



EVALUATING THE RELATIVE INFLUENCE OF PERSONAL RESILIENCE, SOCIAL SUPPORT, AND ORGANIZATIONAL SUPPORT IN MITIGATING COVID-19 ANXIETY AMONG FRONTLINE NURSES

ELIZEBETH RANI V

HOD cum Professor, Department of Obstetrics and Gynaecology Nursing

VHS – M.A. Chidambaram College of Nursing, Chennai, Affiliated to The Tamil Nadu Dr MGR Medical University, Chennai, Tamil Nadu, India

ABSTRACT: The COVID-19 pandemic has posed significant psychological challenges to healthcare professionals, particularly nurses working on the frontlines. This study aimed to evaluate the relative influence of personal resilience, social support, and organizational support in reducing COVID-19-related anxiety among frontline nurses. A descriptive quantitative research design was adopted. Data were collected from 30 nurses at a Community Health Centre, using standardized tools: the Brief Resilience Scale, Multidimensional Scale of Perceived Social Support, Perceived Organizational Support Scale, and Coronavirus Anxiety Scale.

Results showed that 90% of the nurses demonstrated an established level of resilience, 66.7% reported high levels of social support, and 80% perceived moderate organizational support. Despite these supports, 46.7% experienced moderate levels of anxiety and 3.3% experienced high anxiety related to COVID-19. Pearson's correlation revealed significant positive relationships between resilience and both social and organizational support. Additionally, resilience, social support, and organizational support were negatively correlated with anxiety levels, indicating that higher support is associated with lower anxiety. No significant associations were found between the main variables and demographic factors such as age, gender, education, or experience.

These findings highlight the essential role of psychosocial and organizational support systems in enhancing resilience and reducing anxiety among frontline nurses. It is recommended that healthcare institutions strengthen support mechanisms and implement resilience-building interventions to protect the mental health of nurses in current and future health crises.

Keywords: COVID-19, anxiety, nurses, personal resilience, social support, organizational support

1. INTRODUCTION

The outbreak of Coronavirus Disease 2019 (COVID-19), first identified in Wuhan, China, in December 2019, rapidly evolved into a global public health emergency. The World Health Organization (WHO) declared it a pandemic in March 2020, and since then, healthcare systems around the world have been under unprecedented strain. Among the healthcare workforce, nurses have been disproportionately affected due to their direct and prolonged contact with infected individuals, extended working hours, and increased workload in high-risk clinical environments.

The psychological toll of the pandemic has been substantial. According to the WHO (2020), healthcare workers worldwide experienced heightened levels of emotional distress, including anxiety, fear, and burnout. A systematic review by Salari et al. (2020) reported that nearly 70% of frontline healthcare workers experienced mental health challenges during the pandemic, with anxiety being the most reported symptom. For nurses, this psychological burden has impacted not only their well-being but also the quality and safety of patient care.

In response to these challenges, attention has turned toward understanding and enhancing the protective factors that may reduce the psychological impact of crisis conditions. Specifically, personal resilience, social support, and organizational support have emerged as vital elements that may buffer against stress and anxiety. Resilience refers to the ability to bounce back from adversity, while social and organizational support systems offer external resources that promote emotional and professional stability. Despite

their importance, limited research has focused on the combined influence of these factors in the context of a global pandemic, particularly among nursing professionals.

2. NEED OF THE STUDY.

Nurses play a central role in the healthcare system, especially during infectious disease outbreaks like COVID-19. However, their mental health is often under-recognized and under-addressed. While several studies have examined the levels of stress and anxiety among healthcare workers during the pandemic, few have explored the interplay of personal resilience, social support, and organizational support in shaping their psychological outcomes.

Understanding how these coping resources influence anxiety is essential, not only for individual well-being but also for workforce sustainability and healthcare system resilience. Identifying such protective factors can guide the development of evidence-based interventions aimed at reducing anxiety, promoting emotional well-being, and retaining a healthy, motivated nursing workforce.

