Experience Nurses of Risks for Anxiety and Depression in the Near Post Pandemic Crisis: A Descriptive Phenomenology

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Abstract: The research is to explore, identify and understand the anxiety and depression among nurses in hospitals in selected cities in China in the near post pandemic crisis, and it is able to make the case for improving their mental health. We selected 13 nurses caring for COVID- 19 patients in a tertiary general hospital in Binzhou city in China. This study utilized the qualitative descriptive phenomenology research design, which focuses on studying the lived experiences of individuals in specific situations or events. Using Colaizzi's data analysis steps, four themes emerged 1) Uncertain care and changing policies 2) Facing psychological and mental tension 3) Creating a supportive environment 4) Experiencing personal- professional growth. Hospitals can work to create a supportive work environment that emphasizes teamwork, communication, and mutual respect, as well as mental health services and counseling for nurses who are experiencing anxiety or depression, which reduces the risk of psychological and mental strain on nurses.

1. Introduction

COVID-19 caused a pandemic in Wuhan, China in December 2019 that resulted in a significant morbidity and fatality rate worldwide. Increased trauma and psychological stress among healthcare workers in the Near Post Pandemic Crisis. According to a study, between 20% and 30% of nurses caring for COVID-19 patients were in a high emotional distress state, and the rise in patient volume affected their mental health issues and their intention to leave. Young nurses with depression exhibited depressive symptoms in the near post pandemic. Nurses who are in close contact with patients are considered to be more prone to mental health problems than other healthcare workers. Nurse who caring for COVID-19 inpatients were under extraordinary stress related to high risk of stigmatization, understaffing, and uncertainty. Near post pandemic crisis, many studies have been conducted on anxiety and depression impact of COVID-19 among the nurse,but it has not been fully explored. Therefore, the researchers in this study sought to integrate the results of different studies and to elucidate experiences of nurses who at risks for anxiety and depression in the near post pandemic Crisis. This study explores the Chinese nurses who at risks for anxiety and depression in the near post pandemic crisis, especially those nurses caring for COVID-19 patient, so as to learn

more about nurses' anxiety and depression and help management and to reduce the heart disorders of Chinese nurses, improving nurses' mental health.

2. Methodology

2.1 Research Design

This study utilized the qualitative descriptive phenomenology research design. Descriptive phenomenology is a useful framework when analyzing lived experiences with clearly applicable ontological and epistemological foundations. Descriptive research is used to depict the characteristics of individuals, circumstances, or groups, as well as the frequency with which particular phenomena occur; these investigations observe, describe, and document features of a scenario as it occurs naturally. Qualitative descriptive phenomenology was used to determine and explore the anxiety and depression among nurses in a selected city in China during the pandemic

2.2 Research Paradigm

Fig. 1 shows the management of Phil Barker's tidal model of mental health recovery on risks for anxiety and depression in the Near post pandemic crisis. Using the said theory, the researchers were able to recognizing nurses' experiences of anxiety and depression sense of self, thoughts, and actions in the near post pandemic crisis. As shown in the figure, hopes is the motivation to support nurses to go on in the near post pandemic, and willpower is the firm determination and self-control ability of nurses in the face of difficulties in the near post pandemic period. Self-knowledge is to help nurses improve themselves quickly. Through strengthening willpower, hope and self-knowledge, helping nurses near post pandemic crisis find their own path to recovery.

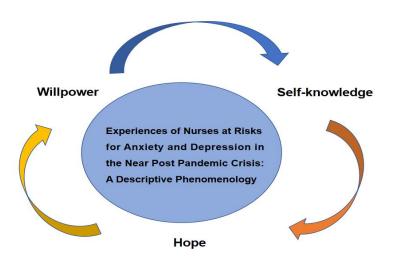


Figure 1: Research Paradigm

2.3 Participants And Sampling

An estimated number of 13 nurses caring for COVID-19 patients in a tertiary general hospital in Binzhou city in China. The researcher set inclusion criteria which were the following: (1) Registered nurses employed by Ministry of Health of China; (2) Nurses caring for COVID-19 patient; (3) Willing to share their own life experiences; (4) Able to communicate in Chinese; and (5)

Participants should participate voluntarily and shall not give any economic benefits. A purposiveconvenience sampling method was utilized in the study.

