

# Mental well-being and social support perceptions of nurses working in a Covid-19 pandemic hospital

Fatma Ersin<sup>1</sup>  | Suzan Havlioglu<sup>2</sup>  | Sibel Ceylan Gur<sup>3</sup> 

<sup>1</sup>Department of Public Health Nursing, Faculty of Health Sciences, Harran University, Sanliurfa, Turkey

<sup>2</sup>Health Services Vocational School, Department of Anesthesia Technician, Harran University, Sanliurfa, Turkey

<sup>3</sup>Department of Nursing, Provincial Health Directorate Mehmet Akif Inan Training Research Hospital, Sanliurfa, Turkey

## Correspondence

Fatma ERSİN, Department of Public Health Nursing, Faculty of Health Sciences, Harran University, Osmanbey Campus, Haliliye, Sanliurfa 63100, Turkey.

Email: fatmaersin1@gmail.com

## Abstract

**Purpose:** This study was conducted to determine the mental well-being and social support perceptions of nurses working in a Covid-19 pandemic hospital.

**Design and Methods:** This study used a cross sectional design. The sample included 333 volunteer nurses.

**Findings:** Based on the marital and income statuses of the nurses, there was a significant difference between the multidimensional scale of perceived social support family subscale ( $p < 0.05$ ). There was a positive, weakly significant relationship between the nurses' mental well-being and their perception of social support ( $r = 0.381$ ;  $p < 0.05$ ).

**Practice Implications:** In conclusion, protective measures must be increased and social networks must be promoted to increase the mental well-being and social support levels of nurses.

## KEYWORDS

mental well-being, nurses, social support

## 1 | INTRODUCTION

The novel coronavirus pandemic (COVID-19) is an important international public health problem, unprecedented in modern history.<sup>1</sup> Those who are at the highest risk of encountering the infection are health professionals.<sup>2</sup> Among health care professionals, nurses, who are primarily responsible for patient care, are affected the most psychologically and are at the highest risk of becoming ill.<sup>3</sup> Therefore, the mental well-being of nurses may be negatively affected during pandemics. According to the World Health Organization (2004), mental well-being is defined as being aware of one's own abilities, overcoming the stress that occurs throughout life, being productive and beneficial in one's work life, and contributing to the society in line with one's abilities.<sup>4</sup>

Studies have shown that individuals with high mental well-being have better psychological and physical health, better quality of life, higher creativity, better relationships with other people, more productive work environments as well as longer lives.<sup>4-6</sup> Therefore, mental well-being is an important factor at individual, environmental, and social levels<sup>7,8</sup> and may affect the service provided by nurses.

Considering the negative effects during a pandemic, investigating the possible factors necessary for improving the mental health of health care professionals and sustaining their productivity is important.<sup>9</sup> Of the effective factors reported in the literature, social support has been accepted as a protective factor for mental health.<sup>10</sup> Social support refers to the care and support that people perceive as being provided by others.<sup>11</sup> Social support makes individuals feel spiritually better.<sup>12</sup> In addition, studies in different samples have demonstrated a relationship between social support and mental health.<sup>13-16</sup> There are studies on social support perceptions of nurses during the COVID-19 pandemic.<sup>17</sup> However, to our knowledge, there are no studies examining the social support perceptions and mental well-being levels of nurses. A limited number of studies have focused on social and psychological supports.<sup>17</sup> Determining the mental well-being and social support perceptions of nurses during the pandemic is important to protect or develop health and planning services. Our study will enable the evaluation of mental health and social support perceptions of nurses during the pandemic. In addition, it will guide the planning of interventions that will increase the mental well-being of nurses and their perception of social support. Therefore, this study was conducted to determine the mental well-being and social support perceptions of nurses working in a COVID-19 pandemic hospital.

## 2 | METHODS

### 2.1 | Type of study

This is a cross sectional study.

### 2.2 | Place and time of study

This study was conducted in a pandemic hospital in Turkey between July 30, 2020 and August 25, 2020.

### 2.3 | Study sample

The study population consisted of nurses working in a pandemic hospital in Turkey ( $N = 400$ ). The sample size was aimed to reach at least 197 people with 50% unknown prevalence, 1% absolute deviation and 95% confidence level. A total of 333 nurses participated in the study. This sample size was calculated using OpenEpi, Version 3 (2013), an open-source calculator.

### 2.4 | Data collection tools

An introductory information form, the Warwick–Edinburgh Mental Well-being Scale (WEMWBS) and the multidimensional scale of perceived social support (MSPSS) were used to collect data.

