

Phenomenological Studies: Experiences and Responses of Public Hospital Nurses to the Coronavirus Pandemic

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ABSTRACT

The COVID-19 pandemic has presented unprecedented challenges to healthcare systems globally, particularly to healthcare workers, with nurses being at the frontline of patient care. In Malaysia, public hospital nurses were tasked with managing the surge in COVID-19 cases, placing them under significant physical, emotional, and professional strain. This phenomenological study explores the lived experiences and responses of 27 public hospital nurses who directly managed COVID-19 patients. Data were collected through semi-structured interviews, with thematic analysis employed to identify key patterns and themes in the responses. The findings reveal three primary themes: emotional responses to the pandemic, challenges in caregiving, and coping strategies. The nurses reported significant fear and anxiety, particularly concerning the risks to their health and the potential to transmit the virus to their families. Despite these fears, they also demonstrated remarkable resilience and commitment to their professional roles. Challenges in caregiving, including resource shortages such as inadequate personal protective equipment (PPE) and ventilators, were also highlighted. Nurses also relied heavily on teamwork and personal coping strategies, such as prayer and family support, to manage the emotional toll of the crisis. These findings underscore the duality of fear and resilience among nurses and highlight the need for enhanced mental health support, adequate resources, and improved crisis preparedness in healthcare systems to better support frontline workers during future health emergencies.

Keywords: COVID-19, phenomenological study, nurses' experiences, nurses' responses

INTRODUCTION

The COVID-19 pandemic, which began in late 2019, has had a profound impact on global healthcare systems. As frontline healthcare workers, nurses played a critical role in managing and treating COVID-19 patients. In Malaysia, the outbreak was significantly accelerated by a religious gathering in Sri Petaling, which led to a sharp rise in COVID-19 cases across various states, placing immense pressure on the country's healthcare system [1]. In response to the surge, hospitals like Kuala Lumpur Hospital (HKL) and Sungai Buloh Hospital were designated as Hybrid Hospitals for the treatment of COVID-19 patients [2]. This situation placed tremendous strain on the healthcare workforce, particularly on nurses who had to contend with both the physical and emotional demands of managing critical patients.

Nurses working in public hospitals, especially in high-risk areas such as COVID-19 wards, faced significant challenges not only in providing care but also in managing the emotional toll that came with the pandemic. This included the fear of contracting the virus and transmitting it to their families, as well as dealing with the psychological impacts of overwhelming patient loads and the continuous threat of exposure to a highly contagious disease. Studies by Sahima et al. [3] and Roslan et al. [4] have highlighted the high levels of stress, burnout, and psychological strain that healthcare workers, particularly nurses, experienced during the pandemic. Many nurses in Malaysia, like their global counterparts, reported heightened anxiety and emotional exhaustion, exacerbated by the lack of proper protective equipment and the scarcity of medical resources.

Despite the emotional and physical toll, nurses demonstrated immense resilience and commitment to their

work. Drawing from their previous experiences with epidemic diseases such as Ebola, Nipah, and Measles, nurses employed various coping mechanisms to adapt to the rapidly changing healthcare environment. Nurses in Malaysia, as in other parts of the world, were crucial in preventing the spread of the virus, managing the critical needs of COVID-19 patients, and supporting infection control measures [5], [6]. However, the pandemic highlighted critical gaps in healthcare systems, such as inadequate mental health support, workforce shortages, and insufficient resources to deal with large-scale health emergencies [7], [8]

This study, titled “Phenomenological Studies: Experiences and Responses of Public Hospital Nurses to the Coronavirus Pandemic,” aims to provide a deeper understanding of the emotional responses, caregiving challenges, and coping strategies employed by nurses in Malaysian public hospitals during the COVID-19 pandemic. By adopting a phenomenological approach, the study seeks to explore the lived experiences of nurses working under extraordinary circumstances, focusing on their perceptions, emotions, and strategies for managing the complex and demanding environment during the crisis.

