Situational Anxiety and Work Performance among Nurses at Emergency Unites in Multan: A Serial Mediation Model of Work Place Mindfulness and Coping

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ABSTRACT

Nurses handle anxiety on a daily basis. As a result, it puts patients and nurses through a number of serious issues. This study used a serial mediation model of workplace mindfulness and coping to investigate the relationship between situational anxiety and work performance among nurses at Multan Emergency Units. While 198 nurses who worked in the emergency rooms of Multan Hospitals participated in this cross-sectional correlational study. SPSS26 was used to analyze the data, and PLS-SEM is used as a mediation tool. The study sample consisted of 198 female participants (100.0%), 133 married participants (67.2%), and 65 single participants (32.8%). Furthermore, 132 nurses (66.7%) worked in emergency rooms at public hospitals, and 66 nurses (33.3%) worked in the emergency rooms at private hospitals. The participants had an average age of 29.34 ± 4.245 years and an average work experience of 5.69 ± 3.027 years. The results of the situational anxiety and job performance serial mediating study indicate that the overall mediation analyses are statistically significant. Out of five models, four mediation analyses are statistically significant, according to a serial mediating analysis for situational anxiety and work performance.

Keywords: Coping, Mindfulness, Nurses, Serial Mediation, Situational Anxiety, Work Performance

Introduction

A vital component of the healthcare system's workforce, nurses are regarded as one of the most significant service provider groups. Being a strong component of the healthcare system, they actually contribute significantly to the promotion and enhancement of community health services (Goodman et al.,2011; Dempsey, 2009). Nurses frequently encounter pain, suffering, events, and patient death in their line of work. As a result, inappropriate emotional responses, including stress, anxiety, and depression, are recognised as essential elements of contemporary nursing and can lead to serious issues for both nurses and patients (Jannati et al.,2011; Papathanasiou et al.,2015). Anxiety is a mood that includes tenseness, apprehension, and nervousness (Spielberger et al., 1983). Anxiety attacks are very real to the sufferer, and they can even prevent them from performing even the most basic daily tasks. The dual traits of excessive emotional fear and physiological hyperarousal characterise all anxiety disorders. Fear of experiencing anxiety-related symptoms like a racing heartbeat and dyspnea is known as anxiety sensitivity (Stewart et al., 1999). "Situational anxiety" is the term for anxiety resulting from outside influences. It's common for people to experience anxiety prior to significant life events, such as job interviews, the start of a new school year, and public speaking engagements. State anxiety is a transient emotional state that reflects how a person interprets a specific stressful situation at a specific time or emotion at a specific point in time (Spielberger et al., 1983). Situational anxiety is not recognized as a distinct disorder in the DSM-5, the definitive manual for diagnosing mental health disorders in the medical field. With a specific phobia, on the other hand, the symptoms are so severe and interfere with daily functioning that medical attention is required. An irrational and incapacitating fear of the trigger of a particular phobia is the distinguishing feature of its sufferer.

Dependability in carrying out responsibilities related to providing direct patient care (AbuAlRub, 2004). depending on one's line of work, stress can take many different forms and have different intensities. Nursing is one of the most taxing professions, according to Selye (1976). He

emphasized the need for nurses to consider and investigate occupational stress because performance suffers under duress. Research on the relationship between workplace stress and productivity is lacking. According to Motowidlo et al. (2003), an employee's performance on the job can be defined as the total benefits derived from their actions over a specified period of time. "Mindfulness means focusing one's attention on a certain way: on purpose, in the present moment, and without judgement." Ninth Doctor Jon Kabat-Zinn (1991). It's preferable to think of mindfulness as a state of being as opposed to something you do. A little mindfulness goes a long way towards making almost anything productive. The Sanskrit term "smti," which means "that which is remembered," is the source of the English word "mindfulness," which finds its origins in Buddhist psychology (Williams, 2004). Therefore, returning our attention to the present moment is a practice that we might refer to as mindfulness. Other researchers (Shapiro & Carlson, 2009; Black, 2011) have also found similar results.