Convenience Sampling and purposive sampling are nonprobability sampling techniques that a researcher uses to choose a sample of subjects from a population. In a word the researcher decides what needs to be known and sets out to find people who can and are willing to provide the information by virtue of knowledge or experience for the most proper utilization of available resources [1].

2.4 Date Collection

The study was conducted in the tertiary general hospital in Binzhou city in China and selected 13 nurses caring for COVID-19 patients. The hospital established in 1977, the hospital is a comprehensive hospital that provides a wide range of medical care and clinical services, including medical care, teaching, research, rehabilitation and emergency care. Research instruments were in series of semi-structured interviews, field notes and qualitative documents. These strategies were chosen to generate an in-depth exploration of the participants' experiences. Prior to data gathering, researcher were requested approval and permission from the Philippine Women's University and institutional review board of the selected city hospital where the study was conducted. Informed consent was be obtained from each participant prior to interview and data collection. Interviews lasted approximately 30-45 minutes. Each nurse was asked to share their experiences and mental health status on the New Coronary Pneumonia Unit. Successful interviews was used semi-structured questions to explain the phenomenon being investigated.

2.5 Date Analysis

Utilizing Collazzi (1978) methods classify and compare interview data in order to identify common themes and subthemes. Colaizzi's (1978) unique seven-step process ensures a rigorous analysis, with each step staying close to the data. This gives researchers precise, logical, and sequential processes to use in phenomenological research, which improves the trustworthiness and dependability of the data [2].

The first step was reading and transcribing all the subjects descriptions. Then Important statements related to the phenomenon under study should be extracted. These statements must be recorded on a separate form, indicating their page and line numbers. The third step is creating formulated meanings and formation of meaning. Then aggregating the meaning of all statements to create a theme. Then the researchers were summarized the detailed descriptions given by the interviewees in the interviews and identifying the fundamental structure. Finally the researcher was returned to participants for validation [3]. In reporting the data, COREQ (Consolidated Criteria for Reporting Qualitative Research) criteria will be used .

3. Results and discussion

3.1 Theme 1 Uncertain Care and Changing Policies

Uncertain Care refers to the situation where the provision of healthcare services and the overall healthcare system are marked by uncertainty, ambiguity, and unpredictability in the near post pandemic crisis.

Facing to New Policy Changes The New policy changes refer to updated rules and regulations in response to the ongoing COVID-19 pandemic. Updated regulations, guidelines and measures implemented by the Chinese government and health authorities. These policy changes are designed

to respond to the changing environment and mitigate the impact of the virus while facilitating a return to normalcy. Nurses must adopt different response policies for different situations, in the phase close to the post-evacuation period. From the narratives collected, nurses verified the adjustment and response of hospital nursing policies, such as disbandment of the COVID-19 ward, Breaking the boundaries of various departments, each department accepts and treats patients with new crowns.

"After January 7, the special ward for new crowns was disbanded and the boundaries of each department were broken, and each department admitted new crown patients, so we also h7ad new crown patients."

"I feel very stressed mentally and physically tired. Although China announced on January 8 the implementation of "Category B" for NIV infection, no longer implementing isolation measures for NIV infected persons, no longer determining close contacts; no longer defining high and low risk areas, but there are still many patients."

"I was also infected with the new crown virus during the few days I was working, and I continued to work in the hospital without taking a few days off."

Providing Nursing as a Professional Responsibility Many nurses have felt a sense of professional duty in helping suffering patients and combating COVID-19, and front-line nurses have shown a higher level of professional identification than non-front-line nurses[4]. Providing nursing as a professional responsibility refer to nursing as a professional responsibility, nurses have the duty and responsibility to provide quality care to individuals, families or communities in the evolving epidemic situation. As a nurse described,

"Some medical personnel who are not comfortable are sick and insist on duty."

