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Perceived Need for and Expected Effectiveness of Psychological Support During the COVID-19 Pandemic Among Nurses and Midwives in Albania: A Post-Pandemic Cross-Sectional Survey

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Abstract

Background: Nurses and midwives experienced substantial psychological strain during the COVID-19 pandemic. Their own assessment of whether support was needed, and how effective it might have been, can inform workforce mental-health planning.

Objective: To estimate the retrospective perceived need for psychological support among nurses and midwives in Albania, describe the expected effectiveness of such support during the pandemic, and examine associations between the effectiveness score and selected emotional and demographic characteristics.

Methods: An analytical cross-sectional survey was conducted from March 2024 to May 2025 among 1,201 nurses and midwives employed in public healthcare institutions in Albania. The target workforce comprised 31,003 nurses and midwives. A structured anonymous questionnaire included a binary item on perceived need, a 1–10 item on the expected effectiveness of psychological support, and a separate study-specific 1–10 rating of negative emotional changes. Descriptive statistics, independent-samples t-tests, one-way analysis of variance, and Pearson correlation were used in available-case, unadjusted analyses.

Results: Among 1,187 respondents to the support item, 957 (80.6%) reported that psychological support would have been needed during the pandemic. Expected effectiveness was rated highly (median 9, interquartile range 4; observed

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range 1–10). Higher negative emotional change ratings were moderately associated with higher effectiveness ratings ($r=0.414$, $p<0.001$). Women reported higher mean effectiveness ratings than men (7.88 vs 7.15; $p=0.003$). Ratings also differed across age groups ($p<0.01$), with the highest unadjusted mean among participants aged 51–60 years (8.48).

Conclusion: A large majority retrospectively reported a need for psychological support and considered such support potentially effective. The findings support accessible, confidential, and sustained psychological support within occupational-health services, while longitudinal and adjusted analyses are needed before causal or predictive conclusions can be drawn.

Keywords: nurses; midwives; psychological support; COVID-19; occupational mental health; Albania

1. INTRODUCTION

Psychological health is an essential component of safe and sustainable healthcare. The World Health Organization (WHO) and the International Labour Organization recommend integrating mental-health promotion, prevention, and support into workplace policy rather than limiting these measures to crisis response (1,2). WHO has also emphasized a duty of care toward the mental health of health and care workers, whose well-being affects workforce retention, quality of care, and health-system resilience (3).

The COVID-19 pandemic exposed nurses and midwives to prolonged uncertainty, high workloads, infection risk, difficult clinical decisions, and repeated contact with distressed patients and families. A qualitative systematic review documented wide-ranging psychological effects and support needs among nurses during pandemics (4). European and international evidence further indicates that healthcare professionals experienced unmet psychosocial needs and did not always receive support that matched their preferences or working conditions (5,6).

Recent reviews show that psychological distress remained common among healthcare workers and that perceived need does not always translate into help-seeking (7,8). Evidence on resilience-building and mental-health interventions is promising, but programme content, accessibility, and implementation vary substantially (9,10). Professional guidance therefore supports workforce mental-health services that are confidential, acceptable, and adapted to nursing practice (11).

Evidence from Albania on nurses' and midwives' own perceptions of psychological-support needs is limited. Moreover, perceived need and perceived effectiveness are related but distinct: the first asks whether support was considered necessary, whereas the second asks how helpful that support was expected to be. This study therefore aimed to estimate the retrospective perceived need for psychological support among nurses and midwives in Albania, describe the expected effectiveness of such support during the COVID-19 pandemic, and examine associations between the effectiveness score and negative emotional changes, gender, and age.

2. MATERIALS AND METHODS

2.1. Study design and setting

An analytical cross-sectional survey was conducted in public university, regional, and municipal healthcare institutions across Albania. Data collection began after ethical approval on 18 March 2024 and continued through May 2025. Participants retrospectively reported experiences and perceptions related to the COVID-19 pandemic.

2.2. Study population and sample

The target population comprised 31,003 nurses and midwives. Eligible participants were nurses or midwives employed in participating public healthcare institutions who provided written informed consent. A stratified sampling approach was used to obtain representation from different

types of public institutions. Using a 95% confidence level, an expected proportion of 50%, a 3% margin of error, and finite-population correction, the minimum required number of complete responses was approximately 1,032. Recruitment planning allowed a 20% increase for potential non-response. The final analytic sample comprised 1,201 participants. The number of eligible professionals approached was not retained in the available study records; consequently, a conventional response rate could not be calculated.

2.3. Study instrument and outcomes

Data were collected with an anonymous, self-administered structured questionnaire covering sociodemographic and professional characteristics, pandemic-related professional experiences, negative emotional changes, and perceptions of psychological support. The primary descriptive outcome was a binary item indicating whether psychological support was considered necessary during the pandemic.

Perceived effectiveness was assessed by item 19. The Albanian wording, with standardized orthography, was: “Sa mendoni ju se do të ishte efikase mbështetja psikologjike gjatë pandemisë COVID-19?” The English translation used for reporting is: “How effective do you think psychological support would have been during the COVID-19 pandemic?” Responses were recorded on a 1–10 scale; higher scores indicated greater expected effectiveness. The binary need item and the 1–10 effectiveness item were analyzed as separate outcomes.

