



Coping with Stress: The Importance of Individual Resilience and Work Tasks Complexity and Unpredictability

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INTRODUCTION

After the first cases of COVID-19 were diagnosed at the beginning of 2020 in Rome (Italy), the Italian National Institute of Health and the Ministry of Health started investigating the diffusion of the phenomenon stating some guidelines to protect the population. As a result, healthcare companies were confronted with the need to reorganize hospital structures and create new pavilions, wards, and hospitals dedicated to COVID-19 patients (Leonelli & Primavera, 2022a, 2022b). These sudden changes have radically transformed all workers' professional lives, particularly those in the healthcare industry, powerfully affecting their perception of stress and workload (Leonelli et al., 2022; Primavera & Leonelli, 2022a, 2022b). Healthcare workers were at the frontline against COVID-19: they fought with the possibility of being infected and faced long working hours, stress, exhaustion, and burnout (Primavera & Leonelli, 2020). Moreover, even if the COVID-19 pandemic is declining, its effect on healthcare workers is always touchable.

In this chapter, we will analyze the perceived stress as a first consequence of working in the healthcare sector during the pandemic. Perceived stress

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refers to an individual judgment about stressful situations and events and negatively affects an individual's well-being, particularly when individuals recognize that the requests overreach their ability to cope (Teoh et al., 2020). In the healthcare context, perceived stress negatively impacts nurses' quality of life and well-being (Leonelli & Primavera, 2022b; Mroczek & Almeida, 2004; Mukhtar, 2020) and, in extreme cases, perceived stress can be the cause of organizational inefficiency because of high rates of displacement, absence due to illness, and increasing costs to maintain the high quality of care services (Babyar, 2017; Stimpfel et al., 2019; van Schothorst-van Roekel et al., 2020).

The first aim of this study is to investigate how individual resilience can reduce perceived stress levels. Individual resilience refers to the ability to adapt to and cope with adversity and stress (Hart et al., 2014). Previous studies show that individual resilience has both a direct and an indirect effect on decreasing stress perception, particularly for nurses (Britt et al., 2021; Delgado et al., 2017; Hegney et al., 2015; Shoss et al., 2018; Yu et al., 2019). However, only a few studies analyze this relationship during an intense crisis such as the pandemic (e.g., Heath et al., 2020).

The second aim of this study is to understand how the characteristics of the work tasks can improve or worsen the relationship between individual resilience and stress perception. The work task characteristics can have positive or negative vibes on the staff, depending on individual personality, abilities, experience, etc., (Schoellbauer et al., 2022). This study considers two characteristics of the work tasks: complexity and unpredictability, analyzing the differences in nurses working in COVID-19 (i.e., higher complexity and unpredictability) and non-COVID-19 wards (i.e., lower complexity and unpredictability).

281 Italian nurses are surveyed between April and May 2020, and results show that individual resilience negatively relates to nurses' stress perceptions. Furthermore, this relationship appears to be more damaging in non-COVID-19 wards than in COVID-19 wards.

This chapter theoretically contributes to organizational behavior and human resource management literatures. In the first case, focusing on individual characteristics of employees, the contribution is linked to the first result that shows that individual resilience can be "idealized" as a coping strategy or resource investment to cope with perceived stress, particularly in periods of crisis. While in the second case, focusing on the work task characteristics, the contribution refers to managing complexity and unpredictability that can strongly impact employees' well-being. Finally, the chapter identifies practical interventions that can improve individual resilience and prevent the phenomenon of burnout.

