

# Quality of Life and Fear of Covid-19 in Nursing Internship During the Pre-Professional Practice Process

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**Abstract:-** The quality of life within personal wellbeing is conditioned by both objective and subjective factors, which when combined harmoniously, achieve a feeling of wellbeing in general as a satisfactory personal goal, this perception of satisfaction, leads to a comprehensive development; in which aspects such as our physical and psychological health, social relationships and the different development environments, achieve more rewarding personal results and benefits. The objective of this study was to relate the quality of life and fear of nursing interns of the Catholic University of Cuenca, headquarters and extension, during the process of pre-professional practices in COVID-19.

**Method:** we worked with a non-experimental, descriptive, correlational, cross-sectional, prospective and qualitative approach study, applying the following instruments: WHOQOL-BREF and the Fear of COVID-19 scale (FCV-19S). The nursing interns of the Catholic University of Cuenca who are doing their pre-professional internship present medium levels of quality of life and high levels of fear of COVID-19. According to Pearson's R of -0.101, it was demonstrated that there is a negative and low correlation between quality of life and fear of COVID-19.

**Keywords:-** Quality of Life, Fear, Nursing Interns, Pre-Professional Practices, COVID-19.

## I. INTRODUCTION

The quality of life has evolved along with humanity in general, its conception and factors of relevance respond to criteria within a given social moment; it is not possible to establish old definitions or previous studies to conceptualize an unequivocal well-being; the determinants of satisfaction in the quality of life vary and do not remain static; the characteristics of the social and cultural group within the era in which it is intended to know this perception must be considered (1).

The different personal, family and work situations have been considered as sub-spheres within the different studies in which they have been divided into objective and subjective factors, in order to have an appreciation of well-

being in general, considering the different elements of importance, their degree of presence and magnitude, in which the individual must combine harmoniously to achieve an equitable development, with a positive appreciation of his quality of life (2,3).

The WHO has conceptualized quality of life as: "The perception that each individual has of his or her position in life, within the cultural and value system in which he or she lives, taking into account his or her goals, expectations, standards and concerns" (4).

In determining the quality of life, it cannot be limited to subjective factors; the presence of external elements of significance has repercussions at the moment of its contemplation. Therefore, in future research they have been considered jointly, among the elements to be considered we have: material well-being, health, and the different harmonious relationships with the environment and community; without necessarily corresponding to a tacit list, since in some research, factors such as education, entertainment time, leisure, intimacy, security and productivity, have had scientific relevance, determinant in such perception (4,5).

In Ecuador, health professionals, prior to their professional practice, provide their services within the different health centers, as interns, in order to acquire practical knowledge and strengthen theoretical knowledge, such activities are developed during a calendar year; The service provided by the students, both in nursing and medicine, is called Rotational Internship, therefore, the quality of life should be the most appropriate, since the students are in personal and academic training; the challenges that may arise will play a leading role, because the feeling of well-being will allow an assertive response, achieving a satisfactory development (6,7).

Carrying out the application of the knowledge acquired during the university years, within a practical environment, undoubtedly causes concern of the students within their current performance, and with a view to develop as future health professionals, and it is here, when factors such as: their logical criteria, problem-solving ability, lack of experience, death of a patient, etc.; influence within their

perception of the quality of life; denoting the importance of a timely follow-up to nursing staff, in order to avoid internal repercussions such as anxiety and fear (5).

The pandemic that broke out worldwide, approximately in March 2020, had a negative impact in general, infections and high mortality rates did not distinguish race, social class, economic level, etc.; anyone was at risk. Ecuador was seriously affected, since according to data from the National EOC, published month by month, the statistics tended to rise, not only in the number of infections, but also in the number of deaths, with no hope of recovery, denoting a negative feeling of well-being among the population in general, both in the health, labor, social and family spheres (5,8).

Health professionals at different levels were also victims of this deadly virus, in their eagerness to serve, seeing that their efforts did not contribute significantly to the improvement of patients and to a more effective control of the pandemic, overcrowded health centers and personal losses; In the long run, the lack of protective equipment or simply having to live with this virus for so long, suddenly changed our habits and social customs; students doing their pre-professional internships were eyewitnesses of the harsh health situation, which currently endures (9).

In Latin America, at the beginning of 2019, the main concern was focused on socioeconomic areas, in which factors such as poverty, inequality in the distribution of resources and the lack of state investment in sectors such as health, education and social inclusion, were the issues of concern (10). Ecuador, being a country with large natural resources, but without state investment in the area of health, when the pandemic caused by COVID-19 broke out, with origins in the city of Wuhan, China, could not cope in the best way with the declaration of health emergency, the shortage of protective clothing, lack of human resources, ended up showing the other side of our health system, causing intrigue and concern about the discouraging future we would face (9,11).

The quality of life in general was greatly affected, starting with health, with immediate repercussions in the labor and financial areas, which reached negative figures seen only in the economic recession suffered at the beginning of the first quarter of 1999, unemployment rates were unleashed, extreme poverty arose without contemplation, in short, pretending to know the quality of life index would undoubtedly result in unfavorable numbers (11).