Scholars have discovered a positive relationship between mindfulness and well-being, contentment, and life satisfaction, as well as a negative relationship with stress, anxiety, and depression reviews can be found in (Brown et al., 2007; Glomb et al., 2011).Mindfulness, as defined by its advocates, is "paying attention on purpose in the present without criticism of one's own mental states in any given instant" (Davis and Hayes, 2011).

Although prior literature reviews on mindfulness in the workplace (Chaskalson, 2011, Glomb et al., 2011, Hülsheger et al., 2013, Hanson & Richardson, 2014, Virgili, 2015) reported positive effects on burnout prevention, the few RCTs included in this review did not allow for its estimation. Furthermore, because psychological evaluation tools that are not specific to a given job are so widely used, very few studies have actually measured variables related to that job. Despite the fact that mindfulness has been associated with improved work performance (Dane & Brummel, 2013, Gärtner, 2013, Pezzolesi et al., 2013, Grégoire & Lachance 2015, Reb et al., 2015), quantitative studies have largely overlooked the effects of mindfulness on work performance and work organization (Dane & Brummel, 2013, Reb et al., 2015). Though its literal meaning is "to recall," the Pali word sati, from which the word mindfulness originates, is more commonly understood to mean "presence of mind" when referring to a mental state (Bodhi, 2000; Nyaniponika, 1973).In the correct definition, mindfulness is being cognizant of and giving careful attention to the present moment (Brown & Ryan, 2003).

It's critical to develop healthy coping strategies in order to reduce psychological maladjustment, burnout, and emotional distress at work. Both the type and quantity of coping strategies employed are likely to have a moderating effect. Lazarus asserts that coping mechanisms are influenced by a person's job environment, personal assessment, and the source of stress. Nurses who reported workload as a primary cause of stress were more likely to turn to problem-solving strategies, while those who reported patient demands and family conflicts as primary sources of stress were more likely to depend on social support systems (Tyson et al., 2002).

Researchers have discovered that the three coping strategies used by nurses the most frequently are avoidance, problem-solving, and social support. Adjustment strategies could be detrimental or beneficial. For example, tackling problems and seeking out social support appear to be more adaptive than avoiding them. The use of avoidant coping strategies was significantly associated with negative effects at work, whereas problem assessment and issue-solving strategies were positively correlated (Bowman and Stern 1995). Less defensive and avoidant coping strategies were reported by nurses who could handle stress better (Xianyu, & Lambert,. 2006).

Literature Review

Nurses' situational anxiety, in (Ghods et al., 2017). The stress levels that the nurses were experiencing were normal. In any type of nursing unit, anxiety in patients is a common side effect of care. 75% of Iran's nurses, whether they be physical or mental, have some kind of illness, and the severity of their conditions varies greatly, according to data gathered by the Nursing Council of Iran (Taghinejad et al., 2014).

A nurse's experience, education, and personality all vary, as does the degree of care they can offer depending on the circumstances and the individual. Although there are undoubtedly challenges facing the nursing profession today, most nurses remain dedicated to giving their patients the best care possible in spite of problems such as ineffective policies and procedures. Although meaningful nurse-patient relationships are becoming increasingly important in today's increasingly complex healthcare organizational contexts, little is known about the specific factors influencing nurses' motivation to care. People's motivations for caring have not been thoroughly studied or developed theoretically. In the context of nursing, "caring" is defined as "paying close attention to the unique needs of individuals in precarious situations" (Fong et al., 2018).

