



LIVED EXPERIENCES OF NURSES DEALING WITH COVID-19 PATIENTS IN RIGHT BANK HOSPITALS, CHINA

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Introduction

The fact that the beginning of 2020 would be marked by a worldwide medical catastrophe pandemic that had already spread to all sectors of society was completely unexpected. The world is now dealing with the effects of the coronavirus (COVID-19) outbreak. In this circumstance, nurses have been on the front lines. That same year, the WHO designated the COVID-19 outbreak a pandemic. This blaring warning conveys that everybody has a responsibility to play in proactively limiting the virus's transmission and finding measures to safeguard those most vulnerable. Nursing is not inexperienced with this sort of rallying call. Nurses have performed critical roles in saving lives and reducing suffering by stepping in during critical situations and offering care and innovation throughout time. This heinous COVID-19 scenario is no exception (WHO, 2020).

Nursing's efforts to better the population's health amidst critical situations may be traced back to the period of Nightingale, the foundation of modern nursing. Nurses were persistent in emulating the ideals of Nightingale, a firm proponent of thorough handwashing, adequate hygiene, and efficient preventative measures, throughout the devastating influenza epidemic of 1918. As one of the few treatments' options present, members of the Visiting Nurses Associations conducted house visits to patients providing vital healthcare services. During the conduct of home visits to patients, nurses were attentive in demonstrating the value of being exposed to clean air, keeping excellent hygiene practices, and maintaining social distance (Philips & Catrambone, 2020).

Nurses responded to the call repeatedly in succeeding decades, working as frontline clinicians throughout many of the most significant global outbreaks of infectious diseases, including H1N1 Swine Flu, Ebola, severe acute respiratory syndrome (SARS), and Middle East respiratory syndrome (MERS) (Roychoudhury et al., 2020).

Nurses worldwide have stepped up to battle the fatal spread of COVID-19. This deadly worldwide epidemic has resulted in an astonishing number of reported cases and fatalities, much as they did in past epidemic outbreaks. COVID-19 had infected millions of people globally, with people dying due to the virus (WHO, 2020).

Although nurses are the most critical human resource throughout this crisis, they are not immune to unexpected effects such as inadvertent virus exposure or physical and mental exhaustion. Attempts are being taken to guarantee that all nurses always have the necessary PPE to deal with patients while safeguarding themselves. Furthermore, the International Council of Nurses (ICN) has released a list of COVID-19 top priorities, which called for a worldwide action for COVID-19 prevention (ICN, 2020).

Without nurses' skilled and sympathetic care, even with the numerous improvements in health care and technology, any development in successfully battling the COVID-19 virus would come to an end. Nurses will almost always remain on the front lines of caring for humanity as a whole, long after this present health crisis has passed. The advent of nursing is a reason for appreciation during and after the Year of the Nurse and Midwife.

With almost 4 million registered nurses licensed to practice in the Republic of China, nursing is the largest healthcare profession in the country (Thomala, 2021). Nurses are essential to every primary healthcare system in the world. According to the World Health Organization, a global shortage of 5.9 million nurses is needed to satisfy the ongoing and prospective demands of the global population (Lovelace, 2020).

The COVID-19 pandemic has propelled nursing in unanticipated ways, demonstrating nurses' bravery, fundamental values, and weaknesses to the public in full detail. Nurses became at the forefront of the fight against the epidemic, facing heavy work tasks, high risk of infection, limited working and rest conditions, and heavy psychological pressure. It has also shown the flaws and inadequacies within healthcare institutions responsible for protecting nurses and other medical practitioners and the numerous ethical concerns that these frontline healthcare professionals face daily (UNICEF, 2020).

The pandemic disrupted the original schedules of hospital staff and led to changes in their work or lives, causing tremendous physical and mental stress. Hospital staff is under much pressure in the process of care. They must deal with the impact of public misunderstanding, face the worries of their families, experience the fear of unknown diseases, become transmitters of diseases, and experience the challenges associated with their infection control expertise (Billings et al., 2021).

The most significant impediment to safeguarding healthcare professionals from becoming sick, according to Song (2020), associate director of SAHZU's Nursing Team in Wuhan, is wearing personal protective equipment. Because she and her colleagues worked in the acute care unit, all medical personnel were required to wear complete protective suits, comprising safety clothes, N95 masks, gloves, foot coverings, goggles, and other gear.

