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Healthy lifestyle and work stress in nurses in time of the COVID -19 pandemic, at the National Institute of Neoplastic Diseases, Lima, 2020

[Estilo de vida saludable y estrés laboral en enfermera(o)s en tiempo de pandemia COVID -19, en el instituto nacional de enfermedades neoplásicas, Lima, 2020]

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Resumen

Objetivo: Determinar el estilo de vida saludable y estrés laboral en Enfermeras (os) que atienden a pacientes con COVID -19, en el Instituto Nacional de Enfermedades Neoplásicas, Lima, 2020. Estudio: Enfoque cuantitativo, correlacional, de corte transversal y diseño no experimental. Población: estuvo conformada por las 65 enfermeras que laboran en el área de Covid-19. Instrumentos: Se utilizó 2 cuestionarios: Estilo de vida saludable, que consta de 3 dimensiones: actividad física, hábitos alimenticios, dimensión sueño. Estrés laboral, que consta 3 dimensiones: agotamiento emocional, despersonalización y realización personal. Ambos instrumentos con escala de Likert, fueron validados por juicio de expertos con una confiabilidad de 0.8 y 0,7 respectivamente. Los resultados encontrados que existe una correlación entre ambas variables. Además, predomina en las enfermeras que en su mayoría tienen estilos de vida saludables inadecuados. Asimismo, el nivel moderado de estrés es un problema afectado en su salud emocional en tiempo de pandemia. Se concluye que es importante antes estos problemas de salud requieren implementarse planes de mejoras para promover el autocuidado y evitar problemas de salud ocupacional.

Palabras clave: Estilo de vida saludable, estrés laboral, COVID -19, enfermeros.

Abstract

Objective: Determine the healthy lifestyle and work stress in Nurses who care for patients with COVID -19, at the National Institute of Neoplastic Diseases, Lima, 2020. Study: Quantitative, correlational, cross-sectional approach and non-experimental design. Population: it was made up of the 65 nurses who work in the Covid-19 area. Instruments: 2 questionnaires were used: Healthy lifestyle, consisting of 3 dimensions: physical activity, eating habits, sleep dimension. Work stress, which consists of 3 dimensions: emotional exhaustion, depersonalization and personal fulfillment. Both instruments with Likert scale were validated by expert judgment with a reliability of 0.8 and 0.7 respectively. The results found that there is a correlation between both variables. In addition, it predominates in nurses who mostly have inadequate healthy lifestyles. Also, the moderate level of stress is a problem affected in their emotional health in times of pandemic. It is concluded that

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it is important before these health problems require the implementation of improvement plans to promote self-care and avoid occupational health problems.

Keywords: Healthy lifestyle, work stress, COVID -19, nurses.

1. Introduction

Lifestyles are patterns of behavior or attitudes that people adopt to respond responsibly to a modern social trend of considerable influence in relation to health. A lifestyle comprises a state of complete well-being that develops over time, either individually or in a group and that leads to the satisfaction of human needs, which will lead the person to well-being and a healthy life. There are innumerable definitions of lifestyles, but all of them are aimed at creating a culture of prevention in people, which is determined by traditions, social processes, conducts and behaviors, which are protective factors of the quality of life and that help the person to generate satisfaction of needs and human development (Álvarez, 2012; Agüero, 2018).

According to the World Health Organization (WHO), it expresses that lifestyles are based on the interaction of living conditions in a broad sense and individual behavior patterns, which are determined by sociocultural factors and personal characteristics. In this sense, chronic diseases show the highest rates of premature death, as consequences of years of discrediting the value of healthy life in the population, which directly impacts the social development of states and societies, since the costs in health care conforming to the current economic model are unacceptable for the budget of the countries, where only in neurodegenerative diseases, obesity, diabetes, cancer, CVD, and others, the expenses are unfeasible, which not only produce suffering or death, but lost years of healthy lives that have been affecting people's quality of life (WHO, 2016).

