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IMPACT OF QUALITY OF WORK LIFE, PERCEIVED SOCIAL SUPPORT, AND APPLICATION OF 5S METHODOLOGY ON PSYCHOLOGICAL DISTRESS AMONG NURSES IN THE HEALTHCARE SECTOR DURING COVID-19

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Abstract

This research is about the Psychological Distress of nurses during the time of COVID-19. The variables used to conduct this research were Perceived Social Support, 5 S Methodology and Quality of Work Life on Psychological Distress of nurses in the nursing schools and hospitals of Karachi. The methods used to collect data were survey questionnaires online and via hardcopy; the instruments used to test these variables were reliability, regression and correlation through the SPSS software. The results indicated that the independent variables had no significant effect on the dependent variable, and the model was weak. The results suggest that Psychological distress has a negative impact on independent variables during covid-19. The research literature suggested a positive effect of these variables on the Psychological distress of nurses, but that was in a normalized situation. The limitations of this research indicate that a longer time frame should be used to conduct this research with a pre-notice to the institutions from where data has to be collected for a better way of collecting data.

Keywords: Psychological Distress (PD), Perceived Social Support (PSS), Quality of Work Life (QWL), 5 S Methodology

Introduction

The health crisis caused by covid 19 is the biggest challenge faced by the world after World War 2. The most vulnerable group that faces this contagious disease are the front-line health workers (doctors and nurses). These front-line health workers play a vital role in fighting against this disease and help the infected people with a set of pre-defined SOPs (Laura Lorente, 2020). These healthcare workers are a major resource for any country. They provide continued care and assistance to all patients and control the spread of this disease. During the pandemic, almost every healthcare worker, mostly nurses, has been facing extreme stress and depression. Nurses are facing psychological distress on a daily basis, which is leading to suffering physically and causing major psychological damage (Dehkordi, 2020). The working conditions for the front-line health workers have been harsh, where the workers are working day and night, taking care of patients and also taking care of their health and that of their families. This workload has put the workers under a huge amount of physical and psychological stress, fulfilling their duties and putting their lives at risk as well (Catton,

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2020). The quality workload was a theory developed in 1970. It mainly states the environment workers get within the organization so that the tasks are performed effectively and efficiently. The main objective is for the employee to have a suitable, better lifestyle within the workspace so that they can be more productive and efficient. The workers are afraid of getting infected, which, in turn, is a risk to their families. Many Nurses were reluctant to perform their duties and were filing for resignations due to high levels of work stress, anxiety and depression (Laura Lorente, 2020) (Ali Hasanpour Dehkordi, 2020). Studies show that the working environment and workload have had a major impact on the personal health of the frontline workers, which in turn increases the psychological distress among the working staff, leading to inefficiency in carrying on their tasks (Mohammadi-Bolbanabad, 2016). Nurses during the early stages of covid 19 had faced a huge amount of psychological distress and anxiety not only because of the high workload but also because of a lack of proper medical equipment and knowledge of the fast-spreading virus and direct contact with the patients (Zhang, 2020) (Catton, 2020). Due to work stress, there have been suicidal cases reported in NYC of frontline health workers (A. Shechter, 2020). This shows that these healthcare workers have little or no social support that they can trust. This further leads to a lack of job satisfaction.

5S dates back to World War 2, after which Japan was struck majorly into a financial crisis. The concept was actually started in Toyota Motors by their owner, Toyoda, who was looking to get their company operating on lean operations with less time consumed. Moreover, it provides premium-quality products. The 5S consists of Seiri = Sort, Seiton = Straighten, Seiso = Shine, Seiketsu = Standardize, and Shitsuke = Sustain. All were mainly to smooth down the workflow. These implementations were made successfully in the company, making it a leading automotive company around the globe (Scheid, 2010) (Dehkordi, 2020). Today, 5S is being implemented in the service sector as well, and the healthcare sector benefits from this technique extensively.

Psychological Distress is mainly a term derived from the workload and pressures a person feels being overburdened with their duties. This causes efficiency and a lack of motivation in the workspace. Moreover, people are readily willing to leave the work. Alternatively, move away from it.

