Work Stress Due to Covid-19 Among Nurses, Work Satisfaction and Work Performance: A Cross-Sectional Study, Pokhara, Nepal

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Abstract

This study examines the impact of work-stress caused due to Covid among nurses on their work satisfaction and work performance. Even today, if we look for studies regarding the nurse's stress, satisfaction and performance after covid we will not find a single article which indicates the lagging of doing situational research. To address this gap, the study adopts a quantitative research methodology, utilizing structured survey administered to nurses from various covid hospitals. A sample of 160 nurses from 6 hospitals was selected through non-probability sampling. Data are analyzed using statistical techniques, including correlation analysis, multiple regression, and hypothesis testing. The findings revealed existence of high stress (63.1%), low satisfaction (74.4%) and low performance (58.8%) among working nurses. Further, correlation analysis revealed negative relation among stress, satisfaction and performance. Multiple regression Analysis showed significant association between stress and satisfaction ($p<0.01$) and stress and performance($p<0.01$). Additionally, significantly positive relationship was revealed between the performance and satisfaction and satisfaction and performance. This research contributes empirical evidence to the growing body of literature on HRM and will provide a much-needed understanding of the different variables and their interactions in the Nepalese context, which will eventually help to inform decision-making regarding hospital management policies.

Keywords: Covid 19, Job Performance, Job Satisfaction, Job Stress

Background

In no time, Covid, a pneumonia-like disease from China, became one of the most sensational diseases in the world. Based on data from WHO, globally, there's the confirmation of 281,808,270 cases and 5,411,759 deaths during the peak period of Corona (WHO, 2021). The virus spread quickly and widely due to the ease of travel in today's globalized world and the high level of population density in some areas. It became difficult to contain due to the virus's ability to spread from person to person before any symptoms are present. As of November 2020, about 4958 health personnel in Nepal were infected with Covid 19. Nurses worked as the front-line health professionals of the Covid 19 pandemic, and their mental well-being has been negatively impacted by their excessive workloads, the ever-changing protocols, and the fear of contracting the virus themselves. Nurses' lives were made more difficult by the lack of medication and the uncertainty around illness, which disrupted their emotional, social, and familial well-being (Panta & Panta, 2022).

In the fight against this newly discovered virus, nurses were the most important human resource in any healthcare system. In order to function at optimum level, one's mental well-being is very crucial. But the introduction of Covid 19 has had a bad impacts on psychological aspect of nurses (Catton, 2020). Shrestha et al. (2023) suggested nurses at tertiary care hospitals showed moderate to high levels of compassion satisfaction. Even with moderate to low levels of burnout and secondary traumatic stress, these problems must be addressed since they can result in medical errors and lower patient care standards. Health and work performance of an individual have positive relationship with each other. We cannot deny the fact that one's work quality life and work satisfaction are impacted by stress and fear (Maslakçıa, Sürücüb, & Sesenc, 2021). And such state of fear and tension creates huge impact on their performance (Khanal et al.,

2020) also, there's strong correlation between satisfaction and performance according to (Petty et al., 1984). Stress affecting job satisfaction and performance as a whole is not just in health care but in various fields like bank sector too. One of the studies by (Dhungana, et al., 2025) , employees turnover is found to be significantly influenced by occupational stress, which is caused by excessive workloads, role ambiguity, work-life balance, and a bad organizational culture.

Nurses' work stress is not just their issue; it is also an important hurdle for the organization because employee performance, which is the foundation of an institution's performance, is significantly affected by the employee's mental health and level of satisfaction with their work. (Khanal et al., 2020) (Labrague & Santos, 2020) (Petty et al., 1984) are few examples of the studies that have been done since the outbreak of Covid. Other hundreds have been undertaken and published for the similar purposes. There may be a few studies conducted outside of Nepal, but none have looked at how the emotional effects of the pandemic impact nurses' ability to do their duties. It is vital to determine if a nurse's job stress causes a drop in job satisfaction, which in turn affects their ability to perform at work, as fear and the increased stress it causes have the potential to have long lasting effects on both.

80% of services even today in most of the countries are all delivered by nurses making them the most crucial aspect in health care industry. By recognizing and addressing the various challenges that nurses face, health care organizations should ensure that nurses have the tools they need to perform their jobs effectively while providing quality care to their patients and also the authority must be well supportive and reactive towards their mental state, level of satisfaction they are getting from their work and performance (KC et al.,2025). The study's fundamental objective is to investigate how Covid 19-related work stress affects nurses' job satisfaction and job performance.