BACKGROUND

Perceived Stress

Perceived stress is related to negative feelings about lack of control and unpredictability concerning the existence of actual stressors (Teoh et al., 2020). This means that perceived stress is a self-reported judgment of stressful situations and events in an individual's life (Hilcove et al., 2020). Perceived stress at work can cause physical problems, irritability, and depression, impacting work performance and interpersonal relationships (Bliese et al., 2017). Numerous studies underline that healthcare professionals experience the highest stress levels in the work setting (Hilcove et al., 2020; Rodwell et al., 2009). In a study involving five countries, Glazer and Gyurak (2008) show that the factors influencing nurses' stress are linked to a scarcity of resources, issues in the leadership dynamics, lack of staff, high quantitative workload, and issues related to their relationship with co-workers. Regarding culture-specific stressors, death, inadequate communication, and psychological strain are particularly relevant in Hungary and Israel. Staff skillset is usually indicated as a stressor in UK and Israel. Disorganization and time pressure are important stressors in Italy, the UK, and the US. Moreover, US nurses report that low rewards and poor consideration of their prestigious work affect their stress levels. Finally, nurses' stress level generally increases because of prolonged exposure to patient suffering, heavy workloads, staffing deficiencies, and peer conflict (Hetzl-Riggin et al., 2020). However, prolonged exposure to high-stress levels can lead to burnout (Di Trani et al., 2021; Hilcove et al., 2020).

Individual Resilience

Resilience is a broad concept belonging to different fields, such as psychology, management, physics, ecology, engineering, and economics. In general, resilience refers to the ability to "bounce back" from adversity remaining focused and optimistic about the future (Hart et al., 2014). Individual resilience is a personal attitude related to the ability to address difficulties, elicit positive emotions in negative circumstances, and resist and recover from stressors (Ong et al., 2006). According to Bonanno (2004), resilient individuals are more capable of maintaining an emotional equilibrium during stressful events.

Individual resilience in nursing refers to nurses' attitude to cope with workplace adversities and difficult requests (Delgado et al., 2017). Nurses' high levels of resilience are associated with increased well-being, psychological health, and job satisfaction (Gabriel et al., 2011; Grabbe et al., 2020). In fact, nurses with higher levels of resilience are able to preserve positive emotions even if they are not satisfied with their task performance. Moreover, resilience improves work relationships and professional quality of life (Hegney et al., 2015; Zhao et al., 2016). In this chapter, we propose that nurses who possess higher levels of individual resilience will experience lower levels of perceived

stress. This is because resilient individuals unconsciously know how to face challenges or difficulties. Hence, we state:

H1: Individual resilience is negatively related to nurses' perceived stress.

Work Tasks' Complexity and Unpredictability

Knowledge-intensive jobs are generally characterized by complex and unpredictable changing work tasks (Schoellbauer et al., 2022). By complexity, we mean the individuals' perception of the challenging nature of the work (Dóci & Hofmans, 2015). At the same time, unpredictability implies a lack of control at work and mastery expectancies related to the abovementioned complexity (Schoellbauer et al., 2022).

Crisis, like pandemics, substantially impact the complexity and unpredictability of work tasks, particularly for healthcare workers (De Bloom, 2020). Work task complexity suddenly increased for those working with COVID-19 patients; the disease and treatments were unknown (López-Cabarcos et al., 2020). Even work task unpredictability suddenly increased; for healthcare workers was difficult to predict which work tasks they would have to accomplish in a day and the prioritization they should follow (Bowers et al., 2001; Pavedahl et al., 2022). Moreover, with the increasing task complexity and unpredictability, healthcare workers encountered difficulties in anticipating the task completion process, that is, identifying the suitable method and time needed to perform the work activities and prevent any problems that may come up in the work process.

Previous studies show that work task complexity and unpredictability are negatively related to stress perception (Dóci & Hofmans, 2015; Rana et al., 2020; Schoellbauer et al., 2022). However, to the best of our knowledge, none of them focused on his moderator role. In this sense, we hypothesize that work task characteristics (i.e., complexity and unpredictability) can decrease the beneficial role of individual resilience on stress perception. This is because even if resilient individuals know how to cope with complexity and unpredictability; these circumstances can undermine their resilience levels, slightly decreasing their beneficial effects. Hence, we state:

H2: Work task characteristics moderate the relationship between nurses' individual resilience and perceived stress.

MATERIALS AND METHODS

Sample and Procedure

The study was constructed using a descriptive cross-sectional design, considering a sample of nurses who voluntarily participated. Nurses enrolled in the study were required to meet the subsequent inclusion criteria: being Italian and working as professionals in care services facilitating direct contact with patients. Retired nurses or those working in healthcare administration management without direct contact with patients (such as sterilization and laboratories) were excluded.