#### 2.4.1 | Introductory information form

This form comprises 19 questions on sociodemographic characteristics and coronavirus.<sup>18,19</sup> The introductory information form includes questions such as the sociodemographic of nurses, the unit they work in, their quarantine status, their use of personal protective equipment, their status of being diagnosed with COVID-19, the measures adopted to avoid transmitting the virus to their family and the status of following the media on COVID-19.

#### 2.4.2 | Warwick–Edinburgh Mental Well-being Scale

This scale was developed by Tennant et al.<sup>8</sup> to measure the mental well-being levels in individuals living in England.<sup>8</sup> The validity and reliability study in Turkey was conducted by Keldal.<sup>7</sup> WEMWBS comprises 14 items and deals with the positive mental health of individuals by including both psychological and subjective well-being. The scale used was a 5-point Likert scale. The minimum score on the scale is 14 points, and the maximum score is 70 points. All items in the scale are positive. The scoring of the scale is as follows: 1 = *strongly disagree*, 2 = *disagree*, 3 = *neither agree nor disagree*, 4 = *agree*, and 5 = *strongly agree*. The Cronbach's alpha coefficient of the scale was 0.89. In this study, the Cronbach's alpha coefficient of the scale was found to be 0.91. There is no cut-off point in the

scale. Higher scores from the scale indicate better mental (psychological) well-being.<sup>7</sup>

#### 2.4.3 | Multidimensional scale of perceived social support (MSPSS)

This scale was developed by Zimet et al.<sup>20</sup> in 1988. The validity and reliability in Turkey were first conducted by Eker et al.<sup>21</sup> in 1995, and the results were satisfactory. The validity and reliability study of the revised form of the scale was reperformed by Eker et al.<sup>21</sup> in 2001, and it was found that the support sources showed consistency and the internal consistency of the scales was acceptable. This scale comprises 12 items and three subdimensions. These subdimensions include family, friends, and any significant other. Each item is graded using a 7-point scale. The practitioner can give at least 1 point to a statement s/he does not agree with, and a maximum of 7 points to a statement s/he agrees with. Perceived social support increases as the score given to each item increases. The subscale score is calculated by summing the scores of the four items in each subscale, and the total score of the scale is calculated by summing the scores of all subscales. The lowest score that can be obtained from the scale is 12, and the highest score is 84. A high score indicates that the perceived social support is high. Reliability scores of the scale and subscales are as follows: total: 0.89, family: 0.85, friends: 0.88, significant other: 0.92.<sup>21</sup> In this study, the Cronbach's alpha values of the scale and its subscales are as follows: total: 0.92, family: 0.89, friends: 0.90 and significant other: 0.90.

### 2.5 | Data collection

After the nurses were informed about the study, those who agreed to participate in the study were provided with data collection forms. The forms were collected after being filled out by the nurses. Filling out the data collection forms took 5 min on average. During the data collection process, necessary measures were adopted to protect against the COVID-19 pandemic.

### 2.6 | Data analysis

The Statistical Package for the Social Sciences (SPSS) 22.00 package software was used to evaluate the data. In the study, number, percentage, and mean values were used in descriptive statistics. Shapiro–Wilk  $W$  test was performed to analyze if the data followed normal distribution. Among the parametric tests,  $t$  test and one-way analysis of variance were used to compare the groups with normal distribution. In comparison of the groups without normal distribution, the nonparametric Mann–Whitney  $U$  and Kruskal–Wallis  $H$  tests were used. Pearson correlation analysis was performed to analyze the relation between the mean scores on the mental well-being scale and those on the MSPSS.

## 2.7 | Ethical considerations

To conduct the study, permission was obtained from the Republic of Turkey Ministry of Health General Directorate of Health Services COVID-19 Scientific Research Evaluation Commission, Clinical Research Ethics Committee (decision no.: 27.04.2020/08/13), relevant institutions and individuals participating in the study.

## 3 | RESULTS

A total of 52.6% of the nurses who participated in the study were women, 56.5% were married, 79.4% had an associate degree/undergraduate degree, 60.1% had been working as nurses for 1–5 years, and 73.6% had a middle income status (Table 1). In addition, the mean age of the nurses was  $29.69 \pm 6.28$  years.

Of the nurses, 31.5% stated that they perceived their health to be good, 61.3% perceived it to be moderate and 7.2% perceived it to be poor. Of the participants, 61.6% stated that they cared for COVID-19 positive patients, 57.7% had storage COVID-19, 56.8% had undergone the COVID-19 test, 11.4% were quarantined, and 95.5% used protective equipment while working. In addition, 82.9% of the nurses stated that they followed the news in the media about COVID-19. Only 39% of the nurses stated that they received support; 79.9% of those who received support stated that they received this support from their families and relatives, 2.4% from the institution and 17.7% from all of them.

