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Psychological Resilience and Emotional Stability of Nurses in COVID-19 Quarantine Centers: A Brief Study

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ABSTRACT

The current study aimed to identify the level of psychological resilience as well as to identify the extent of emotional stability among nurses working in quarantine centers for coronavirus patients (COVID-19) in Aurangabad. The study also aimed to identify the relationship between the psychological resilience and the emotional stability among these nurses. The method used in the present study is the quantitative method. The sample was randomly distributed via questionnaire among nurses working in quarantine centers for coronavirus patients (COVID-19). The researchers used two tools in the study which are psychological resilience scale and emotional stability scale. However, the results first, indicated that the level of psychological resilience among nurses working in quarantine centers for coronavirus patients (COVID-19) of the scale was high, whereas the emotional stability scale was medium. Second, there is no statistically significant relationship at the level (0.05) between psychological resilience and emotional stability among nurses working in quarantine centers for coronavirus patients (COVID-19). Finally, there is no relationship between the dimensions of psychological resilience and the dimensions of emotional stability.

Keywords: Psychological resilience, Emotional stability, COVID-19, and Nurses of quarantine center.

INTRODUCTION:

Everyday life is complex and fast-paced, and working in a sensitive profession can add to the pressure. In professions like medicine, the well-being and even the lives of others depend on the level of safety and accuracy in providing healthcare services and treatment, especially during global crises like COVID-19. The pandemic has had a negative impact on people's psychological well-being, and it has caused shock and instability globally and locally. This has led to the financial difficulties and a lack of stability, exposing

individuals to various stimuli and events that they may or may not be able to control. Psychological resilience is that dynamic process that leads to a good harmony and positive response to adversity, shocks and psychological crises that an individual may face.

These dynamic processes are social problems, natural disasters, bloody wars, chronic diseases, and/or epidemics. Besides, this concept includes the ability to recover from the negative effects of these adversities and calamities, to overcome them in a positive way

and to the continue living effectively (Abdel Samie, 2014; Hasan *et al.*, 2021).

The Psychological resilience can be considered as a phenomenon that enables humans to recover from the negative effects of troubles or distressful events of a cumulative or extended nature, or from actual risks and psychological pressures. It reflects the ability of an individual to maintain his/her calm, emotional stability and the level of his normal psychological performance during stressful life events and circumstances (Saeed, 2013). According to (Elizabeth *et al.*, 2012), one of the characteristics of psychologically resilient people is that they are characterized by a high level of achievement motivation and psychological safety. They are able to face adversity and difficulties and raise their self-efficacy, per-severance, striving towards achievement and avoiding experiences of failure (Elizabeth *et al.*, 2012; Bamikole and Adebawale, 2023).

To study the psychological resilience, it is crucial to shed light on emotional stability. Emotional stability is the ability of an individual to the face stressed and threatening life circumstances and events, and deals with them without exposing his mental and physical health to disorder or disease, such as the ability of controlling himself and cooperates with the human society (Al-Sabawi, 2008). It is the ability of an individual to face the stressful and threatening life and its circumstances as well as events. It also enables them to deal with it without exposing their mental and physical health to the disorder or disease, which is represented by the individual's ability to control him and cooperate with the human society (Al-Sabawi, 2008). Thus, the COVID-19 pandemic has had a significant impact on the healthcare professionals, the particularly nurses who are at the forefront of managing the outbreak. The current study aims to the investigation relationship between the psychological resilience and the emotional stability among the nurses working in quarantine centers for COVID-19 patients.

Statement of the problem

The global health crisis of 2020 was characterized by the rapid spread of an unknown virus, which emerged as a leading cause of death worldwide and highlighted shortcomings in the healthcare systems. In response, the healthcare organizations are grappling with the

challenges posed by the COVID-19 and striving to provide essential care to affected individuals. Given the critical nature of the healthcare sector, especially during times of the infectious disease outbreak, it is essential to bolster the psychological resilience of employees. Doing so can contribute to the improved adaptation to working conditions, reduced levels of fear and anxiety, and better overall job performance. Emotional stability is particularly crucial for the healthcare workers, including nurses, who face daily pressures and the stressful events, especially those working in COVID-19 quarantine centers (Alsabawi, 2008). Thus, this study aims to explore the relationship between psychological resilience and emotional stability among nurses working in such centers.