The uncertain environment among the affected cities having patients of Covid 19 increased the workload and stress amongst the nurses to fight back against Covid 19. (Zhang, 2020). Thus, the nurses were working day and night, taking care of the patients while also taking care of themselves, as they had to return to their families and were very worried about them as well.

Rationale of the study

High-stress levels: Nurses in the healthcare sector experience high levels of stress and burnout, especially during the COVID-19 pandemic, and studying the impact of QWL, perceived social support, and 5S methodology can help address this issue.

Improved well-being: Understanding the impact of these factors on psychological distress can inform interventions to improve the well-being of nurses and reduce stress levels.

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Better care: When nurses are under high levels of stress, it can affect the quality of care they provide. Improving their well-being through QWL, perceived social support and 5S methodology can lead to better patient outcomes.

Better workplace culture: Studying the impact of these factors can also help create a better workplace culture in the healthcare sector, where the well-being of nurses is prioritized.

Future pandemics: The findings from this study can inform how to better support and protect the well-being of nurses during future pandemics or crises.

Problem Statement

The research being conducted is on the impact of QWL, PSS and 5S Methodology on Psychological distress among nurses, determining the importance of these variables. In literature, it was discovered that nurses face psychological distress. Although researchers have conducted studies on the factors that cause stress among nurses, this research determines the effects of QWL, PSS and 5S on psychological distress among nurses within Pakistan to find out the psychological distress among nurses in Pakistan.

Research Questions

1. What is the impact of QWL on Psychological distress among nurses in the healthcare sector during COVID-19?

2. What is the impact of PSS on Psychological distress among nurses in the healthcare sector during COVID-19?

3. To what extent does the application of the 5S methodology affect Psychological distress among nurses in the healthcare sector during COVID-19?

Research Objectives

- To find out the impact of Quality of Work life on Psychological distress among nurses.

- The impact of Perceived Social Support on Psychological distress among nurses.

- The effect of the 5S Methodology on Psychological distress among nurses.

Significance of the study

The research is to be conducted on nurses who are currently being trained and also who are working in tertiary hospitals in Karachi. The variables involved are QWL, PSS, 5S, and psychological distress among the nurses; this will help understand if these three variables can be used to reduce psychological distress among nurses. This will further assist the research on how these variables have affected the psychological distress among the nurses and how it can be further reduced. The results of this research

will assist the hospitals in implementing effective measures to reduce psychological distress and increase job satisfaction while having a healthy work environment.

Limitations of the study

The limitations of this study are mainly due to the COVID-19 pandemic. First, the nurses have a high workload and lack time to fill out the survey questionnaires (Laura Lorente, 2020). Second, the responses were gained only from the hospitals and nursing schools, specifically from Karachi, so this causes a geographical constraint. The research is conducted within one city, and to make the research better, hospitals and nursing schools in other cities should be surveyed. Lastly, there should be open-ended questions asked, or nurses should be interviewed to get a better view of the effect of COVID-19 on nurses (Zhang, 2020).

Literature Review

Psychological Distress

Psychological Distress is a state of emotional misery that is caused by demand and stressors that are difficult to cope with daily. Fatigue, exhaustion, restlessness, irritability, weight and appetite changes are signs of Psychological distress. Psychological Distress was associated with having a neurotic personality and difficulties adjusting to different areas of work (L. Warbah, 2006). Studies show that students, in general, have reported that psychological distress influences academic performance and adjustments (Papazisis G, 2008). A study (Papazisis G, 2008) suggests that there is a strong and positive correlation between depression and Psychological Distress. It has been studied that nursing workers undergo more psychological distress than the general population (Bruno Del Sarto Azevedo, 2017). Psychological distress is strongly related to a reduction in the quality and duration of life and an increased use of health services. Psychological security is considered to be a mix of positive affective conditions and effective functioning (Beatrice I.J.M., 2017). It has been studied that female nurses experience more psychological distress than male nurses (Beatrice I.J.M., 2017). Today, healthcare workers are facing greater Psychological Distress due to the COVID-19 pandemic on a personal and professional level (A. Shechter, 2020). It was noted that psychological distress may disturb the body's stress response system, thereby contributing to health risks (A. Shechter, 2020).

