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The Impact of Fear of COVID-19 on Job Stress, and Turnover Intentions of Frontline Nurses in the Community: A Cross-Sectional Study in the Philippines

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This study aimed to assess fear of COVID-19 among nurses in a community setting. The COVID-19 pandemic is a threat to the nurses' physical and psychological well-being. Mounting studies discussed the well-being of nurses in hospital setting, and very little attention was directed toward frontline nurses in the community. This study used a cross-sectional design using self-report questionnaires. Results revealed that nurses display moderate to high fear of COVID-19 and that the female gender, $t = -2.11$, $p = .036$, is correlated to fear of the virus. Moreover, the nurses' fear influences their job stress ($\beta = 0.35$, $p = .001$) and organizational ($\beta = 0.24$, $p = .001$) and professional ($\beta = 0.23$, $p = .001$) turnover intentions. Fear of COVID-19 is universal among nurses. Fear of COVID-19 is associated to the community nurse's work-related distress and may influence their intention to leave their jobs and the nursing profession. There is a need to assess the factors associated with the fear to better address the nurses' psychological well-being and to avoid turnover intentions.

Keywords: COVID-19 pandemic, fear, job stress, turnover intentions, nursing

The novel coronavirus virus, now known as COVID-19, first erupted in December 2019 in Chinese territory, particularly in Wuhan, China. The impact of this dreadful disease on jobs, the economy, and the personal lives of people globally is unprecedented. This novel virus's exponential effect has caused large-scale closing of economies, loss of employment, uncomfortable living adjustments, and the untimely death of loved ones. The highly infectious respiratory disease has reached more than 200 countries, hence its pandemic status. As of July 19, 2020, there have been 14,043,176 confirmed cases of the virus, resulting in the loss of 597,583 lives across the globe (World Health Organization, 2020). An estimated 230,000 of these cases were health care workers, and 600 of those were nurses who contracted the disease while performing their duties caring for those afflicted with COVID-19 (International Council of Nurses, 2020).

In the Philippines, the nationwide cases have reached about 67,457, with 43,160 of those active, and 1,831 have died as of the latest count (Department of Health, 2020). To aid the economy, the Philippine government has shifted its propaganda from "stay at home" and strict quarantine protocols to meticulous handwashing, physical distancing, and wearing of a mask, especially when going out in public. The Philippines' Department of Health has firmly advocated compliance to at least the minimum health standards and protocols to avert the collapse of health institutes and to assist the health workforce responding to COVID-19 cases in the country. To boost the morale of the frontline health workers, the Duterte administration initiated monetary remuneration for doctors and nurses who incur the virus in their line of work. As of June 22, 2020, there are 3,122 health workers in the country inflicted with the virus, composed mainly of nurses (Esguerra, 2020).

With the increasing death toll of health workers caring for patients with COVID-19 are the psychological challenges. The uncertainty and discomfort in this new normal may pose a further threat to health care professionals' work outcomes and psychological well-being. Nurses are placed in stressful situations, fulfilling their roles on the front line while risking their lives to save others.

Review of Related Literature

Fear of COVID-19 Among Nurses

Recent literature has established the ill effects of stress on the nurses' psychological well-being and work outcomes (Falguera et al., 2020; Faremi et al., 2019; Vivian et al., 2019). Stress is generally sourced from situations that a person has no control over, such as a pandemic. Currently, there is a surge of studies on how the COVID-19 pandemic has caused much stress to the various health care systems across the globe (Bong et al., 2020; Iyengar et al., 2020). It has compromised the workforce, particularly nurses.

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In fact, among the health care workers, nurses are found to be the most anxious and stressed in caring for and treating patients infected with the COVID-19 virus (Mo et al., 2020).

For instance, it is reported that nurses are anxious about a myriad of situations, including worrying about getting infected or inadvertently infecting others and caring for an infectious yet dying patient (Alharbi et al., 2020; Labrague & De los Santos, 2020a; Pappa et al., 2020). Moreover, work situations such as erratic and exhaustive work schedules, the lack of personnel protective equipment, and forced deployment to unfamiliar stations are additional burdens. Similarly, they are wary about the social stigma and the uncertainty of whether their employers are genuinely concerned about their welfare (El-Hage et al., 2020; Maben & Bridges, 2020; Zhu et al., 2020).

