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ORIGINAL ARTICLE

Factors associated with satisfaction and depressed mood among nursing home workers during the covid-19 pandemic

Ana Belén Navarro-Prados PhD, Professor[1] | Sara Jiménez García-Tizón PhD, Professor[1] | Juan Carlos Meléndez PhD, Professor[2] | Javier López PhD, Professor[3]

[1]Department of Developmental and Educational Psychology, University of Salamanca, Salamanca, Spain

[2]Department of Developmental and Educational Psychology, University of Valencia, Valencia, Spain

[3]Department of Psychology, School of Medicine, Universidad San Pablo-CEU, Madrid, Spain

Correspondence
Sara Jiménez García-Tizón, Faculty of Psychology, University of Salamanca, Avda. de la Merced, 109-131, Salamanca 37005, Spain.
Email: sarajim@usal.es

Abstract

Aims and Objectives: This paper aims to examine the satisfaction and depressed mood experienced by nursing home workers during the COVID-19 pandemic and associated variables. Specifically, to analyse the factors that may contribute to nursing home workers developing adaptive behaviours that promote satisfaction or, on the contrary, show characteristics associated with a negative mood.

Background: Nursing homes have faced unprecedented pressures to provide appropriately skills to meet the demands of the coronavirus outbreak.

Design: A cross-sectional survey design using the STROBE checklist.

Methods: Professionals working in nursing homes ($n = 165$) completed an online survey measuring sociodemographic and professional characteristics, burnout, resilience, experiential avoidance, satisfaction with life and depression. Data were collected online from April to July 2021, the time in which Spain was experiencing its fifth wave of COVID-19. Two multiple linear regression models were performed to identify salient variables associated with depressive mood and satisfaction.

Results: Resilience, personal accomplishment and satisfaction had a significant and negative relationship with depression and emotional exhaustion, depersonalisation and experiential avoidance had a positive relationship with depression. However, emotional exhaustion, depersonalisation and experiential avoidance had a negative and significant relationship with satisfaction and personal accomplishment, and resilience had a positive and significant relationship with satisfaction. In addition, it was found that accepting thoughts and emotions when they occur is beneficial for developing positive outcomes such as satisfaction.

Conclusions: Experiential avoidance was an important predictor of the effects that the COVID-19 pandemic can have on nursing home workers.

Relevance to Clinical Practice: Interventions focusing on resources that represent personal strengths, such as acceptance, resilience and personal accomplishment, should be developed.

No Patient or Public Contribution: The complex and unpredictable circumstances of COVID's strict confinement in the nursing home prohibited access to the centres

for external personnel and family members. Contact with the professionals involved could not be made in person but exclusively through online systems. However, professionals related to the work environment have subsequently valued this research positively as it analyses 'How they felt during this complicated process'.

KEYWORDS
community health care, depression, nursing, nursing homes, pandemics, protective factors, satisfaction, workers

1 | INTRODUCTION

The COVID-19 pandemic has presented a complicated scenario that has been difficult for nursing homes to manage. From the onset of this event, the coronavirus spread rapidly, putting the lives of vulnerable persons at risk, as well as the professionals working in these homes. The lack of precedents and the availability of resources to deal with the pandemic has impeded adaptive responses that in turn have made the situation very stressful (Lai et al., 2020; Trabucchi & De Leo, 2020).

Nursing home staff have been at the front line of the response to COVID-19 from the beginning. They have had to work under pressure to save lives while at the same time putting their own lives as well as those of their relations at risk. These professionals have had to make difficult decisions about how to contain the virus and have had to face the situation of seeing the residents with whom they have lived with and cared for die. According to data collected by IMSERSO (2021), up until 19 September 2021, more than 30,600 nursing home residents in Spain have died due to COVID-19 since the beginning of the pandemic.