"I was also infected with the new crown virus during the few days I was working, and I continued to work in the hospital without taking a few days off."

Providing Care with Uncertainty and Anxiety This thematic cluster illustrates the uncertainty and anxiety experienced by nurses in providing care. From the narratives collected, nurses, nurses verified the uncertainty care and anxiety. Nurses caring for COVID-19 patients often encounter complexity and uncertainty in practice, and they are at high risk of moral distress and burnout. [5]. As a nurse described,

"These are the conditions that must be focused on. It is possible that it may not show immediate symptoms, but it will have some other symptoms, so the care of the new crown in the elderly needs to be carefully observed by our nurses."

"I used to leave work at five and get home at six, but now I can't leave work on time. As for work, I don't know when the next wave of the epidemic will come, and whether we will experience this peak again."

"Because the strain is constantly changing, I don't know when the end of the day will end, and when will the next summit come to the theme."

3.2 Theme 2 Facing Psychological and Mental Tension

Facing Psychological and Mental Tension refer to Nurses' experiences of emotional and psychological distress following a near post pandemic global health crisis. It covers the various challenges and stresses individuals may experience as they deal with the psychological impact of the pandemic and adjust to the new normal. This themes concerns of anxiety and nervousness in nurses in the near post pandemic crisis.

Working in Difficult Conditions This Subthemes means that the participants had difficulty performing their jobs due to the difficult working conditions during the pandemic. Participants reported lack of sleep, increased workload, increased hours of work, patient-physician tension, and

protective clothing that reduced the precision of the operation. In addition, patients had to be reassured in addition to basic treatment. Although nurses working under difficult conditions contributed to a well-controlled outbreak and prevented the collapse of the health care system, however, the increased workload and changing working conditions led to increased stress and risk of anxiety and depression among health care workers. Workplace conditions related to the pandemic were linked to an elevated risk of negative mental health [6]. As a nurse described,

"I worked more hours per week, took less time off, and saw less time with my family"

"And I had to wear the isolation gown, mask and mouthpiece myself, so it brought me inconvenience at work. There was more overtime and less time for rest."

"From the experience of the new crown patients I took care of, I feel that the heavy protective clothing took me a lot of time to put on and take off the protective clothing. After working for a long time, the body will sweat, and the whole person is in an uncomfortable state."

Work Environment Pressure Various elements of harsh and high-pressure work environments, work environment pressure lead to emotional stress for nurses and the need to adapt quickly to changing environments while maintaining patient safety and well-being. This Subthemes demonstrates the stressful work environment of the participants. Participants said that the medical equipment was insufficient and the ventilators were not enough, and the medical equipment could not be given to patients with greater hope of treatment in time. Concerns about lack of equipment and fear of infection are even greater. Also, the fact that nurses are required to wear PPE is a huge change. Respondents spoke of the problematic nature of having multiple layers of PPE, which interferes with function, reduces the precision of care operations and work efficiency, and especially impairs their ability to quickly reach distressed patients [7]. The pandemic has impacted the mental health and well-being of many health care workers, and nurses may need additional support to address these issues. As a nurse described,

"Insufficient medical resources to give limited medical equipment to patients with greater hope of treatment in a timely manner."

"The equipment in the ward is not enough, there are some equipment such as flow meter, oxygen suction device is not."

"Every day I strictly followed the protection standards and completed the protection measures carefully and carefully, worrying about a bad situation."

Experiencing Anxiety and Depression In the near post pandemic, anxiety and depression experienced by nurses refers to the emotional and mental health challenges faced by nurses as a result of an ongoing pandemic. Nurses have many psychological problems in near post pandemic. Nurses caring for COVID-19 patients often worry about bringing the virus into their own homes, shortages of protective equipment and powerlessness to deal with critically ill patients [8]. Participants reported being physically and emotionally exhausted, wanting to cry every day after work, not wanting to communicate with others and fearing anxiety and depression due to lack of proper care. Nurses face the death of patients, as well as their own exposure to this potentially fatal infection, with the ensuing mental and physical exhaustion, burnout, depression, anxiety, grief and insomnia. All of these experiences have had a significant impact on nurses' mental health, so it is important to take an active interest in nurses' mental health. It is vital that more attention is paid to the psychological and personal capabilities of nurses to help them resist and survive in challenging situations such as the COVID-19 pandemic. [9]. As a nurse described,

"There was a time when I had and I came to work without a few days' rest. I felt physically and mentally exhausted."