COVID-19 and Job Stress Among Nurses

COVID-19 challenged and brought turmoil to the nurses' psychological well-being. There are reports of increased emotional fatigue and incidence of posttraumatic stress disorder among nurses caring for COVID-19 patients (Hu et al., 2020; Li et al., 2020). Hospital nurses, particularly women performing diagnosis, care, treatment, and management of patients with COVID-19, have displayed psychological disturbances such as anxiety, lack of sleep, and depression (Lai et al., 2020).To mitigate possible physical and psychological damage to the nurses, health facilities advocated the use of mental health services such as psychological first aid, crisis interventions, morale boosters provided by their colleagues, and access to social media and self-help reading materials (Blake et al., 2020; Kang et al., 2020).

Interestingly, one study distinctly compared nurses' feelings and found that those who are less exposed to infectious wards appeared to experience more burnout than those on the actual front line (Wu et al., 2020). This implies that attention should be provided on an organizational scale, particularly in the provision of health and mental wellness interventions.

Fear of COVID-19 and Turnover Intentions Among Nurses

Researchers have thoroughly discussed the impact of the pandemic on the hospital nurses' health risks and psychological well-being. Mounting studies found that nurses who provided direct patient care appeared to be more stressed, overworked, and psychologically disturbed and less fulfilled in their job compared with nurses in other areas of assignment (Zerbini et al., 2020). For instance, in the studies of Labrague and De los Santos (2020b) and Irshad et al. (2020), they found that hospital nurses who perceive fear to COVID-19 have low job satisfaction, are mentally distressed, and are thinking of leaving their jobs and their profession as nurses.

In cases where there is an outbreak of infectious disease, it is common to hear reports of stress among nurses and how this leads to work decisions. For instance, the Ebola outbreak in West Africa caused fear and terror among frontline nurses, which made them arrive to a difficult decision of choosing their own safety over their job (Kollie et al., 2017). Similarly, during the MERS outbreak in South Korea, one study found how the nurses' stress was strongly linked to their low nursing intention (Oh et al., 2017).

Generally, the literature tackles on the hospital nurses' fear of the COVID-19 virus. There is an evident lack of investigation on the effect of COVID-19 on the nurses' work outcomes and turnover intention, especially among those deployed in the community. The scarcity of studies in this area prompted the need to explore the nurses' situation on the ground; hence, in this study we arrive to the following hypotheses:

Hypothesis 1: The community nurses fear COVID-19.

Hypothesis 2: The nurses' fear of COVID-19 is associated to their job stress.

Hypothesis 3: The nurses' fear of COVID-19 is associated to their organizational and professional turnover intentions.

Method

Research Design

This study used a descriptive cross-sectional design using self-report questionnaires. The questionnaires were prepared to include the participant's profile and four other standardized scales.

Participants and Setting

This study targeted 400 nurses to participate; however, only 385 nurses (a response rate of 96%) participated. We selected nurse participants who were deployed in community settings under the Human Resource for Health initiative of the Philippine government in response to the COVID-19 pandemic. Particularly, these nurses are assigned as workforce in Municipal Health Offices, Rural Health Units, and Community Health Stations. Distinctly, these are nurses who were tagged as the core team in quarantine facilities caring for COVID-19 positive patients who are asymptomatic or who have mild manifestations. Further, these nurses are tasked to monitor PUI (*persons under investigation*) and PUM (*persons under monitoring*)—those who are considered as, respectively, suspected and probable COVID-19 cases—as well as border checkpoints. They operate their stations at an average of 16 hr a day in various municipalities in Samar Province, Philippines.

To reach our target participants, we computed the samples using GPower and discovered that the minimum sample required is 368 at an effect size of 0.05, 0.8 statistical power, and probability level of 0.05 (Scoper, 2015). The researcher collaborated with nurses assigned in the field who are tasked as focal persons-in-charge to conduct Psychological First Aid commissioned by the Department of Health. The core team, who was tasked to provide strategies and interventions to uplift the health workers' morale on the front line, conducted the collection of data mid-June 2020.

Instruments

To gather the data and quantify the variables of this study, we distributed questionnaires using four standardized scales. In measuring fear of COVID-19, we used the Fear of COVID-19 Scale (Ahorsu et al., 2020). The scale is a valid tool to assess the construct of fear based on its Cronbach's α score of 0.86, suggesting high validity and internal consistency of the scale. The unidi-

mensional 5-point Likert scale is composed of seven items scored from 1 (*strongly disagree*) to 5 (*strongly agree*).