This unprecedented situation has put nursing home workers at high risk from suffering conditions such as stress, anxiety and depression (Greenberg et al., 2020; Yang et al., 2020). In fact, Martín et al. (2021) reported that, in Spain, working in direct contact with those affected by COVID-19 caused professionals to suffer higher levels of stress and a poorer quality of life. Specifically, these authors point out that nursing home workers were the professionals with the worst mental health, most probably because they were not only exposed to the virus, but also to situations that could lead to a strong emotional impact.

Nevertheless, in adverse situations, not all people go on to develop mental health problems, with stress leading to depression, lower job satisfaction, dysfunctional individual relationships and even suicidal thoughts. Recent studies about the impact of the COVID-19 pandemic on mental health have focused on how health professionals have reported high levels of stress, uncertainty and depression (Lai et al., 2020). However, in relation to this, life satisfaction, a component of subjective well-being, can be an effective factor that facilitates acceptance and constructive management of uncomfortable feelings caused by this healthcare crisis. Moreover, Gori et al. (2020) have confirmed the protective role that life satisfaction has on perceived stress. These authors have suggested that the perception of having a meaningful life, which is a key element for feeling satisfaction, is associated with lower stress (Smyth et al., 2017), healthy behaviours and more active and adaptive coping and is also related to better mental health outcomes related to COVID-19 (Trzebiński et al., 2020).

What this paper contributes to the wider global clinical community?

- Provide more information on the implications of the covid-19 pandemic for professionals working in nursing homes.
- The personal accomplishment was the variable that had the greatest impact on the prediction of satisfaction, in addition to experiential avoidance and resilience. The variable that best explained depression was the experiential avoidance.
- Professionals working in nursing homes would benefit from interventions focused on personal strengths to enhance resilience and life satisfactions, reducing experiential avoidance and depression.

In addition, in relation to the current global pandemic, no prior initiatives have been established to promote the use of strategies for modifying behaviours or ways of thinking for coping with such situations or life events. Therefore, it is important to identify the specific risk factors that can be attenuated, allowing individuals to successfully recover from this highly adverse situation.

1.1 | Background

Although resilience has a variety of definitions, there is consensus in assuming that it means competence or positive and effective adaptation in response to significant threats to an individual's life or function. Luthar et al. (2015) define resilience as a phenomenon characterised by positive outcomes in spite of threats to adaptation or development, where people can emerge even stronger from the situation, improve their coping strategies, and improve adaptation and well-being. Different studies have shown that resilience is a mechanism characterised by positive outcomes in spite of threats

to adaptation. Consequently, individuals can emerge even stronger from a given situation, improving their coping strategies as well as their adaptation (Meléndez et al., 2018, 2020; Perlman et al., 2017). Resilience has provided a form of protection for workers from suffering the psychological effects caused by the pandemic (Cai et al., 2020). In fact, Robles-Bello et al. (2020) reports that resilience can become a protective factor that contributes to predicting the capacity to flexibly adapt to the COVID-19 situation. Also, the findings made by Altieri and Santangelo (2021) have highlighted the need for developing specific programmes for caregivers, even those with high resilience, aimed at acquiring coping strategies and life skills that strengthen the variables used to minimise the biopsychosocial sequelae brought on by the pandemic. Therefore, developing high levels of resilience could be important for a person to be able to adapt to new situations. Additionally, it could help healthcare workers maintain a positive frame of mind and their ability to recover from the current health crisis.

