the results of Shivandi and Hasanvand, spiritual health was an essential factor modulating the adverse outcomes of Covid-19-related anxiety [21]. In their study, Andy *et al.* showed that spirituality, knowledge, and attitude towards the coronavirus disease were inversely and significantly associated with Covid-19-related anxiety among non-infected individuals [29]. Similarly, Zaho et al. believed that the

propagation of uncontrollable worries, the inability to remain calm, people's irritability and sensitivity towards each other, and expecting unpleasant occurrences following the spread of the coronavirus negatively affect people's attitudes towards the future. On the other hand, spiritual health makes people feel that life is still ongoing for them, so they contemplate and remain optimistic about the future as they expect for themselves a good time to come [32]. This can be explained by the fact that humans constantly think about and plan for the future, so they feel internal happiness by objectifying life in the future even during difficult days. This positive attitude about the future can be certainly and at least in part due to spiritual health, nurturing the idea that life bears a meaning for which they are striving. According to Pargament *et al.*, spiritual beliefs act as a shield against life's stressful events and, thereby, help the individual employ effective coping strategies [33].

Moreover, our findings showed that nurses' psychological distress was inversely and significantly associated with social acceptance. This finding was in parallel with the reports of Asgari et al. [34], Shen et al. [35], Khanipour et al. [36]. According to Brown et al., social acceptance can be regarded as speaking and behaving in accordance with other people's expectations [37]. Humans are social beings and constantly swing between conflicts over personal vs. social values in order to conform to and harmonize with the community to achieve acceptance. It seems that social groups are in constant efforts to keep people in agreement with themselves. The higher the social acceptance, the stronger the resilience against problems and lower exposure to distress due to social support received [38].

The present study's findings showed that the variables of social acceptance, job security, and spiritual intelligence were able to predict psychological distress among nurses. This finding was in agreement with the findings of Mohebi et al. [39] and Jeffries et al. [40]. Social acceptance helps people show more resilience against upcoming hurdles. This is because the feeling of social acceptance brings peace and support to people, boosting their awareness about problems and reinforcing their predictive and preventive measures.

Some of the limitations of this study, similar to any other study, are as follows: the data were collected using self-reporting tools, raising the concern of somehow inaccurate responses in some cases. Furthermore, regarding the sensitivity of the issue, desirable honesty and clarity might not have been fulfilled in answering some questions. The results of this study can be interpolated to Zanjan city, and caution should be taken before their generalization to other communities. Finally, due to using convenient sampling, the participants were confined to nurses, so it is advisable to be cautious when generalizing the results to other groups of healthcare workers.

Conclusion

Based on our findings, the following recommendations can be offered: holding in-service workshops to promote nurses' spiritual beliefs, the use of specialized psychological counseling, holding artistic and spiritual-religious events for boosting spiritual intelligence, recruitment and hiring of nurses based on their interests and specialized capabilities, strengthening the professional and communication skills of employees to safeguard job security and social acceptance, and implementing in-service training courses for improving emotional regulation and reducing psychological distress among nurses and healthcare workers.

Ethical Consideration

During this research, the following ethical issues were observed: obtaining informed consent from the participants, using anonymous codes for participants who wished their names to remain concealed, presenting the results to the participants upon their request, observing trustworthiness and confidentiality of information and findings, and participants being free to withdraw from the study or discontinue the tests at any moment. This research was the result of an MSc. thesis in the field of clinical psychology and was approved under the ethics code of IR.IAU.Z.REC.1401.040 by Islamic Azad University, Zanjan Branch.

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Conflict of interest

The authors declare no conflict of interest.

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Authors' contributions:

A) Ahmadi: Research idea and study design, obtaining permissions for conducting the research, assessing the validity and reliability of the data collection tools, and entering the data into SPSS software.

B) Masoumi: Statistical analysis of the data, drafting the manuscript. All authors read and approved the final manuscript.

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