Negative emotional changes were assessed using a separate study-specific 1–10 rating item. Higher values indicated a greater degree of self-reported negative emotional change during the COVID-19 pandemic. This rating was analyzed as a continuous variable and was not interpreted as a validated diagnostic scale.

2.4. Data collection

Printed questionnaires were distributed with an informed-consent form after institutional permission had been obtained. Participation was voluntary and anonymous. Participants were informed about the study purpose and their right to decline or withdraw without consequences. Analyses used the available valid responses for each variable.

2.5. Statistical analysis

Analyses were performed using IBM SPSS Statistics, version 25.0. Categorical variables are reported as frequencies and percentages. Continuous variables are summarized using means and standard deviations or medians and interquartile ranges, as appropriate. The binary need outcome was described using frequencies and valid percentages. The 1–10 effectiveness score was compared between two groups using the independent-samples t-test and across age groups using one-way analysis of variance. Pearson’s correlation coefficient was used to assess the relationship between the negative emotional change rating and the effectiveness score. Tests were two-sided, and $p<0.05$ was considered statistically significant. Analyses

were available-case, unadjusted, and exploratory; no multivariable model was fitted.

2.6. Ethical considerations

The study was approved by the Ethics Committee of the University of Medicine, Tirana (Decision No. 10, Protocol No. 825/2, dated 18 March 2024), and permission was obtained from participating institutions. The study was conducted in accordance with the Declaration of Helsinki. Written informed consent was obtained before data collection, and anonymity and confidentiality were maintained.

3. RESULTS

3.1. Participant characteristics

The analytic sample included 1,201 nurses and midwives. Participants had a reported mean age of 39.5 years (SD 10.9; range 21–66), and 1,023 (85.2%) were women. Age-group data were available for 1,190 participants; the largest groups were 31–40 years (31.9%) and 21–30 years (27.8%). Most participants resided in urban areas (89.8%). Table 1 presents the demographic and educational characteristics.

Table 1. Demographic and educational characteristics of participants (N=1,201)

Variable	n	%
Gender		
Female	1,023	85.2
Male	178	14.8
Age, mean (SD); range	39.5 (10.9)	21–66
Age group (valid n=1,190)		
21–30 years	331	27.8
31–40 years	380	31.9
41–50 years	222	18.7
51–60 years	237	19.9
>60 years	20	1.7
Marital status		
Single	879	73.2
Married	320	26.6
Divorced	1	0.1
Widowed	1	0.1

Education		
BSc Nursing	452	37.6
BSc Midwifery–Nursing	4	0.3
BSc Midwifery	115	9.6
Other degree	22	1.8
MSc Nursing	512	42.6
MSc Midwifery	94	7.8
PhD Nursing	2	0.2
Area of residence		
Rural	123	10.2
Urban	1,078	89.8

Note: Age-group percentages use 1,190 valid responses; 11 age-group values were missing. Percentages may not total 100 because of rounding.

3.2. Professional and institutional characteristics

Nurses represented 80.0% of the sample and midwives 19.8%; two participants (0.2%) were recorded as nurse–midwives. Participants were drawn from public university, regional, and municipal services across Albania. Table 2 lists the professional categories and participating institutional units.

3.3. Perceived need and expected effectiveness of psychological support

Of the 1,187 participants who responded to the need item, 957 (80.6%) reported that psychological support would have been needed during the COVID-19 pandemic, whereas 230 (19.4%) reported that it would not have been needed. Fourteen participants (1.2% of the total sample) had missing data for this item. On item 19, expected effectiveness was rated highly: the median was 9 (IQR 4), with an observed range of 1–10 (Table 3).

3.4. Negative emotional changes and effectiveness rating

The negative emotional change rating was moderately and positively correlated with the expected effectiveness score ($r=0.414$, $p<0.001$). Thus, participants reporting greater negative emotional changes also tended to assign higher effectiveness ratings to psychological support. This unadjusted association does not establish direction or causality (Figure 1).

Table 2. Professional profile and institutional distribution (N=1,201)

Variable	**n**	**%**
Profession		
Nurse	961	80.0
Nurse–midwife	2	0.2
Midwife	238	19.8
Institutional unit/service		
UHOG “Koço Gliozheni”	75	6.2
UHOG “Queen Geraldine”	75	6.2
Infectious Diseases Service, UHC Tirana	85	7.1
Neurology Service, UHC Tirana	51	4.2
Pediatrics Service, UHC Tirana	48	4.0
Psychiatry Service, UHC Tirana	49	4.1
Internal Medicine Service, UHC Tirana	51	4.2
Lezhë Regional Hospital	79	6.6
Dibër Municipal Hospital	45	3.7
Pogradec Municipal Hospital	83	6.9
Shefqet Ndroqi Hospital	67	5.6
Pukë Municipal Hospital	35	2.9
Durrës Regional Hospital	60	5.0
Elbasan Regional Hospital	49	4.1
Fier Regional Hospital	54	4.5
Korçë Regional Hospital	97	8.1
Kukës Regional Hospital	40	3.3
Shkodër Regional Hospital	51	4.2
Vlorë Regional Hospital	53	4.4
University Trauma Hospital	54	4.5