Significance of the study

The study is significant because it aims to investigate the relationship between psychological resilience and emotional stability among nurses working in COVID-19 quarantine centers. This research will explore how these two factors may affect each other either positively or negatively. The theoretical significance of the study lays in its contribution to the understanding of psychological resilience and the emotional stability concepts among nurses working in quarantine centers for COVID-19 patients. Additionally, it sheds light on the relationship between psychological resilience and emotional stability, which is a new area of research. The applied significance of the study includes the potential to the develop programs that enhance the psychological resilience of healthcare employees. The study may also inspire further research on psychological resilience, as well as the development of standards for psychological resilience and emotional stability in the Indian healthcare environment, as the researchers were unable to find standards suitable for nurses working in this sector.

Objectives of the study

The objectives of the present study are as follows -

- To identify the level of psychological resilience among nurses working in quarantine centers for coronavirus patients (COVID-19) in the Aurangabad.
- To identify the extent of the emotional stability among nurses working in quarantine centers for coronavirus patients (COVID-19).

- To clarify the relationship between the psychological resilience and the extent of emotional stability among nurses working in quarantine centers for coronavirus patients (COVID-19).

Hypotheses of the Study

- 1) There is no statistical significant difference between an arithmetic mean and assumed mean in the level of psychological resilience among nurses working in quarantine centers for coronavirus patients (COVID-19).
- 2) There is no statistical significant difference between an arithmetic mean and assumed mean in the degree of emotional stability among the nurses working in quarantine centers for coronavirus patients (COVID-19).
- 3) There is a positive relationship between the psychological resilience and emotional stability among nurses working in quarantine centers for coronavirus patients (COVID-19).

Definition of the terms

Psychological Resilience

It is the ability of an individual to expect, endure and recover from the external shocks and pressure either related to the disasters or disputes that protect main identity and keep the main functions (Ba-Ali, 2014). The researchers define the psychological resilience as the ability of an individual of the positive agreement with the environment and its surrounding dangers and threats to reach a high level of recovery from the negative events and rebalance and achieve the success. Procedural Definition of psychological resilience: It is the average that nurses working in quarantine centers obtain in standard of psychological resilience arranged for this purpose.

Emotional stability

Emotional stability is the characteristic of an individual in interaction without extravagance to the emotionality. Thus the absence of emotional stability means the quick and troubled emotional response (Alkhaledi, 2002). The researchers define it as the ability of employees to control their excitements and deal with it softly and sobriety and control the natural situation to reach adjustment and balance. Procedural definition of the emotional stability: It is defined as the average that nurses working in the quarantine centers

obtain in emotional stability standard arranged for this purpose.

Nurses of quarantine center

The researchers define the nurse as a person with nursing certificate who completed four years of study in any Indian university in anywhere else. He/she is the responsible of medical care for Covid-19 patients in certain quarantine centers.

Limitation of the study

Human limits: The community consists of all nurses working in quarantine centers.

Locative limits: The quarantine centers were selected in the city of Aurangabad, which are (MGM Hospital, Bajaj Hospital and Medicovert Hospital).

Conceptual limits: psychological resilience, emotional stability, nurses working in quarantine centers.

Theoretical framework

In the different stages of his/her life, a person is exposed to many changes and disturbances that affect his/her life and pattern of thinking and cause many psychological and behavioral problems. Thus all these changes and disturbances affect the extent of his/her ability to practice the daily activities as usual and leave negative effects on the individual's general life. So, psychological resilience and the individual's ability to endure and adapt along with his/her flexibility in dealing with these events is an important element of resistance and staying consistent without suffering from mental disorders.

Psychological resilience

The Psychological resilience refers to the presence of positive results, compatibility and achievement of developmental competencies to face risks, difficulties or pressures (Allam, 2013). Yassin & Mukhtar, (2012) stated that psychological resilience is a group of the positive traits in the personality which help the individual to resist pressures on the one hand and use the most effective methods when facing pressures on the other. The steadfast personalities are the individuals who are exposed to a high degree of pressure and do not show any sign of being affected by. That is why they are abler to adapt to it and use defense the strategies that focus on the problem (Yasin and Mukhtar, 2012).