This study was therefore designed to evaluate the relative influence of personal resilience, perceived social support, and perceived organizational support in reducing COVID-19-related anxiety among frontline nurses. The findings will contribute to a growing body of literature on mental health in healthcare settings and offer actionable insights for policymakers, nurse leaders, and mental health professionals to develop support systems tailored to nurses' unique needs during public health emergencies.

Objectives

1. To assess the levels of personal resilience, perceived social support, and organizational support among frontline nurses.
2. To determine the level of COVID-19-related anxiety among frontline nurses.
3. To examine the relationship between resilience, social support, organizational support, and COVID-19 anxiety.
4. To associate personal resilience, social support, organizational support, and anxiety levels with selected demographic variables of nurses.

Hypotheses

- **H₀₁:** There is no significant relationship between personal resilience, social support, and organizational support with COVID-19 anxiety among frontline nurses.
- **H₀₂:** There is no significant association between the levels of personal resilience, social support, organizational support, and COVID-19 anxiety with selected demographic variables of nurses (such as age, gender, marital status, education, job experience, etc.).

3. RESEARCH METHODOLOGY

3.1 Population and Sample

The population for this study comprised frontline nurses employed at a selected Community Health Centre, who were actively engaged in direct patient care during the COVID-19 pandemic. A non-probability convenience sampling technique was utilized to recruit a sample of 30 nurses who were available and willing to participate during the data collection period.

Inclusion criteria required participants to have at least three months of clinical experience during the pandemic. Nurses who were on leave or assigned to non-clinical administrative roles at the time of data collection were excluded from the study.

3.2 Data and Sources of Data

Primary data were collected directly from participants through structured interviews. Data collection employed a standardized questionnaire incorporating four validated tools to assess personal resilience, social support, organizational support, and COVID-19-related anxiety. The tools used are described below:

1. **Brief Resilience Scale (BRS):** Measures an individual's ability to recover from stress. The scale contains 6 items rated on a 5-point Likert scale, with items 2, 4, and 6 reverse-scored. Scores range from 1.00 to 5.00 and are interpreted as low resilience (1.00–2.99), normal resilience (3.00–4.30), and high resilience (4.31–5.00).
2. **Multidimensional Scale of Perceived Social Support (MSPSS):** A 12-item scale assessing perceived support from family, friends, and significant others. Each item is scored on a 7-point Likert scale. Scores are categorized as low (1.00–2.9), moderate (3.0–5.0), and high (5.1–7.0) social support.
3. **Perceived Organizational Support Scale:** A 10-item instrument measuring nurses' perceptions of organizational support and value. Items are rated on a 5-point Likert scale, with some items reverse-scored. Scores are categorized as low (<50%), moderate (51–75%), and high (76–100%) organizational support.
4. **Coronavirus Anxiety Scale (CAS):** Consists of 5 items assessing anxiety symptoms specific to COVID-19. Items are rated on a frequency scale from 0 to 4, with total scores ranging from 0 to 20. Anxiety levels are interpreted as low (0–8), moderate (9–12), and high (13+).

All tools were reviewed and validated for content relevance by subject matter experts and adapted to suit local contextual applicability. Data were collected over one week, with structured interviews conducted to ensure clarity and completeness of responses. Confidentiality and anonymity of participants were strictly maintained throughout the study.

3.3 Theoretical Framework

This study is grounded in **General System Theory** as developed by Ludwig von Bertalanffy, which conceptualizes individuals as open systems interacting dynamically with their environment. Within this framework, nurses are regarded as open systems

influenced by both external factors (social and organizational support) and internal factors (personal resilience). The model includes three components:

- **Input:** Demographic and background characteristics of nurses.
- **Throughput:** Psychological processes measured through the four scales assessing resilience, social support, organizational support, and anxiety.
- **Output:** Levels of anxiety experienced by nurses.

Feedback loops inform recommendations aimed at enhancing support systems to improve nurses' mental well-being.

3.4 Statistical Tools

Data analysis incorporated both descriptive and inferential statistics. Descriptive statistics—frequency, percentage, mean, and standard deviation—were used to summarize demographic variables and key constructs (resilience, social support, organizational support, and anxiety levels).

Inferential statistics were applied to explore associations between variables.