Previously published literature has shown that there is a high risk of burnout among nursing home staff (Boerner et al., 2017), which has been associated with a predisposition to depression and anxiety and poor clinical decision-making (Heath et al., 2020). Kandelman et al. (2018) reported that before the pandemic the prevalence of burnout in nursing home caregivers was 40%, and various studies have reported that during the pandemic these professionals experienced a significant increase in burnout levels (Martínez et al., 2021; White et al., 2021). The three dimensions of burnout have been determined to be emotional exhaustion, depersonalisation and the fear that personal accomplishment would generate a negative perception. While emotional exhaustion occurs when not being able to give more of oneself to others, depersonalisation refers to the attempt to distance oneself from the people who are receiving the care. Low personal accomplishment, on the other hand, refers to the predisposition of professionals to feel dissatisfied with the results of their work, when professional achievements are below expectations. Moreover, Barello et al. (2020) point out that a large percentage of healthcare professionals directly involved in the care of patients with COVID-19 reported high levels of emotional exhaustion. Although these values seem higher than normal, the workers still appear to be able to find some job satisfaction, as only a rather small number of them appear to have low levels of personal accomplishment, which may be considered a relevant protective factor for a professional's mental health. A study by Di Trani et al. (2021) found that only 20% of the sample studied have high levels of emotional exhaustion and 7% have high levels of depersonalisation, whereas 44% of the sample show high levels of personal accomplishment.

Experiential avoidance is defined as the unwillingness to experience unwanted thoughts, emotions or bodily sensations and interferes with progress towards valued goals. It is also a central concept in Acceptance Commitment Therapy (ACT). Acceptance is taught as an alternative to experiential avoidance and involves the recognition of the demands of a specific situation and adaption to it, where an individual is able to change strategies to solve a problem when necessary or to not act impulsively (Hayes et al., 2006). Higher experiential avoidance has also been related to higher levels of depression among older adults during the pandemic caused by COVID-19 (López et al., 2021). Experiential avoidance has a significant role in the mental health of people in general (McHugh, 2011), and health professionals (Frögéli et al., 2015). A coping style based on experiential acceptance can prevent the development of burnout in the workplace and improve life satisfaction in a sample of healthcare workers who work with people affected by dementia and, therefore, show better physical and psychological health (Montaner et al., 2021). Consequently, an acceptance-based coping style might protect professionals at these centres from developing mental health problems during the pandemic.

The transactional model of stress by Lazarus and Folkman (1984) proposes that stress occurs because of external demands exceeding the individual's perception of or ability to cope. Based on this model, it is worth investigating which factors may contribute to nursing homes workers, when faced with an adverse objective reality such as the COVID-19 pandemic, developing adaptive behaviours that promote satisfaction or, on the contrary, displaying characteristics associated with a negative mood.

1.2 | Aims

The purpose of this study was to examine the satisfaction and depressive mood experienced by nursing home workers during the COVID-19 pandemic and the associated variables.

2 | METHODS

2.1 | Design

A cross-sectional study design was used for this study on nursing homes workers in Spain. The study was conducted and reported according to the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) checklist (See File S1).

2.2 | Participants and sample

This study included 165 participants. The inclusion criteria for being able to take part in the study were those individuals, older than 18 years of age, who had been working in a nursing home during the COVID-19 pandemic (e.g. management and/or administrative staff, technical staff, direct care staff and other services such as cleaning, maintenance).

2.3 | Data collection

Participants were recruited using the snowball sampling technique. They completed an online survey. Participants were asked

to fill in a self-administered questionnaire, which included sociodemographic and professional variables and characteristics about the impact of COVID-19. Data were collected between April and July 2021, the time in which Spain was experiencing its fifth wave of COVID-19 cases and over 97% of older adults had already been vaccinated for the virus (Ministerio de Sanidad del Gobierno de España, 2021).

2.4 | Ethics considerations

The study had been approved by the Ethics Committee of the University of Salamanca, and informed consent was obtained from all participants, with confidentiality being explicitly guaranteed.