Table 3. Perceived need for and expected effectiveness of psychological support

Outcome	Result	Valid % / range
Need for psychological support (valid n=1,187)		
No	230	19.4
Yes	957	80.6
Expected effectiveness score (n=1,187)		
Median (IQR)	9 (4.0)	1–10

Note: Percentages for the need item are based on valid responses. The effectiveness scale ranges from 1 (lowest expected effectiveness) to 10 (highest expected effectiveness).



Figure 1. Association between negative emotional changes and the expected effectiveness of psychological support.

3.5. Effectiveness ratings by gender and age

Women reported a higher mean expected effectiveness score than men (mean 7.88, SD 2.48 vs mean 7.15, SD 2.66; unadjusted mean difference 0.73 points; p=0.003). Mean ratings also differed across age groups (overall p<0.01). The highest unadjusted mean was observed in participants aged 51–60 years (8.48); means in the 21–30, 31–40, and 41–50 year groups were approximately 7.5. The group aged >60 years contained only 20 participants. No post-hoc comparisons or multivariable adjustment were available; the group differences should therefore be interpreted as exploratory.

4. DISCUSSION

In this multi-institutional survey conducted across Albania, four in five respondents retrospectively support would have been needed during the COVID-19 pandemic, and the median expected effectiveness rating was 9 of 10. The distinction between these findings is important: the binary item describes whether support was considered necessary, whereas item 19 describes how effective respondents believed that support would have been. Together, the findings indicate both substantial perceived need and strong acceptability of psychological support among participating nurses and midwives.

The high prevalence of perceived need is consistent with research documenting unmet psychosocial needs among healthcare professionals during the pandemic (5,6) and with a recent systematic review showing that perceived need and actual help-seeking frequently diverge (8). Differences in instruments, settings, and timing prevent direct prevalence comparisons, but the direction of the evidence is consistent: workforce support should remain available after the acute emergency has passed.

Higher negative emotional change ratings were moderately associated with higher expected effectiveness ratings. This finding is compatible with reviews linking pandemic-related psychological distress to workload, infection fears, uncertainty, and insufficient organizational support (7,12,13). It should not be interpreted as evidence that emotional changes caused higher ratings, or that perceived effectiveness would necessarily translate into service use. However, it suggests that staff who experienced greater emotional disruption may be especially receptive to well-designed support.

Women reported higher mean effectiveness ratings than men, and ratings varied across age groups, with the highest unadjusted mean in the 51–60-year group. Help-seeking attitudes may differ by gender, professional culture, and perceived stigma (14,15). Nevertheless, the present analyses were unadjusted, the number of participants older than 60 years was small, and post-hoc age-group comparisons were unavailable. These patterns should therefore guide further investigation rather than be treated as evidence for targeting services solely by demographic category.

For policy and practice, psychological support should be embedded in routine occupational-health systems and offered through confidential counselling, peer support, manager training, referral pathways, and flexible access during working hours. Intervention reviews suggest that resilience and mental-health programmes can be beneficial, although effectiveness depends on programme design and implementation (9,10). Targeted action research also indicates that support is more useful when it responds directly to frontline nurses' identified needs (16). Services should therefore combine broad availability with periodic workforce needs assessment and protection from stigma or professional disadvantage.

4.1. Strengths and limitations

Strengths include the large sample, broad participation from public healthcare institutions across Albania, and the explicit separation of perceived need from expected effectiveness. Several limitations must be considered. The cross-sectional and retrospective design is vulnerable to recall and common-method bias and cannot establish causality. Outcomes were self-reported and included single items whose measurement properties were not evaluated in this report. The analyses were unadjusted and did not account for clustering by institution, sampling weights, or potential confounding. Missing values were handled by available-case analysis; age-group data were missing for 11 participants, and the oldest age group was small. The number of eligible professionals approached was unavailable, so the response rate could not be calculated. Participants were recruited only from public institutions, so the findings may not generalize to private-sector staff or to all 31,003 nurses and midwives without qualification. Future studies should use longitudinal designs, validated multi-item measures, adjusted models, and prospective evaluation of service uptake and outcomes.

5. CONCLUSION

Most participating nurses and midwives retrospectively reported that psychological support would have been needed during the COVID-19 pandemic, and expected effectiveness was rated highly. Greater negative emotional changes were moderately associated with higher effectiveness ratings; women had a higher mean rating than men, and ratings differed across age groups, with the highest unadjusted mean among those aged 51–60 years. These exploratory associations do not establish causality or independent prediction. The findings support accessible, confidential, and sustained psychological-support services within occupational-health programmes, accompanied by rigorous evaluation.

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Conflict of Interest Statement: The authors declare that they have no conflict of interest.

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