In the process of caring for patients, if the patient's splash may fall on my gloves, I will worry about whether I have disinfected them in time, which is also my anxiety."

Conflict between Work and Family The unique circumstances of providing care during

COVID-19, with long hours and personal concerns, create conflict that affects nurses' ability to fulfill family roles and responsibilities. From the narratives gathered, nurses validated the anxieties associated with work-family conflict, such as guilt over not being able to care for family members because of COVID-19, and choosing not to return home for fear of infecting family members with the virus. When there is a conflict between work and family, nurses cannot better allocate their time, which brings anxiety to nurses.

COVID-19 placed unprecedented pressures on the nurses. The majority of anti-pandemic nurses were female, and as Chinese women typically take on greater family responsibilities than males, female nurses experienced significant challenges juggling a job and home obligations. They also feel guilty for not being able to fulfill their family responsibilities. When multiple roles conflict, a certain amount of psychological stress may arise [10]. As a nurse described,

"When work and family conflicted due to the new crown pandemic, I would feel anxious and depressed when I didn't know how to better allocate my time and balance work and life."

"If we caregivers are infected, it is also a threat to our own family. On the one hand, the mission of our work makes me have to go to the post to continue working. On the other hand, there are family needs to take care of, so I am also very conflicted and anxious."

3.3 Theme 3 Create a Supportive Environment

Creating a supportive environment in the near post-pandemic crisis refers to taking actions and measures that prioritize individual physical, spiritual and social needs to facilitate nurses' psychological recovery and adaptation to the new normal.

Proper Hospital Management Proper hospital management is essential to ensure the safety and lives of patients, healthcare workers, especially in near post pandemic. Proper hospital management of nurses remains critical to ensure the well-being of patients and healthcare professionals. To lessen the bad experiences nurses have while caring for the afflicted people, further measures are needed, including adequate protective gear, financial and nonfinancial supports, efficient communication, and training and hiring of personnel [11]. From the narratives collected, participants confirmed that hospitals give training to nurses, some subsidies to nurses who perform well, and some support from the state and society. Nursing managers do their best to create a collaborative work environment with teamwork, regular meetings and open lines of communication to reduce anxiety and depression among nurses to ensure effective patient care and timely resolution of any concerns or challenges. By prioritizing proper hospital management, hospitals can mitigate the impact of COVID-19, protect the health and well-being of nurses, and maintain the quality of patient care and improve the psychological well-being of nursing staff. As a nurse described,

"Although there were many difficulties, the hospital leadership actively took steps to create a positive environment."

"The hospital will also give rewards to nurses who work actively, and the departments also have bonuses."

Opportunity for a New Experience In the near post pandemic, Caring experiences patient offer nurse the opportunity to apply and develop the knowledge and skills [12]. Opportunity for a for nurses refers to the potential for nurses to gain unique insights, skills, and personal growth through their work during the pandemic. Participants were positive about gaining work experience related to novel infectious diseases, which ordinary nurses did not have. They also give more meaning to their experience as valuable time to learn the skills or competencies of senior nurses. Additionally, nurses involved in COVID-19 care have the opportunity to learn skills and competencies that further their professional development and career progression. By actively seeking out and pursuing these opportunities, nurses can expand their skills, contribute to the field of infectious disease, and

become a valuable asset in the face of future health crises. As a nurse described,

"This is also different from usual nursing care. Because parents are very sensitive and will magnify things, i must also learn how to communicate with patients and their families to solve their problems while nursing."