Fredrickson, (2004) defined psychological resilience as the ability to expel negative feelings of experiences with enthusiasm and vitality through a flexible adaptation to the requirements of the stressful experiences (Fredrickson, 2004).

According to Luthar & Cicchetti, (2000) psychological resilience is a dynamic process through which individuals reflect a positive adaptation despite the important and the dangerous experiences they face such as shocks, distresses and adversities. However, this definition does not consider psychological resilience as a feature or characteristic of the individual as much as it is a two-dimensional complex that includes adversity facing and show a positive and harmonic outcome (Luthar & Cicchetti, 2000). On the other hand, Masten, (2001) indicated that psychological resilience is due to a group of behavioural phenomena that can be described as good and positive outcomes despite the serious threats of adaption and development of the individual (Masten, 2001). Throughout all the above mentioned definitions the psychological resilience is ability and dynamic process as well as a process of good compatibility and positive features in distress with adversity and adversity.

Components of psychological resilience

Zahran, (2013) and Brooks and Goldstie, (2004) stated that there are basic components of psychological resilience, which are: The first component is communication. It enables an individual of communicating with others to the express his thoughts and feelings clearly, define his goals and values and solve the problems he faces. Second, the Empathy that enables the individual to interact with the feelings, attitudes and ideas of the others. It facilitates communication, cooperation and respect among individuals. Third, Acceptance in which represents the individual's acceptance of himself and others, by defining assumptions, goals and motivation, and his understanding of his own feelings, expressing them in a proper manner, and identifying the aspects of strength and effectiveness in his personality, which helps him to use them optimally.

Factors affecting psychological resilience

Abdul-Gawad and Abdul-Fattah, (2013) identified several factors that can impact an individual's psy-
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chological resilience. These factors can be categorized into two types: internal protective factors and external protective factors. Internal protective factors refer to personality traits such as extroversion, agreeableness, openness to experience, and vigilance. They also include qualities like self-esteem, self-confidence, self-efficacy, acceptance, and emotional control, power of ego, mental health, and problem-solving skills. On the other hand, external protective factors are represented by the resources and opportunities present in the individual's environment. This includes support from family and community, as well as programs, education, and the training courses that can assist the individual in overcoming adversity.

Theories that explain psychological resilience

Richardson theory

One of the first theories that explain's the process of psychological resilience is Richardson's theory. He formulated the conceptualization of resilience as the strength that exists within each individual that leads him to self-realization, altruism and wisdom, and to be in perfect harmony with the spiritual source of strength. The basic premise of this theory lies in the idea of biological and psycho-spiritual balance which allows us to adapt (body, mind and spirit) with the current conditions of life. The psychological stresses and other expected and unexpected life events or urgent life requirements affect our ability to adapt and face such events in life. It is affected by the qualities of resilience and re-integration with previous resilience and the interaction between daily psychological stress and protective factors (Richardson, 2002)

Constructivist Development Theory

It is a theory developed by Saakvine and his colleagues, (Saakvine *et al.*, 1998), emphasizes the concept of the frame of reference. Atia, (2011) explains that this theory identifies five subjective areas that are impacted by traumatic events. The first area is the individual's normal way of understanding the world, including their spirituality. The second area is their perception of their own abilities, particularly their ability to handle emotions and maintain connections with others. The third area is the availability of the resources to meet their psychological needs, such as the ability to self-monitor. The fourth area is the concept of central psychological needs, which are

reflected in the defined and shared diagrams in five areas: safety, trust, control, respect, and intimacy. The final area is the system of sensory perception and memory, which includes both biological adaptations and sensory experiences (Wald *et al.*, 2006).

Emotional Stability

In order to identify the concept of emotional stability, different points of view and interpretations of the researchers specialized in the field of education and psychology were presented. Al-Muzaini, (2001) defines emotional stability as controlling emotions and flexibly dealing with current and new situations and events, which increases his ability to lead situations and others (Al-Ghadani, 2014).