Due to job demands and scarce resources, Saudi Arabian public hospital nurses experience stress, burnout, and dissatisfaction, with burnout and dissatisfaction acting as intermediaries. The findings show that high levels of stress among nurses can have detrimental effects when job demands (stressors) surpass their capacity. Stress, long hours, and conflicting priorities between work and home are the three most frequently mentioned causes of difficulty in the workplace. Fair procedures and the sense of support from the organization are considered by workers to be the most significant aspects of their work. The possible mediating roles of psychological tiredness and professional commitment are also investigated. It has been demonstrated that work exhaustion moderates the relationships between emotional demands, workload, anxiety, and work-family conflict; it does not, however, moderate the relationship between work-family conflict and intention to leave the company. The relationship between procedural fairness and intentions to leave and levels of satisfaction is instead mediated by employee engagement (Alomani, 2016).

As stated by the author, "anxiety is a vague apprehension, and... the central difference between fear and anxiety is that anxiety is unspecific, 'vague,' and 'objectless,' whereas fear is a reaction to a specific danger. According to Spielberger, the best way to understand anxiety is as a stress-reduction strategy. When someone correctly perceives a stressful external stimulus or internal cue as threatening, they experience anxiety. Here, we investigate the phenomenon referred to as "state anxiety." Anxiety refers to the range of complex emotional responses that people experience when they perceive a situation to be dangerous. Real danger has no bearing on the rise in state anxiety that results from perceived threats (Denton, 2017).

According to Spielberger (1970) if the person believes that the situation is dangerous, their level of state anxiety will rise in proportion to that perceived danger. A person's state anxiety reaction will last as long as the triggering stimuli do if they are frequently exposed to stressful situations and are able to handle them. People acquire different coping mechanisms to deal with these stresses. Threats must be eliminated or greatly reduced in order to reduce state anxiety. Defensive strategies can be used to lessen stress reactions at the state level.

Spielberger's concept of state anxiety would be incomplete without mentioning threat. Spielberger (1970) defined threat as a person's perception of their own vulnerability in a particular circumstance. Spielberger (1970) created an anxiety timeline based on the following concepts: A person experiences anxiety when their body responds physiologically to something they perceive as a threat, like stress. A reevaluation of the situation's reality is prompted by the state anxiety response, and this is followed by coping strategies, avoidance behaviors, or psychological defense mechanisms (Spielberger, 1970).

There is a lot of pressure on nurses. This presents a variety of difficult problems for nurses as well as their patients. Psychologists and behavioral scientists are paying more and more attention to workplace mental health, especially in high-stress occupations (Nourry et al., 2014). It is commonly acknowledged that nurses rank among the most significant professionals in the healthcare sector. They are a crucial component of the healthcare system, helping to promote and enhance regional health services (Alighias, 2016).

For nurses, feeling pain is a daily occurrence. Negative emotional responses like stress, anxiety, and depression are well-known and accepted features of contemporary nursing practice and have the

potential to cause serious issues for both nurses and their patients because of the tragic and inevitable realities of patient suffering, events, and death while on the job (Haseli, 2013).

In order to gain a better understanding of the prevalence of mental health issues such as depression, anxiety, and stress among Australian nurses, we conducted a survey with a sizable sample of the profession. According to Sinha's (2008) research, the prevalence of depression among nurses is considerably greater than that of the overall Australian population, with over 30% vs. 4%. The findings demonstrated that over 25% of the sample (scores of 10 and above on the DASS) had depression.

Interestingly, a significant number of them had shown up with severe depressive symptoms. The frequency of depression in nurses in our study fell within the ranges found in earlier international literature, which put it between 18% and 53%. Compared to 14% of Australians overall, over 40% of this group experienced anxiety (Tabrizi, 2011).

Once more, over 10% of the sample showed abnormally high anxiety levels, and over 25% satisfied the DASS cutoff score of 8 or higher for anxiety. According to the study, 20% to 60% of nurses reported having anxiety, which is consistent with other research findings. Finally, even with high levels of distress, our prevalence rate was comparable to that of other nations; more than 40% of the current nursing sample met the DASS cut-off criteria for stress (scores of 15 and above), and several people again presented with severe distress (Ardekani, 2008).