In line with existing literature, such as the studies by Arcadi et al. [9], which identify themes like fear, changes in roles, and emotional stress, this research addresses the gap in phenomenological studies on the experiences of nurses in Malaysian public hospitals. Although existing studies have documented the psychological impact of the pandemic on healthcare workers [10], [11], limited research has specifically examined how public hospital nurses in Malaysia have navigated these challenges. The outcomes of this study will provide valuable insights into the emotional and psychological toll faced by these nurses, the caregiving challenges they encountered, and the coping strategies they implemented, offering recommendations to improve mental health support, resource management, and crisis preparedness in the healthcare system.

The findings of this study are expected to contribute to the development of more robust healthcare policies and support systems for frontline healthcare workers, ensuring that they are better equipped to manage future health crises. It will also provide a comprehensive understanding of the experiences and responses of nurses during the pandemic, shedding light on their resilience, coping strategies, and the systemic challenges that need to be addressed for the future well-being of healthcare professionals.

METHODOLOGY

Research Design

This study employs a qualitative phenomenological approach to explore the lived experiences of nurses who worked during the COVID-19 pandemic. Phenomenology is well-suited for capturing the deep, personal insights of participants, particularly in understanding the emotional and professional challenges they faced. Through this approach, the essence of the phenomenon is analysed based on the participants' perceptions, emotions, and interpretations of the events during the pandemic, aligning with the objectives of this study.

Data collection was carried out between October 1 to October 30, 2024, using semi-structured interviews as the primary method. The study commenced with preparatory steps, including a pilot study and validation of the questionnaire by an appointed expert to ensure that the research tools met the objectives and quality standards required for the main study.

Participants and Setting

A purposive sampling strategy was employed to recruit 27 nurses from a public hospital in Malaysia. This approach ensured the selection of participants who were directly involved in managing COVID-19 patients, providing a representative and meaningful sample for the study. The sample included a diverse group in terms of age, years of experience, and departmental roles, ensuring a broad spectrum of perspectives. This diversity enhanced the richness of the data, allowing for a more comprehensive exploration of the phenomenon under study.

The research was conducted at a hospital designated as a primary treatment centre for COVID-19 patients, providing an essential context for understanding how nurses adapted to the challenges posed by the pandemic

in a professional setting. The study period spanned from July 24, 2024, to February 28, 2025, covering data collection and subsequent analysis.

Inclusion Criteria:

- Nurses working in public hospitals in Malaysia during the COVID-19 pandemic.
- Direct involvement in the care of COVID-19 patients.
- Minimum of one year of professional experience.
- Willingness to provide written consent and participate in interviews.

Exclusion Criteria:

- Nurses not directly involved in the care of COVID-19 patients.
- Nurses who were on extended leave or not actively working during the pandemic.
- Nurses with pre-existing mental health issues that could affect participation during the interviews.

Data Collection

Data was collected through semi-structured interviews, which allowed participants to share their experiences in depth while providing flexibility for the researcher to probe further into specific issues. The interviews were conducted in private, safe environments to ensure that participants felt comfortable discussing sensitive topics. Each session lasted between 15 to 30 minutes, guided by open-ended questions, such as:

- "How did you feel when you first faced the COVID-19 pandemic at your workplace?"
- "What were the main challenges you faced when managing COVID-19 patients?"
- "What strategies did you use to cope with stress during the pandemic?"

A pilot study was conducted involving 5 participants to assess the feasibility of the study tools. The pilot study helped identify weaknesses in the survey protocol and interview session. The feedback from the pilot study was used to refine unclear questions and ensure a smoother interview flow, thus improving the quality of the data collected during the main study.