3.4.1 Inferential Statistics

The Chi-square test was the primary inferential method used to examine associations between categorical variables such as social support and anxiety levels in relation to demographic factors (age, gender, marital status, and years of experience). The significance level was set at $p < 0.05$.

Scale scores were categorized according to established cut-off values to classify participants into low, moderate, and high categories for all variables. Findings were interpreted in alignment with the theoretical framework and existing literature.

4. RESULTS AND DISCUSSION

Demographic Profile

The study comprised 30 frontline nurses, predominantly female (93.3%), aged between 20–30 years (93.3%), and unmarried (93.3%). Most participants held a B.Sc. Nursing qualification (60%) and were employed as staff nurses (73.3%). All participants were full-time employees, with 93.3% having 0–5 years of clinical experience. A substantial proportion (73.3%) had received training for COVID-19 patient care, and all expressed willingness to provide care for infected individuals.

TABLE 4.1: PERSONAL RESILIENCE AMONG NURSES.

n = 30

S.NO	Personal Resilience	Disagree		Neutral		Agree	
		F	%	F	%	F	%
1.	I tend to overcome quickly after hard times	5	16.7	11	36.7	14	46.6
2.	I have a hard time making it through stressful events. (R)	2	6.6	15	50	13	43.3
3.	It does not take me long to recover from a stressful event.	12	40	2	6.6	16	53.3
4.	It is hard for me to come back when something bad happens. (R)	11	36.7	13	43.3	6	20
5.	I usually come through difficult times with little trouble	5	16.7	9	30	16	53.3
6.	I tend to take a long time to get over set-backs in my life. (R)	9	30	13	43.3	8	26.7

Table 4.1 illustrates the distribution of responses regarding personal resilience. More than half (53.3%) agreed that they recovered easily from stressful situations, and 46.6% reported they could quickly overcome hard times. However, 43.3% acknowledged experiencing difficulty during stressful events. These findings indicate a generally high level of personal resilience among participants, with some demonstrating moderate challenges in managing adversity.

TABLE 4.2: PERCEIVED SOCIAL SUPPORT AMONG NURSES.

n = 30

SL NO	PERCEIVED SOCIAL SUPPORT	ALWAYS		SOMETIMES		NEVER	
		F	%	F	%	F	%
1.	My family really tries to help me.	14	46.7	12	40.0	4	13.3
2.	I got the emotional help and support I need from my family	17	56.7	12	4.0	1	3.3
3.	I can talk about my problems with my family.	15	50.0	11	36.7	4	13.3
4.	My friends really try to help me.	16	53.4	13	43.3	1	3.3
5.	I can count on my friend when things go wrong.	9	30.0	11	36.7	10	33.3
6.	I have friends with whom I can share my joys and sorrows.	20	66.7	4	13.3	6	20.0

7.	I can talk about my problem with my friends.	19	63.3	9	30.0	2	6.7
8.	A special person is around when I am in need	19	63.3	8	26.7	3	10.0
9.	A special person shares my joys and sorrows	15	50.0	13	43.3	2	6.7
10.	A special person is a real source of comfort	22	73.3	5	16.7	3	10.0

Table 4.2 illustrates the distribution of responses regarding personal resilience. More than half (53.3%) agreed that they recovered easily from stressful situations, and 46.6% reported they could quickly overcome hard times. However, 43.3% acknowledged experiencing difficulty during stressful events. These findings indicate a generally high level of personal resilience among participants, with some demonstrating moderate challenges in managing adversity.