Presently available data indicates that the rates of stress, anxiety, and depression among the current generation are much higher than the national average. Ignoring a nurse's distress signals can have detrimental effects on the patient's safety, the nurse's health, and the effectiveness of the healthcare system overall (Creedy, 2017).

Research indicates that individuals with poor mental health are more likely to struggle with concentration and processing speed, which can directly affect their ability to perform. Negative effects on alertness and performance at work, which can endanger lives and raise the risk of unfavourable medical outcomes, can have disastrous consequences for employees. The cost and volume of workers' compensation claims related to stress and stress-related mental disorders are significantly higher in the medical and healthcare industries than in other professions (Ohler, 2010). The Australian government spends approximately $9 billion annually on mental health services (Nourry, 2014).

Individuals who suffer from mental health issues lose millions of dollars a year as a result of increased absenteeism and decreased productivity; on average, they miss five extra days of work and are less productive for eleven extra days. Despite a ten-year increase in the number of nurses employed in Australia, the nation still has a serious shortage of nurses (Veloso, 2016).

If the healthcare workforce experiences high rates of attrition, absenteeism, and lost productivity, hospitals may find themselves understaffed and unable to adequately meet the needs of their patients (Mealer, 2007). Therefore, the effects of mental health disorders on the individual, society, and economy will increase in tandem with their rising prevalence in the labour force. The results of the current study, which found that only one occupational factor was linked to poor mental health outcomes, imply that there may not be many occupational and demographic factors that are linked to a higher risk of experiencing stress, anxiety, or depressive symptoms. The development of anxiety was found to be unrelated to any significant risk factors, but job dissatisfaction was found to be associated with a high risk of distress and depression. Neither the blood pressure parameters nor any other variable showed any correlation with depressive, anxious, or stressful states. However, a number of sociodemographic and occupational factors have been connected to the comparatively high rate of depression and other low mood states among nurses. Many factors have been found in the literature to increase the likelihood of stress, anxiety, and depression, including age, marital status, the presence of children, years of employment, job dissatisfaction, sleep disturbance, and years of employment (Mealer, 2009).

Our healthcare system depends heavily on the nursing profession, and patient outcomes are directly correlated with the professionalism and level of expertise demonstrated by their nurses (Al-

Makhaita, 2014). A growing body of research indicates that emotional burnout, depression, and anxiety can affect nurses just like they can anyone else. It's probable that nurses' general mental health may suffer as a result of the study's finding that many of them experience negative emotions (Gheshlagh, 2017).

Thus, it is imperative to conduct additional research to determine the most effective ways to support nurses' mental health at work. To combat the physical and mental exhaustion brought on by these mental states, nurses must implement effective short- and long-term support strategies and interventions for their mental health. Even though it is impossible to totally eliminate the causes, employers still need to address the serious problem of stress, depression, and anxiety experienced by nurses (Kibria, 2018). A healthy workforce is essential for patient and employee satisfaction as well as the caliber of care given (Khodadadi, 2016).

A nurse's experience, training, and personality all differ from person to person, as does the degree of care they are able to offer. It's no secret that the nursing field is currently facing challenges, but despite these setbacks, including ineffective policies and procedures, the majority of nurses remain dedicated to giving their patients the best care possible. Despite the growing significance of developing meaningful nurse-patient relationships in today's increasingly complex healthcare organizational contexts, little is known about the precise factors influencing nurses' motivation to care. Theoretically, the study of what drives people to care has not kept pace. Nursing practise is referred to as "caring" when it means "paying close attention to the unique needs of individuals in precarious situations" (Fong et al., 2018).

According to reports, the majority of respondents believed in their own skills. The most highly rewarded tasks were interacting with patients, providing them with counselling, and executing nursing care plans. Some nurses received lower marks for their performance in areas such as in-service education, facility upkeep, equipment and supply management, and student nurse supervision, even though the majority of nurses received evaluations that were above average. Research conducted in Namibia has produced findings that are comparable (Al-Meer, 2015).