Quality of Work Life

Quality of work life describes a person's experience related to their employment; it is how favorable or unfavorable the environment is for the workers. It is suggested that companies that have a better quality work-life environment hire and retain valuable employees (Tung-Chun Huang, 2007). The Quality of Work Life helps employees to work efficiently and actively. The goal for QWL is to achieve organizational effectiveness and to improve the quality of life at work for employees (Mohammed J Almalk, 2012). QWL covers all aspects of work, including rewards, benefits, security, work conditions, organizational and social relationships and its essential meaning in a person's life (P). (Mohammed J Almalk, 2012) identifies a major dissatisfaction in QWL regarding work-life balance, the majority identified work overload, lack of family time and lack of energy after work; this study concluded that

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nurses were not satisfied with QWL and planned modifications were needed to be made and that nurses should assist the development of new QWL strategies. It is suggested that healthcare managers should consider improving QWL to retain the workforce for the long term (Mohammed J Almalk, 2012). QWL not only affects staff performance but also predicts the quality of organizational service (Mohammed J Almalk, 2012). It was noted that the QWL of physicians is higher than that of non-physicians (nurses and other front-line health workers) (Mohammadi-Bolbanabad, 2016). QWL not only focuses on work life but non-work life as well (Bruno Del Sarto Azevedo, 2017). The literature identified that in the situation of COVID-19, the physical and psychological damage to healthcare workers increased, which led to a decrease in the QWL of workers; healthcare institutions need to improve the QWL of nurses and physicians to maintain a stable healthcare system (Ali Hasanpour Dehkordi, 2020).

Perceived Social Support

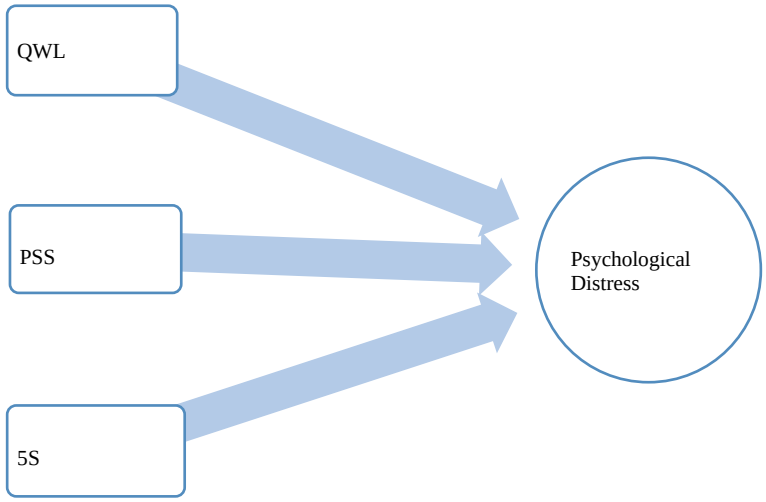
Perceived Social Support is acceptable support from an individual or group that helps reduce stress levels (Flora R, 2017). (Flora R, 2017) Also states that theorists of social support believe that relationships that are suitable and meet the needs of the person are considered a support; this research also showed a positive relationship between PSS and quality of life. From the same research, we identified that Perceived Social Support related to quality of life and stress tolerance. Studies show that nursing students' social support systems and personal relationships are important for their academic success and constructive mental health (Adeviye AYDIN, 2017). Nursing students are a part of university students, and it has been found that students with high levels of PSS have higher life satisfaction and lower misery and isolation (Adeviye AYDIN, 2017). (Adeviye AYDIN, 2017) concludes that PSS and psychological well-being for senior year students were better, and as the PSS level in nursing students increases, their psychological well-being increases; with this, we can hypothesize that as PSS increases, PD decreases. Perceived Social Support is a perception of gaining emotional support from family, friends and peers. This PSS helps protect a person from threats against their mental and physical health, which further helps reduce the negative effects of stressful events in life (Emine Öksüz, 2018). Also, advocating social support within the institutions is required to strengthen the ability to cope with sources of stress (Liat Hamama, 2019).