The survey was administered during April and May 2020. Because of the social distancing measures during that lockdown period, the questionnaire was administered online via Facebook, the most widely used social network in the world. A brief introduction to the study and the link to the questionnaire were posted on three Facebook pages where many nurses are registered. Since it is difficult to identify a starting sample when administering online questionnaires, in agreement with Houser (2016), we calculated the total initial sample considering the actual number of people who viewed the post using the Brand24 tool. Out of a total of 956 views, 285 nurses answered the questionnaire (29.4% response rate). However, due to the occurrence of some missing data and biases, 281 were complete and eligible.

Ethical Considerations

This study did not need the approval of the local research ethics committee. Participants were informed about the objective of the study and signed an informed consent form. No economic incentives were offered or envisaged to complete the questionnaire. The ethical principles enshrined in the Declaration of Helsinki were always observed.

Measures

The scales used in this study were originally in English. We administered the questionnaire in Italian, and to ensure an accurate translation, we employed a rigorous back-translation technique (Brislin, 1980).

Perceived stress was measured using the Perceived Stress Scale (PPS) (Cohen et al., 1983). The PPS is the most widely used psychological instrument for measuring stress perception. The scale comprises 10 items that explore the degree to which some life situations appear stressful. Questions are related to “how often do you feel stress about...” and the answers follow the 5-point Likert scale rules where zero means “never” and four “always.” The higher the results derived from the sum of the score, the higher the perceived stress.

Individual resilience was measured using the Connor-Davison resilience Scale (Revised), consisting of 10 items (Connor & Davidson, 2003). Answers follow a 5-point response scale where zero means “strongly disagree” and four

“strongly agree.” The total score ranges from 0 to 40, with higher scores reflecting greater resilience. We have used the official Italian adaptation of the scale (Connor & Davidson, 2003).

Work task characteristics were measured considering the complexity and unpredictability of work tasks based on the work of Schoellbauer et al. (2022). For this reason, we asked if nurses worked in COVID-19 or non-COVID-19 wards. In fact, in COVID-19 wards, nurses encountered high levels of complexity and unpredictability in performing their tasks. Conversely, those who worked in non-COVID-19 wards experienced lower complexity and unpredictability in completing their task. Therefore, the dummy variable assumes the value of one if nurses worked in COVID-19 wards (i.e., higher complexity and unpredictability) and zero otherwise (i.e., lower complexity and unpredictability).

Consistent with the extant literature, we have also included a number of control variables that have been found by prior studies to be correlated with perceived stress and psychological resilience. Specifically, we controlled for *gender*, *age*, *geographical area*, and *ward type*.

Data Analysis

Data were analyzed using quantitative techniques employing Stata 16 as the statistical software. Descriptive statistics are also shown to present the main sample characteristics. Finally, to test our hypotheses, linear regression models were employed.

RESULTS

Table 14.1 presents the characteristics of the sampled survey. The sample is predominantly composed of female nurses (84.3%), aged between 30 and 39 years old (32.8%), mainly working in the Medical area (48.4%) and COVID-19 ward (71.2%), and in hospitals principally located in the Northwest of Italy (32.7%).

Descriptive statistics and Spearman’s correlations of the examined variables are presented in Table 14.2. Spearman’s Rank-Order Correlation is useful to measure the strength and direction of the association between continuous and categorical variables. Results show that all the correlation values of our variables lie below 0.50. Thus, we can state that a small correlation exists between them. We have controlled for multicollinearity and common method variance using the Variance Inflation Factor (non-reported here but available from request), and results show that all the values of the variables are close to 1, which means they are almost completely uncorrelated to one another and no common method variance affected our model (Kock, 2015).