Likewise, the Pan American Health Organization (PAHO) confirms the prevalence of mortality from non-communicable diseases (coronary heart disease) in Latin America, alluding to the study on health conditions in the Americas, which bifurcates the practice of inappropriate lifestyles, adopted by the population. An imminent situation, given that in the study's statistics, Brazilians and Peruvians occupied high indices, such as the largest consumers of fast food, with figures 10 times higher than spending in Bolivia, being below Canada and the United States (PAHO, 2015). In this sense, we can affirm that personal factors circumscribe biological, sociocultural, psychological and general characteristics, which significantly influence human behavior, assessing age, health status, socio-economic status, ethnic origin and the specific effects of the behavior that includes perceived benefits and barriers, self-efficacy and affect related to interpersonal activity and situational influences (García et al., 2012). Definitely, healthy lifestyles help prevent biopsychosocial, spiritual imbalances, in order to preserve both physical and mental health, however, it is stated under multiple patterns that affect our daily life, since behavior is not produced by itself, but is influenced by social, cultural and environmental factors, such as the characteristics of each individual (Uriarte and Vargas, 2018).

In Colombia, Velandia, M., Arenas J., Ortega N. a high rate of laziness to perform physical activities and sedentary lifestyle, which mark the current trend; 41% favor healthy lifestyles and 59% unhealthy styles (Velandia-Galvis, et al., 2015). In Peru, the Demographic and Family Health Survey (ENDES, 2015) indicates that the average body mass index (BMI) of the population aged 15 years and over is 26.2 Kg / m2 and that one in two Peruvians 15 years or older, are overweight (35.5%), obese (17.8%). Likewise, in Peru, Pérez, R. indicates that the lifestyles, 44% showed a medium lifestyle, 29.1% high and 26.9% low (Pérez, 2015).

On the other hand, García, et al. (2019), showed that a large number of nurses were grouped in the unhealthy lifestyle cluster, evidencing the need to strengthen actions to promote healthy

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lifestyles in this environment. Likewise, Ñacarí and Ochante (2019), report that there is a close relationship between lifestyles and excess weight in nursing professionals, concluding in their study that nurses have an unhealthy lifestyle and have an excess of weight.

For Nola Pender, she refers that behavior is motivated by the desire to achieve well-being and human potential. The health promotion model (MPS), aims to illustrate the multifaceted nature of people in their interaction with the environment, when they try to achieve the desired state of health; emphasizing the nexus between personal characteristics and experiences, knowledge, beliefs and situational aspects, linked to the behaviors or health behaviors that it is intended to achieve (Aristizádal et al., 2011). In the same way, education allows people to learn how to take care of themselves to lead a healthy life, for this it is essential so that less people get sick, less resources are spent, the person is given independence and improves towards the future (Alva, 2017).

According to the WHO, a healthy diet must be maintained, in interaction with physical activity, because weight and height must maintain a correlation due to the increased risk of suffering from non-communicable diseases (Aristizádal et al., 2011). In relation to food, it is considered to assume healthy habits such as: a) The most important step to start a balanced diet is to educate yourself appropriately about the body's requirements. b) Consume dairy products such as cheese, milk and low-fat yogurt 3 times a day. c) Consume 2 vegetable dishes and 3 assorted fruits daily. d) Consume vegetable stew twice a week. e) Consume no more than two servings a day of chicken, fish, beef, either cooked or baked. f) Consume whole foods such as bread, rice, cereals, etc. g) Drink six to eight glasses of water a day. h) Preferably consume olive oil over other types of oils. i) Avoid consuming foods with high fat content. J) Reduce the habitual consumption of sugar and salt. k) Avoid the consumption of cigarettes and alcohol (Uriarte and Vargas, 2018).

In the case of physical activity, they are actions that activate motor functions, when a physical exercise routine is performed, at least three times a week for 30 to 40 minutes, either inside or outside the home. Dynamic exercise that involves various muscles of the body, since physical activity favors the improvement of health, strengthens muscles and bones, regulates blood pressure, respiratory function and intestinal motility. In addition, it prevents diseases such as diabetes, obesity, cardiovascular diseases and osteoporosis. The types of physical activity. a) Activities related to cardiovascular work. They are often known as aerobic, because they require the body to transport oxygen using the heart and lungs (Martínez, 2018). Flexibility activities those related to the ability of the joints to move in their full range of motion, such as gymnastics, martial arts and mind-body activities (Vidarte et al., 2011).