Table 4.3: Perceived organizational support among nurses.

n = 30

S.NO	ORGANIZATIONAL SUPPORT	Disagree		Neutral		Agree	
		F	%	F	%	F	%
1.	Organization values my contribution.	1	3.3	6	20.0	22	73.3
2.	Fails to appreciate any extra effort. (R)	7	23.3	8	26.7	15	50.0
3.	Considers my goals and values.	2	6.7	13	43.3	15	50.0
4.	Understand a long absence due to illness.	7	23.3	16	53.3	7	23.3
5.	Ignore complaints (R)	3	10.0	11	36.7	16	53.3
6.	Help is available when needed.	11	36.7	10	33.3	9	30.0
7.	Cares about my well-being	8	26.7	9	30.0	13	43.3
8.	Fails to understand absence for personal problem (R)	18	60.0	10	33.3	2	6.7
9.	Forgives honest mistake	2	6.7	17	56.7	11	36.7
10.	Replace after slight underperformance (R)	14	46.7	11	36.7	5	16.7
11.	Little gain in employing me long-term (R)	9	30.0	13	43.3	8	26.7
12.	Few opportunities for promotion (R)	10	33.3	17	56.7	3	10.0
13.	Best work goes unnoticed (R)	11	36.7	13	43.3	6	20.0
14.	Help when I need a favor	5	16.7	20	40.0	5	16.7
15.	Cares about job satisfaction	10	33.3	15	50.0	5	16.7
16.	Shows little concern for me (R)	7	23.3	15	50.0	8	26.7
17.	Cares about my opinions	9	30.0	8	26.7	13	43.3
18.	Cares more about profit than me (R)	7	23.3	13	43.3	10	33.3
19.	Places me in a role I'm qualified	9	30.0	9	30.0	12	40.0
20.	Supervisors are proud of me	13	43.3	9	30.0	8	26.7

Table 4.3 provides insights into how nurses perceive organizational support. A majority (73.3%) felt that their contributions were valued, and 50% believed the organization considered their goals and values. However, more than half (53.3%) felt their complaints were ignored, and 60% believed the organization did not adequately understand personal challenges such as prolonged absences. While 40% felt appropriately placed in roles, 56.7% were neutral about promotion opportunities, and 43.3% felt supervisors did not take pride in their performance. These findings highlight the need for enhanced organizational empathy, appreciation, and career support.

Table 4.4: Physical Symptoms of Coronavirus Anxiety

n = 30

SL NO	CORONAVIRUS ANXIETY	ALWAYS		SOMETIMES		NEVER	
		F	%	F	%	F	%
	How often have you experienced the following activities over the last 2 weeks?						
1.	Dizziness/faintness upon hearing COVID news	4	13.3	6	20.0	20	66.7
2.	Trouble sleeping	2	6.7	9	30.0	19	63.3
3.	Feeling frozen or paralyzed	4	13.3	9	30.0	17	56.7

4.	Loss of interest in eating	2	6.7	10	33.3	18	60.0
5.	Nausea or stomach upset	1	3.3	8	26.7	21	70.0

The occurrence of anxiety-related physical symptoms is depicted in Table 4.4. The majority of participants (over 60%) reported not experiencing symptoms such as dizziness, sleep disturbances, or gastrointestinal distress. This suggests that most nurses had low to moderate levels of COVID-19-related anxiety.

Table 4.5: Overall Distribution of Key Variables

n = 30

S.NO	Category	Level	Frequency (F)	Percentage (%)
1.	Personal Resilience	Developing	0	0.0
		Established	27	90.0
		Strong	2	6.7
		Exceptional	1	3.3
2.	Perceived Social Support	Low	0	0.0
		Moderate	10	33.3
		High	20	66.7
3.	Perceived Organizational Support	Low	0	0.0
		Moderate	24	80.0
		High	6	20.0
4.	Coronavirus Anxiety	Low	15	50.0
		Moderate	14	46.7
		High	1	3.3

As summarized in **Table 4.5**, most nurses (90%) demonstrated an "established" level of personal resilience. A high level of perceived social support was reported by 66.7% of participants, while the remainder reported moderate support. In terms of organizational support, 80% reported moderate levels and 20% high levels, with no cases of low support. Regarding coronavirus anxiety, 50% reported low levels, 46.7% moderate levels, and only one participant (3.3%) exhibited high anxiety. These results collectively suggest that most nurses were functioning well with adequate psychosocial support.