Research Objectives

The study's fundamental objective is to investigate how Covid 19-related work stress affects nurses' job satisfaction and performance. The study's particular objectives are as follows:

- Examine nurses' work-related stress caused by COVID-19
- To look into the relationship between stress at work and job satisfaction
- Analyze the relationship between job stress and performance.
- Examine the relationship between job satisfaction and performance

Literature Review

Theoretical Review

The scientific literature contains a number of important contemporary theories that have aided in delineating the origins and processes of work-related stress. According to the P-E fit theory, a person's talents, resources, and abilities may not match the demands of their job, which might lead to stress. This mismatch can cause people to feel overwhelmed and inability to abut the demands of their job, resulting stress. Furthermore, the mismatch can also lead to lower job satisfaction and performance. Fit's basic tenet is that certain people are more naturally adapted to some situations than others based on their characteristics. A person's functioning inside an organization can be improved if the person and environment are a good match; nevertheless, the person may have adjustment issues, that could create problem on both the P and E side (Cooman & Vleugels, 2022)

Various complex variables have been considered while studying job satisfaction. More than 74 years ago, in 1943, Abraham Maslow highlighted his hierarchical theory of five essential needs. The idea gained popularity throughout time (Maslow, 1943). His major argument is that when more basic and simple demands are fulfilled, those that are still unsatisfied go further down the value chain. Physiological needs, safety and security needs, love and belonging needs, status

and prestige needs, and actualization needs are the 5 need sets given in chronological order. Humans work hard to fulfill these desires. Demands rise with development of people and societies. As a person or community develops, their needs change, whereas the opposite leads to a decline in need fulfillment desire. Maslow makes the case that when an individual progresses in life, his wants change, and if he cannot fulfill these demands, he will basically be unhappy even if he is otherwise comfortable.

Talking about another famous theory i.e., Herzberg's Two-Factor theory of motivation. Herzberg argued that, some job factors result in satisfaction while others armor staffs against dissatisfaction. In Herzberg's study, these factors were divided into two groups: hygiene factors and motivational factors, hygiene factors refer factors which, when appropriate or reasonable in a job, calm employees and prevent employee dissatisfaction which includes salary, benefits, physical working conditions, relation and job security. Motivational factors are the ones which produces satisfaction. These elements drive workers to deliver outstanding performance. It includes recognition, responsibility, sense of achievement, growth opportunity and so on (Herzbeg, 1966).

One of the earliest frameworks to comprehend individual performance at work was the Campbell model, which later gained significant popularity (Curral, 1999). "Performance is divided into eight categories in this model: (1) job-specific task competency, (2) non-job-specific task competency, (3) written and oral communication proficiency, (4) effort demonstration, (5) upholding personal discipline, (6) facilitating peer and team performance, (7) supervision/leadership, and (8) management/administration." Each of these elements in turn consists of a number of subfactors that can alter depending on the job." Declarative knowledge, procedural knowledge and skills, and motivation" are the three direct determinants listed by Campbell as affecting the performance components. These

three factors are predicted by indirect determinants such as "aptitude-treatment interactions, ability, personality, interests, education, training, and experience".

Greater difficulty was found by Brayfield and Crockett in establishing relation between job performance and satisfaction by the straightforward application of the hedonistic principle. They proposed that there might be a concurrent rather than a causal relation between these two. In addition, when productivity is seen as a means of achieving particular significant goals and when those goals are attained, one "... would expect great happiness and high production to occur simultaneously. In other circumstances, contentment and output might not be associated at all or even be adversely related (Brayfield, 1955).

Empirical Review

Santos and Labrague (2021) conducted a study to examine Covid's fear impact on job stress and turnover among nurses. Self-report questionnaires were employed in this descriptive cross-sectional design study. The moderate fear of COVID-19 that field nurses have was present even while treating asymptomatic to mild cases. Also, occupational stress was observed by nurses stationed in the community. Additionally, those who work in respiratory medicine departments are more likely to report feeling depressed and under stress. On the other side, emergency nurses display signs of posttraumatic stress disorder and depression.

H1: Covid 19 leads to work stress.