Emotional stability is the way to reach the goal and the effectiveness of the response. It is unlike the emotionality that is characterized by lack of excitability and the difference and variation in the intensity of its flexibility and the unity of its manifestations from time to time, and from one situation to another. Also he has the ability to provoke good behavior in contrast to the emotionally unstable person who is quick to provide inappropriate responses and is characterized by the inability to reach emotional control (Al-Mutawa, 2001). Daoud and Al-Obaidi mentioned that emotional stability is represented in the individual's ability to deal with matters patiently in which he cannot be provoked by trivial events. He is also characterized by calm, sobriety and rationality in facing matters, and controls his emotions, especially anger, fear and the jealousy (Al-Qahtani, 2013; Susanto *et al.*, 2022).

Therefore, the concept of emotional stability revolves around moderation and that it is a psychological compound that summarizes happiness and carries with it one of the most important component systems for building the individual. It represents the positivity of a person who enjoys the calm, patience, patience and responsibility, and the presence of emotional self-control that directs the individual to reach the proportionality between the response and the quality of the stimulus. As for the unbalanced person, he is an example of hesitation, emotionality and dullness, and he is quick to provide inappropriate responses. The more the individual can control himself in front of emotional situations, the more he is a balanced person.

The role of tutorship in achieving the emotional stability

The tutorship process is the main prop through which the individual can have a deeper understanding of himself, his problems and how to deal with them. Tutorship does not only aim at solve the emotional problem or other problem, but provide an individual with a better understanding of himself and others. It also enables him to liberate all his energies and capabilities during the tutoring process to gain correct views of himself, people and life, and to reach the maximum possible degree of consistency in all aspects of his personality. The psychological tutoring focuses on helping the individual to overcome his emotional problems or overcome his anxiety and confusion, and modify his abnormal behavior during the tutoring process to a degree that restores his psychological cohesion, develops the ability to emotional stability and avoids a state of psychological disorder (Al-Ghadani, 2014). It is a process that aims to help the individual who complains of social emotional disorder that has not reached the degree of psychological or mental disorder to get rid of what he is complaining about (Ahmed, 2000; Abiodun *et al.*, 2022).

Signs of Emotional Stability

Hammouda, (2008) has identified several key indicators of the emotional stability, which include the following.

- 1) The individual is able to express their emotions in a balanced manner, avoiding primitive or extreme expressions.
- 2) Emotional stability is demonstrated through the ability to control oneself in emotionally charged situations, avoiding recklessness and impulsiveness, and delaying the expression of emotions until the individual can choose an appropriate response.
- 3) Mood stability, which refers to emotional life being calm and not fluctuating between different emotions for trivial reasons, such as going from joy to depression, sadness to happiness, or enthusiasm to apathy (Abu-Ghazaleh *et al.*, 2012).

Review of Literature

Ashour, (2017) aimed to determine the degree of psychological resilience and emotional poise among intensive care nurses in governmental hospitals in the

Gaza Strip. The study utilized two instruments, the psychological resilience tool and emotional equilibrium, both of which were prepared by the researcher. The final sample consisted of 147 nurses, and the study utilized a descriptive and analytical approach. The study found that the relative weight of psychological resilience was high among the intensive care nurses, at 76.84%, indicating a large degree of psychological resilience. The relative weight of emotional equilibrium was also high, at 56.61%, indicating a high degree of emotional poise among the nurses.

Arafat Hussein Abu Mashaikh, (2018) aimed to determine the level of self-efficacy and its correlation with psychological resilience among the parents of mentally retarded individuals. The study utilized two self-prepared questionnaires to measure self-efficacy and psychological resilience. The sample consisted of 307 parents, including both fathers and mothers of the mentally retarded the individuals. The study used a descriptive analytical approach and found that the level of self-efficacy and psychological resilience was high among the participants. There was a positive correlation between self-efficacy and psychological resilience, and no significant differences were found in the mean scores of self-efficacy and psychological resilience based on gender, economic level, and place of residence.