Data Analysis

Data analysis was conducted using Colaizzi's method, a systematic and rigorous approach to phenomenological analysis [12]. The process of analysis involved the following steps:

1. **Immersion in the Data:** The researcher read the transcripts repeatedly to gain a holistic understanding of the content and the participants' experiences.
2. **Identification of Significant Statements:** Key phrases and statements that captured important aspects of the phenomenon were extracted from the transcripts.
3. **Formulation of Meanings:** The significant statements were interpreted to derive underlying meanings that reflected the participants' experiences.
4. **Clustering into Themes:** The derived meanings were grouped into clusters to identify recurring patterns and themes that encapsulated the essence of the phenomenon.
5. **Validation of Findings:** Participants were invited to review the findings to ensure that their experiences

were accurately represented, enhancing the credibility of the study.

Colaizzi's method ensures that data analysis remains grounded in the participants' narratives, thereby enhancing the reliability and validity of the findings.

Ethical Considerations

This study adhered to strict ethical guidelines. Initial approval was obtained from the Nursing Services Division, followed by registration in the National Medical Research Register (NMRR) (RSCH ID-24-01185-XDU) and approval from the Malaysian Research Ethics Committee (MREC) (NMRR ID-24-02450-S2H). Official permission was obtained from the Hospital Director, and written consent was collected from all participants. Participants' confidentiality was guaranteed by anonymizing the data, and access was restricted to the researcher. The data was used solely for the purpose of this study and will be destroyed after the prescribed retention period.

RESULTS

Socio-Demographic Characteristics of Respondents

Table 1 presents the socio-demographic characteristics of the study participants. All 27 participants were female (100%). In terms of educational background, 12 participants held a diploma (44.44%), 12 had post-basic qualifications (44.44%), and 3 participants possessed a degree (11.11%). Regarding current position, most participants were in the Nurse U29 category (n = 25, 92.59%), while 2 participants held the Nurse U32 position (7.41%).

In terms of marital status, 14 participants were married (51.85%), and 13 were single (48.15%). Participants' work experience ranged from 5 to 21 years, with an average of 10.37 years (SD = 3.56). Regarding COVID-19 training, 13 participants reported not receiving any specific training (51.85%), while 14 participants (48.15%) had received specialized training in the care of COVID-19 patients.

Table 1 Socio-Demographic Characteristics of Respondents (N=27)

Socio-demographic	n (%)
Gender	
Female:	27 (100)
Education	
Diploma	12 (44.44)
Post-basic	12 (44.44)
Degree	3 (11.11)
Current Position	
Nurse U29	25 (92.59)
Nurse U32	2 (7.41)
Marital Status	
Single	13 (48.15)

Married	14 (51.85)
Work Experiences, Min-max: 5-21 years	**10.37 (3.56)
COVID-19 Training	
No	13 (51.85)
Yes	14 (48.15)

Note: **Mean (SD)

Themes and Subthemes

Table 1 outlines the key themes and subthemes that emerged from the interviews with nurses regarding their experiences during the COVID-19 pandemic. These themes reflect the emotional responses, challenges in caregiving, and coping strategies that the nurses employed throughout the crisis.

Table 2 Summary of Themes and Subthemes

Theme	Subtheme	Description
Theme 1: Emotional Responses to the Pandemic	Subtheme 1.1: Fear and Anxiety	Nurses experienced high levels of fear and anxiety, particularly regarding the risk of infection and lack of protective equipment.
	Subtheme 1.2: Resilience and Commitment	Despite fear, nurses demonstrated resilience and a strong sense of duty, staying focused on patient care.
Theme 2: Challenges in Caregiving	Subtheme 2.1: Resource Shortages	Nurses faced severe shortages of essential resources, including PPE and ventilators, which hindered their ability to provide optimal care.
	Subtheme 2.2: Physical and Emotional Burnout	The physical and emotional strain of managing critically ill patients led to burnout among nurses.
Theme 3: Coping Strategies	Subtheme 3.1: Teamwork and Collaboration	Strong teamwork and collaboration were crucial coping mechanisms, helping nurses navigate the overwhelming workload.
	Subtheme 3.2: Personal Coping Mechanisms	Nurses used personal strategies such as prayer, family support, and mindfulness to manage stress.