The WEMWBS mean score of the participating nurses was  $48.98 \pm 9.99$ . Their mean score for the MSPSS was  $59.55 \pm 16.09$ . The mean score for the MSPSS family subscale was  $22.19 \pm 5.83$ , that on the friend subscale was  $19.63 \pm 5.99$  and that on the significant other subscale was  $17.72 \pm 7.32$ .

There was no significant difference between the mean scores on the WEMWBS and those on the MSPSS according to age, gender, marital status, years of employment, education, and income levels of the nurses ( $p > 0.05$ ). Based on the marital and income statuses of the nurses, there was a significant difference between the MSPSS family subscale ( $p < 0.05$ ; Table 2).

The mental well-being scale and MSPSS mean scores of the nurses who perceived that their health was good and thought that they were supported during the pandemic were significantly higher ( $p < 0.05$ ). In addition, the mental well-being scale mean scores of nurses who thought they were COVID-19 positive were significantly lower ( $p < 0.05$ ). The mean scores of the multidimensional social support scale were significantly higher in quarantined nurses ( $p < 0.05$ ; Table 3). In addition, there was a statistically significant difference between receiving support during the pandemic and the mean mental well-being scale and multidimensional perceived social support scale scores of the nurses ( $p < 0.05$ ).

Thus, a positive, weak and significant relationship was observed between the nurses' mental well-being and their perception of social support ( $r = 0.381$ ;  $p < 0.05$ ; Table 4).

## 4 | DISCUSSION

During the COVID-19 pandemic, high mental well-being and social support perceptions of nurses are crucial in protecting and improving both their own health and the health of the individuals they care for. Therefore, this study was conducted to determine the mental well-being and social support perceptions of nurses working in a pandemic hospital.

This study found that neither the mental well-being scale mean scores nor the multidimensional perceived social support scale mean scores of the nurses were at the desired level. In a study, social support levels were found to be low in a study conducted with nursing students.<sup>22</sup> In literature, health care professionals with a high level of social support have been reported to be likely to have a high level of mental health.<sup>23</sup> This result obtained from in this study is critical in terms of reflecting the health status of nurses during the COVID-19 pandemic. The fact that more than half of the nurses provided care to patients with a diagnosis of COVID-19 may have affected this result. In addition, the mean scores of the nurses on the MSPSS were higher than those on other subdimensions. Other studies support the results of our study.<sup>24–26</sup> This result from our study is important as it shows that support from family is stronger during the pandemic.

In this study, there was no significant difference in nurses' gender, marital and educational statuses, and their perception of social support.

**TABLE 1** Socio-demographic characteristics of nurses ( $n = 333$ )

Characteristics	<i>n</i>	%
Age		
18–27 years	160	48.0
28–52 years	173	52.0
Gender		
Female	175	52.6
Male	158	47.4
Marital status		
Married	188	56.5
Single	145	43.5
Educational status		
Health vocational high school	32	9.6
Associate degree/undergraduate	263	79.4
Post graduate	38	11.4
Working year		
1–5 years	200	60.1
6–30 years	133	39.9
Income status		
Good	40	12.0
Midle	245	73.6
Bad	48	14.4
Total	333	100.0

**TABLE 2** Comparison of nurses' Warwick–Edinburgh Mental Well-being Scale and multidimensional scale of perceived social support scores with some variables

