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Original Research

The influence of workload during the COVID-19 pandemic on the social life of the nurses

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Abstract

Background: Nurses have been the frontline fighters during the COVID-19 pandemic. This challenge has placed nurses under tremendous workload pressure, which has, in turn, affected many aspects of their lives. During the COVID-19 pandemic in Saudi Arabia, many hospitals and healthcare systems have been adversely affected. However, few studies have examined the impact of workload during the COVID-19 pandemic on nurses' social lives.

Objective: This study aimed to examine the relationship between the workload during the COVID-19 pandemic and its impact on the social life of nurses.

Methods: A quantitative cross-sectional design was employed in this study. An online questionnaire was used for data collection between April and May 2021 among 204 nurses. The frequencies, percentage, mean, and standard deviation were computed to describe the results. In addition, the Chi-squared test was conducted to test the relationships among variables.

Results: There were 73.53% female and 26.47% male respondents with a mean age of 27.64 ± 10.62 years, and the majority of the participants were Saudi (87.25%) and single (52.45%). The mean score of the impact of the COVID-19

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pandemic and work pressure on nurses' social lives was 7.31 ± 1.84 out of 10. There was a significant relationship between workload during the COVID-19 pandemic and the social life of nurses ($p < 0.05$).

Conclusion: The study revealed how the workload in the hospital during the pandemic period affected the healthcare workers' social lives, especially nurses. Therefore, it is necessary to support nurses and know their needs during the pandemic, which may reduce their workload to improve their work/life balance and performance. The other lessons learned from the pandemic are that the hospitals should focus more on providing a training program for nurses on a crisis preparedness plan and positive coping techniques.

Keywords

COVID-19; pandemic; social life; nurses; workload; frontline; Saudi Arabia

Background

A new type of coronavirus was discovered in Wuhan, China, in December 2019. At first, a seafood market in Wuhan was linked to the spread of the virus (Zhu et al., 2020). Then, several patients presented with pneumonia, and after investigations, the virus was named SARS-CoV-2 (Huang et al., 2020) in January 2020**.** The World Health Organization and International Health Regulations Emergency Committee announced the illness as a worldwide pandemic on March 11, 2022. At that time, the virus had infected over seven million people worldwide (WHO, 2022). Of all the affected countries in the world, Saudi Arabia was one of the first to take precautions and implement restrictions. The Ministry of Health (MOH) begin public awareness of the virus transmission patterns and the importance of quarantine (Alahdal et al., 2020).

Saudi Arabia announced its first case of COVID-19 in March 2020 (MOH News, 2020). The government responded instantly to the report, and very rapidly, precautionary measures were undertaken involving online awareness campaigns to encourage the public to follow MOH instructions. A lockdown was put in place in Saudi Arabia on March 23, with restrictions on traveling across the country (Saudi Press Agency, 2020). The increasing prevalence of COVID-19 cases resulted in massive challenges for healthcare systems. In November 2020, over three hundred thousand cases were reported in Saudi Arabia (Algaissi et al., 2020). Therefore, the MOH assigned twenty-five hospitals throughout the Kingdom to deal with COVID-19 and suspected cases to control the spread and minimize hospital-associated disease transmission.

As COVID-19 is a highly contagious disease that transmits from an infected person when they sneeze, cough, or breathe, in-depth precautionary measures

were considered, including intensive infection control training for healthcare professionals (Galehdar et al., 2021) since they are at high risk of transmitting the virus to family members and colleagues. In particular, nurses were at increased risk of infection during the pandemic as their work required close personal exposure to COVID-19 patients, which may contribute to further spread outside the hospital. Moreover, an alarming rise in workload was experienced by the healthcare sector in the early days due to the rapidly increasing rate of cases and a shortage of nursing staff (Aboshaiqah, 2020; Nazliansyah & Gunawan, 2022). In addition, nurses must follow strict infection control measures with inadequate personal protective equipment (PPE) (Shoja et al., 2020). Nurses were the frontline fighters who took up the challenge with great resolve, working around the clock and putting their lives on pause during the early crisis stages of the pandemic. Hence, a lot of issues affect nurses' social lives due to work overload.