Alaa Najeh Al-Shweiki, (2019) aimed to determine the relationship between psychological resilience and occupational stress among nurses working in intensive care units in Hebron city hospitals. The study sample consisted of 118 nurses, and the researcher utilized the psychological resilience scale and occupational stress scale. The study utilized a descriptive correlative approach and found that there was a statistically significant correlation between the level of psychological resilience and occupational stress among the nurses.

The correlation coefficient was 0.22, indicating that the greater the psychological resilience of nurses, the greater the occupational stress they have, and vice versa. The study also found that the level of psychological resilience of nurses working in intensive care units in hospitals in Hebron city was high, with a mean of psychiatric hardness as a whole (143.11) and a percentage of 83.8%.

Elrefay & Ahmed, (2019) conducted a study to explore the relationship between psychological resilience and achievement motivation among the post-graduate international students from Mansoura University. The study involved 160 students, with an equal number of male and female participants. The researchers used self-prepared scales to measure psychological resilience and achievement motivation. The results indicated a positive correlation between psychological resilience and achievement motivation, both in terms of total score and dimensions. Additionally, multiple regression analysis showed that the dimensions of achievement motivation, namely persistence, seeking superiority, and aspiration, can predict psychological resilience. Makram Allah, (2021) conducted a study to investigate the relationships between the emotional stability, psychological resilience, and achievement motivation among doctors and nurses at the University Hospital in Assiut. The study included a sample of 200 participants, and the researcher used self-prepared scales to measure emotional stability, psychological resilience, and achievement motivation. The study found a positive and statistically significant relationship between emotional stability and achievement motivation, ambition, and the achievement behavior. However, the variable of emotional stability was not affected by the participants' residence and educational qualification, while emotional confrontation was only influenced by the place of residence. The study also found that the motivation was affected by both the residence and the academic qualification of the participants, but psychological resilience was not affected by either residence or educational qualification. The researcher used a descriptive comparative method to analyze the data.

Therefore, the above studies generally agreed that there is a positive correlation between psychological resilience and other variables, such as emotional poise, self-efficacy, occupational stress, and the achievement motivation. Ashour, (2017) and Arafat Hussein Abu Mashaikh, (2018) found that the level of psychological resilience among their respective populations was high, while Elrefay & Ahmed, (2019) and Makram Allah (2021) found a positive relationship between psychological resilience and achievement motivation. Additionally, Alaa Najeh Al-Shweiki, (2019) found a

statistically significant correlation between the psychological resilience and occupational stress among the nurses working in intensive care units.

MATERIALS AND METHODS:

Research Design

The present study used the descriptive correlative method which means what is in reality and trying to explain it. It is the interested in determining the relationships that exist among facts. The descriptive correlative approach is defined as “that type of approach by which it is possible to know if there is a relationship between two or more variables, and then to know the degree of that relationship (Al-Assaf, 2006).

Research sample

The research sample was selected in a simple random method. It consists of (120) male and female nurses distributed in most of the quatrain centers in private hospitals. It distributed on the variable of the gender where males were (59) and females were (61) and the variable of experience where (56) participants are less than a year while (64) are more than a year.

Research Tools

Table 1: The correlation coefficient for each section with the dimension to which it belongs and the total score for the dimension on the psychological resilience scale.

Dimension of Self-Efficiency		Dimension of Flexibility		Dimension of Problem Solving	
Item No.	Correlation Coefficient	Item No.	Correlation Coefficient	Item No.	Correlation Coefficient
1	0.38**	12	0.42**	23	0.59**
2	0.41**	13	0.36**	24	0.45**
3	0.58**	14	0.46**	25	0.52**
4	0.49**	15	0.53**	26	0.44**
5	0.37**	16	0.35**	27	0.38**
6	0.62**	17	0.45**	28	0.47**
7	0.44**	18	0.37**	29	0.36**
8	0.35**	19	0.38**	30	0.42**
9	0.45**	20	0.48**	31	0.36**
10	0.42**	21	0.34**	32	0.41**
11	0.36**	22	0.43**		

The above **Table 1** shows that the correlation coefficients are significant at the level of (0.01) for all items, and thus the scale is considered valid for what was set to measure it.