Hospitals in low-risk locations, including Hangzhou in Zhejiang Province, give adequate sanitation supplies, such as alcohol disinfectant, masks, hand sanitizers, and disinfectant wipes, allowing hospital personnel to thoroughly disinfect in and out of the hospital. When medical team member returns home, they must remove their jackets, clean them, wash their hands, and put on masks (Jin, 2020)

Furthermore, the hospital mandates medical personnel treating COVID-19 patients to record their body temperature, overall personal health, and exposure history. To prevent interaction with family members, medical professionals might seek to reside in hospital dorms or lodgings. Medical personnel in Wuhan and other hard-hit locations had to remain in entirely separate facilities.

According to Jianping (2020), the medical professionals stayed in a government-provided hotel and could not get together to prevent the illness from spreading. The hotels oversaw food as well as other everyday necessities. Apart from that, using QR codes to track the health condition of persons entering and departing the area is another effective way to avoid public transmission.

Jingfen (2020) cited that rigorous supervision is an essential tool for preventing the spread of infection. The temperature and health QR code will be checked first whenever a patient arrives at the hospital. If a patient with a fever or suspected symptoms is identified, he or she will be sent to a fever facility for further evaluation. The suspected COVID-19 ward must be differentiated from the regular fever ward. An epidemiological background inquiry, temperature check, blood test, CT scan, and other tests are used to make a preliminary diagnosis. A nucleic acid test should be performed on patients suspected of having COVID-19. If a presumed patient tests negative the very first time, he or she is

typically confined to a remote unit and reevaluated after 24 hours. COVID-19 individuals who have been verified were be transferred to authorized hospitals for continued medication.

According to Jin (2020) , those who visited an outpatient or emergency department during the pandemic were subjected to epidemiological screenings, and patients with suspicious symptoms were referred to a fever clinic for additional testing. In addition, a separate area has been set aside for usage in the event of an emergency.

Wang (2020), a chief ICU nurse and a SAHZU's Wuhan Nursing Team member stated everyone was in the same scenario. Nurses typically strive to accompany patients until their final hours by companionship and conversation, such as holding the patient's hand, reassuring them that they are never alone, or consoling the patient with words of encouragement. Furthermore, medical professionals frequently strive to accommodate patients' requests. A nurse on her team once delivered a bar of chocolate to a patient who requested one, she said. Even though it was a small act of kindness, it profoundly affected the patient (Wang, 2020).

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Nurses worldwide have stepped up to battle the fatal spread of COVID-19. This deadly worldwide epidemic has resulted in an astonishing number of reported cases and fatalities, much as they did in past epidemic outbreaks. COVID-19 had infected millions of people globally, with people dying because of the virus.

Nurses are front and center, working day and night to ensure the health and wellbeing of patients and the public, from giving direct healthcare to afflicted critically ill patients to directing massive public health campaigns. Nurses in hospital settings are using scientific proof public health concepts to fight infections and care for many of the world's critically ill hospitalized patients. In contrast, public health nurses have historically been known for their contributions at moments of a public health emergency. Nurses nowadays oversee response teams, displaying competence and knowledge in areas including emergency planning, forecasting, hospital and field operations, and management of human resources, to mention a few (Fernandez et al., 2020)

Although nurses are the essential human resource throughout this crisis, they are not immune to unexpected effects such as inadvertent virus exposure or physical and mental exhaustion. Attempts are being taken to guarantee that all nurses have the necessary PPE to deal with patients while safeguarding themselves. Furthermore, the International Council of Nurses (ICN) has released a list of COVID-19 top priorities, which acts as a global rallying cry for COVID-19 prevention (ICN, 2020).

An evident consequence for those nurses who continue in clinical practice is the psychosocial repercussions. Nurses have been reported to experience stress due to separation from family, sleep deprivation, and heavy workloads caused by health system demand and staff shortages. Additionally, the ethical and resource issues that emerge during a pandemic can have adverse psychological effects. Being involved in setting up specialized pandemic clinics, staging facility operations, or being seconded to areas outside their usual scope of practice can also be stressful.