Similarly, a study was conducted to evaluate how the pandemic affected the occupational satisfaction of nursing personnel in five different European nations. 1,012 professionally engaged nurses participated in the cross-sectional online study, where they evaluated their job satisfaction before and during the epidemic. Due to having to execute the work during the SARS-CoV-2 pandemic, the results

revealed a considerable decline in job satisfaction. In 8 of the 10 job satisfaction measures that were examined, there was a statistically significant decline in job satisfaction at the level of p 0.05. Based on the evaluation of working conditions, there was the greatest decline in job satisfaction among the factors analyzed. A high degree of job satisfaction among nurses significantly influences their ability to deliver better patient care and lowers their risk of developing professional burnout (Dawid et al., 2022)

H2: Work satisfaction is significantly impacted by stress.

H3: Work performance is significantly impacted by stress.

Performance of a person and that of an organization with a high number of employees might be affected by JS. JS will be able to get more from them than from organizations where employees are less content with their jobs in terms of performance. (Karem et al., 2019) conducted research to find out the association between satisfaction from job, commitment towards organization and job performance which concluded that performance is significantly and positively affected by satisfaction of nurses. The study was done at Ibn al-Athir Hospital. According to their findings, job satisfaction and organizational dedication are crucial factors in helping nurses perform better. By paying them well, enhancing the promotion system, and improving working circumstances, the hospital might increase the nurse's performance by JS.

The major goal of the research by (Yáñez-Araque et al., 2021) was to examine how leadership, work satisfaction, dedication, and job environment interact to produce a high level of performance from healthcare workers. To achieve this, a fsQCA was conducted, which is a suitable method for determining the joint causal impacts of important human resource factors to guarantee a high level of job performance in health institutions. The findings demonstrate that strong job

performance is a result of strong leadership, dedication, and a positive work environment.

(AbuAlRub & Al-Zaru, 2016) investigate: correlations between workplace stress, acknowledgment of nurses' performance, job performance, and intention to remain; and the mitigating impact of staff performance recognition on the link between "stress-intention to stay at work." The study's sample was chosen for convenience. 206 Jordanian staff nurses participated in it and answered a formal questionnaire. Recognition of nurses' performance had a direct and a reducing impact on workplace stress and the degree of intention to stay at work, according to the study's findings. The study's findings demonstrated the value of commending both accomplishments and exceptional performance.

H4: There is positive and significant relationship between job satisfaction and job performance.

Based on the above literature, the following conceptual framework is developed to investigate the relation between the variables.

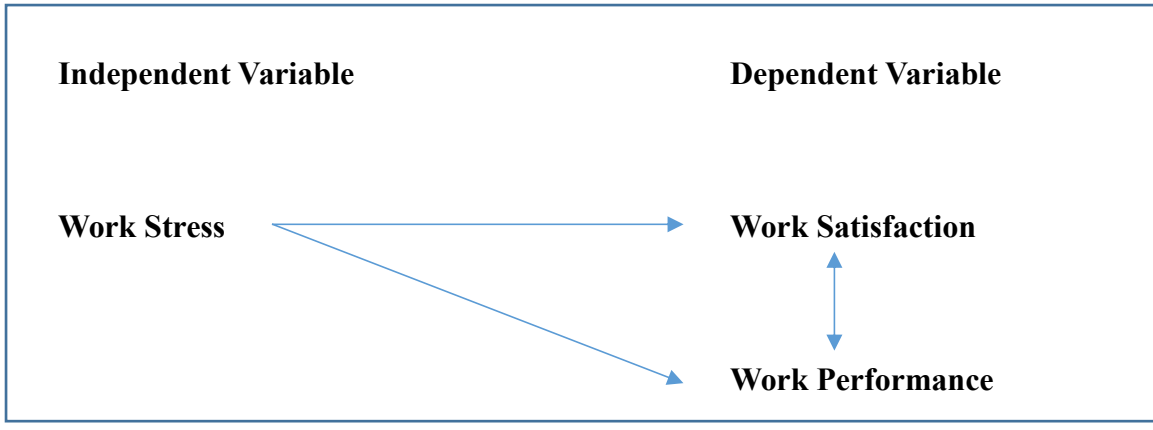

Figure 1: *Conceptual Framework of the study (developed by the authors,2022)*

Research Method

This cross-sectional study was conducted on a target population consisting of nurses who cared for COVID-19 patients in ICUs, NICUs, covid separate departments, infectious illness wards, surgery and emergency rooms. The qualified nurses were chosen through census sampling from those employed in major hospitals of Pokhara Metropolitan City who had excessive numbers of patients during peak time of Covid. Major six hospitals were selected for the study and these are the ones who were referred as referral hospitals for Covid with emergency rooms, infectious disease wards, and intensive care units (ICUs) earmarked for their admission. Most of the nurses who were functional during that time had gone abroad for further opportunities.