"So by taking care of patients, I also learned many methods and new experiences, which increased my confidence."

3.4 Theme 4 Experiencing Personal-professional Growth

This themes concerns of personal growth and development. Under this theme there were three emerging cluster themes namely: Self improvement; Positive emotion management; Taking Another Step in One's Growth. This major theme demonstrated the personal development growth.

Self Improvement A conscious and sustained effort by nurses to improve their knowledge of new crowns, nursing skills, and personal well-being during a pandemic. The challenges posed by the COVID-19 crisis were addressed by engaging in activities to rapidly improve cognitive abilities and knowledge skills. Participants felt that, despite the difficulties, working during the pandemic had provided them with useful knowledge, increased their understanding of emerging diseases, and built minds for lifelong learning. In addition, they also mentioned that hospitals should strengthen nurses' infection prevention and control education and knowledge of COVID-19, improve their learning ability, and practice more to enhance their professional ability to promote their own development. As a nurse described,

"But as I became more familiar with and understood the new crown, I didn't feel too scared, and I learned new knowledge by caring for patients."

"Continue to study the theory well in the future, then strengthen your practical ability, do more operations, and then cooperate more with others."

Positive Emotion Management In the near post pandemic crisis, preserving nurses' mental health at its best requires both emotional support and psychological counselling [10]. Positive emotion management for nurses in the near post pandemic refers to the strategies and practices nurses employ to effectively cope with and regulate their emotions in positive and healthy ways during the pandemic. Develop positive emotions, manage stress, and promote mental health to meet the challenges and demands of providing care in high-stress settings. This Subthemes confirmed the process of participant's management of emotions. Participants facilitated the transformation of bad emotions through distraction and emotional catharsis. For example, watching movies, shopping, exercising, having pets, and sleeping actively promoted the catharsis of bad emotions, thus promoting emotional stability. Similarly, nurse leaders need to develop psychosocial interventions, including practical ways to support nurses who experience negative emotions during a pandemic [13]. By regulating emotions, nurses can maintain a positive attitude and respond to challenging situations with resilience. Through these methods, nurses can effectively manage their emotions, develop positive emotions, and improve their overall sense of well-being shortly after a pandemic. As a nurse described,

"First I will do self-coaching, and then I will do something to relax myself. For example, I like to listen to music or chat with friends to relieve psychological tension."

"I have a kitten, and I will play with it when I get home from get off work. go out shopping with friends, relax."

"Then give yourself some psychological comfort, tell yourself that I can do it. After this period of time, I will make up for my previous regrets."

"Do a good balance, accept some cannot do, not satisfied with the things, learn to reconcile with yourself."

Taking Another Step in One's Growth Despite great personal risk, nurses stepped up to the challenge of maintaining and improving the health of the world's people during the COVID-19 pandemic [14]. In an ever-changing pandemic, nurses strive to expand their skills, knowledge, and competencies to address the challenges and experiences encountered during the pandemic. To adapt to changing medical needs during the COVID-19 crisis. While caring for a COVID-19 patient, participants struggled with unfamiliar work and sometimes developed self-doubt. Over time, however, they took the job personally and moved to the point where they inspected and cared about the well-being of their patients. Although there will be many difficulties and exhaustion in the process of work. But in this process, nurses also gained a lot, increased their knowledge, accepted their own shortcomings and actively improved, and took a new step in their own growth. As a nurse described,

"Through this pandemic, I found that there are still some deficiencies in nursing theory and practice. 18 For example, I am not very familiar with nursing operations, which requires me to spend more time learning."

"In the future, continue to study the theory well, then strengthen your practical ability, do more operations, and then cooperate more with others."