The main purpose of this research study was to determine the quality of life of nursing interns, considering the social reality they have been going through since the appearance of COVID-19, who have personally and occupationally faced this pandemic, being witnesses of the hard situation that has been lived in the different health centers, directing this study, with the aim of knowing the perception of general well-being and personal satisfaction.

During the health emergency at the Vicente Corral Moscoso Hospital in the city of Cuenca, being a third level health facility, the first patients infected by COVID-19, resorted in search of medical attention, being the nursing interns, who also witnessed the sad health reality that was just beginning, the severity and high number of contagions, could never be estimated of consideration, in addition to the lack of knowledge of this virus; the inexperience in pre professional students, could have psychological effects expressed in fear.

The daily life since the beginning of the pandemic, with its pros and cons, with its successes and failures, allows a general appreciation of the good and the bad, which has allowed the individual to make an analysis of the area in conflict, and the affectation in the different component sub-spheres, which are affected in second instance, that is why the present study, needs to know, the physical, emotional, social, family, etc. situation. In which the nursing interns of the Catholic University of Cuenca headquarters and extension develop their pre-professional activities, especially considering risk factors that may have an impact on nursing care.

An accurate perception of the quality of life will improve self-esteem, family and social relationships, as well as a desire to improve, which demonstrates our ability and performance, without forgetting our person and the intended general welfare, because without a doubt, if we want professionals who can give an effective response and according to what the current health context demands, we must strengthen their personal training first, which has a positive impact on areas such as professional and family.

What concept defines quality of life?

There is no doubt that the perception of good and bad, differs from the point of view from which we observe it, however, over the years, if we consider the various social changes, human and social relations, this perception has adapted to the times in which, we try to determine the relevant factors that affect this perception.

Thus, the concept of Quality-of-Life dates back to the time of the Second World War, with the interest of researchers to know the perception of people regarding their quality of life and the conception of financial security (12,13).

With this starting point, many investigations were directed to consider the different factors that can influence this perception, it is at this point that, the conception of quality of life considered objective factors such as: socioeconomic level, education, housing, etc.

However, the perception of quality of life is not limited to these aforementioned factors, since subjective factors, such as happiness and personal satisfaction, should be considered in a context that combines both factors (12).

Quality of life is related to a number of factors, and the researcher's approach to focus his study will be of vital importance when considering the factors of direct influence on the study population.

However, as we have already mentioned, the quality of life depends on the approach of each person, for some an acceptable quality of life will be determined by economic factors, for others a healthy family environment, others will relate it to the levels of happiness, which is why the influencing factors are many.

In a study carried out in a Brazilian university, among a group of nursing students, it was found that most of the participants were young (83.2%), single (89.4%), female (91.6%), living with friends (47.4%), receiving allowances (59%), and receiving a monthly allowance (59%). Within the results of the perception of quality of life, social relations obtained a score of 77.2%, followed by psychological with 67.7%, environment 64.9% and physical 63.4%. Giving an overall average of 78% according to the WHOQOL score, which corresponds to a 3.9 on the Likert scale, giving a level of quality of life of fairly satisfied. The quality of life associates objective and subjective factors that are closely linked within its perception, its multifaceted factors are those who determine it, and within them, as already stated, the level of income, education, friendships, state of health, personality traits and others will contribute to the appreciation of what each person conceives of himself, before considering the assessment of the environment in which he develops (14,15).

As we can see, in the data obtained in this research, economic factors have been considered to measure the level of quality of life.

In the study conducted among a group of young university students in Havana, 32.9% reported having a less favorable quality of life, with a 4.4 times greater probability of occurrence among women than among men. Nineteen percent reported unsatisfactory health and 66.7% of them had a less favorable quality of life; 2.0% showed dissatisfaction with their economic situation (16).

The aforementioned research contemplates health as a fundamental factor in the perception of the quality of life of university students, and which is framed within the multifaceted character of the factors of influence (16).

Within the comparative study carried out on university students to determine their quality of life in consideration of the level of physical activity, in which students from the faculties of health, education and engineering participated, which constituted a sample of 126 students of which 53.2% were men and 46.8% were women. The WHOQOL-BREF questionnaire was used. Among the results obtained, active university students showed higher scores than inactive students in global quality of life and in quality of life considering health, with a predominance of dimensions in the physical, psychological and environmental domains in active university students.

The results show that students who are more active tend to have a higher overall quality of life, considering dimensions such as: health, physical, psychological, social and environmental, affecting their mood, in similar conditions, where the physical activity factor has a positive impact on the quality of life, while the academic workdays and health affectations had a negative impact on the quality of life among university students with an average age of  $20.6 \pm 2.2$  years, in which 371% were male, 97.9% of them were single and 76.4% of economic stratum between 3 and 4; with low physical activity at a high level of 85.2%, sociodemographic aspects such as gender and age were not significant (17,18).

The quality time that can be allocated for the practice of any physical activity, has a positive impact on a better appreciation of the quality of life, feeling positive effects within our body, will undoubtedly influence our subjective, maintaining a positive mood and control of our negative feelings, such as anxiety, anxiety, etc.. (19).