A total 160 nurses were still there who worked in these 6 hospitals during that peak period of covid. Based on the inclusion criteria, a total of 160 nurses were selected by census and non-probability sampling. The following criteria were needed for inclusion: (a) interested to take part in the study; (b) a history of treating COVID-19 patients in a clinical setting for at least three months; and (c) clinical work experience for more than six months. The exclusion criteria were: (a) the nurses' refusal to continue participating in the study and answering the questionnaires; (b) nurses who are freshers to the hospital.

While conducting the research potential ethical issues were recognized and considered. Approval from each hospital and nursing head was taken before starting the data collection. The potential participants heard the lead researcher describe the study's objectives, and the research team responded to any queries the audience might have had. The nurses who were interested in taking part in the study then completed the questionnaires and signed a consent form. The use and

disclosure of the collected data were assured to be anonymous and confidential. No single person was forced to participate in the study.

Data were collected using 4 questionnaires, including

1. Demographics: Age, gender, education, occupation, and marital status are just a few of the demographic questions included in the first section of the questionnaire. This section of the questionnaire was used to analyze the respondents in a descriptive manner.

2. Job related Stress: The second section of the survey will inquire about the stressors and the stress scale. Here, each statement is measured in 5-point Likert scale of which "0 = never exposed, 1= never stressful, 2= occasionally stressful 3= frequently stressful and 4= extremely stressful." For this section, Nursing Stress Scale (NSS) was taken as reference.

3. Job Satisfaction: This section of the questionnaire dealt with the satisfaction and the factors related. Similar to section 2, statements were measured in Likert Scale of 5 points of which "5= very satisfied, 4= moderately satisfied, 3 = neither satisfied nor dissatisfied, 2= moderately dissatisfied and 1= very dissatisfied." McCloskey/Mueller Satisfaction Scale (MMSS) was taken as reference for this part.

4. Performance: This part of the question was solely for finding out about the performance of the nurses. Similar to above sections, this section also follows Likert scale of which "1= never, 2= occasionally, 3= frequently and 4= often." Individual work place performance questionnaire is taken as reference.

Data Analysis

After receiving all of the respondents completed questionnaires, the quantitative data was collected by questionnaire, evaluated, and presented in the appropriate

tables. In order to quantify the impact of stress on satisfaction and performance, this study made use of a variety of statistical tools, including frequencies, percentages, mean, median, correlation, and regression. In order to evaluate the direction and strength of the association between two variables, Pearson correlation was used. To examine the association between variables, regression analysis was carried out. The demographic factors had been identified using a frequency table with percentages. To ascertain how independent variables affect dependent variables, regression analysis was utilized. The average scores were also calculated using a Microsoft Excel sheet, which is also used to create the necessary tables and for the data collection process. Microsoft Excel and the Statistical Package for the Social Sciences (SPSS) were used to collect and process the data. following the analysis.

Results and Discussions

Demographic Condition

Table 1

Demographic Profile

Participant's Profile	**Frequency**	**Percentage**
Age		
18-24	96	60.0
25-36	56	35.0
37-48	8	5.0
Total	**160**	**100**
Gender		

Female	160	100
Marital Status		
Married	43	26.9
Unmarried	117	73.1
Total	**160**	**100**
Parental Status		
Yes	25	15.6
No	18	41.8
Total		
Education		
PCL Nursing	72	45
BSC Nursing	37	23.1
BN Nursing	51	31.9
Total	**160**	**100**

Table 2

Work-related Profile

Participant's Profile	**Frequency**	**Percentage**
Working Department		
Covid	41	25.6

Dialysis	18	11.3
Emergency	17	10.6
General	8	5
ICU	31	19.4
Medicine	14	8.8
OT	17	10.6
Surgery	14	8.8
Total	**160**	**100**
Working experience		
1-2 years	99	61.9
3-4 years	43	26.9
5-6 years	2	1.3
Above	16	10
Total	**160**	**100**
Working Hours		
Below 48 hours	33	20.6
48 hours	66	41.3
Above 48 hours	61	38.1
Total	**160**	**100**
Night duties per week		
1-3 days	143	89.4
4-6 days	17	10.6
Total	**160**	**100**
Shortage of PPE		
Experienced	128	80
Did not experience	32	20