Regarding the psychological dimension, it encompasses a wide range of activities directly or indirectly related to the mental well-being component, people who maintain good mental health show the following: a) They control their emotional states such as anger, fear, jealousy and guilt. b) They have their own tolerance and with their peers. c) They face life with optimism. d) They respect themselves and avoid self-centeredness. e) They know how to appreciate and value life. f) They feel good with others. g) They show empathy towards others. h) They know how to relate to the social environment. i) They respect the customs and beliefs of others. j) They are part of a social group. k) They satisfy the demands of life. m) They face difficulties and obstacles in life. n) They assume responsibilities. ñ) Develop strategies for the future. o) They show appropriate behaviors. q) They have their own decision (Uriarte and Vargas, 2018; Córdova, 2020; Carrillo-García et al., 2018).

In relation to stress, the International Labor Organization (ILO) indicates that 30% of the economically active population in the world presents stress and the figure increases in those countries that are developing (ILO, 2013). According to ILO data, they report that in Finland more than 50% of workers have symptoms of stress; Furthermore, in the United Kingdom, almost 3 out

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of every 10 workers have a mental health problem every year, as evidenced in various studies, where the high prevalence of work stress is highlighted (ILO, 2016).

In Brazil, according to the study De Oliveira, et al., (2016), who concluded that 60% of the nursing staff presented a medium level of stress. Consequently, nursing personnel are not exempt from this global scourge, studies reveal that we are not consistent with what we preach, since nurses frequently promote a healthy lifestyle model through personalized counseling and educational sessions, however, this does not materialize in our own behavior. This is what Rebeccuna (2019) points out, who in her study concludes that the health behavior of nurses towards residents of the community, where the professionals worked, did not obtain better results than the population.

On the other hand, Anchante (2017), indicates that the prevalence of healthy lifestyles, a higher prevalence of work stress in nursing professionals, a reaction called general adaptation syndrome, occurring a coordinated set of physiological reactions to any form of harmful stimulus (including psychological threats), as an active process of resistance to accept the change of the environment (Ñacari and Ochante, 2019).

In this sense, work stress consists of 3 dimensions: Emotional exhaustion is characterized as tiredness or lack of energy and the impression that emotional resources have been used up. “It can occur associated with frustrating feelings and tension load, due to the fact that there is no longer enough motivation to continue working. Emotional exhaustion refers to responses of an affective nature that communicate that the person can no longer continue giving of themselves to work”. The person feels that his energies are exhausted and his emotional resources no longer respond to him. The chronic stress that is perceived in the work context produces in the person certain levels of exhaustion that are characterized by various symptoms such as anxiety, anger, suspicion, verbal or physical aggression, fatigue, discouragement, fear, withdrawal and some type of somatic disorder. On the other hand, it can also produce problems that affect the organization itself, such as negative attitudes, difficulties in adapting to the assigned task, lack of fulfillment of the task, delays, absenteeism, job dissatisfaction (Pérez, 2015; González & Hernández, 2006).

In relation to the depersonalization dimension, it refers to “people who provide services to others, and where they mark distance between themselves and the user, hastily ignoring all qualities and needs that identify them as human beings”, depersonalization is considered as the development of negative feelings towards one's own task and others, which allows the subject to take a distance and emotionally distance himself from reality. Depersonalization must be explained in terms of negative feelings, attitudes and cheeky behaviors that the worker displays towards the people who are the object of his or her attention. In these people a hardening of the affective order occurs and their behaviors are observed and considered by users as dehumanized. Depersonalization manifested as cynicism “reveals self-criticism, devaluation, self-sabotage, and disregard for the scope and value of one's own work and also of the organization (Anchante, 2015).

Along the same lines, it establishes that the personal fulfillment of people to evaluate themselves in a negative way, diminishing the feelings of job competence. In other words, "people feel that they cannot perform in the same way and with the same quality as they did from the beginning." Low personal fulfillment in the work environment significantly affects the ability to perform work; as well as the relationships with the people to whom it provides the service”. This is because usually workers tend to feel dissatisfied with themselves and dissatisfaction with the work results they achieve. On the other hand, one of the obstacles for health personnel to experience personal fulfillment is the repeated, insidious and negative emotional responses that are directed towards themselves and towards work”. It is the erosion of self-concept followed by feelings of inadequacy, ineptitude and mistrust in their abilities. As can be seen, this dimension evaluates work stress in

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the opposite direction. Therefore, it denotes a low or difficult possibility of feeling self-actualized or specifically recurring behavior to be negatively evaluated (Anchante, 2015; Montero, 2012).