2.5 | Instruments

- The Maslach Burnout Inventory (MBI; Maslach et al., 1996), a 22-item instrument was used to measure burnout. It is composed of 22 items grouped according to three factors: emotional exhaustion (9 items), depersonalisation (5 items) and personal accomplishment (8 items). In this study, this version of the survey provided good reliability (Cronbach's $\alpha = 0.774$).
- The Acceptance and Action Questionnaire-II (AAQ-II; Bond et al., 2011), a 7-item instrument, was used to measure experiential avoidance and psychological inflexibility. It included response options based on a 7-point Likert scale ranging from 1 (not at all true) to 7 (completely true). Using our sample, this version of the questionnaire showed good reliability (Cronbach's $\alpha = 0.949$).
- The Brief Resilient Coping Scale (BRCS; Sinclair & Wallston, 2004), a 4-item instrument, was used to measure tendencies to cope with stress in a positive and highly adaptive manner. It included response options based on a 5-point Likert scale ranging from 1 (does not describe me at all rarely or none of the time) to 5 (it describes me very well). The BRCS had an adequate internal consistency (Cronbach's $\alpha = 0.808$).
- The Satisfaction with Life Scale (SWLS; Diener et al., 1985), a 5-item instrument, was used to measure global life satisfaction. It included response options based on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). This version showed good reliability in our sample (Cronbach's $\alpha = 0.883$).
- The Center for Epidemiological Studies-Depression Scale (CES-D; Radloff, 1977), a 20-item instrument, was used to measure depressive symptomatology. It included response options based on a 4-point Likert scale ranging from 0 (*rarely or none of the time*) to 3 (*most or all of the time*). The scale assessed depressive symptoms that nursing home professionals might have felt over the last week (e.g. 'I felt sad'). The internal consistency (Cronbach's alpha) for this scale was 853.

2.6 | Data analysis

Depression, satisfaction with life, resilience, experiential avoidance and burnout were treated as continuous variables for the analysis. Multiple linear regression analyses were performed to study the association between depression, life satisfaction, the dimensions of burnout, resilience and experiential avoidance using the standard method. In addition, zero-order correlations between variables were conducted. All the analyses were carried out using the SPSS 25 program.

3 | RESULTS

Correlations between depression, satisfaction, the three dimensions of burnout, resilience and experiential avoidance, are presented in Table 1.

Depression showed a significant and negative relationship with satisfaction, personal accomplishment and resilience, but showed a positive relationship with emotional exhaustion, depersonalisation and experiential avoidance. Conversely, satisfaction showed a negative and significant relationship with emotional exhaustion, depersonalisation and experiential avoidance and a positive and significant relationship with personal accomplishment and resilience. Thus, the two main variables analysed in this work (depression and satisfaction) showed significant relationships with respect to the other variables considered but in opposing ways.

Two multiple linear regression models were performed using the enter method. Since the objective was to study which variables

TABLE 1 Pearson correlations between depression, satisfaction, dimensions of burnout, resilience and experiential avoidance

	1	2	3	4	5	6
1. Depression	–					
2. Satisfaction	−0.651**	–				
3. Emotional exhaustion	0.677**	−0.502**	–			
4. Depersonalisation	0.538**	−0.371**	0.622**	–		
5. Personal accomplishment	−0.413**	0.575**	−0.386**	−0.267**	–	
6. Resilience	−0.437**	0.503**	−0.362**	−0.197**	0.512**	–
7. Experiential avoidance	0.761**	−0.557**	0.588**	0.457**	−0.355**	−0.427**

during the COVID-19 pandemic could predict a depressive mood and satisfaction, the dimensions of burnout (emotional exhaustion, depersonalisation and personal accomplishment), experiential avoidance and resilience were included in the regression model. So, depressive mood and satisfaction were the dependent variables.

As Table 2 reveals, the two models were significant. The depression model explained 66.4% of the variance and the satisfaction model 48.3%. The regression analysis of depression showed that experiential avoidance ($\beta = 0.446$) was the variable that best explained this condition, in addition to emotional exhaustion ($\beta = 0.276$). The regression analysis of satisfaction showed that personal accomplishment ($\beta = 0.323$) was the variable that had the greatest impact on the prediction of satisfaction, in addition to experiential avoidance ($\beta = -0.223$) and resilience ($\beta = 0.206$).

Finally, in relation to effect size, in addition to R-squared the lower limit of the 95% CI, the standard error of R-squared (SE_R^2) was calculated. Lower limit of the 95% CI calculated fir depression was 0.582, and form satisfaction was 0.376; the cut-off points of 0.02, 0.13 and 0.26 were applied to determine whether the effect size was small, medium or large (Ellis, 2010); the value obtained indicated that the effect size was large.