Total	**160**	**100**
Type of Exposure to Covid 19		
patients who tested positive	96	60
patients who might be positive	62	38.8
patients without covid 19	2	1.3
Total	**160**	**100**
Experienced Social Stigma		
Yes	138	86.3
No	22	13.8
Total	**160**	**100**

The demographic profile of 160 nurses is given in the below table 1. The majority of the participants belong to age group 18-24, maximum is unmarried. PCL nurses are highest in number followed by BN. The Table 2 shows all the work-related information of the study participants. These covers working department, working experience, working hours.

Stress:

Upon getting the data related to stress scales and analyzing, among 160 nurses, 101 were found to be highly stressed.

Table 3

Descriptive Table and One-Sample t-Test of Responses on Stress Scale

Stress Scales	Mean	Sd. deviation	t	p
Death of a patient	3.07	1.15	11.756	.000
Watching patient suffer	3.38	0.931	18.771	.000

Making decision without physician	2.72	1.197	7.660	.000
No answer for patient	2.79	1.065	9.431	.000
Unprepared to help patients and their family with emotional needs	2.76	1.006	9.586	.000
Difficulty with other nurse in immediate work setting	2.28	1.023	3.478	.001
Lack of support from immediate supervisors	2.76	1.006	9.586	.000
Not enough staff	3.32	0.886	18.833	.000
Having to work through breaks	3.39	0.761	23.152	.000
Uncertainty about treatments	3.17	0.979	15.098	.000
Being exposed to hazards	3.48	0.904	20.726	.000

Here, the table 3 analysis shows the nurse's overall mean score for the stress subscales (S1, S2, S3, S4, S5, S6, S7, S8 ,S9 ,S10 ,S11) that relates to the first hypothesis. Mean of all the subscales are above scale midpoint 2 which indicates nurses/ participants responses are all towards extremely stressful.

In terms of work satisfaction related questions, 10 items on a five-point Likert scales were given to the nurses, among which, salary was the major cause of dissatisfaction followed by benefits they get from the hospitals. Upon analyzing the data, the mean satisfaction score in the study was 1.41 (SD 0.738). among 160 nurse's majority i.e., 119 have low satisfaction level, 17 have a moderate and 24 have a high satisfaction level.

Satisfaction:

Table 4

Descriptive Table and One-sample T-test of Responses on Satisfaction Scales

Satisfaction Scales	Mean	Standard Deviation	T	p
Salary (Sa1)	1.41	0.827	-24.278	0.000
Benefit packages (insurance, incentives...) (Sa2)	1.61	1.116	-15.728	0.000
Physicians you work with (Sa3)	2.33	0.942	-9.064	0.000
Nursing peers (Sa4)	2.73	0.99	-3.513	0.001
Flexibility in scheduling your hours (Sa5)	2.41	0.96	-7.822	0.000
Working hours (Sa6)	2.37	1.007	-7.929	0.000
Opportunities for career development (Sa7)	1.96	1.084	-12.184	0.000
Recognition and rewards from your superiors (Sa8)	2.07	1.188	-9.919	0.000
Your control over work condition (Sa9)	1.97	1.141	-11.437	0.000
Your amount of responsibility in decision making (Sa10)	2.1	1.177	-9.669	0.000

Test value: 3

Here, the table 4.8 analysis shows the nurse's overall mean score for the satisfaction subscales (Sa1, Sa2, Sa3, Sa4, Sa5, Sa6, Sa7, Sa8, Sa9, Sa10) that relates to the second hypothesis. Mean of all the satisfaction subscales are below 3 (neutral) which indicates nurses/ participants responses are all towards dissatisfaction. Also, the standard deviation indicates little dispersion. Further, in order to confirm these findings, one sample T test was used which showed that the total mean differences for all these subscales was statistically significant at 0.01 level.

Stress and Satisfaction:

Table 5

Correlation between Stress and Satisfaction

	Stress	Satisfaction	Significance
Stress	1	-0.596**	0.00
Satisfaction	-0.596**	1	0.00

According to the results of the correlation analysis, there is a significantly inverse relationship between satisfaction and stress. That means the rise in stress leads to decline in satisfaction level of nurses. Additionally, the significance of 0.000 indicates that the association is significant at the 0.01 level.