Nursing interns are students, within the professional field, their actions are directed to a practical learning, in which they apply what they have learned, that is why, within the appreciation that they may have of their quality of life, the academic hours or the reinforcement that the tutor advisor gives them, means dedicating a greater amount of time, within their professional training, subtracting time from other areas such as personal, family or social (19, 20).

Within the study carried out, to a group of nursing students, from the six courses, considering public, federal and private state universities (3 of each), with a total of 825 instruments (participants), 90% women and 10% men; age range 17-28 years corresponding to the majority in 88% followed by 9% in ages ranging between 29 and 38 years of age; most were single with 83%, followed by married or living as such (common-law unions) in 13%, this in terms of sociodemographic data of the participants. The quality of life referred by the respondents corresponds to good or very good in 72% (20).

But what objective or subjective factors have influenced this perception within the group studied?

Within the health factor, 32.3% said they felt very dissatisfied, dissatisfied or neither satisfied nor dissatisfied; another point with significance and which showed negative values was the valuation of the environment, and according to this study, it is attributed to insecurity in a social context; another point, which I will emphasize, is the need for support (regardless of who provides it), to face negative or painful situations, since within the ratings obtained, 36% of the participants valued it at the lowest levels (20).

Future health professionals should be able to cope and cope in the best way with human losses in their daily work, since without a doubt, many of the patients or users of the different health centers do not manage to win the battle, and when this happens, those who are in the care or direct attention receive a hard emotional blow, which significantly affects them. Within the other dimensions considered in the

study, such as: physical and social relations, average values between 67 and 70 out of 100 respectively are maintained, corresponding to a perception of quality of life above the average, that is, satisfied or very satisfied (20).

Why do subjective factors appear with greater frequency among students in the estimated perception of their quality of life?

We do not have a specific factor, which can lead us directly to a study, however, within other researches carried out, to a group of students from 1st to 8th year, composed of 242 nursing students, in an age range that oscillates between  $22.9 \pm 5.1$  years, the students presented minor psychiatric disorders, with an inverse relationship between depressive symptoms and quality of life; although in the research they show the transition from adolescence to the young adult stage, we cannot say that they have a half-formed personality, and although the thought of autonomy and self-management are determinant in this life stage, the results obtained from the research, fear of failure or socio-familial pressure may result in a trigger in the future, in which anguish or pressure may cause irreversible damage, affecting the quality of life in general, with low self-esteem and low levels of satisfaction (21).

The research yields the following results: of the 242 participants, 67.3% engage in some extra-academic activity, 51.2% do not engage in physical activity, 85.1% engage in some type of leisure activity, 120 students (49.8%) are depressed. The inverse relationship between depression and quality of life is significantly confirmed, due to factors such as challenges in the specialty, care skills and clinical practices within their academic training (21).

The positive quality of life within the student body responds directly and proportionally to the academic training, without taking into account that during the first years of study, students face self-imposed crossroads, however, in the last years, they also face professional challenges, which, if these anxieties and concerns are not well addressed, the degree of satisfaction or quality of life will decrease the interest to continue with their academic training.

This is supported by another research related to the subject, and considering the participating subjects, 206 students, 77.7% were women, in a range of 18 to 21 years of age, giving 56.8% of the total number of participants; of them 85.9% were only studying, 6.3% had a formal job and the remaining 7.8% had an informal job; another factor considered in this study was the social class as a sociodemographic factor. Social class was considered as a sociodemographic factor in this study, with the upper and middle classes predominating; another factor of consideration was being single and not having children (89.3%). As for quality of life, 56.8% rated their perception of life as good; 28.2%, neither bad nor good; 9.7%, very good; 4.8%, bad; and 0.5%, very bad. As for the factors of influence, those contained in the WHOQO-BREF instrument have been considered; regarding the state of health, the majority felt satisfied, with 51.5%; the environment

obtained a derisory value, with 54.2/100; social relations a value of 74.3/100, giving as global evaluation an average score of  $66.6 \pm 10.8$  (22).

¿Can fear of COVID-19 become a subjective factor that determines a negative perception of quality of life?

Although it is true that COVID-19 attacks with a higher mortality rate in people with morbidities and older adults, there is no doubt that its presence has caused fear in the general population, not only because of the risk of contagion, but also because of the possibility of losing our relatives, and even more, because we cannot give them a proper burial considering deeply rooted customs and traditions. The different preventive measures taken by the government, such as the limitation of mobility, curfews, closure of educational institutions, have caused anxiety within society in general. The perceived fear has diminished over the past months, however, it has caused society to remain alarmed and to carry out its activities in isolation, discouraged from complying with the presence of communities.

What does fear imply?

The different physical or psychological threats to which human beings are exposed, trigger reaction factors, however, not everyone acts or responds in the same way, the reaction to fear, involves a survival instinct, it is when fear takes hold of people, which affects a total change of life to reach extreme limits such as isolation, that the basic survival reaction is transformed into a pathology (22).

According to a research study carried out in Argentina, in a random population aged 18 years and over, applied online, data was collected through two surveys conducted at different times, as follows: The first one was carried out between March 23 to 25 and the second one started on March 30, when the Argentine government arranged the prolongation of social isolation.