4 | DISCUSSION

This study reveals how nursing home workers who avoid or have more difficulty in accepting their existing thoughts and emotions, including the unwanted ones caused by the pandemic, and who feel they cannot give more of themselves because they are exhausted emotionally, are the persons most prone to developing a depressive mood. In addition, those who feel satisfied with themselves and the results of their work, and who accept these thoughts and emotions and have higher levels of resilience, are more likely to develop satisfaction under this type of circumstance. Their manner of coping seems to be more beneficial and realistic. Nonetheless, different studies have shown that the COVID-19 pandemic has been an extremely stressful healthcare crisis for nursing homes workers (e.g. Lai et al., 2020), and as other chronic stressful situations, its effects can be prolonged over time. For this reason, it is important to identify the factors which can explain both the positive and negative causal effects that may arise owing to this situation and to either promote or alleviate these effects, respectively.

It is interesting to note that experiential avoidance has been shown to be an important and significant variable, as well as satisfaction in both models. In relation to burnout, depersonalisation was not significant in any of the models; however, the other two dimensions (emotional exhaustion and personal accomplishment) were significant, but only in the model with which there was a conceptual relationship. Experiential avoidance has been shown to be an important predictor of the consequences that the COVID-19 pandemic can have on nursing home workers. This study has shown that by not avoiding, but rather accepting the thoughts and emotions one may feel as a result of such a traumatic psychological event such as the COVID-19 pandemic, is crucial for developing positive emotions such as satisfaction.

Experiential avoidance can be a short-term adaptive strategy, as it can make the person not to come into contact with unpleasant and painful thoughts and emotions. However, this type of avoidance is a long-term maladaptive strategy, as it leads to the development of emotional problems such as depression and can co-occur with both physical and behavioural symptoms. Other studies have found there is a significant and positive relationship between experiential avoidance and depression. For example, López et al. (2021) showed that greater avoidance, among other variables, were associated with greater depression between Spanish community-dwelling adults over 60.

These results also support findings from previous studies in which experiential avoidance is a maladaptive emotion regulation

TABLE 2 Multiple linear regression coefficients between depression and satisfaction and the other variables

	B	SEB	*β*	*T*
Criterion: Depression				
Model $R_{adj}^2 = 0.664$, $F_{(5,165)} = 44.97^{***}$				
Emotional exhaustion	0.270	0.074	0.276	3.635***
Depersonalisation	0.267	0.150	0.129	1.781
Personal accomplishment	−0.164	0.108	−0.102	−1.520
Resilience	−0.296	0.251	−0.082	−1.163
Experiential avoidance	0.565	0.092	0.446	6.125***
Criterion: Satisfaction				
Model $R_{adj}^2 = 0.483$, $F_{(5,165)} = 22.64^{***}$				
Emotional exhaustion	−0.064	0.046	−0.129	−1.392
Depersonalisation	−0.050	0.092	−0.047	−0.547
Personal accomplishment	0.271	0.066	0.323	4.077***
Resilience	0.375	0.148	0.206	2.532*
Experiential avoidance	−0.143	0.056	−0.223	−2.562*

Note: ***$p < .001$, **$p < .01$, * $p < .05$.

strategy related to less well-being (Machell et al., 2015). These researchers found that individuals who were more inclined to act as avoiders were less likely to experience well-being. Experiential avoidance may influence the extent to which a people feel life satisfaction and prevents reward responsiveness to life activities. Experiential avoidance also negatively impacts well-being by interfering with the ability to pursue valued life goals. Thus, acceptance, which facilitates attention and psychological awareness of the here-and-now (versus avoidance), may help one to meet one's needs and attend to the values that would lead to increased life satisfaction.