Theme 1: Emotional Responses to the Pandemic

Subtheme 1.1: Fear and Anxiety

At the onset of the pandemic, nurses expressed significant fear and anxiety. The uncertainty surrounding the virus, its potential impact, and the risk of infecting family members were overwhelming for many participants. As one nurse expressed:

“The fear of bringing the virus home to my family was overwhelming.” (Respondent 4). Another participant reflected:

“We had no idea how contagious the virus was, which made every shift stressful.” (Respondent 9). The anxiety was also amplified by a lack of sufficient protective equipment during crucial moments, as highlighted by one

nurse:

“I felt anxious about the lack of protective equipment during critical moments.” (Respondent 15). These findings align with Shaukat et al. [13], who report similar fears among healthcare workers globally, especially regarding the risk of contamination and lack of clear information.

Subtheme 1.2: Resilience and Commitment

Despite these intense fears, nurses exhibited remarkable resilience and a deep sense of duty to their patients. Many nurses mentioned that their commitment to patient care motivated them to push through the fear. One respondent stated:

“I knew I had to overcome my fear because patients depended on us.” (Respondent 6). Another shared: *“Supporting each other helped us stay strong and motivated.”* (Respondent 12). This commitment and resilience reflect findings by Chesnay, [14], who emphasize the importance of teamwork and dedication in overcoming challenges in healthcare settings.

Theme 2: Challenges in Caregiving

Subtheme 2.1: Resource Shortages

A significant challenge that nurses encountered was the shortage of essential resources, especially personal protective equipment (PPE). Many participants reported reusing PPE and other protective measures, which compromised their sense of safety. One nurse shared:

“Reusing PPE for multiple shifts was a daily struggle.” (Respondent 5). Another participant highlighted the shortage of ventilators, which led to difficult decisions by doctors:

“Shortages of ventilators forced doctors to make heartbreaking decisions.” (Respondent 8). These findings are consistent with previous studies [15], who highlight the strain that resource shortages placed on healthcare systems globally during the pandemic.

Subtheme 2.2: Physical and Emotional Burnout

Long shifts, emotional stress from patient care, and the constant pressure led to significant physical and emotional burnout among nurses. One nurse noted:

“I was so physically exhausted that I could barely think straight after shifts.” (Respondent 3). Another shared the emotional toll of seeing patients pass away without their families:

“Seeing patients die daily without their families present was heartbreaking.” (Respondent 10). Burnout was a common theme, with many participants stating that it became a daily reality:

“Burnout became normal, but we pushed through for our patients.” (Respondent 16). Lai et al. [16] also documents the mental health toll of frontline healthcare workers during the pandemic, which is mirrored by the experiences shared by participants in this study.

Theme 3: Coping Strategies

Subtheme 3.1: Teamwork and Collaboration

Teamwork was identified as one of the primary coping mechanisms employed by nurses to manage the emotional and physical demands of the pandemic. Many nurses reported that the support of their colleagues helped them maintain morale during challenging times. One respondent stated:

“We relied on each other to get through the toughest days.” (Respondent 2). Another nurse added:

“Teamwork helped us maintain morale even when the workload was unbearable.” (Respondent 7). This strong sense of teamwork aligns with Watson’s Caring Theory, which stresses the importance of mutual support within healthcare teams [17].

Subtheme 3.2: Personal Coping Mechanisms

In addition to teamwork, many nurses used personal coping strategies to handle stress. This included prayer, family connections, and mindfulness practices. One participant stated:

“Praying gave me peace and helped me feel protected.” (Respondent 1). Another shared:

“Video calls with my family kept me grounded during tough times.” (Respondent 11). These findings align with previous research highlighting that mindfulness practices promote positive emotional regulation during the COVID-19 pandemic [18].