5S Technique

The 5 S is a total quality management tool to reduce unnecessary waste and organize things logically. In Japanese, the 5 S terms are seiri, seitan, seisō, seiketsu, and shitsuke; in English, they are translated to sort, set, shine, standardize and sustain. Originally, this technique was formed in the 1980s by Takashi Osada to maintain quality in the organization. With the implementation of 5 S, the working environment becomes safe and sustained, and costs and defects are reduced (Young, 2014). The 5 S technique being applied in health care can be beneficial to help increase productivity and cut down costs by making the workplace organized and efficient; this will also lead to safety and sustainability and reduce supply chain costs (Young, 2014). 5 S in health care can also lead to quality assurance standards such as IOS and ensure a safe

working environment (Hisahiro Ishijima, 2015). 5S can be applied in any healthcare organization, irrespective of where it is located. It would help not only healthcare workers but also policymakers to improve safety, efficiency, and readiness for patient care (Shogo K, 2016). Not too long back, healthcare professionals saw the 5S technique as a way to improve the quality of service of poor government healthcare institutions in low- and middle-income countries (Shogo K, 2016). Healthcare facilities reported a better drug dispersal cycle time, improvement in process flow, increased capacity, and shortened patient stays (Shogo K, 2016).

Conceptual Framework



Hypotheses Development

H_{o1}: There is no impact of QWL on Psychological distress among nurses in the healthcare sector during COVID-19.

H_1: QWL has an impact on psychological distress among nurses in the healthcare sector during COVID-19.

H_{o2}: There is no impact of PSS on Psychological distress among nurses in the healthcare sector during COVID-19.

H_2: PSS has an impact on psychological distress among nurses in the healthcare sector during COVID-19.

H_{o3}: There is no effect of the 5S methodology on Psychological Distress among nurses in the healthcare sector during COVID-19.

H_3: The 5S methodology has an effect on psychological distress among nurses in the healthcare sector during COVID-19.

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Research Design & Methodology

Design of the study

This research aims to determine how the quality of work life, perceived social support, and the use of the 5S technique relate to psychological distress among nurses working in the healthcare sector during CVID-19. The research focuses on numbers. The primary data sources for this study were questionnaires and a literature review. The study's focus was on Pakistan's nursing students and front-line medical staff. Due to geographic limitations, we could only target businesses located in Karachi. A Google form was made to disseminate information to respondents and get responses easily. Three Likert scales—a 4-point, a 5-point, and a 7-point scale—were utilized to compile responses to the 28 items given. There was a total of 28 questions, including 8 for the PD, 6 for the QWL, 5 for the 5S approach, and 9 for the PSS. The application used to test the hypothesis was SPSS. To conclude, the validity of the data was examined using descriptive analysis, reliability, correlation, and regression tests.

Research Design

The nature of this study is quantitative and descriptive. Finding out how the independent and dependent variables interact is the study's goal. This study attempts to find out the effect of Quality of Work Life (QWL), Perceived Social Support (PSS), And Application Of the 5s Methodology (5S) on the Psychological Distress (PD) of frontline health workers during COVID-19. The study's target audience consists of Karachi's nurses and nursing students. Non-probable purposive sampling will be used in this study since we will choose the survey respondents from the study's intended audience. A quantitative investigation was conducted. In order to examine the effects of Quality of Work Life, Perceived Social Support, and the use of the 5S Methodology on Psychological Distress among nurses working in the healthcare sector, quantitative data was collected during COVID-19. This study's questionnaire, which was adapted from earlier studies, was used to obtain data on psychological distress, work-life balance, social support perception, and 5S implementation. Data were gathered and reviewed in order to determine whether the hypothesis was valid. Because the data was only gathered once, the study was cross-sectional. The study was conducted for four months. Data from a survey was acquired in less than two weeks using both online and paper questionnaires. The sample, comprised of 164 survey forms, was compiled.