There has been little study on the lived experiences of nurses who work with COVID-19 patients. Understanding the experiences and effects of pandemics on nurses, on the other hand, is critical to ensuring that these critical employees are adequately supported to remain in the workforce and enabled to offer high-quality health care during this period of increased health demand in the community. Therefore, it is vital to investigate the extent of enormous challenges faced by frontline nurses. By understanding the significant problems that nurses experience during a pandemic and preparing for future care, it is vital to comprehend the conditions and desires of nursing staff in the face of public health catastrophes.

Statement of the Problem

This study was conducted to determine the lived experiences of nurses dealing with COVID-19 patients in Right bank Hospitals in China.

Specifically, it sought answers to the following objectives:

1. To determine the profile of the nurses employed in the hospitals in China in terms of:
 - 1.1 Age,
 - 1.2 Gender,
 - 1.3 Highest Educational Attainment,
 - 1.4 Marital Status,

1.5 Years of experience in the hospital, and

1.6 Salary

2. To narrate the lived experiences of the nurses in dealing with COVID-19 patients
3. To identify the problems encountered by the nurses in dealing with COVID-19 patients
4. To propose an intervention measure to address the problems encountered by the nurses
5. To make an implication of the findings of the study to the nursing profession

Scope and Delimitation of the Study

This study aims to identify lived experiences of nurses dealing with COVID-19 patients in Right bank Hospitals in China. This study covered nursing staff (including frontline anti-epidemic personnel and grass-roots staff) in three Right Bank hospitals in Chifeng City, Inner Mongolia, China. The National Health Bureau permits these hospitals to accept COVID-19 patients. Intervention plans to address the nurses' problems were crafted, and the implication to the nursing profession was identified.

This paper is expected to be accomplished during the SY 2021-2022.

Significance of the Study

This paper will be valuable for the following groups of people:

To the frontline nurses. The fundamental task of the nurse is to advocate for health and care for persons and support them through health and illness. The paper will let them understand their situation and hopefully enlighten them on how they will manage the results of their chronic stress.

To the hospital administrators. This study will provide countermeasures on how to face the epidemic situation of nurses in China. It may help them provide policies and activities on how to provide a better environment and enhanced psychological support for nurses in the future work.

To the future researchers. The researchers who are aligned with the medical field may use the study's findings to develop concepts to improve the welfare of the frontline nurses and the rest of the medical workforce. The paper may also be added to the increasing number of research in a similar field of specialization.

Definition of Terms

The following terms were defined to provide a working knowledge and a better understanding of the study. The terms were specified following their conceptual and operational meaning.

Age. It is the length of period for the duration of which the employee has lived.

Coronavirus Disease (COVID-19). This is an airborne infectious disease brought about by a newly detected coronavirus. It may bring a mild to moderate respiratory ailment for most people and may cause serious medical problems or death for people with comorbidities (WHO, 2021).

Extent. This is the degree to which the problems caused by the COVID-19 pandemic have affected the life of frontline nurses.

Frontline Nurses. They are the nurses who interact directly with COVID-19 patients to ensure quality care.

Gender. This pertains to either of the two sexes – male or female.

Highest Educational Attainment. It concerns the contribution to the nurses' full knowledge of a subject matter and its application. This pertains to the official ratification, typically in the form of a certificate, diploma, or degree, confirming the successful completion of an education program.

Intervention Plan. This pertains to how the hospitals must address the problems of the frontline nurses.

Marital Status. This is the nurse's state of being single, married, separated, divorced, or widowed.

Pandemic. The outbreak of the COVID-19 disease extends across China and the rest of the countries abroad (Robinson, 2020).

Problems. These are the obstacles brought about by COVID-19 that the frontline nurses are experiencing in their day-to-day work in the hospital.

Salary. It is a fixed amount of money or compensation paid to a nurse by the hospital in return for work performed.

Years of Experience in the Hospital. This means the total number of full years in which one or more hospitals have hired the nurse.

REVIEW OF RELATED LITERATURE AND STUDIES

This chapter presents the related studies and literature used as references that provided a rich background in putting the study in proper perspective.

Literature Review

The new coronavirus illness (COVID-19) has posed a problem to healthcare systems worldwide (IBIS World, 2020). Nurses have been presented with a domino effect of situations that jeopardize their safety, quality of life, and capacity to do their duties because of the pandemic (Neto et al., 2020). Studying nurses' feelings and well-being during and after the present crisis is essential to determine risk areas for illness and possible causes of organizational intervention (Perez-Fuentes et al., 2019).