Therefore, the alternative hypothesis, which states that stress has a significant impact on nurse's job satisfaction is accepted, rejecting null hypothesis.

H2: Work Satisfaction is significantly impacted by work stress.

Performance:

Upon analysing the data gathered through 5-point likert5 system in an 11-item questionnaire, 94 nurses seem to have low performance, 54 had moderate and only 12 had high performance. The mean performance score in the study was 1.49 (SD 0.634).

Table 6

Descriptive Table and One-Sample T-Test of Responses on Performance Scales

Performance Scales	Mean	Std. Deviation	t	p
P1	1.74	0.765	-4.342	0.000**
P2	1.86	0.858	-2.028	0.044*
P3	2.01	0.805	0.98	0.922
P4	1.95	0.83	-0.762	0.447
P5	1.8	0.751	-3.370	0.001**
P6	1.83	0.74	-2.991	0.003**
P7	1.92	0.749	-1.282	0.202
P8	1.92	0.74	-1.282	0.202
P9	1.74	0.773	-4.296	0.000**
P10	1.71	0.851	-4.365	0.000**
P11	1.7	0.83	-4.571	0.000**

*Significant at 0.05 ** significant at 0.01

The table given above shows the overall mean score for the performance subscales (P1, P2, P3, P4, P5, P6, P7, P8, P9, P10 and P11) that related to third hypothesis. The mean of all these subscales is below 2 which is the test value. This indicates that performance of nurses is towards negative levels which also refers to low performance.

Additionally, one sample t test finding demonstrated that the total mean differences for the majority of subscales was statistically significant which also supports the hypothesis. Subscales P1, P8, P9, P10, P5 and P6 shows significant level at 0.01 whereas P2 at 0.05 level.

Stress and Performance:

Table 7

Correlation between Stress and Performance

	Stress	Performance	Significance
Stress	1	-.243**	0.002
Performance	-.243**	1	0.002

Table 7 shows the negative / inverse relationship between stress and performance which indicates when stress on nurses is high, their performance becomes low. 24.3 % of decline in performance of nurses is caused due to stress on them. Further, the relation is significant at the level of 0.01 (p value= 0.002). Hence, the alternative hypothesis which is stress is significantly associated with performance is accepted by rejecting the null hypothesis

H3: Work Performance is significantly impacted by work stress.

Work Satisfaction and Work Performance4:

This final analysis is done between satisfaction and performance which are dependent variables. In order to accomplish the last hypothesis this analysis is done. At first, satisfaction has been kept as independent variable and performance as dependent variable and later vice versa.

Table 8

Model Summary of Satisfaction and Performance

R	R Square	Adjusted R Square	Std. Error of the Estimate
.378[a]	.143	.137	6.18157

As we can see in the above table, the variance in the independent variable accounts for 14.3% of the changes in the dependent variable.

Table 9

ANNOVA

		Sum of Squares	df	Mean Square	F	Sig.
ANNOVA	Regression	1003.470	1	1003.470	26.261	.000[b]
	Residual	6037.473	158	38.212		

Given that the p-value is less than 0.01 (Sig.=.000) in the table above, it can be shown that the model represents the data well. The null hypothesis claimed that there is no significant relationship between satisfaction and performance is disapproved. The alternative hypothesis that stated satisfaction and performance are significantly associated to each other has been accepted.

Table 10

Coefficients

	Unstandardized Coefficients		Standardized Coefficients		
	B	Std. Error	Beta	t	Sig.
(Constant)	24.099	1.436		16.782	.000
Satisfaction	.330	.064	.378	5.125	.000

a. Dependent Variable: Performance

From the coefficient table given above, every unit rise in satisfaction results in 0.330 times rise in performance of nurses. There is a positive correlation between these two variables which means increase in one variable leads to increase in dependent variable. The relation is significant at 0.01 level (p value 0.000).

Dependent variable: Satisfaction

Table 11

Model Summary of Performance and Satisfaction

R	R Square	Adjusted R Square	Std. Error of the Estimate
.396[a]	.157	.151	7.00505

The variance in performance accounts for 15.7% of changes in the satisfaction of nurses.