Before running our regressions, we checked differences in individual resilience and stress perception in nurses working in COVID-19 and non-COVID-19 wards, performing T-tests. T-test is generally used to compare the

Table 14.1 Full sample characteristics

	<i>n</i>	%
Gender	237	84.3
Female	44	15.7
Male		
Age	47	16.7
<30 years old	92	32.8
30–39 years old	86	30.6
40–49 years old	56	19.9
>50 years old		
Ward’s type	136	48.4
Medical area	79	28.1
Critical area	41	14.6
Surgery area	25	8.9
Others		
COVID-19 ward	192	71.2
COVID-19	89	28.8
Non-COVID-19		
Geographical area	83	29.5
Northeast	92	32.7
Northwest	49	17.5
Center	57	20.3
South and Islands		

Note N = 281

Table 14.2 Descriptive statistics and correlations for study variables

<i>Variable</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6</i>	<i>7</i>
1. Perceived stress	281	29.62	4.71	–						
2. Individual resilience	281	23.20	7.67	–	–					
				0.28**						
3. Age	281	2.54	0.99	–	–	–				
				0.14*	0.05					
4. Gender ^a	281	0.15	0.36	–	–	–	–			
				0.14*	0.14*	0.03				
5. Ward’s type	281	2.52	0.85	–	–	–	–	–		
				0.08	0.04	0.06	0.00			
6. Work task characteristics ^b	281	0.68	0.47	–	–	–	–	–	–	
				0.06	0.02	0.13*	0.09	0.02		
7. Geographical area	281	2.00	0.91	–	–	–	–	–	–	–
				0.03	0.07	0.05	0.03	0.10 ⁺	0.01	

^a0 = Woman and 1 = Man

^b0 = lower complexity and unpredictability (i.e., non-COVID-19 ward) and 1 = higher complexity and unpredictability (i.e., COVID-19 ward)

⁺*p* < 0.1; **p* < 0.05; ***p* < 0.01

means of a normally distributed interval variable for two independent groups (Kim, 2015). As we expected, there was no statistical difference in the individual resilience and stress perception of nurses working in COVID-19 and those in non-COVID-19 wards.

Table 14.3 presents the results of the proposed linear model. Column 1 shows the results of the full sample, while columns 2 and 3 present the results of the cross-sectional analysis. In detail, column 2 considers nurses working in COVID-19 wards, thus characterized by higher complexity and unpredictability of work tasks. Instead, column 3 considers nurses working in non-COVID-19 wards, thus characterized by lower complexity and unpredictability of work tasks.

Hypothesis 1 suggests that individual resilience negatively affects nurses' perceived stress. Results support this hypothesis, given the existence of a negative and significant relationship between individual resilience and perceived stress ($\beta = -0.21$, $p < 0.001$). While regarding Hypothesis 2, which suggested

Table 14.3 Regression Analysis results differentiating by COVID-19 and non-COVID-19 wards

<i>DV: Perceived Stress</i>	<i>Full sample</i>	<i>Higher complexity and unpredictability (COVID-19 wards)</i>	<i>Lower complexity and unpredictability (non-COVID-19 wards)</i>
Intercept	37.02*** (33.88, 40.16)	35.42*** (31.59, 39.26)	40.36*** (34.73, 45.98)
<i>Control Variables</i>			
Gender	-1.23+ (-2.70, 0.23)	- 1.25 (-3.10, 0.60)	-0.66 (-3.25, 1.93)
Age	-0.80** (-1.34, -0.27)	- 0.86** (-1.51, - 0.22)	-0.86+ (-1.88, 0.16)
Ward's type	-0.19 (-0.81, 0.43)	- 0.10 (-0.82, 1.03)	-0.36 (-1.24, 0.52)
Geographical area	0.02 (-0.56, 0.60)	- 0.29 (-0.43, 1.00)	-0.48 (-1.55, 0.59)
<i>Explanatory Variable</i>			
Individual Resilience	-0.21*** (-0.29, -0.14)	-0.18*** (-0.28, -0.09)	-0.29*** (-0.43, -0.15)
Work task characteristics	0.26 (-0.89, 1.41)	-	-
n	281	192	89
R-sq	0.14	0.11	0.22
Adj. R-sq	0.12	0.08	0.16
RMSE	4.45	4.42	4.56

+ $p < 0.1$; * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

DV= Dependent Variable

that work task characteristics moderate the relationship between nurses' individual resilience and perceived stress, results support this hypothesis showing that, in COVID-19 wards, the beneficial effect of individual resilience on stress perception is lower ($\beta = -0.18$, $p < 0.001$) than for nurses working in non-COVID-19 wards ($\beta = -0.29$, $p < 0.001$).