Nurses' social lives became strained, and they felt afraid and anxious because of concerns that the highly infectious virus could affect them and their families. These concerns led them to socially isolate themselves from their friends and families for long periods during the pandemic. Many stayed in basements, campers, hotel rooms, backyard tents, and even in their vehicles after their shifts ended to protect the people they love from infection. Those who opted to return home had to undergo a careful self-decontamination before entering their houses. All these factors affected them as human beings. They lacked sources of social support, which is considered an essential aspect of balancing a person's health. In particular, during the COVID-19 pandemic, moral, psychological, and social support for healthcare providers were necessary to control their negative feelings and maintain continuity of care (Al Thobaity & Alshammari, 2020).

According to Almaghrabi et al. (2020), tension, workload, the perception of the lethality of COVID-19, and the impact of the pandemic on social relationships resulted in slightly more than three-quarters (77.8%) of nurses leaving their jobs during the COVID-19 pandemic. Many healthcare workers, including nurses, have been affected during the pandemic by work overload and social isolation. These aspects and their impact have not been studied before in Saudi Arabia. Therefore, the purpose of this study was to identify the impact of workload during the COVID-19 pandemic on the social life of nurses in Saudi Arabia.

Methods

Study Design

A quantitative cross-sectional research design was adopted to determine the impact of workload during the pandemic on the social life of nurses working in the King Abdulaziz University Hospital (KAUH) in Jeddah, Saudi Arabia.

Participants

A total sampling of 204 nurses from KAUH who directly interacted with COVID-19 patients during the pandemic participated in this study.

Instruments

A self-administered online questionnaire was used, which was adopted from the Central Statistics Office (2021). The questionnaire includes three parts. The first part (A) is related to demographic data of the nursing participants, including age, nationality, marital status, gender, and the number of people living in the household. The second part (B) assesses the nature of the participants' work during the period of the pandemic, including questions about the unit they worked in, whether they changed units during the pandemic, the number of years of experience, the number of hours worked during the pandemic, and the number of days off work. The last part (C) is an investigation into how COVID-19 has impacted the nurse participants' social lives.

To test reliability, Cronbach's alpha coefficient was used to assess the workload dimensions during COVID-19 impact (0.80) and social impact (0.61) to ensure that the questionnaire would produce stable and reliable results. As a result, the internal validity of the questionnaire was 0.78. In addition, a positive correlation was found between the workload of nurses and its impact on social life and the unit of work ($r = 0.23$), with an error level of 0.01.

Data Collection

A web-based self-administered questionnaire was distributed to nurses working in the emergency room, intensive care units, and isolation units in KAUH. The period of receiving responses was between April and May 2021. An informed consent declaration was included on the first page of the online questionnaire, and confidentiality was maintained for all participants.

Data Analysis

Data were analyzed using SPSS version 23.0. The frequencies, percentage, mean, and standard deviation were computed for the description. In addition, the chi-squared test was conducted to test the relationship between workload during the COVID-19 pandemic and the social life of nurses. A *p*-value less than 0.05 was considered statistically significant.

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Ethical Considerations

Ethical approval was obtained from the ethical research committee in the Faculty of Nursing at King Abdulaziz University on February 24, 2021 (Serial No: Ref No 249-21). Further approval was obtained from the hospital where the study was undertaken. An online questionnaire was distributed to a target population of nurses who worked in KAUH during the COVID-19 pandemic. Before they participated in the study, informed consent information was provided that allowed participants to read the details of the research and decide whether they wished to participate; furthermore, all participants were assured that their responses would be completely anonymous.

Results

Demographic Data

A total of 204 nurses participated in the study, and no missing data were found. The study population comprised 73.53% females and 26.47% males with a mean age of 27.64 ± 10.62 years. Most participants were Saudi (87.25%), and more than half were single (52.45%). Three-quarters of participants had between two and seven people living in their household. The results show that 40.20% had more than five years of experience (Table 1).