This suggests that some nurses were not equipped with the skills needed to teach the upcoming generation of nurses and to give patients the care they needed. The lack of interest among nurses could be one explanation. At Jimma University Specialised Hospital, almost 90% of nurses said they routinely received both formal and informal performance reviews. However, a quarter or more of them felt their comments from the performance review were ignored. Based on the findings of the Namibian study (Al-Omar, 2003).

Based on these findings, conclusions regarding the hospital's performance review procedure can be drawn. In general, participants thought that the data from performance reviews wasn't being used very well. According to a recent survey, 71% of workers thought they were not given the chance to offer feedback on the outcomes of their performance reviews. As a result, nurses might continue employing ineffective methods, which might have a detrimental impact on patient outcomes. In a recent study carried out in Armenia, the great majority of healthcare providers reported having received feedback on their performance. Methodological disparities between the two investigations could account for the discrepancy between them (Bishop, 2018).
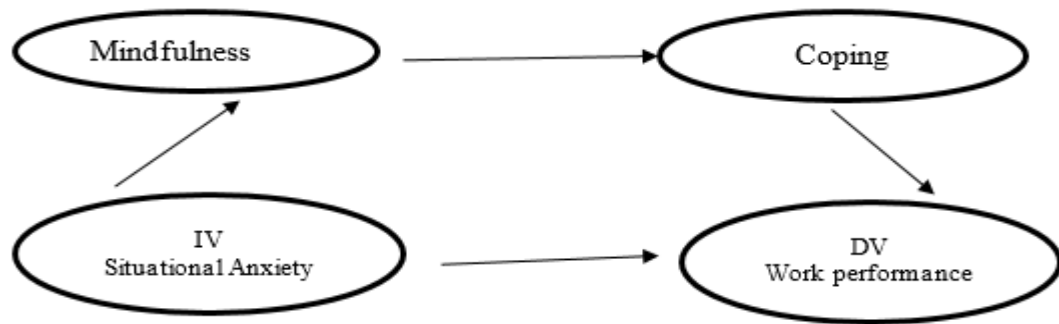
Figure 1: Conceptual Framework

Material and Methods

This correlational cross-sectional study involved 198 nurses who worked in the emergency departments of hospitals in Multan. Ultimately, 198 nurses took part in the research. Through the use of purposive sampling, the subjects were chosen. Initially, the ethics committee and the officials of the chosen hospitals granted permission to the researchers. In order to find nurses who met the inclusion criteria and were willing to participate in the study, the researchers visited the hospitals on various days of the week and during various shifts. Following an explanation of the study's goals, participants were given 30 minutes to finish the questionnaire. The minimum requirements for inclusion were a nursing bachelor's degree, a willingness to engage in the study, and a minimum of one year of work experience. Having at least a year's worth of experience working in emergency rooms was a requirement for exclusion. Statistical Analysis: The Cronbach's Alpha Test was used in this study to assess the reliability of the data collection tool, with a focus on internal consistency. Its reliability was 1.000. PLS-SEM was used for mediation, and SPSS-26 was used for data analysis. The data was also presented using frequency distribution tables, mean, and standard deviation, among other descriptive statistics.

Results

In this study, there were 198 female participants (n = 100.0%), 133 married participants (n = 67.2%), and 65 single participants (n = 32.8%). Furthermore, 66 nurses (33.3%) and 132 nurses (66.7%) worked in emergency rooms at private hospitals and public hospitals, respectively. The participants had an average age of 29.34 ± 4.245 years and an average work experience of 5.69 ± 3.027 years.