Healthcare providers face a higher risk of vulnerability, an excessive workload, moral issues, and a constantly changing workplace climate that differs considerably from what they are accustomed to (Shanafelt, Ripp, & Trockel, 2020).

To prevent infection of individuals, retraining on personal and interpersonal safeguarding is necessary, from the step-by-step re-approach through hand hygiene practices and the critical moments for sanitation to the proper wearing and removing of PPEs (Zhang, 2020).

Due to a scarcity of PPE at certain tertiary and secondary hospitals, healthcare workers must innovate by utilizing plastic (photographic film, plastic film, and file bag) to build an essential PPE that makes all the difference while dealing with COVID-19 exposure (Misra, 2020).

A hospital in Shanghai, China, for example, not only provided the necessary medical resources to ensure the safety of the health team's work but also provided mental well-being and psychological counseling, recognizing that professional well-being fosters efficient exercise and operation above and beyond healthcare quality (Cheng et al., 2020).

The Brazilian Ministry of Health developed suggestions for administrators on mental health and rehabilitative services of health professionals based on the same premise. Awareness of the disease virus and training in the appropriate use of PPE, good communication, consensual encouraging words and reassurance within and between coworkers, the alternation of low and high-pressure operations, fairly frequent day off monitoring, sufficient space for eating, and individual and group psychological support are all crucial (Emanuel et al., 2020).

As mentioned earlier, identifying anxiety sources helps health administrators and organizations design-focused methods to resolve these issues and give particular assistance to their health staff. As a result, experts put together a table titled "Requests from health professionals to your organization during the 2019 coronavirus disease pandemic," which includes five requests: pay attention to me, protect me, prepare me, assist me, and look after me. (Shanafelt, Ripp, & Trockel, 2020).

Some of the problems being encountered by the frontline nurses and other medical front liners are discussed comprehensively through the following literature:

COVID-19, while sudden, differs from previous catastrophes in ways that impact the total psychological damage. The most evident contrast is the direct infection hazard to medical personnel who care for the ill (Gregory et al., 2019). Healthcare professionals face the disturbing fact that they are routinely vulnerable to the potentially fatal cause and, therefore, at risk of transmitting the infection to their families and coworkers daily (Santarone et al., 2020). As a result, stigma, prejudice, and social isolation must be eradicated from the community. However, in the present scenario, those healthcare practitioners have become victims of social criticism. Many frontline healthcare workers at medical facilities are mistreated by hotel staff and have difficulty getting shelter and food (Poudel, 2020).

Furthermore, individuals and some healthcare professionals who participated in non-COVID replies have shown prejudice towards frontline healthcare personnel by refusing to speak to them and expressing displeasure of eating in the same food courts. Furthermore, given that healthcare professionals take all required measures, residents and community members have expressed discomfort with allowing frontline healthcare staff to live in their residences. Due to inadequate knowledge and anxiety connected with COVID-19, even healthcare professionals in psychiatry were reported to have trouble at work at first (Tandon, 2020).

Similar incidents on healthcare professionals have been reported in many other countries, notably India, the United States, and Australia, where they have been assaulted, intimidated, and ejected from their properties (Withnall, 2020; The Economist, 2020).

Furthermore, anyone who has worked at a healthcare center with a high incidence of COVID-19 cases is considered untouchable. Consequently, due to the stigma associated with COVID-19, healthcare providers are being labeled, separated, and face loss of position and prejudice. Moreover, although COVID-19 has several negative consequences on the general public's mental health, healthcare practitioners also deal with mental health issues (Tandon, 2020). The once-honored white coat has now been labeled a sign of diseased and profane items. Further, active COVID-19 patients and healthcare practitioners are discriminated against, but so are individuals who have recovered from the condition. Most of those recovered patients have indeed been barred entry into the neighborhood for fear of re-infection and transmitting the virus to everyone else. The community's attitude and stigma have created a hostile atmosphere in handling the problem, putting additional strain on healthcare providers and administration (Singh & Subedi, 2020).