The emotions that the participants expressed most frequently in the surveys were: fear, uncertainty and concern, with preeminence among the female population. The fear expressed went beyond the personal orbit, reaching circumstances for their close relatives, the health of their parents, reaching greater limits among people with a lower educational level (23).

The different emotions experienced within the health personnel exposed to a higher rate of contagion; latent risk due to their exposure to COVID-19 positive patients; lack of safety equipment, or other factors present, within a real conception, strict compliance to the minimum social contact, or the safety measures implemented within the home, undoubtedly entails a psychological wear, the emotional burden and what is witnessed within the different health centers, causes fear, uncertainty or stress, with physical and psychological affectations (24).

Among the results of a research study aimed at health professionals in Spain, it was found that health personnel presented symptoms such as stress, anxiety, depression and

insomnia, with high levels among older women; factors such as being immersed in the first lines of care, whether they have had contact with someone infected by the COVID-19 virus, whether they were afraid to go to work and their perception of compliance with the rules of social confinement, were decisive for the following deductions: 46.7% of the participants indicated suffering stress, anxiety, depression and insomnia, with high levels among older women. Of the participants, 46.7% reported suffering from stress, 37% from anxiety, 27.4% from depression and 28.9% from sleep problems; women had higher rates of anxiety and stress; the population over 36 years of age showed higher levels of stress (32.1%), anxiety (25.3%), insomnia (21%) and depression (19.5%).

Of these, 72.2% reported living with a chronically ill person, 71.5% had had contact with a person infected by COVID-19 and 44.4% indicated that they were afraid of contagion (25).

How do negative feelings such as fear affect perceived quality of life?

Emotions, whether positive or negative, are responses to stimuli that require scenarios of danger, threat, success, novelty, etc.; they are reactions that may or may not have certain similarities within a given population. Emotions such as joy, fear or anxiety are considered as basic feelings present in most cultures, which is why negative emotions such as fear, sadness or anger directly influence the "health-disease" process, especially when it becomes a clinical disorder (26).

The physical or psychological response, which the human being can associate with negative emotions such as fear, anger or sadness, involves two spheres: 1) As a modifying factor of human behavior in the practice of inadequate habits, unfavorable to health in general; and 2) As a direct factor within a psychophysiological process, in which health and the immunity-healing or recovery process is conditioned to the emotional state experienced, i.e., without the presence of negative emotional states, the perception of health will entail a benefit in general, both physical and psychological (26).

As can be deduced, the multifaceted role of the perception of quality of life depends on objective and subjective factors, although it is true that not everyone has the same satisfaction or self-complacency, sociodemographic factors should be considered, which allow us to generalize these factors of influence within the positive perception of quality of life (27,28).

### General Objective

To relate the quality of life and fear of COVID-19 of nursing interns of the Catholic University of Cuenca matrix, during the pre-professional internship process.

### Specific Objectives

- To characterize the study population according to sociodemographic variables of research interest.

- To identify the dimensions of quality of life and fear of COVID-19 in the nursing interns in their pre-professional internships.

- To relate quality of life, fear and sociodemographic variables to COVID-19 in nursing interns.

## II. METHODOLOGY

### Type of research

A non-experimental, descriptive, correlational, cross-sectional, prospective, qualitative approach study was conducted.

### Population and sample

The population object of the study consisted of a total of 94 students in their pre-professional practices of the Nursing Career of the Catholic University of Cuenca (Matrix).

### Inclusion and Exclusion Criteria

Students who were actively enrolled at the Catholic University of Cuenca (main campus and extension), who were doing their pre-professional internships in different health centers, and who wished to participate in the study voluntarily were included. Students with special educational needs or under psychoactive substances were excluded.

### Instruments

Sociodemographic characteristics: age between 18 and 49 years, sex: female or male, area of rotation: hospital or community, marital status: single, married, divorced or free union, social class: high, medium and low, time of pre-professional practice: 1-3 months and 3-6 months, housing: own, rented and family; extra income: yes or no; in order to be able to establish criteria that allow grouping and generalizing the different sociodemographic characteristics with possible effects on the application of the instrument tending to measure the perception of quality of life.

WHOQOL - BREF (29,30): In an effort to understand the repercussions of the perception of quality of life in general within a given cultural context, the World Health Organization developed the WHOQOL instrument, which initially consisted of 100 items distributed to collect information concerning health in basic aspects such as physical, psychological, social and environmental health.

However, the different natural contexts, customs and characteristics of each population under study, created the need for focus, aimed at determining essential aspects, when applying the survey developed, so it was implemented a derivative of the initial instrument, called WHOQOL-BREF, the same that within its distributive consists of 26 items, 2 questions aimed at knowing the quality of life in general and satisfaction in terms of perceived health; 24 questions with focus on four areas: Physical health, psychological health, social relationships and environment, with Likert-type response options, distributed in 5 options: not at all-1-, a little-2-, normal-3-, quite a lot-4- and extremely-5-: having as total score a numerical value ranging from 1 to 130 points, the higher the score - the higher the perceived quality

of life in contrast to, the lower the score obtained, the lower the perceived quality of life.