Table 1 Distribution of the studied sample according to sociodemographic characteristics of nurses (N = 204)

Factor		*n*	%	Mean ± SD
Age				27.64 ± 10.62
Gender	Female	150	73.53%	
	Male	54	26.47%	
Nationality	Saudi	178	87.25%	
	Non-Saudi	26	12.75%	
Marital status	Married	97	47.55%	
	Single	107	52.45%	
People (including yourself) living in the household	Alone	18	8.81%	
	2–4	77	37.75%	
	5–7	78	38.24%	
	More than 7	31	15.20%	
Experience	Junior	60	29.41%	
	2–4 Years	62	30.39%	
	More than 5 years	82	40.20%	

As shown in Table 2, the 204 nurses who participated in the study worked across more than five units, 66.18% had changed their unit, 63.24% worked 12 hours a day, 42.16% had three days off, and 40.20% had one day off. Of the participants, 71.57% felt that their family and friends were afraid of catching the infections and were avoiding them. In addition, 58.82% were isolated in a room within the house, 48.04% had been infected with COVID-19 and transmitted it to family members or friends, 44.61% reported that they often had personal contact (i.e.,

face-to-face) with people from outside their home, and 50.98% said that often had contact by phone, email, or other electronic means with people from outside their home. Furthermore, 74.02% of nurses felt that their social life was directly affected by COVID-19 and the increased workload. The mean score of the impact of the COVID-19 pandemic and work pressure on the nurses' social lives was 7.31 ± 1.84 out of 10.

Table 2 Distribution of the studied sample according to nurses' working conditions (*N* = 204)

Statement		*n*	%	Mean ± SD
Unit of work	Outpatient unit	24	11.76%	
	Emergency department	47	23.04%	
	Intensive care unit	43	21.08%	
	Ward	49	24.02%	
	Isolation unit	19	9.31%	
	Other	22	10.79%	
During the period of the pandemic, did you have to change your unit for any reason?	Yes	69	33.82%	
	No	135	66.18%	
How many hours did you work on your job during the pandemic period?	8 Hours	65	31.86%	
	12 Hours	129	63.24%	
	24 Hours	7	3.43%	
	More than 24 Hours	3	1.47%	
How many days off per week did you take during the pandemic?	One day	82	40.20%	
	2 days	25	12.25%	
	3 days	86	42.16%	
	4 days	11	5.39%	
Do you feel your family and friends are afraid of catching the infection and avoiding you?	Yes	146	71.57%	
	No	16	7.84%	
	Maybe	42	20.59%	
After returning from work, where do you isolate yourself?	Isolated room within the house	120	58.82%	
	Housing	55	26.96%	
	In hotel room	29	14.22%	
Have you been infected with COVID-19 and transmitted it to any of your family members or friends?	Yes	98	48.04%	
	No	106	51.96%	
Since the outbreak of COVID-19, how often did you have personal contact, that is, face-to-face, with someone outside your home?	Daily	20	9.80%	
	Several times a week	20	9.80%	
	About once a week	25	12.25%	
	Less often	91	44.61%	
	Never	23	11.27%	
	Not applicable	5	2.45%	
	Don't know	20	9.80%	
Since the outbreak of COVID-19, how often did you have contact by phone, email, or other electronic means with people from outside your home?	Daily	104	50.98%	
	Several times a week	41	20.10%	
	About once a week	32	15.69%	
	Less often	10	4.90%	
	Never	6	2.94%	
	Not applicable	3	1.47%	
	Don't know	8	3.92%	
Was your social life directly affected by COVID-19 and the workload?	Yes	151	74.02%	
	No	53	25.98%	
On a scale of 1 to 10, how would you rate the impact of the COVID-19 pandemic and work pressure on your social life?				7.31 ± 1.84

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The Relationship Between Workload During the Pandemic and the Social Life of Nurses

Table 3 shows a significant relationship between workload during the COVID-19 pandemic and nurses' social lives was confirmed using the Chi-squared test.

Gender had a significant relationship with social life affected by workload; 87% of male respondents reported that their social life had been directly affected due to COVID-19 and workload ($\chi^2 = 6.47$, $p < 0.05 = 0.01$). Marital status had a significant relationship with social life affected by workload; 86.6% of married respondents reported that their social life had been directly affected due to COVID-19 and workload ($\chi^2 = 15.22$, $p < 0.001$).