The Major Themes in Accordance with the Tidal Modes

For the major themes in accordance with the Tidal Modes, the researcher mainly discussed the relationship between each theme and Tidal Modes, the results are presented in Table 1. For Theme 1: Uncertain Care and Changing Policies, nursing participants in this topic described how changing policies have increased uncertainty for nursing and how these issues have had an adverse impact on nurses' mental health. Regarding tidal modes, some changes and uncertain factors exacerbate nurses' anxiety and depression. Willpower, the driving force behind nurses, can play an important role in providing meaning and purpose to a nurse's work and in responding to the emotional and physical demands of the job. For theme 2: Facing Psychological and Mental Tension.Psychological and mental tension posed a challenge to nurses in the near post-pandemic crisis. Even in these situations, nurses still fulfill their role as nurses, which means that nurses have strong willpower. By providing resources and support, which may include positive thought-based interventions and selfencouragement, we reduce the risk of anxiety, depression, and burnout in nurses and play an important role in promoting nurse development. For Theme 3: Creating a Supportive Environment. Although COVID-19 has brought many challenges and hardships to nurses, nurses who are able to remain hopeful are likely to be more resilient in the face of adversity and better able to manage the emotional demands of work. Therefore, the support of the hospital, family, and community is their motivation. Make nurses aware of the role that hope plays in their emotional well-being and take steps to foster feelings of hope, even in difficult situations. For example, seeking support from colleagues or family members and engaging in self-care activities allows nurses to struggle during the near post COVID-19 and helps them build self-confidence, thereby improving their abilities. For Theme 4: Experiencing Personal-professional Growth. Despite the difficulties, working in the near post-pandemic period enabled them to acquire useful knowledge, increase their understanding of emerging diseases, and realize the importance of learning. In relation to tidal modes, nurses' selfknowledge of their own thoughts, feelings, and behaviors can also play an important role in preventing anxiety and depression in nurses at risk of these situations. A better understanding of oneself and one's own needs and limitations can help individuals cope with stress and negative emotions more effectively. Therefore, nurses actively learn and actively manage anxiety and depression to reduce anxiety and stress. These strategies not only promote the development of nurses but also make them grow.

Table 1: Matrix of the Experiences of Nurses Who are at Risks for Anxiety and Depression and

| Major Theme | Subthemes | Tidal Mode |
|---|--|--------------------|
| Uncertain Care and Changing Policies | Facing to new policy changes | Willpower |
| | Providing Nursing as a Professional Responsibility | |
| | Providing Care with Uncertainty and Anxiety | |
| Facing Psychological and Mental Tension | Working in difficult conditions | |
| | Work Environment Pressure | |
| | Experiencing Anxiety and Depression | |
| | Conflict between Work and Family | |
| Create a Supportive | Proper hospital management | Норе |
| Environment | Opportunity for a New Experience | |
| Experiencing Personal- professional growth | Self improvement | Self- knowledge |
| | Positive emotion management | |
| | Taking Another Step in One's Growth | |

their mental health recovery in the Near Post Pandemic Crisis

4. Conclusion

Using Colaizzi's data analysis steps, four themes emerged: 1) uncertain care and changing policies; 2) facing psychological and mental tension; 3) creating a supportive environment; and 4) experiencing personal -professional growth.Nurses, the main body of human resources, play a vital role in providing quality and safe services to patients and their families. It is important to understand the struggles and stresses they face to help them perform well in the fight against COVID-19.

Combining the Barker tidal model with the participants' real-life experiences conveys the importance of improving nurses' mental health. Hospitals can work to create a supportive work environment that emphasizes teamwork, communication, and mutual respect, as well as mental health services and counseling for nurses who are experiencing anxiety or depression. It can help reduce the risk of psychological and mental stress of nurses. To produce nurses with more modern skills and attitudes to meet the international level, senior healthcare leaders and the state should pay more attention to the psychological needs of nurses and provide strategies based on current trends to create a better future for nursing development.