Table 12

ANNOVA

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1439.327	1	1439.327	29.332	.000[b]
	Residual	7753.167	158	49.071		
	Total	9192.494	159			

Given that the p-value is less than 0.01 (Sig.=.000) in the table above, it can be shown that the model well represents the data. The null hypothesis claimed that there is no remarkable relationship between performance and satisfaction is disapproved. Alternative hypothesis that stated performance and satisfaction are significantly associated to each other has been accepted.

Table 13

COEFFICIENTS

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	10.659	1.978		5.389	.000
	pp	.510	.094	.396	5.416	.000

From the coefficient table given above, every unit rise in performance results in 0.510 times rise in satisfaction of nurses. There is a positive correlation between

these two variables which means increase in one variable leads to increase in dependent variable. The relation is significant at p value 0.000.

H4: There is positive and significant relationship between satisfaction and performance.

The survey's findings indicate that there is a statistically significant association between stress created due to Covid among nurses and their job satisfaction. Majority of nurses agreed that they were very dissatisfied with their salary and benefits they get from their work place. Further, the result also showed that most of them are dissatisfied with their working physicians, scheduling of their working hours and total working hours. This is in line with (Mo, et al., 2020) , who noted that the COVID-19 situation is intensifying and that there are a rising number of confirmed and suspected patients in addition to a large workload. Additionally, dealing with death and dying, watching their patients suffering, inability to emotionally support their patients, and uncertainty regarding treatment are all triggering stressors. The following details may help to explain this: A dying COVID-19 patient will almost always see a nurse, not a family member, and this puts nurses under a lot of stress (Neto, et al., 2020)

As discussed above, stress creates range of situations that causes dissatisfaction. Similar is the case for performance. this research clearly shows that there is a significant negative relationship between stress and one's performance. Nurses agreed that they could barely manage time, set priorities, work efficiently, show enthusiasm for new and challenging tasks and all other subscales. The excess workload causing stress in them and all the factors related to working environment (working hours, schedule control and so on) are the major reasons that affects performance. This is in line with the study by (Ryusuke & Mahyuni,

2021) which also showed the negative relationship with each other. The increase workload creating stress in nurses had led to low performance.

As seen from the above analysis, this study claims that there is strong and positive relationship between job satisfaction and job performances of nurses. Happy and satisfied employee work harder and performs better. They are highly focused on improving their skills and knowledge which results in better performance. Factors like salary enhancement, better benefits, appropriate working hours, support and recognition from seniors, supportive nursing peers, flexible working schedule all are responsible for enhancing job satisfaction and hence the performance. The findings of this study are in support with (Luthans, 2011) . Further the output of this study is also supported by (Karem et al., 2019) who claimed that performance of a person and that of an organization with a high number of employees might be affected by JS.

Conclusion and Recommendation

From all the testing and analysis, this study showed remarkable association between stress, satisfaction and performances of nurses in hospitals of Pokhara Metropolitan City. As seen in the study 63.3% of nurses were extremely stressed, 74.4% of nurses showed dissatisfaction towards their job, 58.8 % had low performance. Almost all stressors or say stress subscales were responsible for inducing this result. Stress and satisfaction showed negative correlation so did stress and performance. Rise in stress among nurses' accounts for 59.6% dissatisfaction and 24.3% performance. And, in terms of satisfaction and performance, every unit rise in satisfaction lead to 33% enhancement in performances of nurses. It shows strong and positive correlation between them. The multiple regression analysis done between stress and satisfaction showed, stress factors account for 35.6% variance in satisfaction and 5.9% variance in

performance. And about satisfaction and performance, analysis showed that satisfaction results 14.3% changes in performance. Also, there exist positive relation between performance and satisfaction. Performance results in 15.7% change in satisfaction of nurses.

Hence, the hospital management should pay more attention to job satisfaction in order to improve performance and attain a high level of performance, which will result in improved patient care, in order to increase job happiness among hospital nurses. This can be achieved by providing better working conditions, appropriate salary and benefits, and a supportive work environment. Additionally, the hospital management should create opportunities for career development and professional growth for the nurses. Finally, recognition and appreciation for the hard work of the nurses should be a priority. Nurses that are happy in their jobs are thought to be capable of higher-level performance. Thus, hospital management should focus on reducing stress and increasing satisfaction and performance. This can be done by providing adequate staffing, support, and resources. It is also important to foster a culture of respect and collaboration among staff members. Finally, nurses should be given a sense of autonomy and control over their work.

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