As a result of the hostile environment, tracing COVID-19-infected persons has become more challenging. Furthermore, to avoid prejudice due to the virus's stigma, people may be compelled to engage in actions such as concealing their condition and refusing to seek medical help that could lead to more serious medical conditions. These habits emerged due to the stigma, which might increase COVID-19 cases and deaths (Singh & Subedi, 2020).

Clinicians all across the globe utilize personal protective equipment when caring for COVID-19 patients. Physicians perform Aerosol-generating operations (such as tracheal intubation and extubation), and so are medications that create aerosols, or merely standing within two meters of an infected patient.

The management of these patients necessitates using an N95 mask with a face shield or a motorized air-purifying respirator and a gown and gloves. Increased labor of breathing, limited range of vision, diminished tactile sensibility, and heat stress is all caused by this combination of personal protection equipment.

Other issues comprise ill-fitting equipment and scarcity, which cause frequent changes in the kind and availability of equipment that healthcare personnel must employ. Each of these issues has the propensity to impede a clinician's capacity to provide treatment to patients (Ruskin et al., 2021).

Previously, medical equipment was designed with the notion that the user would alter his or her workflow to accommodate the item. Instead, the product must be built to meet the user's requirements. Human factors engineering advances lead to a design process that improves rather than hinders performance (Yanez et al., 2020).

Health professionals are subjected to contagious illnesses spread by blood and various bodily fluids and airborne viral infections (Shiao et al., 2007). They are most at danger whenever they interact with patients (WHO, 2003), when providing care, or whenever they are subjected to patient biological specimens or the setting, which makes people fearful of becoming sick and infecting loved ones, as well as having harmful consequences for them (Hammen, 2018). Throughout a pandemic breakout of an infectious illness, stress and work burnout among healthcare workers are higher (Almutairi, 2018). Healthcare workers' current illness and deaths are putting social and emotional strains on them, as shown before with SARS and MERS, and now with the COVID-19 outbreak. Four factors (the fear of social isolation, the discomfort caused by protective equipment, the challenges and anxieties of infectious management, and the burden of treating patients) were included in a conceptual framework for healthcare professionals' stress when dealing with COVID-19 patients (Almutairi, 2018).

A greater infection rate has been linked to a lack of information (Cheng et al., 2020). Misconceptions among healthcare workers have slowed efforts to offer needed treatment (Hoffman & Silverberg, 2018), resulting in the fast transmission of infection in hospitals and putting individuals' lives in jeopardy. Because of their prior beliefs and experiences, Healthcare workers' perceptions can be impacted by awareness (Vinck et al., 2019).

Throughout the COVID-19 epidemic, nurses have played an essential component of the health sphere, particularly infection control practices, public safety, disease management, and intensive care.

They serve as healthcare providers on the front lines to handle difficult COVID-19 situations requiring hospital admission. Even during the pandemic, nurses' workload increased both quantity and severity. They also had to become used to emerging threats, procedures, and standards. This scenario necessitates a more thorough examination of the physiological, mental, and social needs of nurses who work in high-stress environments and comprise a high-risk population (Maben, 2020).

This was highlighted by every nurse as a critical issue when caring for COVID patients. The very saddest aspect is witnessing these individuals die with no one around; their families will never get to see them. The personnel is fully clothed from top to bottom; there is no skin-to-skin contact. These individuals are expiring with no one else to comfort them, no one who loves them around. Numerous nurses were all in tears as they spoke of people dying without the presence of their friends and family (Robinson & Stinson, 2021).

A study of healthcare workers' concerns and anxieties discovered that they were always afraid of not having access to proper personal protective equipment, being exposed to COVID-19 at work, and infecting their families (Shanafelt, Ripp, & Trockel, 2020). Some doctors in the United Kingdom are pondering abandoning medicine due to insufficient safety equipment (Forrester et al.). (2020). Few intensive care doctors in India have quit (India, Ministry of Health, 2020).

Vindrola-Padros et al. (2020) researched the perceptions and experiences of healthcare workers during the COVID-19 pandemic in the UK. The findings from all streams were analyzed using framework analysis. The scarce supply of personal protective equipment (PPE) and a lack of frequent testing caused worry and anguish in the workers. When personal protective equipment was available, the wrong fit and temperature made regular work difficult. The inability to assess redeployed employees' talents for new sectors and a lack of training for redeployed workers were recognized as concerns. Positive aspects of everyday work described by HCWs included coworker solidarity, establishing well-being support structures, and feeling valued by society. The research emphasized the need to consider the experiences and concerns of frontline personnel during a pandemic. During the COVID-19 pandemic, UK staff lobbied for precise and uniform rules, expedited testing of HCWs, PPE delivery, and recognition of the implications of PPE on everyday practice.