Variables	WEMWBS $\bar{X} \pm SD$	MSPSS $\bar{X} \pm SD$	Family/subscale $\bar{X} \pm SD$	Friends/subscale $\bar{X} \pm SD$	Significant other subscale $\bar{X} \pm SD$
Age					
18–27	48.53 ± 9.42	59.70 ± 15.21	22.51 ± 5.49	19.58 ± 5.67	17.60 ± 7.43
28–52	49.39 ± 10.49	59.42 ± 16.92	21.90 ± 6.12	19.68 ± 6.29	17.83 ± 7.23
	<i>p</i> = 0.429*	<i>p</i> = 0.872*	<i>p</i> = 0.340*	<i>p</i> = 0.885*	<i>p</i> = 0.774*
Gender					
Female	48.12 ± 9.87	59.10 ± 16.41	20.00 ± 6.05	19.10 ± 5.77	19.99 ± 5.67
Male	49.93 ± 10.05	60.06 ± 15.77	20.08 ± 5.64	19.74 ± 5.73	20.23 ± 5.52
	<i>p</i> = 0.098*	<i>p</i> = 0.587*	<i>p</i> = 0.891*	<i>p</i> = 0.318*	<i>p</i> = 0.697*
Marital status					
Married	49.27 ± 9.43	60.70 ± 16.14	23.18 ± 5.62	19.62 ± 6.16	17.89 ± 7.55
Single	48.60 ± 10.68	58.06 ± 15.97	20.91 ± 5.86	19.64 ± 5.78	17.50 ± 7.03
	<i>p</i> = 0.548*	<i>p</i> = 0.138*	<b><i>p</i> = 0.001*</b>	<i>p</i> = 0.975*	<i>p</i> = 0.585*
Working year					
1–5 years	48.51 ± 10.33	60.02 ± 15.96	20.17 ± 5.84	19.49 ± 5.63	20.35 ± 5.62
6–30 years	49.69 ± 9.44	58.56 ± 16.33	19.84 ± 5.89	19.27 ± 5.94	19.74 ± 5.55
	<i>p</i> = 0.291*	<i>p</i> = 0.522*	<i>p</i> = 0.612*	<i>p</i> = 0.740*	<i>p</i> = 0.333*
Educational status					
Health vocational high School	48.96 ± 10.44	59.75 ± 14.23	19.84 ± 5.14	19.62 ± 4.80	20.28 ± 5.44
Associate degree/undergraduate	48.71 ± 10.11	58.77 ± 16.11	19.85 ± 5.92	19.11 ± 5.75	19.80 ± 5.61
Post graduate	50.86 ± 8.66	64.81 ± 16.84	21.47 ± 5.90	21.28 ± 6.21	22.05 ± 5.31
	<i>p</i> = 0.462**	<i>p</i> = 0.096**	<i>p</i> = 0.278**	<i>p</i> = 0.090**	<i>p</i> = 0.067**
Income status					
Good	49.85 ± 11.27	62.07 ± 17.85	21.02 ± 6.63	20.07 ± 6.09	20.97 ± 6.07
Midle	48.98 ± 9.73	60.06 ± 15.69	20.24 ± 5.71	19.54 ± 5.61	20.26 ± 5.45
Bad	48.25 ± 10.29	54.89 ± 16.06	18.18 ± 5.62	18.14 ± 6.11	18.56 ± 5.73
	<i>p</i> = 0.757*	<i>p</i> = 0.072*	<b><i>p</i> = 0.044*</b>	<i>p</i> = 0.225*	<i>p</i> = 0.089*

Note: Bold values indicate the values that are statistically significant. \*Independent-samples *t* test; \*\*One-way analysis of variance.

Abbreviations: MSPSS, Multidimensional Scale of Perceived Social Support Scale; WEMWBS, Warwick–Edinburgh Mental Well-being Scale.

Similar results were obtained in the study by Kılınc and Çelik.<sup>25</sup> The mean mental well-being scale scores of the nurses with professional experience  $\geq 6$  years were higher than those of nurses with professional experience less than 6 years. In addition, the social support perception of nurses with professional experience  $\geq 6$  years was lower than that of nurses with professional experience less than 6 years. Social support is deemed essential in terms of career and well-being in maintaining the nursing profession.<sup>27</sup> Similar to this study, the study by Vahedian-Azimi et al.<sup>28</sup> has shown that an increase in working years decreases social support. Another study reported that nurses with professional experience  $\geq 11$  years had higher perceptions of social support.<sup>25</sup> In a different study conducted with intensive care nurses, who are reported to have high critical thinking

skills, perceived social support, stress and communication were found to decrease with an increase in the number of working years.<sup>29</sup> Another study has found a significant negative relationship between working years and social support perceptions.<sup>30</sup> As the work experience (years) of nurses increase, their mental well-being levels are expected to be high and their social support perceptions to be low. This may be an indication that nurses cope with problems more efficiently as their experience increases. In addition, imposing more responsibilities on nurses with more working years during the pandemic may have limited social communication.

In the study, the mean mental well-being and perceived social support scores of the nurses who perceived their health as good were

**TABLE 3** Comparison of nurses' Warwick–Edinburgh Mental Well-being Scale and multidimensional scale of perceived social support scores with some variables