Finally, nurses need to make a mea culpa regarding their eating habits and take responsibility for the lifestyle they embrace. Considering that most evidence-based eating guides ignore the role of stress and emotions on food intake, although reality also requires training in stress and emotion management if we want individuals to acquire and maintain healthy habits. Consequently, the purpose of the study is to analyze and understand the theme of healthy eating habits in nurses, to promote strategies and improvement plans in reference to nutrition.

2. Materials and methods

Quantitative, correlational, cross-sectional, non-experimental approach. (Hernández et al., 2014) The study population is made up of a total of 65 nurses who work in the COVID-19 area of the National Institute of Neoplastic Diseases (INEN). The instrument on Lifestyle was applied with 22 items, with a lickert type response divided into 3 dimensions: Food (1, 2, 3, 4, 5, 6, 7, 8, 9), Physical Activity (10, 11, 12) and Psychological (13, 14, 15, 16, 17, 18, 19, 20, 21, 22) (16). The overall healthy lifestyle scores of high level 22- 43pts, medium level 44-66 pts and low level 67-88 pts. For dimensions: D1 Feeding high level 20-27 sts, medium level 12-19 sts and low level 20-27 sts. D2 Physical Activity of high level 10-12 pts, medium level 7 -9 pts and low level 4-6 pts. D3 Psychological high level 27- 37 pts, medium level 15-26 pts and low level 27-37 pts.

In relation to the instrument whose author is Anchante M., in her study on work stress in nurses, it consists of 3 dimensions: Emotional exhaustion (9 items), Depersonalization (5 items) and Personal fulfillment (8 items). The instrument has 22 items to which the subjects of the sample respond on a 5-level scale: 0 = Never. 1 = A few times a year or less 2 = Once a month or less 3 = A few times a month. 4 = Once a week. 5 = Few times a week. 6 = Every day. Global work stress 0 - 43 low level, 44 - 88 medium level, 89 - 13 high level. In the dimensions in: Emotional exhaustion 0 - 17 low level, 18 - 36 medium level, 37 - 54 high level. Depersonalization 0 - 9 low level, 10 - 20 medium level, 21–30 high level. Personal fulfillment 0 - 15 low level, 16 - 32 medium level, 33 - 48 high level. Both instruments were validated by 7 experts and their reliability 0.8 and 0.7 respectively. The analysis of the statistical data was carried out, which are presented through tables and graphs.

3. Results

Table 1 Lifestyles in Nurses who care for patients infected by the COVID -19 virus, at the National Institute of Neoplastic Diseases, Lima, 2020

		Lifestyles	
		Frequency	Percentage
Valid	Not healthy	47	72,3
	Lifestyle	18	27,7
	Total	65	100,0

It was found that 72.3% of nurses have an unhealthy lifestyle while 27.7% have a healthy lifestyle.

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Table 2 Healthy lifestyle according to the dimensions: physical activity, eating and psychological habits in Nurses who care for patients infected by the COVID -19 virus, at the National Institute of Neoplastic Diseases, Lima, 2020

		Count	% de N tables
Healthy nutrition	Low	0	0,0%
	Half	17	27,4%
	High	45	72,6%
	Total	62	100,0%
Physical activity	Low	31	51,7%
	Half	25	41,7%
	High	4	6,7%
	Total	60	100,0%
Psychology	Low	0	0,0%
	Half	7	10,9%
	High	57	89,1%
	Total	64	100,0%

It was found in the population in the nutrition dimension that 72.6% of the nurses present a high level, while 27.4% have a medium level. In the physical activity dimension, it was found that 51.7% of the nurses present a low level, while 41.7% have a medium level and 6.7% a high level. Likewise, in the psychological dimension they present 89.1% high level, while 10.9% medium level

Table 3 Level of stress in Nurses who care for patients infected by the COVID -19 virus, at the National Institute of Neoplastic Diseases, Lima, 2020.