TABLE 4.6: correlation between personal resilience, perceived social support, organizational support, and coronavirus anxiety among nurses

n = 30

Groups	Variables	Karl Pearson's Correlation Coefficient (r)
I	Resilience vs Social Support	0.624**
II	Resilience vs Organizational Support	0.586**
III	Resilience vs Anxiety	-0.521**
IV	Social Support vs Organizational Support	0.537**
V	Social Support vs Anxiety	-0.496**
VI	Organizational Support vs Anxiety	-0.438*

p < 0.01 ()** – Highly significant correlation **p < 0.05 (*)** – Significant correlation

Table 4.6 presents the Pearson correlation coefficients among the studied variables. Personal resilience showed a strong positive correlation with perceived social support ($r = 0.624$, $p < 0.01$) and organizational support ($r = 0.586$, $p < 0.01$). Similarly, social support was positively correlated with organizational support ($r = 0.537$, $p < 0.01$).

Conversely, coronavirus anxiety was negatively correlated with personal resilience ($r = -0.521$, $p < 0.01$), social support ($r = -0.496$, $p < 0.01$), and organizational support ($r = -0.438$, $p < 0.05$). These findings affirm that higher levels of resilience and support are associated with lower anxiety, reinforcing the importance of psychological and institutional support systems during health crises.

Association with Demographic Variables

No statistically significant associations ($p > 0.05$) were found between any of the key psychological variables—resilience, social support, organizational support, or COVID-19 anxiety—and demographic factors such as age, gender, marital status, designation, or years of experience. This suggests that the levels of support and anxiety experienced by nurses were not influenced by their personal or professional characteristics, underscoring the need for universally accessible interventions rather than targeted strategies.

DISCUSSION

Objective 1: Assessment of Personal Resilience, Social Support, and Organizational Support in Reducing COVID-19 Anxiety

The findings revealed that the majority of nurses demonstrated a good level of personal resilience, with 90% classified at the established level. Additionally, 66.7% reported high levels of social support, while 80% perceived moderate organizational support. Despite the challenges posed by the pandemic, 50% of nurses experienced low anxiety, and 46.7% experienced moderate anxiety. These findings align with those of Labrague and De Los Santos (2020), who found that personal resilience and supportive work environments were significant predictors of reduced COVID-19 anxiety among frontline nurses.

This is further supported by Cui et al. (2021), who observed that nurses with higher levels of support reported fewer symptoms of anxiety and stress during the pandemic. Similarly, Galehdar et al. (2020) emphasized that emotional and organizational support helped nurses cope better with psychological distress when caring for COVID-19 patients.

Objective 2: Correlation Between Key Variables

Significant positive correlations were found between personal resilience, social support, and organizational support. This indicates that nurses with higher resilience often perceive stronger support from both their personal and professional environments. In turn, these support systems are associated with lower levels of anxiety.

These findings are consistent with the study by Tülay Kılınç and Sis Çelik (2020), which revealed a strong positive relationship between social support and resilience among nurses during the COVID-19 pandemic. Additionally, Choi (2018) demonstrated that higher levels of social support and resilience significantly improved job performance and reduced psychological distress in nurses.

Objective 3: Association with Demographic Variables

The study found no significant association between personal resilience, social support, organizational support, and demographic variables such as age, gender, marital status, education, or work experience. This suggests that these support mechanisms function independently of individual characteristics and can be universally beneficial.

These findings mirror those of Hou et al. (2020), who concluded that mental health outcomes among healthcare workers were more strongly influenced by social and organizational factors than by personal demographics. Similarly, Lai et al. (2020) reported no significant association between demographic characteristics and anxiety levels among healthcare professionals exposed to COVID-19.

CONCLUSION

This study highlights the significant role of personal resilience, social support, and organizational support in reducing COVID-19-related anxiety among frontline nurses. The majority of nurses demonstrated established resilience and reported moderate to high levels of social and organizational support. These support systems were strongly correlated with lower anxiety levels, regardless of demographic background.

The findings emphasize that fostering resilience and strengthening both interpersonal and workplace support are key strategies in promoting the psychological well-being of nurses during public health crises. Healthcare institutions must prioritize the development of comprehensive mental health programs, peer support networks, and responsive organizational policies to ensure that frontline nurses are equipped to cope with the challenges of ongoing and future pandemics.