Table 3 Relationship between workload during the COVID-19 pandemic and social life of nurses ($N = 204$)

Statement		Was your social life directly affected due to COVID-19 and workload?		χ^2	p-value
		No	Yes		
Gender	Female	46 (30.7%)	104 (69.3%)	6.47**	0.01
	Male	7 (13.0%)	47 (87.0%)		
Marital status	Married	13 (13.4%)	84 (86.6%)	15.22**	0.000
	Single	40 (37.4%)	67 (62.6%)		
Unit of work	Outpatient clinic	7 (29.2%)	17 (70.8%)	14.43**	0.01
	Emergency unit	12 (25.5%)	35 (74.5%)		
	Intensive care unit	11 (25.6%)	32 (74.4%)		
	Ward	18 (36.7%)	31 (36.7%)		
	Isolation	0 (0.0%)	19 (100.0%)		
	Other	5 (22.7%)	17 (77.3%)		
Do you feel your family and friends are afraid of catching the infection and avoiding you?	Yes	28 (19.2%)	118 (80.8%)	12.90**	0.002
	No	8 (50.0%)	8 (50.0%)		
	Maybe	17 (40.5%)	25 (59.5%)		
During the period of the pandemic, did you have to change your unit for any reason?	Yes	10 (14.5%)	59 (85.5%)	7.16**	0.007
	No	43 (31.9%)	92 (68.1%)		
Have you been infected with COVID-19 and transmitted it to any of your family members or friends?	Yes	15 (15.3%)	83 (84.7%)	11.18**	0.001
	No	38 (35.8%)	68 (64.2%)		

$^{**}p < 0.05$

The unit of work had a significant relationship with social life affected by workload; 100.0% of isolation unit staff reported that their social life had been directly affected due to COVID-19 and workload ($\chi^2 = 14.43$, $p < 0.05 = 0.01$).

The feeling that family and friends were afraid of catching the infection and were avoiding them had a significant relationship with social life affected by workload; 80% of respondents who felt that their family and friends were afraid of catching the infection and were avoiding them agreed that their social lives were directly affected due to COVID-19 and workload ($\chi^2 = 12.90$, $p < 0.05 = 0.001$).

Changing the unit had a significant relationship with social life affected by workload; 85.5% who changed their work unit agreed that their social lives were directly affected due to COVID-19 and workload ($\chi^2 = 7.16$, $p < 0.05 = 0.007$).

Nurses who had become infected with COVID-19 and transmitted it to family members or friends showed a significant relationship with social life affected by workload; 84.7% who were affected agreed that their social lives were directly affected due to COVID-19 and workload ($\chi^2 = 11.18$, $p < 0.05 = 0.001$).

Discussion

The challenges faced during the pandemic put healthcare workers, particularly nurses, under huge work pressure that definitely had an impact on their lives, especially their social lives. Most of the 204 study participants were Saudi females, single, with work experience of more than five years, followed by those with two to four years, and then the juniors. Regardless of the various background experiences among the participants, the workload increased during the COVID-19 pandemic. Their workload was changeable, affecting more than five units, and most participants had changed their units due to the COVID-19 pandemic.

This outcome highlights that nurses' workload was unpredictable since their work areas changed during the pandemic. In addition, more than 63% of the nurses worked 12 hours, followed by those who worked more than 24 hours, indicating their load increased. These results were in line with another study done by a faculty of psychology in Spain, which found that 47.3% of the participants agreed on the impact of the COVID-19 pandemic on their workload. Another study strongly agrees that the COVID-19 pandemic affects employees' workload and plays a vital role in their regular duties compared to before the pandemic (Rodríguez-López et al., 2021). As a result of the increased working hours among the nurses in this study, their days off decreased, which showed an inverse relationship. More than 40% of the nurses took one day off per week during the COVID-19 pandemic. These results are in accordance with the finding of the systematic review that was performed among 13 qualitative studies that examined nurses' experiences during the pandemic. The findings of this review included that, during the pandemic, nurses worked more regularly and took fewer days off. These results indicate that nurses had a deep sense of wanting to continue to deliver maximum care because of their strong sense of duty and wanting to do the right thing for patients' health (Fernandez et al., 2020).