		Work stress			
		Frequency	Percentage	Valid percentage	Accumulated percentage
Valid	Low	10	15,4	15,4	15,4
	Half	52	80,0	80,0	95,4
	High	3	4,6	4,6	100,0
	Total	65	100,0	100,0	

The findings found show that 80% of nurses present moderate stress, followed by low stress and while 4.6% high stress level.

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Table 4 Level of stress, according to the dimensions of personal exhaustion, depersonalization and personal fulfillment in Nurses who care for patients infected by the COVID -19 virus, at the National Institute of Neoplastic Diseases, Lima, 2020.

Stress dimensions

		Count	% de N tables
Exhaustion	Low	27	41,5%
	Half	34	52,3%
	High	4	6,2%
	Total	65	100,0%
Depersonalization	Low	52	80,0%
	Half	9	13,8%
	High	4	6,2%
	Total	65	100,0%
Realization	Low	2	3,1%
	Half	24	36,9%
	High	39	60,0%
	Total	65	100,0%

It was found in the population in the exhaustion dimension that 52.3% of the nurses present a medium level, while 41.5% low and 6.2 high level. In the depersonalization dimension, it was found that 80% of the nurses present a low level, while 13.8% have a medium level and 6.2% have a high level. Likewise, in the achievement dimension, 60% have a high level, while 36.9% are medium and 3.1% are nurses.

General hypothesis
Ha: There is a relationship between healthy lifestyles and work stress in nurses who care for patients infected with the COVID -19 virus, at the National Institute of Neoplastic Diseases, Lima, 2020.

Correlations

			Lifestyle	Work stress
Spearman's Rho	Lifestyle	Correlation Coefficient	1,000	,356*
		Sig. (2-tailed)	.	,0040
		N	65	65
	Work stress	Correlation Coefficient	,356*	1,000
		Sig. (2-tailed)	,0040	.
		N	65	65

*. Correlation is significant at the 0.05 level (2-tailed).

The value of Sig 0.040 being found that there is a weak relationship between healthy lifestyles and work stress in nurses who attend patients in times of pandemic, thus rejecting the null hypothesis and accepting the alternative hypothesis.

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4. Discussion

Annual training on nursing care in peripheral catheter insertion and maintenance of intravenous devices is suggested, as well as pre- and post-testing of the training and verification of learning in writing or online, depending on the emergency situation by the COVID19.

At present there are vertiginous changes in the general population regarding the lifestyle of people, hence the concern about aspects related to food, physical and psychological activity which are associated with the care of physical and mental health, a situation that does not It is alien to health personnel, who, in addition to having to adapt to these changes in society's lifestyle, have to face the emergency situation that different hospitals are going through, the concerns that can be overwhelming and cause states of stress, fear, depression that, if not managed properly, can trigger the appearance of physical and psychological disorders that affect the health of health workers (WHO, 2017).

The present study was to determine the relationship between healthy lifestyle and stress in nurses who care for patients infected by the COVID -19 virus, at the National Institute of Neoplastic Diseases, Lima, 2020. The results are found to exist from correlation between both variables. These results can be compared with Anchante (2015), Quispe and Ticona (2018), where it was found that there is a significant negative relationship between both variables, likewise Laguado et al., (2014), reported that the practice of unhealthy behaviors it is a risk factor for contracting chronic diseases to which stress is associated.

It should be noted that the lifestyle is the way of directing the life that each person has, which is influenced by various factors, such behaviors can have various effects on the health and well-being of people and in order to understand it it is necessary to consider the characteristics of each individual, the knowledge they have, and what their motivations are based on a result to be achieved (Cordova, 2020). At present, both the stress experienced by nurses has damaged not only emotional dimensions, physical among others. The practice of unhealthy lifestyles is due to the alteration of eating schedules, the increase in the number of working hours, little rest, among others, which directly affects well-being, resulting in situations of negative risks for the deterioration of the health (Nespereira and Vázquez, 2017; Rizo et al., 2014).

It is deduced that the deficiencies in the lifestyles are due to the lack of motivations to carry out preventive self-care activities to avoid getting sick. The cost of the loss of health is not only economic but also causes limitations to carry out their daily activities satisfactorily in their displacement in the various environments where they interact.