Variables	WEMWBS $\bar{X} \pm SD$	MSPSS $\bar{X} \pm SD$	Family subscale $\bar{X} \pm SD$	Friends subscale $\bar{X} \pm SD$	Significant other subscale $\bar{X} \pm SD$
Perception of health					
Good	53.04 ± 8.39	65.02 ± 15.45	23.75 ± 4.97	21.35 ± 5.64	19.92 ± 7.06
Midle	47.70 ± 9.88	57.59 ± 15.96	21.64 ± 6.00	19.16 ± 5.88	16.77 ± 7.25
Bad	42.04 ± 10.88	52.33 ± 13.56	20.04 ± 6.46	16.12 ± 6.35	16.16 ± 7.15
	<b><i>p</i> = 0.001**</b>	<b><i>p</i> = 0.001**</b>	<b><i>p</i> = 0.005**</b>	<b><i>p</i> = 0.001**</b>	<b><i>p</i> = 0.001**</b>
Caring for Covid 19 patients					
Yes	48.35 ± 9.68	58.60 ± 15.42	21.99 ± 21.99	19.45 ± 5.71	17.35 ± 7.10
No	49.99 ± 10.41	60.77 ± 17.12	22.52 ± 22.51	19.92 ± 6.42	18.32 ± 7.65
	<i>p</i> = 0.145*	<i>p</i> = 0.277*	<i>p</i> = 0.429*	<i>p</i> = 0.482*	<i>p</i> = 0.237*
Suspected Covid-19					
Yes	46.88 ± 9.98	58.45 ± 16.41	21.97 ± 6.03	19.10 ± 6.08	17.37 ± 7.40
No	51.83 ± 9.29	61.06 ± 15.58	22.49 ± 5.55	20.36 ± 5.81	18.20 ± 7.20
	<b><i>p</i> = 0.001*</b>	<i>p</i> = 0.144*	<i>p</i> = 0.420*	<i>p</i> = 0.058*	<i>p</i> = 0.307*
Had undergone the COVID-19 test					
Yes	48.28 ± 9.33	59.52 ± 15.71	22.21 ± 5.66	19.66 ± 5.82	17.64 ± 7.14
No	49.90 ± 10.74	59.59 ± 16.64	22.16 ± 6.06	19.59 ± 6.23	17.83 ± 7.56
	<i>p</i> = 0.142*	<i>p</i> = 0.970*	<i>p</i> = 0.938*	<i>p</i> = 0.917*	<i>p</i> = 0.817*
Followed the news in the media about COVID-19					
Yes	49.72 ± 9.25	60.19 ± 16.18	22.43 ± 5.83	19.75 ± 5.96	18.00 ± 7.36
No	45.40 ± 12.47	56.49 ± 15.46	21.03 ± 5.71	19.07 ± 6.14	16.38 ± 6.99
	<b><i>p</i> = 0.016*</b>	<i>p</i> = 0.114*	<i>p</i> = 0.099*	<i>p</i> = 0.434*	<i>p</i> = 0.129*
Quarantined					
Yes	48.84 ± 11.25	65.10 ± 16.53	23.36 ± 5.27	21.21 ± 6.24	20.52 ± 7.02
No	49.00 ± 9.83	58.84 ± 15.92	22.04 ± 5.88	19.43 ± 5.94	17.36 ± 7.29
	<i>p</i> = 0.927*	<b><i>p</i> = 0.024*</b>	<i>p</i> = 0.188*	<i>p</i> = 0.086*	<b><i>p</i> = 0.012*</b>
Receive support during the pandemic process					
Yes	51.83 ± 8.98	63.45 ± 15.32	23.00 ± 5.52	21.10 ± 5.36	19.33 ± 7.01
No	47.15 ± 10.19	57.06 ± 16.11	21.67 ± 5.97	18.69 ± 6.19	16.69 ± 7.34
	<b><i>p</i> = 0.001*</b>	<b><i>p</i> = 0.001*</b>	<b><i>p</i> = 0.042*</b>	<b><i>p</i> = 0.001*</b>	<b><i>p</i> = 0.001*</b>

Note: Bold values indicate the values that are statistically significant. \*Independent-samples *t* test; \*\*Kruskal–Wallis analysis.

Abbreviations: MSPSS, Multidimensional Scale of Perceived Social Support Scale; WEMWBS, Warwick–Edinburgh Mental Well-being Scale.

higher than those of the nurses who perceived their health as moderate or poor. This is an expected result as the perception of health is based on individuals' evaluations of their own health conditions in general and is a simple but powerful indicator reflecting the multidimensionality of health and enables the individual to evaluate his/her biological, mental, and social status.<sup>3</sup>

In this study, the mean mental well-being and perceived social support scores of the nurses who cared for patients diagnosed with COVID-19 were lower than those of the nurses who did not. Nurses who thought they had COVID-19 had lower mental well-being and perceived social support scores

than those of the nurses who did not. In addition, the mental well-being and perceived social support mean scores of the nurses who took the COVID-19 test were lower than those of the nurses who did not. Based on the literature, the group most likely to be exposed to the virus during the pandemic includes health care professionals<sup>3</sup> and their psychology has been reported to be affected more.<sup>31</sup> The COVID-19 pandemic presents significant challenges for the health care system. The low mental well-being of nurses who care for patients diagnosed with COVID-19 during the pandemic is an expected result. In addition, the result may have been affected by the fact that nurses are in closer contact with patients and this creates tension. In addition, working with patients diagnosed with