Reliability of the scale

The reliability of the psychological resilience scale was calculated using Cronbach's alpha coefficient, which amounted to (0.76). It is also calculated by

Psychological resilience scale

The scale prepared by the researcher consists in the final of (32) items, including positive and negative items. The items of the psychological resilience are divided into three dimensions: the dimension of personal competence and it includes items from (1-11), flexibility dimension which includes items from (12-22), and dimension of the Problem solving that includes items from (23-32). Each item has five answer alternatives. To correct the scale, five weights were determined from (1:5) for the positive scale items and from (5:1) for the negative scale items. Then the score of each item is collected to calculate the total score for each student.

Validity of the scale

The validity of the psychological resilience scale was calculated, where the researcher used the sincerity of the arbitrators and their opinions were taken. The internal validity also was the calculated, where a correlation coefficient was found for each section with the dimension to which it belongs and the total degree of the dimension. The correlation coefficients ranged between (0.34) -(0.62) as shown in the following table.

using the half-segmentation method, and by the correcting the Spearman-Brown equation, the reliability coefficient became (0.64). This means that the reliability coefficient is high and statistically significant.

Emotional Stability scale

The scale is prepared by the researcher and consists of (25) positive and the negative items. The emotional stability items are divided into the three dimensions:

Emotional control that includes items from (1-8), Emotional confrontation that includes items from (9-17), and Emotional flexibility that includes items from (18-25). Each item has five alternative answers. To correct the dimension, five significances were determined from (1:5) for the positive scale items and from (5:1) for the negative scale items. Then the score of each item is collected to calculate the overall score for each student.

Validity of the scale

The validity and reliability of the emotional stability scale were calculated, where the researcher used the validity of the arbitrators and their opinions were taken. The internal validity was also calculated, where the correlation coefficient was found for each section with the dimension to which it belongs and the total degree of the dimension. The correlation coefficients ranged between (0.22)- (0.59) as shown in the following table.

Table 2: The correlation coefficient for each section with the dimension to which it belongs and the total score for the scale on the emotional stability.

Dimension of control		Dimension of confrontation		Dimension of Flexibility	
Item No.	Correlation Coefficient	Item No.	Correlation Coefficient	Item No.	Correlation Coefficient
1	0.38**	9	0.32**	18	0.59**
2	0.41**	10	0.36**	19	0.45**
3	0.22**	11	0.46**	20	0.52**
4	0.49**	12	0.25**	21	0.26**
5	0.32**	13	0.27**	22	0.31**
6	0.33**	14	0.45**	23	0.47**
7	0.44**	15	0.37**	24	0.36**
8	0.35**	16	0.38**	25	0.42**
		17	0.48**		

The above **Table 2** shows that the correlation coefficients are significant at the level of (0.01) for all items, and thus the scale is considered valid for what was set to measure it.

Reliability of the scale

The reliability of the emotional stability scale was calculated using Cronbach's alpha coefficient, which amounted to (0.67). It is also calculated by using the half-segmentation method, and by correcting the Spearman-Brown equation, the reliability coefficient became (0.62). This means that the reliability coefficient is high and statistically significant.

Research procedures

The researcher went to the private hospitals that have quatrains centers of Covid-19 in the Aurangabad city. Permission was taken from the officials of the centers to enter the department of quatrains to meet the nurses working in. The nurses were met and the purpose of the research and its importance and the instructions were explained. The researchers distributed the questionnaires to the participants and waited till they completed their answers. Then the researchers made sure that there is no any section is left without answer.

Finally, the questionnaires have been collected and the researchers thanked the participants for their cooperation.

Statistical methods

The researcher's evocated and analyzed the data through the statistical analysis program (SPSS), and the following statistical tools were used as well -

- 1) Pearson Correlation Coefficient
- 2) Saberman correlation coefficient
- 3) Cronbach's alpha
- 4) One-sample T-test
- 5) T-test for two independent samples

RESULTS AND DISCUSSION:

First hypothesis

There is no statistical significant difference between a arithmetic mean and assumed mean in the level of psychological resilience among nurses working in quarantine centers for coronavirus patients (COVID-19). To investigate this hypothesis, the T-test was used for one sample after applying the research tool to the sample and analyzing the data using the SPSS program. The results were as follows:

Table 3: Shows the T-test for a single sample to determine the level of psychological resilience of nurses.