Regarding the identification of lifestyles in Nurses who care for patients infected by the COVID -19 virus, in the National Institute of Neoplastic Diseases, Lima, 2020. The results show that 72.3% of nurses have style of unhealthy life while 27.7% have a healthy lifestyle. Likewise, in the nutrition dimension, 72.6% of the nurses present a high level, while 27.4% have a medium level. In physical activity, it was found that 51.7% of the nurses present a low level, while 41.7% have a medium level and 6.7% a high level. Regarding the psychological dimension, they present 89.1% high level, while 10.9% medium level. These results can be compared with the study by León-Reyna, Lora - Loza, Rodríguez-Vega (2021) found that the unhealthy level of lifestyle with the average level of work stress with 39.39%, followed by healthy lifestyle level with the average level of work stress with 33.33%, on average there is a healthy level of lifestyle with 51.51%, and an average level of work stress with 72.72%. In the exercise activity dimensions with 51.51%, interpersonal support dimension with 63.63% and in stress management it is observed that 65.15% present a healthy level, the dimensions that present a non-level level. healthy are the

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nutrition dimension with 51.51%, the health responsibility dimension, it has been found that 62.12%, and self-updating it is observed that 56.06% of the personnel have an unhealthy level.

It should be noted the need to adopt healthy styles that correspond to physical activity, stress management, interpersonal support, nutrition, responsibility in health, self-realization. The results obtained can be explained considering that when talking about people's lifestyle, it is necessary to mention that they are habits that are learned throughout our evolutionary process, starting from early childhood, which will be influenced by the environment in which we develop, it is in adulthood in which individuals have the maturity to choose the lifestyle that they will put into practice, which will influence their development and achievement of general well-being, because a lifestyle healthy, they will achieve a better quality of life, as well as a better condition and survival expectations towards future ages (León-Reyna et. al., 2021).

In the case of nurses, they present an unhealthy lifestyle, which is a contradictory point, since being health professionals they have the necessary knowledge in relation to health care but they do not put it into practice, likewise this may be related to the current situation that we are experiencing, such as the Covid-19 pandemic, where the demand of patients exceeds the resolution capacity of health facilities in relation to human resources, where the nursing staff has to work from 10 to 12 hours in a row, sometimes without rest neglecting their basic needs, which can have negative consequences for their health, in this case we see that the dimensions that are affected are nutrition, health responsibility and self-realization (León-Reyna et. al., 2021).

In relation to measuring stress in Nurses who care for patients infected by the COVID -19 virus, at the National Institute of Neoplastic Diseases, Lima, 2020. The results found that 80% of nurses present moderate stress, followed by low stress and while 4.6% high stress level. Regarding the exhaustion dimension, 52.3% of the nurses present a medium level, and 6.2 high level. In the depersonalization dimension, it was found that 80% of the nurses present a low level, and 6.2% have a high level. Likewise, in the realization dimension, 60% have a high level, and 3.1% a low level nurses. These results can be compared with the study by León-Reyna, Lora-Loza, Rodríguez-Vega (2021), found that stress at a medium level of work stress with 72.72% followed by a low level with 16, 66%, and the high level with 10.60%. In the case of the emotional exhaustion dimensions, it has 68.18%, the depersonalization dimension, with 59.09% and in the personal fulfillment dimension, it has been found that 68.18% present a medium level.

Work-related stress is a health problem that has been increasing in recent times in the face of a situation that exceeds your response capacity, causing negative effects that can alter your well-being. Thus, by knowing how stress arises, we can infer that there are certain situations or environments that will favor its appearance, as in this case the population under study corresponds to the nursing staff who work in a critical area such as the surgical center service. of one of the hospitals considered as a reference center for treatment of patients diagnosed with COVID -19, we can also mention that the nursing career is considered one of the most stressful within the occupational groups of the health sector, since they are those who are in the care of patients 24 hours a day, which produces great physical and mental exhaustion on the part of the workers (Veliz et al., 2018; Santana et al., 2018).

In short, at present, health personnel are exposed to a large number of stressors or stressful situations, which if they stay at a medium level of stress with high percentages can become a risk factor and significantly affect work performance, care of patients, and the well-being of workers in general (Jiménez, et al., 2015). Finally, the impact of COVID 19 has resulted in changes in the healthy lifestyle in the nursing population caused by increased work stress, it is necessary to incorporate corrective measures to improve the quality of life and well-being of Nursing professionals.

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