The pandemic of coronavirus illness (COVID-19) has exposed nurses to situations that jeopardize their health, well-being, and capacity to work. These were visible in Arnetz et al.'s

investigation (2020). The analysis revealed six main themes: self-exposure/infection; illness/death; workplace; personal protective equipment/supplies; unknowns; and opinions/politics. In addition, two sub-themes involved pandemic-related constraints and emotions of inadequacy/helplessness towards patients and their care. More than half of all responses addressed stress connected to employment concerns due to the epidemic. During this pandemic, healthcare facilities should let nurses express their stress, encourage one another, and make ideas for workplace modifications.

Vagni et al. (2020) studied the differences between healthcare and emergency workers in terms of their coping strategies, emergency stress, and secondary trauma, as well as the relationships of these differences to demographic variables and other stress factors (Instructions and Equipment). The analyses reveal that the health worker group has more significant emergency stress and arousal levels and is more inclined to apply problem-solving coping strategies than the emergency worker group. Healthcare workers involved in the treatment of COVID-19 are exposed to a large degree of stress and could experience secondary trauma; hence, it is essential to plan prevention strategies for future pandemic situations. Moreover, individual efficacy in stopping negative emotions and thoughts could be a protective strategy against stress and secondary trauma.

The research of Garcia-Batista et al. (2020) found that contact with patients with COVID-19 predicts increased use of emotion suppression strategies. However, it is not associated with the use of cognitive reevaluation. These findings lead to an even more significant increase in stress on health care providers. Contextual contingencies demand immediate responses and may not allow health personnel to use cognitive reevaluation strategies, leaning more towards emotion suppression. However, findings regarding high-stress levels require implementing intervention programs focused on promoting more functional emotion regulation strategies. Such programs may reduce everyday stress and prevent post-traumatic symptoms.

The research conducted by Dall'Ora et al. (2020) found that there was diminished work performance, poor treatment quality, poor patient safety, adverse events, negative patient experience, medication errors, infections, patient falls, and intention to leave as outcomes of burnout. These findings consistently suggest that negative employment qualities such as excessive workload, poor staffing levels, lengthy hours, and lack of control are connected with nursing burnout. The ramifications for

employees and patients might be catastrophic. The correlation between burnout and turnover, in particular, and associations were discovered for just specific MBI characteristics.

The COVID-19 epidemic has exacerbated healthcare personnel's worldwide stress and burnout issue. Afulani et al. (2021) investigated the relationships between perceived preparation to respond to the COVID-19 pandemic and healthcare worker stress and burnout and potential mediating variables among Ghanaian healthcare professionals. Lower stress and burnout were connected with appreciation from management and family support. However, fear of infection was linked to increased stress and burnout. Fear of infection mediated the association between perceived preparation and stress/burnout to a lesser extent, accounting for around 16 to 17 percent of the impact. A lack of perceived preparation exacerbates stress and exhaustion to respond to COVID-19, which is partly caused by infection anxiety. Interventions, incentives, and systemic health changes to increase healthcare workers' morale and capacity to respond to the pandemic are needed.

All mentioned papers are related to the present study since all dealt with the problems brought about by the COVID-19 pandemic. However, they differ since the present study used data analysis and interviews. The cases' focus is on work as self-sacrifice, work as self-fulfillment, and work as a struggle.

Local

Zhang et al. (2020) researched frontline nurses' stress, burnout, and coping strategies during the COVID-19 epidemic in Wuhan and Shanghai, China. The nurses in this study were under much stress, and the most often mentioned stressors were family related. Nurses who were younger and worked longer shifts were more likely to get burned out. Psychological support techniques must be established and executed to promote mental health among nurses during the COVID-19 epidemic.