References

[1] Etikan, I., Musa, S. A., & Alkassim, R. S. Comparison of convenience sampling and purposive sampling. American journal of theoretical and applied statistics, 5(1), 1-4.2016

[2] Wirihana, L., Welch, A., Williamson, M., Christensen, M., Bakon, S., & Craft, J. (2018). Using Colaizzi's method of data analysis to explore the experiences of nurse academics teaching on satellite campuses. Nurse Researcher (2014+), 25(4), 30. doi:http://dx.doi.org/10.7748/nr.2018.e1516

[3] Shosha, G. A. (2012). Employment of Colaizzi's strategy in descriptive phenomenology: A reflection of a researcher. European Scientific Journal, 8(27)

[4] Kim, M., & Lee, H. (2022). Influence of social responsibility and pandemic awareness of nursing students on COVID-19 preventive behaviours: A cross-sectional online survey in South Korea. BMJ Open, 12(12) doi:https://doi.org/10.1136/bmjopen-2022-061767

[5] Crowe, S., Howard, A. F., Vanderspank-Wright, B., Gillis, P., McLeod, F., Penner, C., & Haljan, G. (2021). The effect of COVID-19 pandemic on the mental health of Canadian critical care nurses providing patient care during the early phase pandemic: A mixed method study. Intensive & Critical Care Nursing, 63 doi:https://doi.org/10.1016/j.iccn. 2020.102999

[6] Tin-May Li, Li-Chung Pien, Ching-Chiu Kao, Kubo, T., & Wan-Ju Cheng. (2022). Effects of work conditions and organisational strategies on nurses' mental health during the COVID-19 pandemic. Journal of Nursing Management, 30(1), 71-78. doi:https://doi.org/10.1111/jonm.13485

[7] Dopelt, K., Bashkin, O., Davidovitch, N., & Asna, N. (2021). Facing the unknown: Healthcare workers' concerns, experiences, and burnout during the COVID-19 Pandemic—A mixed-methods study in an israeli hospital. Sustainability, 13(16), 9021. doi:https://doi.org/10.3390/su13169021

[8] Pui-Hing Chau, & Man-Ping, W. (2021). Psychological impact of the COVID-19 pandemic on licensed full-time practicing nurses undertaking part-time studies in higher education: A cross-sectional study. International Journal of Environmental Research and Public Health, 18(16), 8569. doi:https://doi.org/10.3390/ijerph18168569

[9] Karamizade, S., Bijani, M., Dehghan, A., & Fereidouni, Z. (2021). A comparison in terms of resilience and anxiety between nurses working in COVID-19 wards and nurses working in other wards: A descriptive cross-sectional study in southern iran. Neuropsychiatria i Neuropsychologia, 16(3-4), 124-130. doi:https://doi.org/10.5114/nan.2021.113312

[10] Zhang, Y., Yang, M., & Wang, R. (2021). Factors associated with work-family enrichment among Chinese nurses assisting Wuhan's fight against the 2019 COVID-19 pandemic. Journal of Clinical Nursing, doi:https://doi.org/10.1111/jocn.15677

[11] Chegini, Z., Morteza Arab-Zozani, Rajabi, M. R., & Kakemam, E. (2021). Experiences of critical care nurses fighting against COVID-19: A qualitative phenomenological study. Nursing Forum, 56(3), 571-578. doi:https://doi.org/10.1111/nuf.12583

[12] GUL, U., Altuntas Duygu Altuntaş, & Efe, E. (2022). A year and a half later: Clinical experiences of intern nursing students in the COVID-19 pandemic: A constructivist grounded theory. Nurse Education in Practice, 63, 103381. doi:https://doi.org/10.1016/j.nepr.2022.103381

[13] Qingqing Wang, Yuanyuan Fang, Haolian Huang, et al. (2021). Anxiety, depression and cognitive emotion regulation strategies in Chinese nurses during the COVID-19 outbreak. Journal of Nursing Management, 29(5), 1263-1274. doi:https://doi.org/10.1111/jonm.13265

[14] Zipf, A. L., R.N.M.S.N.C.M.S.R.N., Polifroni, E. C., & Beck, C. T., D.N.Sc C.N.M.F.A.A.N. (2022). The experience of the nurse during the COVID-19 pandemic: A global meta-synthesis in the year of the nurse. Journal of Nursing Scholarship, 54(1), 92-103. doi:https://doi.org/10.1111/jnu.12706