We also used Schriesheim and Tsui's (1980) Job Satisfaction Index to measure the participants' satisfaction with their current work assignments. Based on a previous study, the scale demonstrated high reliability and validity coefficients with Cronbach's α of 0.87, implying that the scale is a dependable tool to measure job satisfaction (Labrague et al., 2020). The scale is answerable using a 5-point Likert Scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). The Job Satisfaction Scale is composed of five items measuring characteristics of work, organizational support, colleagues, salary, and career development, all of which are crucial elements involved in a job.

We then used House and Rizzo's (1972) Job Stress Scale to measure the psychological distress variable. The scale is a valid and reliable instrument based on its high internal consistency of Cronbach's α score of 0.83. The participant nurses answered this section using a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*).

Finally, we used two single-item measures to assess each of the turnover intention variables using a 5-point Likert scale ranging from 1 to 5 using the same description as above. Specifically, the organizational turnover intention was assessed with the question, "Given the current situation, I am thinking about leaving this healthcare facility." Likewise, to assess the participants' professional turnover intention, we asked them to rate the statement, "Given the current situation, I am thinking of leaving nursing as a profession."

Ethics and Data Gathering Procedure

The authors were given ethical clearance in Samar State University with protocol code IRERC EA-0012-I. The researchers secured the approval of the institution and appropriate authorities for the intention to conduct the study. The data gathering was done after the Psychological First Aid session of the nurses. The participants were informed of the purpose of the study and provided informed consent. It was made clear to the nurses that their participation is voluntary and that they can choose not to complete the questionnaire without any consequence. Further, the participants were informed of their option to remain anonymous and that the data provided were kept confidential.

Data Analysis

The gathered data were entered into a spreadsheet to facilitate the analysis. The Statistical Package for Social Sciences ver. 23 software program was used in the analysis. Descriptive and inferential statistics were used to analyze the data. To quantify the data, we used frequency counts, percentages, and arithmetic mean. Pearson *r* correlation, *t* test for independent group, and analysis of variance were used to assess relationships and multicollinearity between fear of COVID-19, nurses' characteristics, and other key study variables (job satisfaction, job stress, and turnover intentions). The predictive analysis between the variables showing significant corelationships was done using multiple linear regression analysis. The independent variable of the analysis was fear of COVID-19, whereas the dependent variables are job stress, organizational turnover intention, and professional turnover intention. The level of significance was accepted at $p < .05$.

Results

Presented in Table 1 is the profile of the participants in this study. There was a total of 385 nurse participants with a mean age of 32.65 years old ($SD = 7.73$). Most of the nurses are females (84%), married (51%), and have completed BS Nursing degrees (96%). The nurses have been in active service within the past 7.94 years ($SD = 7.73$) and in full-time service (73%) in their present employment. Majority of these nurses (97%) are aware of the existing COVID-19 protocols. However, half or 194 nurses (50%) claimed to have no attendance to any COVID-19-related training.

Table 2 presents the key study variables' mean and standard deviation. Our findings suggest that the participants have a mod-

Table 1
Staff, Unit, and Hospital Characteristics (n = 385)

Characteristics	Categories	*M*	*SD*
Age (20–64)		32.65	7.73
Year in nursing profession		7.94	5.79
Year in present organization		5.58	5.05
		N	%
Gender	Male	61	15.8
	Female	324	84.2
Marital status	Married	198	51.4
	Unmarried	187	48.6
Education	BSN	370	96.1
	MA/MS	15	3.9
Job status	Full-time	282	73.2
	Part-time	103	26.8
Attendance to COVID-19 training	Yes	191	49.6
	No	194	50.4
Awareness of existing protocol related to COVID-19	Yes	374	97.1
	No	11	2.9

Note. BSN = bachelor of science in nursing; MA = master of arts; MS = master of science.

Table 2
Descriptive Statistics of the Key Study Variables

Scale/Subscale	*N*	Min	Max	*M*	*SD*
Fear COVID-19	385	7.00	35.00	19.92	5.25
Job satisfaction	385	1.00	5.00	3.22	1.09
Job stress	385	1.00	5.00	3.05	0.77
Organizational turnover intention	385	1.00	5.00	2.82	1.21
Professional turnover intention	385	1.00	5.00	2.87	1.19
Health	385	1.00	5.00	3.38	0.87

erate to high fear of COVID-19 based on the mean score above midpoint ($M = 19.92$, $SD = 5.25$). Hence, Hypothesis 1 of this study is supported.