DISCUSSION

The COVID-19 pandemic has had a profound impact on global healthcare systems, with nurses playing a central role in patient care during this crisis. The findings of this study, which investigated the experiences and responses of 27 public hospital nurses in Malaysia, highlight three main themes: emotional responses to the pandemic, challenges in caregiving, and coping strategies. These themes reflect the multifaceted challenges nurses faced, as well as the adaptive strategies they employed to cope with the overwhelming pressures throughout this global health crisis.

Emotional Responses to the Pandemic

The first theme, Emotional Responses to the Pandemic, explores the psychological and emotional challenges nurses experienced during the COVID-19 pandemic. As reported by 70.4% of participants, fear and anxiety were dominant emotions at the onset of the pandemic. Nurses expressed heightened concern about the risk of contracting the virus and transmitting it to their families. One participant stated, “The fear of bringing the virus home to my family was overwhelming” (Respondent 4). This finding aligns with global studies documenting high levels of fear and stress among healthcare workers, particularly concerning the risk of infection and the lack of clear information on preventive measures [11], [13]. The uncertainty surrounding the virus and the lack of clear information about prevention and treatment further contributed to the mental strain experienced by nurses. Twenty-two percent of participants reported that this fear significantly increased their psychological and emotional stress, emphasizing the need for more structured support for nurses during such crises. This finding is consistent with Jang et al. [10], which highlighted the struggles of nurses under the weight of dealing with infectious diseases. Similarly, Arcadi et al. [9] noted that uncertainty and fear were widespread among nurses, leading to a sense of disorientation and anxiety.

Despite the prevalent fear, subtheme of resilience and commitment demonstrates that nurses exhibited remarkable resilience and a strong sense of duty towards their patients. Even in the face of fear, nurses reported that their professional responsibility motivated them to continue providing care. One respondent stated, “I knew I had to overcome my fear because patients depended on us” (Respondent 6). This resilience and commitment are reflected in Jackson et al. [7], who emphasized the importance of teamwork and dedication in overcoming challenges in healthcare settings. Roslan et al. [4] also observed similar findings, noting that the most described coping strategies among healthcare workers were problem-focused coping (active planning) and positive thinking coping (positive reinterpretation, acceptance, and humour).

Challenges in Caregiving

The second theme, Challenges in Caregiving, addresses the practical difficulties nurses faced while delivering care during the pandemic. One of the key challenges was the shortage of resources, particularly PPE and ventilators. Most participants reported a lack of sufficient PPE, which hindered their ability to provide safe

care. One nurse shared, “Reusing PPE for multiple shifts was a daily struggle” (Respondent 5). The shortage of ventilators and other medical equipment increased the workload, leading nurses and medical teams to make difficult decisions regarding patient care. These findings align with the research by previous studies, who highlighted resource shortages and logistical weaknesses in global healthcare systems, which increased the risk for healthcare workers during the pandemic [9], [19], [20]. Therefore, the need for improved healthcare system preparedness through efficient logistics planning and better resource management during health crises is essential [21].

In addition to resource shortages, physical and emotional burnout emerged as a significant challenge. Participants reported extreme physical and emotional fatigue caused by long shifts, insufficient rest, and the emotional burden of treating critically ill COVID-19 patients. One participant noted, “I was so physically exhausted that I could barely think straight after each shift” (Respondent 3). Past studies also confirmed that burnout was a major issue among healthcare workers during the COVID-19 pandemic, affecting both their physical and mental well-being, as well as the quality of care provided [4], [19], [22]. Roslan et al. [4] reported similar symptoms, including overwhelming exhaustion (emotional, physical, and frustration) and cynicism (a distant attitude toward work). According to Id & Weine, Id & Weine, (2020), burnout rates were higher than ever before among healthcare professionals during the pandemic, largely due to high workload, job stress, and limited organizational support. Consequently, this study recommends introducing flexible work schedules [23] and implementing counselling and emotional support programs to help nurses cope with these pressures [13], [21]. Recognition of nurses' efforts through symbolic rewards and morale support campaigns can also help improve motivation and commitment.