Relative Weight	Sig.	T.	Df.	Std. Deviation	Assumed Mean	Arithmetic Mean	Sample	Variable
76.25%	0.00	26.78	59	7.63	96	122	60	Psychological Resilience

Note: (Relative weight is calculated by dividing the actual average by dimension overall score multiplied by 100).

It is clear from the above table that there are statistically significant differences between the Arithmetic mean and the Assumed mean of the community in the psychological resilience variable among the nurses working in quarantine centers for coronavirus patients in Aurangabad city, at a significance level of (0.01) in favor of the Arithmetic mean, which amounted (122) compared With a Assumed average of (96) and a relative weight of (76.25). Therefore, the null hypothesis is rejected while the alternative hypothesis that states (there are statistically significant differences between the Arithmetic mean and the Assumed average of the nurses' psychological resilience level

Workers in the quarantine centers for the coronavirus patients) is accepted.

Second hypothesis

There is no statistical significant difference between a arithmetic mean and assumed mean in the degree of emotional stability among the nurses working in quarantine centers for coronavirus patients (COVID-19). To investigate this hypothesis, the T-test for one sample was used after applying the search tool to the sample and analyzing the data using the SPSS program. The results were as follows:

Table 4: Shows the T-test for one sample to determine the level of emotional stability of nurses in quarantine centers.

Relative Weight	Sig.	t.	df.	Std. Deviation	Assumed Mean	Arithmetic Mean	Sample	Variable
63.2%	0.00	3.87	59	8.28	75	79	60	Emotional Stability

Note: (Relative weight is calculated by dividing the actual average by dimension overall score multiplied by 100).

The above table indicated that there are statistically significant differences between the Arithmetic mean and the assumed average of the community in the emotional stability variable among nurses working in quarantine centers for coronavirus patients at a significance level of (0.01) in favor of the Arithmetic average, which amounted to (79) compared to with an assumed average (75) and a relative weight of (63.2). This means that nurses are emotional balanced. With this result, the null hypothesis is rejected while the alternative hypothesis that states (there are statistically significant differences between the arithmetic mean

and the assumed average of the degree of emotional stability among the nurses working in the Quarantine centers for coronavirus patients) is accepted.

Third hypothesis

There is a positive relationship between psychological resilience and emotional stability among nurses working in quarantine centers for coronavirus patients (COVID-19). To the investigate this hypothesis, the Pearson correlation coefficient was used to find out the relationship and data analysis using the program (SPSS) and the results were as follows:

Table 5: Showing the results of the Pearson correlation coefficient to identify the nature of the relationship between psychological resilience and Emotional Stability.

Variables		Emotional control	Emotional confrontation	Emotional flexibility	Emotional Stability
Personal Efficiency	correlation coefficient	0.142	0.121	0.066	0.159
	Sig	0.28	0.35	0.61	0.22
Problem Solving	correlation coefficient	-0.119	0.124	-0.057	-0.040
	Sig	0.37	0.34	0.66	0.76

Flexibility	correlation coefficient	-0.067	-0.091	-0.131	-0.182
	Sig	0.61	0.49	0.29	0.16
Psychological Resilience	correlation coefficient	-0.080	0.075	-0.134	-0.025
	Sig	0.54	0.56	0.309	0.85

Throughout the above table it is clear that there is no statistically significant relationship at the level (0.05) between psychological resilience and emotional stability among nurses working in quarantine centers for coronavirus patients. The value of the Pearson correlation coefficient was (-0.025) and the p-value (0.85) as well as the absence of a relationship between the dimensions of psychological resilience and the dimensions of emotional balance.