Table 1
Path Coefficient

	Original Sample (O)	Sample Mean (M)	Standard Deviation (STDEV)	T Statistics (|O/STDEV|)	P Values
Coping_ -> Jobperformance	0.849	0.848	0.028	30.119	0.000
Mindfulness -> Coping_	0.444	0.444	0.058	7.605	0.000
Mindfulness -> Jobperformance	0.102	0.103	0.041	2.454	0.014
SituationalAnxiety_ -> Coping	-0.189	-0.190	0.058	3.248	0.001
SituationalAnxiety -> Jobperformance	0.040	0.039	0.033	1.241	0.215
SituationalAnxiety -> Mindfulness	-0.251	-0.247	0.062	4.048	0.000

Table 1. Shows the serial Mediating analysis for Situational Anxiety and job performance shows that overall mediation analyses statistically significant, Path Coefficient of variables are presented there were Coping_ -> Job performance (P=0.000), Mindfulness -> Coping_(P=0.000),

Mindfulness -> Job performance _(P=0.014), Situational Anxiety_ -> Coping _(P=0.001) Situational Anxiety -> Mindfulness _(P=0.000), except Situational Anxiety -> Job performance _(P=0.215). There is no direct link between Situational Anxiety and job performance.

Table 2
Specific indirect effects

	Beta	Sample Mean	Standard Deviation	T Statistics (|O/STDEV|)	P Values
Situational Anxiety -> Coping_ -> Job performance	-0.160	-0.161	0.051	3.166	0.002
Situational Anxiety -> Mindfulness -> Coping_	-0.111	-0.109	0.031	3.550	0.000
Situational Anxiety -> Mindfulness -> Job performance	-0.026	-0.026	0.013	1.958	0.051
Mindfulness -> Coping_ -> Job performance	0.377	0.376	0.050	7.496	0.000
Situational Anxiety -> Mindfulness -> Coping_ -> Job performance	-0.094	-0.093	0.027	3.551	0.000

Table 2. shows four of the five models' mediation analyses are statistically significant overall. This is the result of the Serial Mediating specific indirect effects analysis for Situational Anxiety and job performance. A statistically significant relationship between situational anxiety and coping is mediated through job performance (P=0.002). Mindfulness and Situational Anxiety were mediated by Coping (P=0.000). Mindfulness of Situational Anxiety is mediated by job performance (P=0.051).There is a significant mediation between mindfulness and coping through job performance (P=0.000). Both job performance and coping were found to be mediators of situational anxiety and mindfulness (P=0.000).
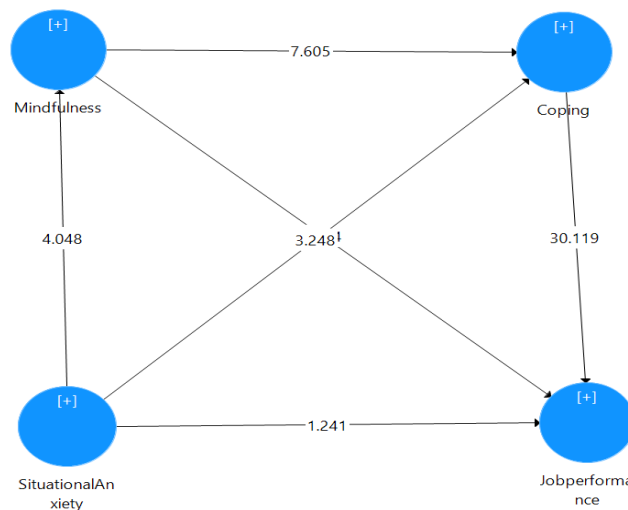

Figure 2: Mediating analysis for Situational Anxiety, job performance, coping and Cognitive Mindfulness.

Figure 2. Shows the Serial Mediating specific indirect effects analysis, four of the five models' mediation analyses are statistically significant overall for the relationship between situational anxiety and job performance.