Coping Strategies

The third theme, Coping Strategies, refers to the mechanisms used by nurses to deal with the physical and emotional pressures during the pandemic. Teamwork emerged as a primary coping mechanism that helped nurses maintain emotional resilience and improve patient care effectiveness. A total of 77.8% of participants emphasized the importance of collaboration among colleagues. One respondent stated, “We relied on each other to get through the toughest days” (Respondent 2). These findings align with Watson’s Caring Theory, which stresses the importance of mutual support within healthcare teams to enhance resilience (Watson, 2008). Bragadóttir et al. [24] also emphasized that teamwork was crucial in reducing emotional pressure and improving care quality among healthcare workers during a crisis. Strengthening teamwork and ensuring that crisis management training and coping strategies are incorporated into nursing education will further enhance healthcare resilience [25], [26].

In addition to teamwork, personal coping strategies such as prayer, family support, and mindfulness were reported as effective mechanisms for adapting to stress. One participant shared, “Praying gave me peace and helped me feel protected” (Respondent 1). These findings are consistent with past studies, who identified that family support and mindfulness practices are essential components of resilience during a crisis [27], [28]. Providing spaces for personal reflection and offering work flexibility to support family relationships is crucial for strengthening nurses' resilience in future crises. Offering flexible work schedules and ensuring sufficient rest for nurses can help reduce burnout and improve their job satisfaction [19].

CONCLUSION

This study provides an in-depth understanding of the experiences and responses of public hospital nurses during the COVID-19 pandemic. The findings highlight the duality of their experiences—from initial fear and anxiety to extraordinary resilience and commitment in fulfilling their professional responsibilities. At the same time, systemic challenges such as resource shortages, physical exhaustion, and emotional stress revealed weaknesses in the healthcare system that require immediate improvements. The coping strategies employed, such as teamwork and family support, demonstrate the nurses' ability to adapt to the prolonged crisis. This study not only offers valuable insights into the experiences of nurses but also suggests the need to strengthen psychosocial support, resource management, and professional training. These findings are highly relevant for improving healthcare effectiveness and ensuring better preparedness for future crises.

Limitations

One limitation of this study is that the sample was restricted to a single hospital, which may not represent the broader population of nurses in the country. Additionally, the study relied on self-reports from participants, which could be influenced by personal experiences and emotions during the pandemic. Future research is recommended to involve more hospitals across different locations to provide a more comprehensive perspective.

Conflict of Interest

The authors declare that there are no conflicts of interest arising from the conduct of this study. This research was carried out independently, without the influence of any third parties or organizations that could affect the objectivity and integrity of the research. All participants provided voluntary consent, and their confidentiality was ensured throughout the research process.

Significance to Nursing

This study contributes significantly to the field of nursing, particularly in support for frontline workers. First, it emphasizes the need to develop a comprehensive psychosocial support system for nurses, including counselling, stress management training, and peer-to-peer platforms. These interventions can help nurses better cope with emotional stress and burnout. Second, the findings suggest that nursing education should be modified to include crisis management and resilience-building modules, ensuring nurses are better prepared to handle extraordinary situations like pandemics. Third, this study highlights the importance of teamwork, which has proven to be a key strategy in enhancing the effectiveness of care and nurse resilience. By strengthening a team-oriented work culture, hospitals can ensure a more conducive and productive work environment.

Furthermore, this study underscores the weaknesses in healthcare systems, particularly in resource management, which calls for more robust preparedness plans to ensure adequate PPE supplies and workforce availability. Finally, the study outlines the need to enhance public recognition of nurses, who play a critical role in ensuring the continuity of patient care during crises. Recognition through incentives and awareness campaigns can boost motivation and job satisfaction, ensuring nurses continue to be valuable assets to the healthcare system.

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