Despite their fears, nurses display a moderate level of job satisfaction ($M = 3.22$, $SD = 1.09$). The high mean scores suggest that there is a presence of work-related distress ($M = 3.05$, $SD = 0.77$), organizational turnover intention ($M = 2.82$, $SD = 1.21$), and professional turnover intention ($M = 2.87$, $SD = 1.19$) among the participants. In terms of health, the participants had a composite mean score of 3.38 ($SD = 0.87$), suggesting they are in adequate health conditions.

Bivariate analysis was used to examine the correlations between the nurses' profiles, fear of COVID-19, and job stress and the nurses' turnover intentions (Table 3). Results revealed that gender is significantly correlated with fear of COVID-19, $t = -2.11$, $p = .036$, depicting females to be generally more affected by it as compared with males. Moreover, factors such as job stress, $r = .35$, $p = .001$, organizational turnover intentions, $r = .24$, $p = .001$, and professional turnover intentions, $r = .23$, $p = .001$, are correlated to the nurses' fear of COVID-19.

Table 4 presents the findings of the multivariate analysis of the key variables of this study. Results showed that nurses who fear COVID-19 are more likely to report work-related stress and turnover intentions (organizational and professional). After controlling the nurses' profile variables (age, marital status, education, year in nursing, year in the organization, and job status), an increased level of fear of COVID-19 is associated with increased job stress ($\beta = 0.35$, $p = .001$), as well as increased organizational ($\beta = 0.24$, $p = .001$) and professional ($\beta = 0.23$, $p = .001$) turnover intentions. Therefore, Hypotheses 2 and 3 of this study are supported.

Discussion

The authors believe that this is the first study to investigate the welfare of nurses deployed in a community setting. This study's primary goal was to assess the fear of COVID-19 and its influence on their work-related stress and turnover intentions among nurses assigned to care and manage COVID-19 patients outside the hospital setting. Our results revealed that community nurses are relatively young and have been in government service since the onset of their professional careers. The unparalleled health crisis caused by this pandemic created a conundrum of anxiety and psychological distress, especially among nurses, in both hospital and community settings.

The COVID-19 pandemic caused a great deal of fear for nurses in various countries, including China (Hu et al., 2020), Taiwan (Feng et

Table 3
Correlations Between Key Study Variables

Variable	Categories	*M*	*SD*	Test statistics	*p* value	Cohen's *d*
Gender[a]	Male	18.62	5.72	−2.11	0.036	0.29
	Female	20.16	5.13			
Marital status[a]	Married	20.32	5.03	1.57	0.116	0.16
	Unmarried	19.48	5.45			
Education[b]	BSN	19.97	5.27	1.04	0.298	0.27
	MA/MS	18.53	4.58			
Job status[a]	Full-time	19.82	5.43	−0.59	0.551	0.06
	Part-time	20.18	4.74			
Attendance to COVID-19 trainings[a]	Yes	19.99	5.14	0.27	0.781	0.02
	No	19.84	5.37			
Awareness of existing protocol related to COVID-19[a]	Yes	19.86	5.25	−1.18	0.263	0.35
	No	21.72	5.14			
Age[c]				0.01	0.789	
Year in nursing profession[c]				0.01	0.738	
Year in present organization[c]				0.01	0.832	
Job satisfaction				0.05	0.250	
Job stress[c]				0.35	0.001	
Organizational turnover intention[c]				0.24	0.001	
Professional turnover intention[a]				0.23	0.001	
Health				−0.07	0.140	

Note. BSN = bachelor of science in nursing; MA = master of arts; MS = master of science.
[a] The *t* test for independent group. [b] Analysis of variance. [c] Pearson *r* correlation.

Table 4
Influence of Fear of COVID-19 on Nurse's Job Satisfaction, Job Stress, Organizational Turnover Intention, and Professional Turnover Intention

		Model 1				
Independent variable	Dependent variables	B	*SE*	β	*t*	CI
Fear of COVID-19	Job stress	0.20	0.00	0.35	7.37*	[0.15, 0.26]
	Organizational turnover intention	0.05	0.01	0.24	4.86*	[0.03, 0.07]
	Professional turnover intention	0.05	0.01	0.23	4.72*	[0.03, 0.07]

Note CI = confidence interval. The data are expressed controlling for nurse characteristics (age, year in nursing, year in the organization, marital status, education, and job status).
* $p < .001$.