Instrument/measure design

The scales used in this study's independent and dependent variables were derived from earlier work. The questionnaires included a 4-point Likert scale for PD, a 5-point Likert scale for QWL, a 7-point Likert scale for PSS (Zimet, 1988), and a 5-point Likert scale for 5S (Hisahiro Ishijima, 2015). (Lovibond). Participants completed the survey using Google Forms. The COVID-19 epidemic was the driving force behind online data collecting.

Instrument

The survey questions from earlier studies that focused on each variable separately were used to gather data for the independent and dependent variables. The questionnaire featured a 4-point Likert scale with the options "Did not apply to me at all" to "Applied to me very much, or most of the time," a 5-point Likert scale with the options "Always to Never/Almost," a 7-point Likert scale, and expressions like "Strongly Disagree" and "Strongly Agree" (labeled as Very Strongly Disagree to Very Strongly Agree). The tool used to analyze the data was SPSS, and the tests run on the data included descriptive statistics, reliability, correlation, and regression.

The Likert scale is a measurement tool used to quantify attitudes, opinions, and perceptions. It was developed by psychologist Rensis Likert in 1932. The scale is named after him.

There are several types of Likert scales, including:

1. A 5-point Likert scale, which has five response options, such as "strongly agree," "agree," "neutral," "disagree," and "strongly disagree."

2. A 7-point Likert scale, which has seven response options, such as "strongly agree," "moderately agree," "slightly agree," "neutral," "slightly disagree," "moderately disagree," and "strongly disagree."

3. A 4-point Likert scale, which has four response options, such as "strongly agree," "agree," "disagree," and "strongly disagree."

4. A semantic differential scale, which uses bipolar adjectives to measure attitudes and perceptions, such as "good-bad" or "pleasant-unpleasant."

Regardless of the number of response options, the Likert scale is used to measure the strength and direction of an individual's agreement or disagreement with a particular statement or question. The results of a Likert scale survey can provide valuable insights into people's attitudes and perceptions, and they are commonly used in social science research, market research, and customer satisfaction surveys (Fowler, 2013).

Data Analysis & Results

Organization/situation/respondent profile

The organizations targeted in this research were the hospitals and nursing schools of Karachi. These hospitals and schools were chosen to gain data from the potential sample for this research easily. The population aimed to attain data were the nurses who worked and studied in these institutions. The majority of the respondents were working students’ others were either students or full-time nurses. The results of the research show that more female nurses filled the survey questionnaires than males, and the majority of the respondents belonged to a nuclear family system. The statistics show that there were more middle children becoming nurses than first-born, last-born or single children.

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Descriptive Statistics

Table: Gender of Respondents	
Gender	Percentage
Male	41.5
Female	58.5
Total	100.0

Table 1 shows that the sample includes 41.5% males and 58.5% females, with a total of 100% of the individuals accounted for.

Table 2: Type of family of Respondent	
Type of Family	Percentage
Nuclear	53.0
Joint	47.0
Total	100.0

Table 2 shows that the sample includes 53.0% of individuals who live in nuclear families and 47.0% of individuals who live in joint families, with a total of 100.0% of the individuals accounted for.

Table 3: Birth Order	
Order	Percent
Firstborn	26.2
Middle born	45.7
Last born	15.9
Only child	12.2
Total	100.0

Table 3 shows that the sample includes 26.2% of individuals who are first born, 45.7% of individuals who are middle born, 15.9% of individuals who are last born, and 12.2% of individuals who are only children, with a total of 100.0% of the individuals accounted for.

Findings and Statistical Results

Reliability Analysis

Table 4: Reliability Analysis		
Variables	Cronbach's Alpha	N of Items
Perceived Social Support	0.939	12
Psychological Distress	0.939	21
Quality of Work Life	0.927	23
5 S Methodology	0.824	8

The results of Cronbach’s Alpha for all the variables of Psychological Distress, Perceived Social Support, Quality of Work Life and 5 S Methodology indicate that the variables are highly reliable.