COVID-19 Fear Scale (FCV-19S) (31) - The instrument was developed by Ahorsu, Lin, Imani, Saffari, Griffiths, and Pakpour. The sample comprised 717 Iranian participants. The FCV-19S items were constructed based on extensive analysis of existing fear scales, expert evaluations, and participant interviews. Several psychometric tests were conducted to determine its reliability and validity properties. After panel evaluation and corrected item total correlation tests, seven items were retained with acceptable corrected item total correlation (0.47 to 0.56) and were further confirmed with significant and strong factor loadings (0.66 to 0.74).

The instrument has a total of 7 questions, with a Likert-type response, constant in 5 options: totally disagree, disagree, neither agree nor disagree, agree and totally agree.

The total score of the instrument applied will consider the score of each item within a total range of 7 to 35 points; the fear of coronavirus-19 is proportional to the score reported by the participant, i.e. the higher the score, the greater the fear of coronavirus-19.

#### Procedure

Considering the health context, we are going through, due to the pandemic caused by COVID-19, the instruments to be applied will be distributed by means of an online form, taking as a suitable medium the different institutional e-mails assigned to each of the interns of the Catholic University of Cuenca in its different branches and headquarters, who are studying their pre-professional practices and decide to participate in the research study, prior acceptance by means of informed consent.

The information was collected by sending the different surveys filled out by the inmates through digital media, to the e-mail address indicated for this purpose, which will be classified using the EXCEL program, in order to keep an adequate and organized record. No personal data of the participants was recorded, in order to guarantee their right to privacy, each of them will be identified by numbers.

#### Statistical analysis

A descriptive analysis was performed using percentages, frequencies, measures of central tendency (specific objective 1 and 2), then a normality test was performed using Shapiro Wilk (W). Parametric tests were used for the correlation of fear and quality of life variables, using Pearson's correlation coefficient (Specific Objective

3). The statistical analyses mentioned above were carried out using InfoStat and SPSS 26.

#### Ethical procedures

In the present study an Informed Consent form was used according to the Helsinki protocol and reviewed by the president and commission of the CEISH of the UTE University. An estimated total of 253 nursing interns from the UCACUE matrix, headquarters and extension, which does not allow to begin to process information, data and obtain the first results. In this way, it is expected to characterize the quality of life and fear of COVID 19 presented by the students who perform the rotating internship. By implementing this project in the population, they will benefit from the results obtained, since from the self-examination carried out, they will be able to determine the domain affecting their quality of life, being able to take actions to improve it.

The different research studies seek to extend their scope and benefits to the community in general, the nursing interns of the different universities who are studying their pre-professional practices may be in the same conditions as the study population, so the results to be obtained will be beneficial to maintain a better quality of life within the health context caused by COVID-19, which undoubtedly, the physical, psychological, social and environmental affectations have been seriously affected.

The present research was conducted in accordance with the international ethical guidelines for health-related research involving human subjects, developed by the Council for International Organizations of Medical Sciences (CIOMS). The ethical justification for conducting this type of health-related research on human subjects lies in its social and scientific value: the prospect of generating the knowledge and means necessary to protect and promote people's health.

The research provided by the researcher is validated under the Code of Ethics of Research on Human Beings of the University of UTE, truthful information, and with its due correction and authorship of the documents provided, that is, the whole context of the present information is approved by the code: IMP-SIC-LLA-CUIO 1408 20.

Scientific knowledge must be directed at the same time with respect to the rights of the participants, scientific research cannot exceed certain limits, that is why the confidentiality of the information provided by the participants is guaranteed, in order to obtain truthful answers, which allow to give objective results of scientific application.

### III. RESULTS

Objective 1.- To characterize the study population according to sociodemographic variables of research interest.

Table 2.- Sociodemographic characteristics of the sample

Variables		Media	N
Age		25,19	94
Variables		f	%
3.- Genre	Female	82	87,2%
	Male	12	12,8%
4.- Marital status	Married	10	10,6%
	Divorced	5	5,3%
	Single	67	71,3%
	Unmarried	11	11,7%
	Separated	1	1,1%
5.- Rotation area	Community	36	38,3%
	Hospital	58	61,7%
6.- Pre-professional practice time	1-3 months	10	10,6%
	3-6 months	84	89,4%
7.- Housing	Leased	42	44,7%
	Family	24	25,5%
	Own	28	29,8%
8.- Social class	High	2	2,1%
	Medium	79	84,0%
	Low	13	13,8%
9.- Extra income	Yes	12	12,8%
	No	82	87,2%

The sample consisted of 94 nursing interns from the UCACUE. The sociodemographic characteristics are presented in Table1, the mean age of the participants was 25.19 years, and it is formed, in its majority, by women (87.2%). It is important to mention that 84.0% of the interns correspond to a middle social class and 87.2% declared having extra income.

Objective 2.- To identify the dimensions of quality of life and fear of COVID-19 in nursing interns in their pre-professional internships.