**TABLE 4** Correlation analysis of Warwick–Edinburgh Mental Well-being Scale and multidimensional scale of perceived social support scale scores

	WEMWBS	MSPSS	Family subscale	Friends subscale	Significant other subscale
WEMWBS	1				
MSPSS	0.381**	1			
Family subscale	0.301**	0.768**	1		
Friends subscale	0.369**	0.880**	0.550**	1	
Significant other subscale	0.296**	0.867**	0.442**	0.677**	1

Note: \*\* $p < 0.01$ .

Abbreviations: MSPSS: Multidimensional Scale of Perceived Social Support; WEMWBS, Warwick–Edinburgh Mental Well-being Scale.

COVID-19 caused a decrease and restrictions in social communication. Therefore, low social support perception is an expected result.

In this study, the mean scores of the mental well-being of the nurses who were quarantined were lower than those of the nurses who were not, and their perceived social support mean scores were higher. In a systematic review that investigated the psychosocial effects of quarantine measures in severe coronavirus pandemics before the COVID-19 pandemic and examined 13 studies, it was found that quarantine measures are associated with negative psychosocial outcomes.<sup>32</sup> Mental health of the nurses who are quarantined is expected to be negatively affected due to the negative effects of the disease. In addition, individuals in quarantine are supported by social support sources such as their families, friends, and immediate surroundings. This may explain why nurses in quarantine have a higher perception of social support than those who are not in quarantine.

A positive, weakly significant relationship was identified between the nurses' mental well-being and their perception of social support. Studies conducted with different samples have reported a positive relationship between social support and mental health.<sup>12,15</sup> A meta-analysis study stated that the average effect size between general well-being variables and social support is 0.36, and indicating a positive relationship.<sup>33</sup> In the literature, it was reported that social support reduced anxiety and stress levels in health care professionals and nurses engaging with the treatment and care of patients with COVID-19<sup>11</sup> and prevented the deterioration of both mental and physical health of nurses.<sup>32,34</sup> In a study of nursing students, regression analysis revealed that resilience, coping, family support, friends support, and significant others support significantly predicted psychological well-being.<sup>35</sup> In another study, there was no significant difference between receiving support and subjective well-being.<sup>36</sup> Based on this study, it can be concluded that social support is an important determinant of mental well-being.

## 5 | CONCLUSION AND SUGGESTIONS

This study infers that the mental well-being and social support perceptions of nurses are not at the desired level. It is seen that there is a significant relationship between the mental well-being of nurses and their perception of social support. Considering that social support is an important factor in protecting mental health, establishing support systems at both institutional and national levels to strengthen social support networks is necessary. By increasing the number of nurses in

clinics, it can be ensured that nurses spend more time for themselves. They will also have more time to communicate more with their families, friends, and colleagues.

Most of the nurses work with patients with COVID-19. Therefore, adopting measures to reduce intense working conditions and COVID-19 exposure during effective service provision will positively affect mental health. In addition, effective pandemic management and case control practices will support employees in protecting their psychosocial health.

Considering that there is a relationship between the mental well-being and social support perceptions of nurses, studies should be conducted covering all health care professionals.

## 6 | IMPLICATIONS FOR NURSING PRACTICE

The results obtained from this study reveal the current situation of nurses during the pandemic process. For this reason, it is important to provide counseling services to strengthen the mental well-being and social support status of nurses during nursing practices. In addition, qualitative studies can be recommended to determine the factors that affect nurses' mental well-being and social support. The results obtained from these qualitative studies will help nurses to plan interventional nursing studies for the development of mental well-being and social support networks.

## 7 | LIMITATIONS OF THE STUDY

The results of this study are limited to the nurses who worked in the hospital at the time of the study and agreed to participate in the study. These results can only be generalized to the nurses in the hospital where the study was conducted.

### CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

### DATA AVAILABILITY STATEMENT

Statement regarding the data availability statement: research data are not shared.