al., 2020), Italy (Bagnasco et al., 2020), Singapore, and India (Chew et al., 2020), and, in particular, the community nurses in the Philippines. Nurses in the field display moderate fear of COVID-19 even when caring for asymptomatic to mild cases. This suggests that fear of COVID-19 is universal to all nurses. Studies have also presented that hospital nurses on COVID-19 care reported to be afraid mostly of the fear of transmission and the consequences of inflicting it on their patients (Apisarnthanarak et al., 2020; Sun et al., 2020). This supports the report that all health workers, especially nurses at the forefront of this difficult time, are challenged regardless of their institutional setting (Boyraz & Legros, 2020; Jackson et al., 2020). The rapidly increasing number of COVID-19 cases from local returnees coming from endemic areas, as well as the regularly changing quarantine protocols, lack of established health information, longer work hours, laborious contact tracing, and depleted supplies of personal protective equipment, physically and emotionally exhaust community nurses, increasing their fear of contracting COVID-19. To a greater extent, these nurses in the Philippines also share the burden with other human resource workers in a multisectoral approach to control community outbreaks in the country (Humanitarian Country Team in the Philippines, UN Office of the Coordination of Humanitarian Affairs, 2020). This fear of COVID-19 may also be attributed to the lack of COVID-19-related training to half of these nurses despite the high awareness of the existing protocols in their work stations.

Further, our findings suggest that females are more fearful of this pandemic than male nurses; perhaps, this may be due to the higher number of female participants in the study. Nevertheless, this finding is similar to other studies reporting a correlation between the female gender and the fear of COVID-19 (Lai et al., 2020; Mazza et al., 2020). In addition, our finding is related to reports that found that female nurses tend to be extra cautious with infection control practices, especially when caring for patients with infectious disease, because of perceived vulnerability to infection and as a precaution to avoid infecting their families (Efstathiou et al., 2011; Jackson et al., 2020; Russell et al., 2018).

Similarly, nurses deployed in the community reported high job stress. The scarcity of literature on nurses in the community setting in the time of COVID-19 hinders us from comparing our findings. Nonetheless, stress is common among nurses caring for COVID-19 patients, such that in the case of community nurses in this study, anxiety, fear of getting infected, and social isolation are the dominant psychological stressors. Meanwhile, nurses in a hospital setting are distraught psychologically and manifest symptoms such as loss of appetite, sleep disturbances, nervousness, and suicidal ideation, especially in critical care units (Shen et al., 2020). Also, there is a higher perception of perceived stress and depression observed among those working in respiratory medicine departments (Ma et al., 2020). On the other hand, emergency nurses exhibit depressive symptoms and posttraumatic stress disorder (Song et al., 2020). Moreover, one study found that psychological distress is evident to both ordinary nurses and advanced practice providers (Shechter et al., 2020). This suggests that regardless of their workstations or expertise, nurses are vulnerable to the psychological implications of COVID-19—such as in the case of the community nurses in this study. Notwithstanding the fact that data were collected after the nurses' psychological first aid session, the magnanimity of COVID-19 threat disposes the community nurses to fear and distress.

Our results also revealed that nurses in a community setting show a moderate level of job satisfaction, perhaps because they are less stressed than nurses in hospitals' acute and critical care areas specializing in COVID-19 cases. Compared with nurses in community settings, hospital nurses encounter more stressful work situations because of the high demand for nursing care. The literature revealed that workload is the primary stressor that influences nurses' job satisfaction (Bautista et al., 2020; Lu et al., 2019). In the case of the community nurses in this study, the moderate level of job satisfaction may be attributed to their perceived better health conditions. This is similar to the study of Zhang et al. (2020) in Iran, who found that better physical health conditions influence job satisfaction in health care personnel despite the odds of a risky work environment.

Additionally, there is job satisfaction among nurses in the community because they can function in their nursing roles, especially in these unconventional times. Nurses choose to face the adversities of COVID-19 because they can personify the value of altruism and teamwork attached to their jobs as care providers (Sun et al., 2020). The literature revealed that nurses tend to be work-excited and highly committed to their work, especially when they are professionally challenged (Chang et al., 2019). Nurses display more dedication to their professional duties at their expense in times of pandemic (Fernandez et al., 2020), as projected by these nurses in the community.

Moreover, our results suggest that despite their job satisfaction, community nurses are not married to their jobs during this pandemic. Our findings indicate that these nurses would still prefer to leave their jobs and shift to another career. This contrasts with other studies that discussed how job satisfaction negatively influences turnover intention (Labrague et al., 2020; Li, Li et al., 2019). Our findings are similar to Jung et al. (2020), who found high turnover intentions among nurses caring for patients in infectious disease outbreaks.