Table 2.- Characteristics of the percentages obtained in the dimension of Physical Mastery

Questions	Nothing		A little		The norm		Quite		Extremely	
	f	%	f	%	f	%	f	%	f	%
1.1 How would you rate your quality of life?	0	0,0%	7	7,4%	<b>63</b>	<b>67,0%</b>	21	22,3%	3	3,2%
1. 3 To what extent do you think (physical) pain prevents you from doing what you need to do?	2	2,1%	16	17,0%	<b>35</b>	<b>37,2%</b>	<b>36</b>	<b>38,3%</b>	5	5,3%
1.4 How much do you need any medical treatment to function in your daily life?	14	14,9%	18	19,1%	<b>37</b>	<b>39,4%</b>	21	22,3%	4	4,3%
1.10 Do you have enough energy for your daily life?	2	2,1%	6	6,4%	<b>51</b>	<b>54,3%</b>	24	25,5%	11	11,7%
1.15 Are you able to move from place to place?	2	2,1%	10	10,6%	<b>37</b>	<b>39,4%</b>	30	31,9%	15	16,0%
1.16 How satisfied are you with your sleep?	4	4,3%	23	24,5%	<b>42</b>	<b>44,7%</b>	14	14,9%	11	11,7%
1.17 How satisfied are you with your ability to perform your activities of daily living?	0	0,0%	5	5,3%	<b>42</b>	<b>44,7%</b>	<b>42</b>	<b>44,7%</b>	5	5,3%
1.18 How satisfied are you with your ability to work?	0	0,0%	7	7,4%	<b>39</b>	<b>41,5%</b>	36	38,3%	12	12,8%

The results corresponding to the physical domain presented in Table 2 show that the majority of inmates surveyed reported a normal state in most of the questions that make up this domain. A total of 67.0% rated their quality as normal, and 38.3% indicated that physical pain prevents them quite a bit from doing what they need to do. Regarding the need for medication, 14.9% reported not needing any medical treatment at all to function in their daily lives.

Table 3.- Characteristics of the percentages obtained in the dimension of Psychological Domain.

Questions	Very dissatisfied		Little		The norm		Quite satisfied		Very satisfied	
	f	%	f	%	f	%	f	%	f	%
5.2 How satisfied are you with your health?	3	3,2%	10	10,6%	<b>50</b>	<b>53,2%</b>	24	25,5%	7	7,4%
2.5 How much do you enjoy life?	1	1,1%	11	11,7%	<b>37</b>	<b>39,4%</b>	31	33,0%	14	14,9%
2.6 To what extent do you feel that your life has meaning?	3	3,2%	8	8,5%	30	31,9%	<b>32</b>	<b>34,0%</b>	21	22,3%
2.7 What is your ability to concentrate?	0	0,0%	10	10,6%	<b>42</b>	<b>44,7%</b>	35	37,2%	7	7,4%
2.11 Are you able to accept your physical appearance?	1	1,1%	11	11,7%	29	30,9%	<b>33</b>	<b>35,1%</b>	20	21,3%
2.19 How satisfied are you with yourself?	0	0,0%	10	10,6%	27	28,7%	<b>34</b>	<b>36,2%</b>	23	24,5%
2.26 How often do you have negative feelings, such as sadness, hopelessness, anxiety, depression?	4	4,3%	21	22,3%	<b>44</b>	<b>46,8%</b>	19	20,2%	6	6,4%

Regarding the psychological domain, and the results presented in Table 3, the responses with the highest percentage fall within a rating of normal to fairly satisfied in all questions. Slightly more than half of the respondents (53.2%) reported normal satisfaction with their health and a lower percentage (25.5%) reported being quite satisfied with their health. Importantly, 46.8% of the inmates indicated having negative feelings with a normal frequency.

Table 4.- Characteristics of the percentages obtained in the dimension of the Social Relations Domain.

Questions	Nothing		Little		The norm		Quite satisfied		Very satisfied	
	f	%	f	%	f	%	f	%	f	%
3.20 How satisfied are you with your personal relationships?	1	1,1%	6	6,4%	<b>48</b>	<b>51,1%</b>	30	31,9%	9	9,6%
3.21 How satisfied are you with your sex life?	4	4,3%	10	10,6%	<b>44</b>	<b>46,8%</b>	24	25,5%	12	12,8%
3.22 How satisfied are you with the support you get from your friends?	0	0,0%	13	13,8%	<b>48</b>	<b>51,1%</b>	26	27,7%	7	7,4%

With respect to the social relations domain, the results presented in Table 4 show that 51.1% of the inmates reported normal satisfaction with their personal relationships and the support they obtain from their friends. Similarly, 46.8% reported normal satisfaction with their sex life. These percentages correspond to the highest for each question.

Table 5.- Characteristics of the percentages obtained in the Environment Domain dimension.