## ORCID

Fatma Ersin  <https://orcid.org/0000-0001-7851-8625>

Suzan Havlioglu  <https://orcid.org/0000-0001-5593-5688>

Sibel Ceylan Gur  <https://orcid.org/0000-0002-8858-4922>

## REFERENCES

- World Health Organization, 2020. State of the world's nursing 2020: Investing in education, jobs and leadership. Retrieved from <https://www.who.int/publicationsdetail/nursing-report-2020>
- Wang C, Pan R, Wan X, et al. Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. *Int J Environ Res Public Health*. 2020;17(5):1729. <https://doi.org/10.3390/ijerph17051729>
- Tuncay FE, Koyuncu E, Özel Ş. A Review of protective and risk factors affecting psychosocial health of healthcare workers in pandemics. *Ankara Med J*. 2020;20(2):488-501. <https://doi.org/10.5505/amj.2020.02418>
- Keyes CLM, Dhingra SS, Simoes EJ. Change in level of positive mental health as a predictor of future risk of mental illness. *Am J Public Health*. 2010;100:2366-2371. <https://doi.org/10.2105/AJPH.2010.192245>
- Hatampour K, Hoveida F, Rahimaghaee F, Babaeiamiri N, Ashoori J. The nurses' quality of life based on burnout, perceived social support and psychological hardness. *J Res Dev Nurs Midw*, 14(1), 22-28 Retrieved from. 2017. <http://nmj.goums.ac.ir/article-1-897-en.html>
- Lyubomirsky S, King L, Diener E. The benefits of frequent positive affect: does happiness lead to success? *Psychol Bull*. 2005;131:803-855. <https://doi.org/10.1037/0033-2909.131.6.803>
- Keldal G. Turkish version of the warwick-edinburgh mental well-being scale: a validity and reliability study. *J Happiness & Well-Being*. 2015;3(1):103-115. Retrieved from <https://www.journalofhappiness.net/frontend/articles/pdf/v03i01/Psikolojikiyioluss.pdf>
- Tennant R, Hiller L, Fishwick R, et al. The warwick-edinburgh mental well-being scale (WEMWBS): development and UK validation. *Health Qual Life Outcomes*. 2007;5(1):50-63. <https://doi.org/10.1186/1477-7525-5-63>
- Hou T, Zhang T, Cai W, et al. Social support and mental health among healthcare workers during coronavirus disease 2019 outbreak: a moderated mediation model. *PLoS One*. 2020;15(5):e0233831. Retrieved from <https://doi.org/10.1371/journal.pone.0233831>
- Fiori KL, Denckla CA. Social support and mental health in middleaged men and women: a multidimensional approach. *J Aging Health*. 2012;24(3):407-438. <https://doi.org/10.1177/08982643114255087>
- Xiao H, Zhang Y, Kong D, Li S, Yang N. The effects of social support on sleep quality of medical staff treating patients with coronavirus disease 2019 (COVID-19) in January and February 2020 in China. *Med Sci Monitor*. 2020;2026:e923549. <https://doi.org/10.12659/MSM.92354>
- AlbarMarin MJ, Garcia-Ramirez M. Social support and emotional exhaustion among hospital nursing staff. *European Journal of Psychiatry*. 2005;19(2):96-106. Retrieved from <http://scielo.icsiii.es/pdf/ejpen/v19n2/original4.pdf>
- Koelmel E, Hughes AJ, Alschuler KN, Ehde DM. Resilience mediates the longitudinal relationships between social support and mental health outcomes in multiple sclerosis. *Arch Phys Med Rehabil*. 2017;98(6):1139-1148. <https://doi.org/10.1016/j.apmr.2016.09.127>
- Melrose KL, Brown GDA, Wood AM. When is received social support related to perceived supportand well-being? When it is needed. *Pers Individ Dif*. 2015;77:97-105. <https://doi.org/10.1016/j.paid.2014.12.047>
- Wang J, Mann F, Lloyd-Evans B, Ma R, Johnson S. Associations between loneliness and perceived social support and outcomes of mental health problems: a systematic review. *BMC Psychiatry*. 2018;18:156. <https://doi.org/10.1186/s12888-018-1736-5>
- Cao X, Yang C, Wang D. The impact on mental health of losing an only child and the influence of social support and resilience. *OMEGA—Journal of Death and Dying*. 2018;80(4). <https://doi.org/10.1177/0030222818755284>
- Labrague LJ, Santos JAAD. COVID-19 anxiety among front-line nurses: Predictive role of organisational support, personal resilience and social support. *J Nurs Manag*. 2020;00:1-9. <https://doi.org/10.1111/jonm.13121>
- Ağalar C, Engin DÖ. Protective measures for COVID-19 for healthcare providers and laboratory personel. *Turkish J Med Sci*. 2020;50:578-584. <https://doi.org/10.3906/sag2004-132>