COVID-19, as a highly contagious and pathogenic disease, has taken the lives of thousands, and health care providers could be discouraged by the risk to their lives. Although it is true that the need for nurses at these times has never been higher, the novelty and the enormous ramifications of COVID-19 force these nurses to consider leaving their jobs and shifting to another means of living.

The correlations observed in this study could have been covariates of an unknown variable such as the case of the nurses' personal anxiety. This trait could reasonably predict both fear of COVID-19 and intention to leave the organization they are in, as well as their profession as nurses. When we analyzed further using regression analyses, it revealed that the nurses' fear of COVID-19 is related to their distressed disposition and turnover intentions. This finding is similar to the mounting studies associating COVID-19 to nurses' psychological distress (Chew et al., 2020; Fernandez et al., 2020; Shechter et al., 2020). The fear of COVID-19 has brought enormous stress and psychological distress to the nurses, influencing their high turnover intentions. Currently, there are reports presenting the influence of fear of COVID-19 on the nurse's intention to quit their jobs and their profession (Irshad et al., 2020; Labrague & De los Santos, 2020b). Likewise, the findings of this study relate to previous studies discussing how burnout, moral distress (Hatamizadeh et al., 2019), job demands (Boudrias et al., 2020), and work pressure influence turnover intention and work engagement among nurses in the community (Li, Zhang, et al., 2019).

The pandemic has undeniably challenged the roles of nurses. The real scenario at present is that nurses, including those in community settings, are placed in a dilemma of whether to protect and save patients or preserve themselves for their families and loved ones who are also depending on them. The vulnerability of life outweighs the call of duty in these desperate times, considering that nurses, too, have families and loved ones waiting for their safe return from the battlefield with this unseen yet deadly virus. Despite this threat and the psychological distress, nurses continue to function and fulfill their professional tasks in caring deserved by their patients and communities.

Implications for Nursing Practice

This study was able to find that nurses even when caring for mild and asymptomatic COVID-19 cases perceived by many as something that is as simple as it is, experience fear and distraught. The fear these nurses experience is enough to make them uneasy and anxious to the point of thinking about quitting their post and even their profession as nurses. This suggests that nurses whether caring for critical patients in the hospital or those assigned in community setting needs equal attention in being provided with psychological and emotional support.

Community nurses facing persons who may be COVID-19 positive when doing contact tracing and specimen collection are facing a risk on their end, which may be attributed to their anxiety or fear of viral transmission. Consequently, these nurses need attention and aid from nurse administrators and other executives in the health sector. To provide nurses with assurance, comfort, and mental health, there is a need to increase capacity building to boost issues on caring and patient management incapacity, institute psychological support services, and stress reduction. For instance, the provision of enough personnel protective equipment and testing for COVID-19 exposure is one strategy that can be followed to mitigate feelings of fear and anxiety among these nurses (Zhang et al., 2020). Studies also suggest physical exercise can help (Shechter et al., 2020).

However, these strategies should be initiated by colleagues outside the COVID-19 areas to drive more energy and enthusiasm to these already psychologically disturbed nurses. There is a need for a collective effort to provide all the support possible to increase the psychological well-being of nurses on the front line. Additionally, providing their basic needs of health safety during isolation and quarantine and implementing more rest and relaxation activities are strategies that organizations can consider to reduce the worries, anxieties, and fears of these nurses. In this time where social isolation is the new normal, online support through telehealth is imperative to provide psychological support to these nurses, especially when face-to face is not possible (Zaka et al., 2020; Zhou et al., 2020). These are just few of the strategies currently being implemented by organizations in different countries. Ultimately, it is also a priority to ascertain and explore the real causes of fear and work-related distress to address these issues better and avoid turnover intention.

Limitations of the Study

This study is not without limitations. First the design used a cross-sectional approach and therefore cannot establish causality. Second, the use of self-report questionnaires may have created response biases. Third, we gathered participants in one province in the country; hence, the study does not intend to establish generalizability. The construct of fear can be best assessed using a qualitative design to provide a more in-depth understanding of the nurses' experience in the light of COVID-19.

Conclusion

This study revealed that community nurses share the same experience of fear of COVID-19, similar to nurses working in a hospital setting, with female nurses appearing to be more fearful than male nurses. Further, we conclude that with increased fear of COVID-19, the nurses' job stress, as well as their organizational and professional turnover intentions, increases. Nurse leaders and organizations must assess these nurses' needs and initiate measures to provide the necessary psychological support to these nurses on the front line.

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