Correlations

Correlations					
		Avg. PD	Avg. PSS	Avg. OWL	Avg. SM
Avg. PD	Pearson Correlation	1	0.110	-0.166	0.419
	Sig. (2-tailed)		0.163	0.034	0.000
Avg. PSS	Pearson Correlation	0.110	1	0.196	0.000
	Sig. (2-tailed)	0.163		0.012	0.999
Avg. OWL	Pearson Correlation	-0.166	0.196	1	-0.236
	Sig. (2-tailed)	0.034	0.012		0.002
Avg. SM	Pearson Correlation	0.419	0.000	-0.236	1
	Sig. (2-tailed)	0.000	0.999	0.002	
	N	164	164	164	164
*. Correlation is significant at the 0.05 level (2-tailed).					
**. Correlation is significant at the 0.01 level (2-tailed).					

The correlation between the dependent variable, Psychological Distress, and the independent variable, Quality of Work Life, is weak and negative as the Pearson Correlation is -0.166. This shows an inverse effect, and there is a significant relationship between the two variables as the level of significance is below 0.05; hence, we will reject the null hypothesis and state that there is a weak but significant correlation.

Looking at the significance value between Psychological Distress and Perceived Social Support, we will accept the null hypothesis as the value of significance is greater than 0.05, and the Pearson Correlation determines that there is a weak relationship between the variables.

The correlation between psychological distress and 5 S methodology is less than 0.05; hence, we reject the null hypothesis. Looking at the Pearson correlation, it can be stated that the relationship between the two variables is significant but weak.

Model Summary of Regression Analysis

Table 5: Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.443[a]	0.196	0.181	0.581
a. Predictors: (Constant), Avg.SM, Avg.PSS, Avg.OWL				

The R Square represents the change that occurs in the dependent variable due to the independent variables and the strength of the independent variables on the dependent variable. The R Square is 0.196, which means the model is very weak.

Analysis of Variance Analysis (ANOVA)

Table 6: ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	13.197	3	4.399	12.991	0.000[b]

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	Residual	54.179	160	0.339		
	Total	67.376	163			
a. Dependent Variable: Avg.PD						
b. Predictors: (Constant), Avg.SM, Avg.PSS, Avg.OWL						

The value of significance is 0.000, which is less than 0.05. This shows that the level of significance is high, and we will reject H_o and accept H_A. This means the model is fit, and the independent variables influence the dependent variables.

Regression Analysis

Table 6: Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.442	0.356		4.049	0.000
	Avg.PSS	0.064	0.036	0.129	1.778	0.077
	Avg. QWL	-0.092	0.070	-0.097	-1.309	0.193
	Avg.SM	0.543	0.100	0.396	5.417	0.000
a. Dependent Variable: Avg.PD						

Since the beta of PSS and SM are positive, we conclude that they have a positive effect on PD, whereas QWL has a negative effect on PD.

$$PD = 0.543(SM) + 1.442$$

Data analysis

From the results, it is gathered that the variables are highly reliable and strong. As the results move ahead, it is analyzed that there is a high significance between Psychological Distress, Quality of Work Life and 5 S Methodology. However, there is no significance with Perceived Social Support, and the Pearson Correlation for all variables shows a weak relationship. The correlation results for Quality of Work Life indicate a negative correlation between the two variables, concluding that if QWL increases, the PD will decrease.

The results from the regression tables show that the model is weak and independent variables have less effect on dependent variables. The level of significance is high; hence, the alternative hypothesis will be accepted; by analyzing the regression equation, it is concluded that QWL has a better effect on decreasing Psychological distress than the other two variables.

Hypotheses Assessment Summary

H_{o1}: There is no impact of QWL on Psychological distress among nurses in the healthcare sector during COVID-19.