Major Findings of the Study

Through the testing of the research hypotheses and the discussed results, the researchers reached the following Findings:

- There are statistically significant differences between the arithmetic average and the assumed average in the psychological resilience variable among nurses working in quarantine centers for coronavirus patients (COVID-19). This means that nurses have a high psychological resilience. the researcher attributes this result to the fact that the nurses working in the quatrain centers based on the great level of crises that the nurses were exposed to in the extreme conditions that accompanied the outbreak of the Corona epidemic made them coexist with the epidemic with passing of time and work under very difficult conditions.
- There are statistically significant differences between the arithmetic average and the assumed average in the emotional stability variable among nurses working in quarantine centers for coronavirus patients (COVID-19). This means that the nurses have a medium emotional stability.
- There is no statistically significant relationship at the level (0.05) between psychological resilience and emotional stability among nurses working in quarantine centers for coronavirus patients (COVID-19). Additionally, there is no relationship between the dimensions of psychological resilience and the dimensions of emotional stability.
- The nurses have also a high degree of characteristics which qualifies them for such a result.

They are prepared in the school stages to deal with emergency conditions as well as to deal with many and varied forms of difficult and critical situations related to patients and their health status.

- Nursing in general and workers in quarantine centers in particular have encountered to a number of daily influences and stimuli and continuous emotions. In order to achieve for these emotions its functions and not become a sword hanging over the mental health of the individual, it must be as much as it is required, without excessiveness that leads to tension and turmoil, or negligence that leads to dullness and emotional coldness.
- Working in quarantine centers for the COVID-19 epidemic requires courage in facing challenges, decisiveness in making important decisions, and the ability to control emotions and plan towards the future during the existing capabilities and surrounding circumstances.
- The challenges experienced by the participants are reflected in one way or another on their lives. They interact with them, as they affect them and are affected by them. They take the appropriate means and clear ways to the confront negative emotions and attitudes to ensure that they achieve the appropriate emotional confrontation.
- Psychological resilience with all its components includes the overcoming adversity, the ability to adapt, act rationally, consciously, and emotional stability is the individual’s ability to control his emotions and not be drawn into the influence of emergency external events leading to the self-adaptation. This means that it is not a required direct or inverse relationship between the two variables. This was also confirmed by the study (Ashour, 2017) that there was no relationship between psychological resilience and emotional stability among intensive care nurses in hospitals.

Recommendations of the Study

The results of the present study led the researchers to the following recommendations.

- 1) Develop interventions aimed at improving the emotional stability among the nurses working in quarantine centers for the COVID-19. This can involve providing training in stress management techniques and emotion regulation skills.
- 2) Provide resources and support to help nurses cope with the challenges they face while working in quarantine centers, such as offering access to counseling services and peer support groups.
- 3) Consider including training on psychological resilience and emotional stability in the nursing education programs to the better equips nursing students to the handle emergency situations and critical patient care.
- 4) Encourage nurses to take appropriate measures to address negative emotions and attitudes to the ensure that they can handle them effectively.
- 5) Take into account the non-linear relationship between psychological resilience and emotional stability when designing the interventions and policies aimed at promoting the psychological well-being of healthcare workers.

CONCLUSION:

The American Psychological Association defined the psychological resilience as a process of good adjustment and positive confrontation of adversity, distress, calamities, or normal psychological pressures faced by humans such as family, relationship, financial and serious health problems and work pressures. Psychological resilience also means the ability to recover from the negative effects of these adversities, calamities or stressful events and the ability to overcome them in a positive way and live effectively and the efficiently (APA, 2002). On the other hand, Al-Jumaili, (2005) explains emotional stability as the individual's ability to control his emotions, feelings and motives. It is also his ability to deal with matters with patience and prudence, and to face life with vitality, activity and good behavior through his self-reliance, confident in it, optimistic and reassuring in his view of the future and compatible with others (Mubarak, 2005). Therefore, the present study has shed light on the importance of these constructs in the

healthcare setting. The study found that nurses in quarantine centers exhibited a high level of the psychological resilience, likely due to their exposure to extreme conditions and crises during the COVID-19 pandemic. However, emotional stability was found to be at a medium level, highlighting the need for interventions and support to enhance this trait among healthcare workers. The study's findings have important implications for promoting the psychological well-being of healthcare workers in similar settings. Moreover, the recommendations drawn from the study can help support the development and maintenance of psychological resilience and the emotional stability among healthcare workers, as well as inform future research in this area. Overall, the study high-lights the importance of addressing the psychological well-being of healthcare workers to ensure that they can provide effective care and support to patients during times of crisis.

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CONFLICTS OF INTEREST:

No conflicts of interest are related to this work.

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