Questions	Nothing		A little		Moderate		Quite		Totally	
	f	%	f	%	f	%	f	%	f	%
4.8 How much security do you feel in your daily life?	1	1,1%	11	11,7%	<b>43</b>	<b>45,7%</b>	31	33,0%	8	8,5%
4.9 How healthy is the physical environment around you?	0	0,0%	11	11,7%	<b>48</b>	<b>51,1%</b>	27	28,7%	8	8,5%
4.12 Do you have enough money to meet your needs?	6	6,4%	24	25,5%	<b>51</b>	<b>54,3%</b>	12	12,8%	1	1,1%
4.13 How available is the information you need in your daily life?	2	2,1%	11	11,7%	<b>50</b>	<b>53,2%</b>	28	29,8%	3	3,2%
4.14 To what extent do you have the opportunity to engage in leisure activities?	3	3,2%	25	26,6%	<b>49</b>	<b>52,1%</b>	14	14,9%	3	3,2%
4.23 How satisfied are you with the conditions of the place where you live?	1	1,1%	4	4,3%	<b>46</b>	<b>48,9%</b>	28	29,8%	15	16,0%
4.24 How satisfied are you with the access you have to health services?	2	2,1%	7	7,4%	<b>37</b>	<b>39,4%</b>	32	34,0%	16	17,0%
4.25 How satisfied are you with your transportation?	2	2,1%	14	14,9%	<b>44</b>	<b>46,8%</b>	28	29,8%	6	6,4%



In each of the questions that make up the Environment domain, Table 5 shows that the highest percentage of responses fall into the moderate category. However, in question 4.12 of this domain, it is observed that although the majority (54.3%) consider that they have enough money to cover their needs in the moderate range, 25.5% declared that they have little money to cover their needs.

Table 6.- Characteristics of the percentages obtained in the dimension Independent Domain.

Questions	Very dissatisfied		Little		The norm		Quite satisfied		Very satisfied	
	f	%	f	%	f	%	f	%	f	%
5.2 How satisfied are you with your health?	3	3,2%	10	10,6%	50	53,2%	24	25,5%	7	7,4%

According to the results presented in Table 6, slightly more than half of the respondents (53.2%) indicate that they are usually satisfied with their health, followed by 25.5% who indicate that they are quite satisfied with their health. Only 3.2% indicated that they were very dissatisfied with their health.

Table 7.- Characteristics of the percentages with respect to Fear of COVID-19.

Questions	Strongly disagree		Disagree		Neither agree nor disagree		Agreed		Totally agree	
	f	%	f	%	f	%	f	%	f	%
1.- I am very afraid of coronavirus-19.	6	6,4%	12	12,8%	42	44,7%	23	24,5%	11	11,7%
2.- It makes me uncomfortable to think about coronavirus-19.	14	14,9%	12	12,8%	44	46,8%	20	21,3%	4	4,3%
3.- I feel that my palms sweat when I think about coronavirus-19.	24	25,5%	13	13,8%	42	44,7%	13	13,8%	2	2,1%
I am afraid of losing my life to coronavirus-19. 5.	9	9,6%	9	9,6%	45	47,9%	17	18,1%	14	14,9%
5.- When I see new stories about coronavirus-19 on social media, I get nervous or anxious.	16	17,0%	13	13,8%	42	44,7%	19	20,2%	4	4,3%
6.- I can't sleep because I worry about having coronavirus-19.	24	25,5%	11	11,7%	43	45,7%	13	13,8%	3	3,2%
7.- My heart races or skips a beat when I think about getting coronavirus-19.	19	20,2%	10	10,6%	47	50,0%	14	14,9%	4	4,3%

Regarding the fear of COVID-19, although the majority of responses corresponded to neither agree nor disagree in all 7 questions of the questionnaire, a high percentage of the remaining respondents stated that they agreed, except in questions 3 and 7, where 25.5% and 20.2% disagreed, respectively.

Objective 3.- To relate quality of life, fear, and sociodemographic variables to COVID-19 in nursing interns.

Table 8.- Pearson's R correlation factor between quality of life and fear of COVID-19

Fear of COVID-19	Quality of life	
	Pearson correlation	-,101
	Sig. (bilateral)	,333
N	94	

To determine the correlation between quality of life and fear of COVID-19, Pearson's R test was performed, see Table 8. The R factor is -0.101, indicating a negative correlation, which means that the greater the fear, the lower the quality of life, or vice versa, and since the value is close to 0, it is considered a low correlation.

Table 9.- Relationship between quality of life and fear of COVID-19 of the sociodemographic variables of the sample.

Variables		f	Quality of life	Fear of COVID-19
			mean	mean
Gender	Female	82	<b>86.90</b>	<b>20.04</b>
	Male	12	83.08	19.17
Age	20- 25	63	86.22	18.97
	26 - 35	31	<b>86.81</b>	<b>21.87</b>
Marital Status	Married	10	85.00	21.40
	Divorced	5	84.00	<b>23.80</b>
	Single	67	<b>87.15</b>	19.16
	Unmarried	11	86.00	22.00
	Separated	1	68.00	14.00
Area of rotation	Hospitalario	58	85.50	<b>20.12</b>
	Community	36	<b>87.89</b>	19.61
Time of pre-professional practice	1-3 months	10	<b>88.00</b>	17.30
	3-6 months	84	86.23	<b>20.24</b>
Housing	Own	28	85.89	18.89
	Leased	42	85.83	20.10
	Family	24	<b>88.04</b>	<b>20.83</b>
Social class	Low	13	86.69	19.15
	Medium	79	86.19	19.91
	High	2	<b>93.50</b>	<b>25.50</b>
Extra Income	Yes	12	<b>87.58</b>	<b>20.17</b>
	No	82	86.24	19.89

To analyze the relationship between quality of life and fear of COVID 19, considering the sociodemographic characteristics, the Student's t-test was performed for independent samples, for normal samples as is the case of the study. The results obtained are presented in Table 9, the values for both qualities of life and fear of covid-19 correspond to the means of the scores obtained for each scale.