Looking at the results of the regression, the significance value is greater than 0.05, showing that there is an insignificant relationship between QWL and

psychological distress. Therefore, we accept the null hypothesis and reject the alternative hypothesis, showing that there is no impact of QWL on Psychological distress among nurses in the healthcare sector during COVID-19.

H_{o2}: There is no impact of PSS on Psychological distress among nurses in the healthcare sector during Covid-19.

The result of the coefficient analysis shows that the relationship between PSS and Psychological distress is insignificant, as the significance value is greater than 0.05. Therefore, we accept the null hypothesis and reject the alternative hypothesis, showing that there is no impact of PSS on Psychological distress among nurses in the healthcare sector during COVID-19.

H_{o3}: There is no effect of the 5S methodology on Psychological Distress among nurses in the healthcare sector during COVID-19.

As per the result of the coefficient analysis, we will reject the null hypothesis as the significance value is less than 0.05 and accept the alternative hypothesis, which shows that there is an impact of 5S methodology on Psychological Distress among nurses in the healthcare sector during COVID-19.

Discussions

This research was conducted to determine the psychological distress of nurses during COVID-19. Through this research, the effects of Quality of Work Life, Perceived Social Support and 5 S Methodology were tested on the Psychological Distress of nurses to determine how these factors affect nurses and if there is a positive effect of the independent variables on the dependent variable and how these variables have an effect. The results show that the independent variables have no significant effect on Psychological Distress except for the 5 S Methodology; through this, it was discovered that bringing in new techniques can cause there to be distress among nurses. The reliability of all the variables was strong, which showed that the results were accurate and could be used to continue this research. The correlation indicates a weak but significant correlation between variables, whereas regression shows a weak model and high significance of variable 5 S Methodology. The 5 S Methodology is a set of quality techniques to make the work environment better and efficient. During the pandemic, the quality of the work environment had to be compromised to help the patients, so the result driven from regression is accurate that if new methods are applied during this time, there is bound to be Psychological Distress. It was observed in the institutions that numerous patients were coming in and going out, and there was no time for nurses to rest, causing load and stress, so in this condition, bringing in new methods would cause more stress in this panic situation.

Conclusions

This research concludes that due to the pandemic, there is little or no motivation among nurses. The results of our research indicate that there is no significant effect of PSS, 5 S or QWL on the PD of nurses. The significance level is high; because of this pandemic, nurses have no time to adopt new work techniques or spend time with family. This shows that the nurses have no effect on these factors, and

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other variables should be used to determine the effect of PD on nurses during this pandemic. There is a negative effect of 5 S on the PD of nurses, indicating that as the 5 S techniques increase, the PD of nurses also increases. The reason behind this result is that during this time, when workload and stress on nurses are very high, and bringing in new methods and techniques can cause their stress level to increase, there will also be resistance to adopting the methods that the management brings in due to the level of difficulty of the work environment. Other than that, to be quick in working in decision-making during this pandemic, it is difficult to follow regular SOPs and wait for the process to occur. to save lives, every process has to become quick; hence, bringing in new methods by the 5 S Methodology to make the environment better will have a negative effect on the Psychological Distress of nurses.

Recommendations

It is recommended that future researchers use different variables to test for Psychological Distress in nurses. The geographical region can be expanded by surveying more nursing schools within Pakistan. Other than that, there can be more time associated with future research with descriptive questions. The number of questions in the questionnaire can decrease, and the survey can be made interactive through conducting interviews and studying the environment nurses study and work in. Other than that, institutes can be contacted before the survey is conducted to help coordinate between researchers and institutions to achieve maximum responses.

Limitations

The limitations of this research are that there was a time constraint, and the institutions could not be contacted within the time of the research period. Other than that, due to the pandemic, nursing institutes didn’t want students to have more workload and the researchers to be exposed to the environment for health purposes. For future variables other than PSS, QWL and 5 S Methodology can be used to conduct this research on nurses' psychological distress. Another limitation was the measuring instrument. The instrument used is advised to be kept short and relevant according to the research. This can also help reduce bias, and the structure of the questionnaire can be changed to have a better result.

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