REFERENCES

1. Alsubaie M.M., Stain H.J., Webster L.A.D., Wadman R. (2019) The role of sources of social support on depression and quality of life for university students. *Int. J. Adolesc. Youth.* 2019;24(4):484–496.doi: 10.1080/02673843.2019.1568887.
2. Choi, B. S. (2018). Influence of social support and resilience on the nurse job performance. *Indian Journal of Public Health Research & Development*, 9(3), 788– 792.
3. Cui S, Jiang Y, Shi Q, Zhang L, Kong D, Qian M, Chu J. Impact of COVID-19 on Anxiety, Stress, and Coping Styles in Nurses in Emergency Departments and Fever Clinics: A Cross-Sectional Survey. *Risk Manag Healthc Policy.* 2021; 14:585-594 <https://doi.org/10.2147/RMHP.S289782>
4. Elina Mattila, Jaana Peltokoski, Marko H. Neva, Marja Kaunonen, Mika Helminen & Anna-Kaisa Parkkila (2021) COVID-19: anxiety among hospital staff and associated factors, *Annals of Medicine*, 53:1, 237-246, DOI: 10.1080/07853890.2020.1862905.
5. Elizebeth Rani, V. (2022). Prevalence of COVID-19 Vaccine Acceptance among Pregnant Mothers. *International Journal of Women Health Nursing*, 5(1), 38-44p.
6. ELIZEBETH, R. V. Blessy L C. (2020). Knowledge and Practice on Covid-19 among General Public. *International Journal of Innovative Science and Research Technology.* 5 (10); 1217 – 1220.
7. Galehdar, N., Kamran, A., Toulabi, T. et al. Exploring nurses' experiences of psychological distress during care of patients with COVID-19: a qualitative study. *BMC Psychiatry* 20, 489 (2020). <https://doi.org/10.1186/s12888-020-02898-1>.
8. Haber M.G., Cohen J.L., Lucas T., Baltes B.B. The relationship between self-reported received and perceived social support: a meta-analytic review. *Am. J. Community. Psychol.* 2007;39:133–144.
9. Hou, T., Zhang, T., Cai, W., Song, X., Chen, A., Deng, G., & Ni, C. (2020). Social support and mental health among health care workers during Coronavirus Disease 2019 outbreak: A moderated mediation model. *Plos one*, 15(5), 1– 14.
10. Hu, S. H., Yu, Y. M., Chang, W. Y., & Lin, Y. K. (2018). Social support and factors associated with self-efficacy among acute-care nurse practitioners. *Journal of Clinical Nursing*, 27(3–4), 876– 882.
11. Lai J, Ma S, Wang Y, Cai Z, Hu J, Wei N, et al. Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA Netw Open.* 2020;3(3): e203976. pmid:32202646.

12. Labrague, L. J., & De Los Santos, J. A. A. (2020). COVID-19 anxiety among front-line nurses: Predictive role of organisational support, personal resilience and social support. *Journal of Nursing Management*, 28(7), 1653–1661. <https://doi.org/10.1111/jonm.13121>
13. Rani, V. E., Sudha, R., & Yashodha, G. (2021). Assessment of concerns and health-seeking behaviours related to COVID-19 infection. *Manipal Journal of Nursing and Health Sciences (MJNHS)*, 7(2), 40-43.
14. Salari, N., Khazaie, H., Hosseini-Far, A. et al. The prevalence of stress, anxiety and depression within front-line healthcare workers caring for COVID-19 patients: a systematic review and meta-regression. *Hum Resour Health* 18, 100 (2020). <https://doi.org/10.1186/s12960-020-00544-1>.
15. Tülay Kılınç, Aslı Sis Çelik 2020, Relationship between the social support and psychological resilience levels perceived by nurses during the COVID-19 pandemic: A study from Turkey, perspective in psychiatric care, wiley nurse author & editor. <https://doi.org/10.1111/ppc.12648>
16. World Health Organization. Coronavirus disease (COVID-19) pandemic; 2020. Available from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.
17. 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 Monit.* 2020;26(26): e923549. pmid:32132521.