Moreover, nurses seemed afraid of becoming infected and transmitting the infection to their families. As a result of this feeling, most participants in this study tended to isolate themselves in an isolated room, followed by those who

used a hotel room to be isolated from their families during the whole pandemic. This step of being isolated had an impact on nurses' social lives. Most participants did not have any personal (i.e., face-to-face) contact with people, tending to use other means of contact such as phone calls, emails, and SMS on a daily basis. Consequently, the study found that the nurses believed that COVID-19 had significantly impacted their social lives. This finding is supported by a cross-sectional study that was conducted by a faculty of nursing in different units at various locations around the United States. Nurses in this study reported that their social lives had changed due to the pandemic. They described how much of this impact was linked to the feeling of fear of transmitting the virus to friends and families, and some were associated with the stress the nurses were experiencing mentally and physically (Robinson & Stinson, 2021).

Regarding the relationship between nurses' workload during the COVID-19 pandemic and their social lives, male nurses reported that COVID-19 had significantly impacted their social lives to a greater extent than female nurses. In addition, married nurses' social lives seemed to be more strongly affected by COVID-19 compared to single nurses. These findings are interrelated with the results of a study conducted during the pandemic. This was a cross-sectional study aimed at assessing the social lives of nurses from various backgrounds. The study was conducted in Qom, Iran, and included 13 nurses who worked in the department of inpatient care for COVID-19 during March and April 2020, and their workload was found to have increased. Using a qualitative approach to explore nurses' perceptions of taking care of patients with COVID-19, the results showed that female and male nurses equally lived with a lot of fear, stress, and fatigue and that these feelings had an impact on their quality of life, especially social life (Galehdar et al., 2021). Similar to this result was a finding of a cross-sectional study that was carried out among nurses to assess their quality of mental health. This study found that nurses who worked during the pandemic felt that their social lives were affected due to the additional workload they experienced. Moreover, the impact was felt not only in their social life but also involved feelings such as fear, depression, and anxiety (Robinson & Stinson, 2021).

The increase in workload during the pandemic resulted in an impact on nurses' mental and physical health as well as their productivity, all of which affected their quality of life. Many advocated that being nursing professionals requires learning how to sacrifice their own personal interests, aims, and desires because nursing professionals take on a lot of social responsibility since many people always need their help. However, this point should be highlighted since it significantly impacts nurses' lives. This study has implications that appear essential for enhancing healthcare services to deal with successive waves of the

COVID-19 pandemic. Increasing the awareness of nurses, managers, and supervisors to address their needs while providing adequate support, including social and psychological support, is an essential element for this group. They also should seek to include meeting and understanding their basic needs and making their work hours more flexible.

Implications and Lessons Learned from the COVID-19 pandemic

A greater number of studies are needed to support this study, focusing on the social life of nurses during the COVID-19 pandemic or a similar crisis. However, the current data provide evidence to focus more on providing a training program for nurses in relation to formulating a crisis preparedness plan. This could help prepare for the sudden change in any aspects that nurses might face. Furthermore, positive coping techniques and social support should be considered to improve nurses' work performance.

Limitations

This study was one of only a few studies that have been conducted to identify the relationship between workload during the COVID-19 pandemic and its effect on the social life of nurses. However, generalizability in this study could be limited since we conducted the study in only one hospital in Saudi Arabia, which may lead to a restriction in research relevance to other settings or countries. In addition, the cross-sectional design used in this study cannot demonstrate cause and effect; however, it could provide an indication of the relationships.

Conclusion

Social interactions are necessary for the well-being of nurses. During the COVID-19 outbreak, the workload of nurses was higher than in any other previous situation, which had an enormous impact on the social life of healthcare personnel. In this study, social life was negatively affected during the COVID-19 pandemic. Social support for healthcare workers may help manage these adverse effects and improve nurses' satisfaction and performance.

Declaration of Conflicting Interest
The authors declared that there was no conflict of interest.

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Authors' Contributions

All the participants of this research are authors and have worked together and carried out each part of the research based on ICMJE Authorship criteria.

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Data Availability Statement

All data generated or analyzed during this study are included in this published article (and its supplementary information files).

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