Discussion

The purpose of the current study was to test the serial mediation model of workplace mindfulness and coping in order to investigate the relationship between situational anxiety and nurses' performance in emergency departments at Multan Hospitals. The main objective of the research is to determine how situational anxiety influences mindfulness and job performance, as well as how the two

interact through the mediating role of coping strategies. Situational anxiety and productivity at work will be connected through three testable hypotheses that are based on known relationships between variables. Anxiety-inducing circumstances will be linked to workplace mindfulness. Anxiety in a particular situation and the capacity to handle it will be related. According to the data, situational anxiety and productivity at work are negatively correlated. An inverse relationship between situational anxiety and workplace presence has been demonstrated. The information indicates that situational anxiety and coping are negatively correlated. The results of the bivariate correlation analysis showed that there was a significant negative relationship between job performance and stress and situational anxiety (Ishtiaq Ahmad, 2020). We examined the responses of twenty-four individuals with mild mental retardation (mean age of thirty-eight) to a self-report anxiety questionnaire under four conditions that were thought to range from high to low stress.

In an observational study, the effects of job and social activities on situational anxiety were examined, as well as anxiety and its relationship to task performance. Stressful situations significantly increase overall anxiety, whereas those who are employed and socially active have significantly lower scores. Results showed a strong positive correlation between anxiety levels and outcomes (Levine, H. G., 1985). The 10-period anxiety and coping diary was kept by college students, ages 19 to 23, starting seven days before an academic stressor and ending the night after. Trait groups representing debilitating and helpful test anxiety were utilized, and profile analysis was utilised to examine the association between anxiety and coping mechanisms (D-TA and F-TA). Anxiety and coping patterns changed over time, and distinct anxiety and coping routines were associated with high and low levels of D-TA and F-TA. Pupils with more debilitative trait anxiety than those with facilitative trait anxiety did worse on exams, worried more, and used less original problem-solving techniques (Raffety, 1997). It was discovered that problem-focused coping strategies like acceptance, religious belief, positive reframing, and social support were negatively correlated with anxiety levels. Consequently, the evidence was consistent with the theory that higher anxiety is linked to a deficiency of problem-focused coping strategies. It was discovered that there was an inverse relationship between anxiety and both expressing emotions and putting them to rest. According to this research, people with lower anxiety levels are more likely to use self-distraction and venting techniques to cope with the emotional distress that comes with having diabetes. This finding defies previous research that found a strong correlation between emotional venting and unfavorable outcomes like distress and health issues (Fisher, 2003).

The fourth hypothesis is that situational anxiety and workplace productivity will be mediated by mindfulness. According to the fifth hypothesis, situational anxiety and mindfulness are mediated by coping mechanisms. According to the sixth hypothesis, situational anxiety and job performance will be correlated through mindfulness and coping strategies.

Four mediation analyses out of the five models examined for a relationship between situational anxiety and job performance turn out to be statistically significant. A statistically significant correlation has been observed between situational anxiety and job performance. Coping strategies and situational anxiety can be mediated by mindfulness. Achievement at work acts as a potent moderator between mindfulness and coping. Mindfulness and Coping Skills as Mediators of Situational Anxiety and Work Outcomes.

Coping efficacy was found to be a negative predictor of life stress, whereas decision ruminating was found to be a positive predictor. Effect sizes ranged from moderate to significant for both decision ruminating in response to stress and coping efficiency. The adverse relationship between stress and coping efficacy and decision rumination was found to be moderated by nonjudgmental and awareness-based action. These results make perfect sense conceptually and theoretically. Athletes who are more aware of the present moment and less inclined to criticize their own feelings and ideas are better equipped to: a) have faith in their own capacity to overcome life's obstacles; and b) refrain from ruminating on past transgressions. The observed effects could also be explained by higher levels of act with awareness and non-judge, which may reduce stress and result in less use of coping resources and a sense of increased capability in the face of adversity (Bränström et al., 2011). Since coping resources were not assessed in the current study, more research is needed to test this theory.

Conclusion

This study looks at the relationship between situational anxiety and job performance using a serial mediation analysis. It finds that, out of five models, four mediation analyses have statistically significant results. The relationship between situational anxiety and job performance is statistically significant and is mediated by coping. Coping functions as a mediator between situational anxiety and mindfulness. Job performance acted as a significant mediating factor between mindfulness and coping. Coping and job performance served as mediators between situational anxiety and mindfulness.

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