- Bavel JJV, Baicker K, Boggio PS, et al. Using social and behavioural science to support COVID-19 pandemic response. *Nature Human Behaviour*. 2020;4:460-471. Retrieved from <https://doi.org/10.1038/s41562-020-0884-z>
- Zimet G, Dahlem NW, Zimet SG, Farley GK. The multidimensional scale of perceived social support. *J Pers Assess*. 1988;52(1):30-41. [https://doi.org/10.1207/s15327752jpa5201\\_2](https://doi.org/10.1207/s15327752jpa5201_2)
- Eker D, Arkar H, Yaldiz H. Factorial structure, validity, and reliability of revised form of the multidimensional scale of perceived social support. *Turkish J Psychiatr*. 2001;12(1):17-25.
- Dil S, Girgin BA. An examination of the relationship between anger, stress, hopelessness and perceived social support in nursing students. *J Psychiatr Nurs*. 2016;7(3):121-128. <https://doi.org/10.5505/phd.2016.49379>
- Jenkins R, Elliott P. Stressors, burnout and social support: nurses in acute mental health settings. *J Adv Nurs*. 2005;48(6):622-631. Retrieved from <https://doi.org/10.1111/j.1365-2648.2004.03240.x>
- Karakurt N, Ekinçi M. Relationship between social support nurses perceive and problem solving skill. *Gümüşhane University J Health Sci*. 2015;4(4):574-579.
- Kılınc T, Çelik AS. Relationship between the social support and psychological resilience levels perceived by nurses during the COVID-19 pandemic: a study from Turkey. *Perspect Psychiatr Care*. 2020;1-9. <https://doi.org/10.1111/ppc.12648>
- Kim JS, Choi JS. Factors influencing emergency nurses' burnout during an outbreak of middle east respiratory syndrome coronavirus in Korea. *Asian Nurs Res*. 2016;10(4):295-299. <https://doi.org/10.1016/j.anr.2016.10.002>
- Azım MT, İslam MM. Social support, religious endorsement, and career commitment: a study on Saudi Nurses. *Behav Sci (Basel)*. 2018;8(1):8. <https://doi.org/10.3390/bs8010008>
- Vahedian-Azimi A, Hajiesmaeili M, Kangasniemi M, et al. Effects of stress on critical care nurses: a national cross-sectional study. *J Intensiv Care Med*. 2017;34(4):311-322. <https://doi.org/10.1177/0885066617696853>
- deBoer J, van Rikxoort S, Bakker AB, Smit BJ. Critical incidents among intensive care unit nurses and their need for support: explorative interviews. *Nurs Crit Care*. 2014;19(4):166-174. <https://doi.org/10.1111/nicc.12020>
- Sayılan, AA, & Boğa, MS (2018). Determination of relationship between job stress, job demands, job control, social support level and tendency to make medical errors of nurses. *Hemşirelikte Araştırma Geliştirme Dergisi*, 20(1), 11-22.Retrieved from [http://hemarge.org.tr/ckfinder/userfiles/files/2018/1/\(2\).pdf](http://hemarge.org.tr/ckfinder/userfiles/files/2018/1/(2).pdf)
- Cardozo BL, Crawford CG, Eriksson C, et al. Psychological distress, depression, anxiety, and burnout among international humanitarian aid workers: a longitudinal study. *PLoS One*. 2012;7(9):e44948. <https://doi.org/10.1371/journal.pone.0044948>
- Röhr S, Muller F, Jung F, Apfelbacher C, Seidler A, Riedel-Heller SG. Psychosocial impact of quarantine measures during serious coronavirus outbreaks: a rapid review. *Psychiatr Prax*. 2020;47(4):179-189. <https://doi.org/10.1055/a-1159-5562>
- Yalçın I. Relationships between well-being and social support: a meta-analysis of studies conducted in Turkey. *Turkish J Psychiatr*. 2015;26(1):21-32. <https://doi.org/10.5080/u7769>
- Özgür G, Nehir S, Çuhadar D. Factors that effect social support of nurses who work in mental health hospital. *J Ege Univ Nurs High School*. 2010;26(1):25-38.

35. Malkoç A, Yalçın İ. Relationships among resilience, social support, coping, and psychological well-being among university students. *Turkish Psychological Counseling and Guidance Journal*. 2015;5(43):35-43 Retrieved from. <http://turkpdrrdergisi.com/index.php/pdr/article/view/4/5>
36. Tian Q. Intergeneration social support affects the subjective well-being of the elderly: mediator roles of self-esteem and loneliness. *J Health Psychol*. 2016;21(6):1137-1144. Retrieved from <https://doi.org/10.1177/1359105314547245>

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