DISCUSSION

The results of this chapter showed that when individuals possess higher levels of resilience; they perceive decreasing stress levels. However, this beneficial effect decreases when work tasks become more complex and unpredictable. These results contribute to the literature on human resource management and organizational behavior.

In detail, the first result of the chapter shows that individual resilience is negatively related to perceived stress, meaning that as resilience increases, stress decreases. This result is in line with previous studies showing that resilience is an intrinsic ability that enables individuals to cope with stress or work conflict when facing crisis situations (Gillespie et al., 2007). Furthermore, other authors show that higher levels of resilience defend individuals from emotional exhaustion and provide personal accomplishment (Hetzl-Riggin et al., 2020). Entering into the debate about the importance of personality and abilities in the workplace and showing that even these individual characteristics can help employees reach high levels of well-being, we directly contribute to the organizational behavior literature.

The second result of the chapter shows that work task characteristics—complexity and unpredictability—strongly impact employees' stress perception. This is an important result because it underlines that crisis contexts negatively affect work tasks causing damage to employee well-being. Moreover, even the beneficial effect of individual resilience is lowered by those dynamics. This result contributes to the organizational behavior literature, underlining the importance of implementing some actions that allow minimizing the complexity and unpredictability, particularly in the healthcare context.

Practical Contributions

This study has practical implications that go well beyond the current pandemic and can be generalizable for each crisis and different industries. COVID-19 has twofold impacted individuals' psychological well-being and stress perception. In particular, in the healthcare industry, employees had to change their work tasks in order to cope with the crisis, but even their relationships with peers, superiors, and patients suffered. Spreading knowledge and building relationships was very difficult in this period. However, with this chapter, we want to propose some practical implications that can tangibly help human

resource managers and governments, and policymakers to increase employees' well-being.

Since in some contexts, such as the healthcare one, there are more complex and unpredictable work tasks than in others, in order to contain these detrimental effects, we propose human resource managers (i) practice a fair and reasonable distribution of employees in order to have an equally distributed and manageable workload for all them; (ii) to keep an eye on employees' stress perception because it affects the quality of their work, their mental stability, and, in extreme cases, can cause burnout and economic inefficiencies for the overall organization. Practically, this could be acted through two interventions: (i) increase salaries, benefits, and part-time possibilities (when it is possible) because this allows for decreasing perceived stress; (ii) enhance interventions focused on increasing workers' individual resilience. For instance, human resource managers can promote mindfulness classes, psychological assistance, and the identification of spaces inside the organization that allows workers to relax and decrease stress, thanks to the availability of sofas, books, music, lights, and aromatherapy.

Finally, governments and policymakers should not identify one-time interventions to deal with employees' hard work and stress (i.e., promise incentives for nurses who have worked in COVID-19 Wards) but develop policy packages that provide long-term solutions. For example, policymakers should work to bridge the clear evidence of nursing shortage in many countries, and governments should create strategies and strongly invest in valuing the essential role of nurses in the healthcare system.

Limitations and Future Research

The chapter has some limitations that may offer promising directions for future research. First, self-reported data were collected at a single point in time, which might raise some issues regarding causality among the investigated variables. Second, the study's sample focuses on Italian nurses and thus limits the generalizability of our findings. Previous studies show that individual resilience and stress perception may vary across different geographies and cultures. Further research is therefore needed to investigate the relationships we examined in a global context.

CONCLUSION

COVID-19 have radically transformed all workers' professional lives, particularly those in the healthcare industry, powerfully affecting their perception of stress and workload. The necessary reorganization inside hospitals has also impacted the complexity and unpredictability of their work tasks. As a result, healthcare workers have faced a very new and critical situation, which caused them higher stress levels. Results showed that when individuals possess higher levels of resilience; they perceive lower stress levels. However, this beneficial

effect decreases when work tasks become more complex and unpredictable that is when the work in COVID-19 wards, for instance. The study extends prior research on stress perception, considering the impact of individual abilities and work task characteristics.

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