Regarding quality of life, it is observed that, for each sociodemographic variable, higher levels of quality of life are indicated by women, inmates between 26 and 35 years of age, single inmates, those who do their internship in the community area and have an internship time of 1 - 3 months, those who reside in family-type housing, inmates of high social class, and inmates who reported having extra income.

On the other hand, with respect to fear of COVID-19, higher levels of fear were presented by women and interns between 26-35 years old, divorced, those in the community area and perform their internship time of 3-6 months, interns residing in family-type housing, those of high social class, and interns with extra income.

#### IV. DISCUSSION

The main objective of this research was to relate the quality of life and fear of COVID-19 of the nursing interns of the Catholic University of Cuenca, headquarters and extension, during the process of pre-professional practices. There are no unique criteria to make a definition of quality of life in a person, since there are several factors that can modify the quality of life especially an illness; in the same way quality of life can be affected by the quality of work life that the individual leads, in this way it is possible to interpret that quality of life is the perception of feeling complete well-being that the individual experiences (Robles et al., 2016).

Health centers are more likely to be infected; therefore, the care of the professional has to be prioritized in order not to generate over workload in workers; therefore, the quality of work life could be a big problem, being important to improve this part especially in the nursing area (Santana et al., 2019).

The sample of the present study consisted of 94 inmates, it is characterized by being formed mostly by women (f =82; 87.2%) and being a young sample since the average age of the inmates is 25.19 years; formed mostly by single (f = 67; 71.3%) and middle-class inmates (f=79; 84.0%). In addition, a high percentage of inmates reported having extra income (f=82; 87.2%).

The dimensions in the quality of life are physical, psychological, social relations, environment and independent. Each dimension was characterized by high percentages in the levels of perception of normal to high satisfaction.

Such results are consistent with the findings of Urgiles (2017), who found that the quality of life of the nursing staff investigated, fluctuates between low and medium level. Yupanqui (2019) conducted a research entitled "Quality of work life of nurses in the emergency area in INEN 2019" showed that nurses perceive an average quality of professional life with 71 %, in the dimension of work overload with 78%, in the dimension of support with 73%; concluding that nurses have an average quality of work life.

Another author who arrived with similar results is Quintana (2015), who concludes that the quality of work life in nurses of state health institutions in Mexico, is medium. Sosa et al (2010) in their study concluded that nurses have a good quality of professional life; however, they do not have the support of the directors of the center where they work.

However, these results differ from the findings of Caicedo (2019), who found that LQOL in healthcare personnel in Latin American countries is predominantly low, with institutional support for work and well-being achieved through work being the best and worst rated dimensions.

Regarding the quality of life in relation to each sociodemographic variable, it was found (Table 9) that women, inmates aged 26-35 years, single inmates, those in the community area, those who have been working for 1-3 months, those residing in family-type housing, those of high social class and inmates who have extra income have a better quality of life.

In general, with mean FCV-19S scores above 19.00, inmates have a high level of fear on the COVID-19. For each sociodemographic variable, it is women, inmates between 26-35 years old, divorced, those in the community area, and interns with 3-6 months of internship time, inmates residing in family housing, those of high social class and inmates with extra income who are more fearful than their counterparts within each variable. These results coincide with those obtained by Hernández (2020), who states that it is common for health workers to experience: fear, grief, frustration, guilt, exhaustion and anxiety, in relation to a greater number of working hours and the overflow in the demand for care, since they are forced to face this arduous situation that often affects the emotional stability of the most balanced.

These results highlight the need to try to mitigate the psychological impact that the COVID-19 pandemic is having on health professionals, especially nurses. It is imperative that governments increase their investment in the health sector, emphasize the need for protection and adequate measures, through quality protective clothing, which provide sufficient security to staff, as well as increase family support and psychological support. In this context,

WHO presents the following mental health considerations during the COVID-19 outbreak among them are to protect staff from chronic stress so that they can fulfill their responsibilities; ensure good quality and updated information to all staff; plan for workers to alternate high stress functions with others of lower stress; ensure that staff work in teams or in pairs; encourage and monitor breaks at work; implement flexible schedules, facilitate and ensure access to mental health services and psychosocial support (Lozano, 2020).

Our study presents some limitations that must be taken into account when interpreting the results, among them the small sample size and the second one related to the fact that quality of life is an integral and multidimensional concept that encompasses a subjective and an objective domain (including functional status in daily life, and external material and social support resources).

## V. CONCLUSIONS

The nursing interns of the Catholic University of Cuenca who are doing their pre-professional internships have medium levels of quality of life and high levels of fear of COVID-19. According to Pearson's R of -0.101, it was demonstrated that there is a negative and low correlation between quality of life and fear of COVID-19.

The pandemic caused by COVID-19 has a negative influence on the mental health of people in the general population, and in particular, on the most vulnerable population groups such as front-line health care workers. The uncertainty associated with this disease can aggravate mental health and consequently affect health personnel, reducing their quality of life, especially those belonging to a lower-middle social class.

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