A consequence of chronic exposure to stressors, such as a pandemic, is burnout, and, according to the literature it is accepted that there is a significant relationship between burnout and depression (Salvagioni et al., 2017). Participation in critical events such as this is associated with increased emotional exhaustion, mainly in health care workers (Caldas et al., 2020). Emotional exhaustion, associated with an excessive workload, time pressure and work stress, implies excessive emotional fatigue and nursing home workers have been exposed to this exhaustion. According to Muraven and Baumeister (2000), when an individual needs to modify the way they think, feel or behave to adapt expectations, they draw from a limited pool of regulatory resources. If an individual overuses this pool, the result is these resources run out. This in turn reduces the ability to function optimally, increasing the possibility of developing a negative mood and increasing negative feelings, despair and discomfort.

Also, an important relationship between personal accomplishment and life satisfaction has been observed. Personal accomplishment is competency and the inner feelings of accomplishment. According to Dinibutun (2020), health care workers have, in general, a stronger feeling of personal accomplishment as they face the immediate outcomes of their care for people infected by COVID-19. Furthermore, sense of coherence (SOC) is a factor highly related to the dimensions of burnout that has acted as a protective role against this syndrome in nursing home professionals during the COVID-19 pandemic in Spain (Navarro Prados et al., 2021). As Savitsky et al. (2021) point out, even in the circumstances of the pandemic, the most important values have been identified as being worthwhile accomplishments, the importance of professional challenges, diversity and interest in the job, personal growth and the development and independence the worker gains while carrying out their practice. This positive relationship has also been verified in this research.

It is widely accepted that some people may experience life satisfaction and other positive emotions when faced with stressful situations. These subjects develop patterns of psychological qualities associated with successful adaptation including an active coping mechanism when confronted with a stressor element. Applying resilience as a strategy implies emphasis is placed on pre-empting potential stressors, the possible reactions and symptoms and developing behavioural and cognitive coping strategies. In this way, highly resilient people are better prepared to face stressors and are able to experience more life satisfaction, as the results here have shown. Similarly, Di Trani et al. (2021) indicate that the most resilient people have approached the situation of the pandemic as an opportunity to eradicate the virus and to face the situation more effectively. Therefore, resilience has a positive effect on life satisfaction (Liu et al., 2013).

Developing psychological interventions together with nursing home workers post COVID-19, which will allow those involved to adapt to the problems that have arisen, is greatly important. Specifically, interventions focusing on resources representing personal strengths, such as acceptance, resilience and personal accomplishment, should most definitely be considered, especially considering there is evidence that Acceptance-and-Commitment-Therapy can enhance resilience and life satisfactions and reduce experiential avoidance and depression (Reyes et al., 2020; Viskovich and Pakenham, 2018).

4.1 | Limitations

Despite the strengths of our study (studying not only maladaptive variables, but also adaptive ones), there are some limitations that should be considered for future research. Firstly, due to the different waves of infection it was a challenge to recruit a suitable number of respondents at the right time in order to be able analyse the variables correctly. This generated a second limitation related to the sample size and the use of non-probability sampling. Finally, all data were self-reported, which raises the concern of bias and causal inferences.

5 | CONCLUSION

COVID-19 may have provided nursing homes staff the opportunity to identify adaptive ways for coping with the pandemic restrictions. Nursing homes must develop targeted care strategies aimed at improving psychological well-being and decreasing depressive symptomatology. Interventions that address experiential avoidance are needed to reduce depressive symptomatology and improve satisfaction among nursing home workers.

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CONFLICT OF INTEREST

No conflict of interest has been declared by the author(s).

DATA AVAILABILITY STATEMENT

All data and materials can be obtained from the corresponding author upon request.

ORCID

Ana Belén Navarro-Prados https://orcid.org/0000-0003-1931-4619

Sara Jiménez García-Tizón https://orcid.org/0000-0003-3960-8665
Juan Carlos Meléndez https://orcid.org/0000-0002-6353-6035
Javier López https://orcid.org/0000-0002-1676-7455

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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