A qualitative exploration of school nurses' experiences during the COVID-19 pandemic as the frontline primary health care professionals was the focus of the paper of Lee et al. (2020). The findings highlight the crucial role of school nursing professionals in reducing the community-wide risk presented by pandemics and the necessity to incorporate them into the primary health care system's design and implementation of school health policies and guidelines. This critical function in schools is required to assess, implement, monitor, prevent, and limit the viral spread in school communities and lessen the

strain on the additional health care resources used in the acute care context during the COVID-19 pandemic.

Cui et al. (2020) conducted qualitative research to investigate nurses' experiences and psychological adaptations who willingly came to China's Hubei Province to assist the COVID-19 pandemic. The following themes emerged from the analysis: Motivations for supporting the hardest-hit areas (professional commitment, family support, and media propaganda); Challenges encountered during reinforcement missions (high workloads, changes in working habits, communication hurdles, and obstacles connected with the use of personal protection equipment); Psychological experiences (ambiguity, infection worry, alienation, stressful situations, and sleep difficulties); Psychological adaptations (adequate training and personal protective equipment, positive responses to stress, and social support); and Personal and professional growth (a solid professional identity, a positive work attitude, perception of expanded possibilities, the realization of the value of learning, and cherishing life).

To investigate the work stress among Chinese nurses supporting Wuhan in fighting against Coronavirus Disease 2019 (COVID-19) infection and explore the relevant influencing factors are the aims of the research of Yuanyuan et al. (2020). The results revealed that this nurse group's SOS and SAS scores were positively correlated. Multiple regression analysis showed that only children, working hours per week, and anxiety were the main factors affecting nurse stress. Nurses who fought against COVID-19 were generally under pressure.

Wu et al. (2020) conducted a study to assess nurses' willingness to participate in the care of patients with coronavirus disease 2019 (COVID-19) in China and to identify its associated factors. They concluded that most nurses were willing to participate in patients with COVID-19 in China. Surgical nurses and nurses with positive professional perceptions are more likely to participate in treatment.

Huo et al. (2021) sought to explore burnout syndrome's frequency and risk factors and the link between burnout and depressive symptoms among frontline medical workers in China during the COVID-19 outbreak. The data imply that burnout is quite common among medical workers during the COVID-19 epidemic and connected with other psychological problems like depression. Psychological support for medical personnel is desperately required. When giving psychological aid, young and inexperienced medical personnel, particularly nurses, should be given specific consideration.

Jiang et al. (2021) described the professional quality of life. They investigated its associated aspects among nurses from different parts of China who came to help with the anti-epidemic campaign in Wuhan, specifically whether the hospital's ethical atmosphere was independently related to nurses' professional quality of life. During the epidemic's early stages, nurses reported moderate to high levels of compassion fulfillment low to moderate levels of burnout, and all nurses suffered secondary traumatic stress. The nurses observed a high degree of ethical atmosphere in the facility. The perceived hospital ethical climate played an essential role in promoting nurses' professional quality of life during a life-threatening infectious disease pandemic.

All of the previous studies are relevant to the current study since they all dealt with the challenges caused by the COVID-19 pandemic. They vary, however, because the current study paid less attention to the personal affairs of the respondents and dealt more with their struggles at work. The instances are divided into labor as self-sacrifice, work as self-fulfillment, and work as a struggle.

Conceptual Framework

Chinese frontline nurses experience an enormous number of problems while working in the high demanding conditions of the work environment, most especially during the time of the pandemic. The Neuman Systems Model is a conceptual framework that revolves around the structure of stressors, the emotional response to these stressors, and the corresponding interventions. This framework establishes a holistic approach that incorporates five major factors: physiological, psychological, sociocultural, spiritual, and developmental (Kerime, 2017). With these factors, the goal is to organize intra-, inter-, and extra-personal stressors. Organizing how these stressors affect an individual may help identify and analyze the primary source of the stress. Whether internally or externally, using this model allows the individual to assess the problem, how they perceive it, and what can be done for relief. Using a digital care package and MBSR techniques may help HCWs identify what causes stress in the work environment. This can help measure the level of burnout they are experiencing and determine the specific interventions to decrease their stress. This model emphasizes incorporating the patient's needs and maintaining optimal wellness within oneself. Implementing interventions that will help healthcare

workers cope with burnout-related stress will lead to healthier coping mechanisms and a decrease in reporting high levels of burnout due to the pandemic.

Paradigm of the Study

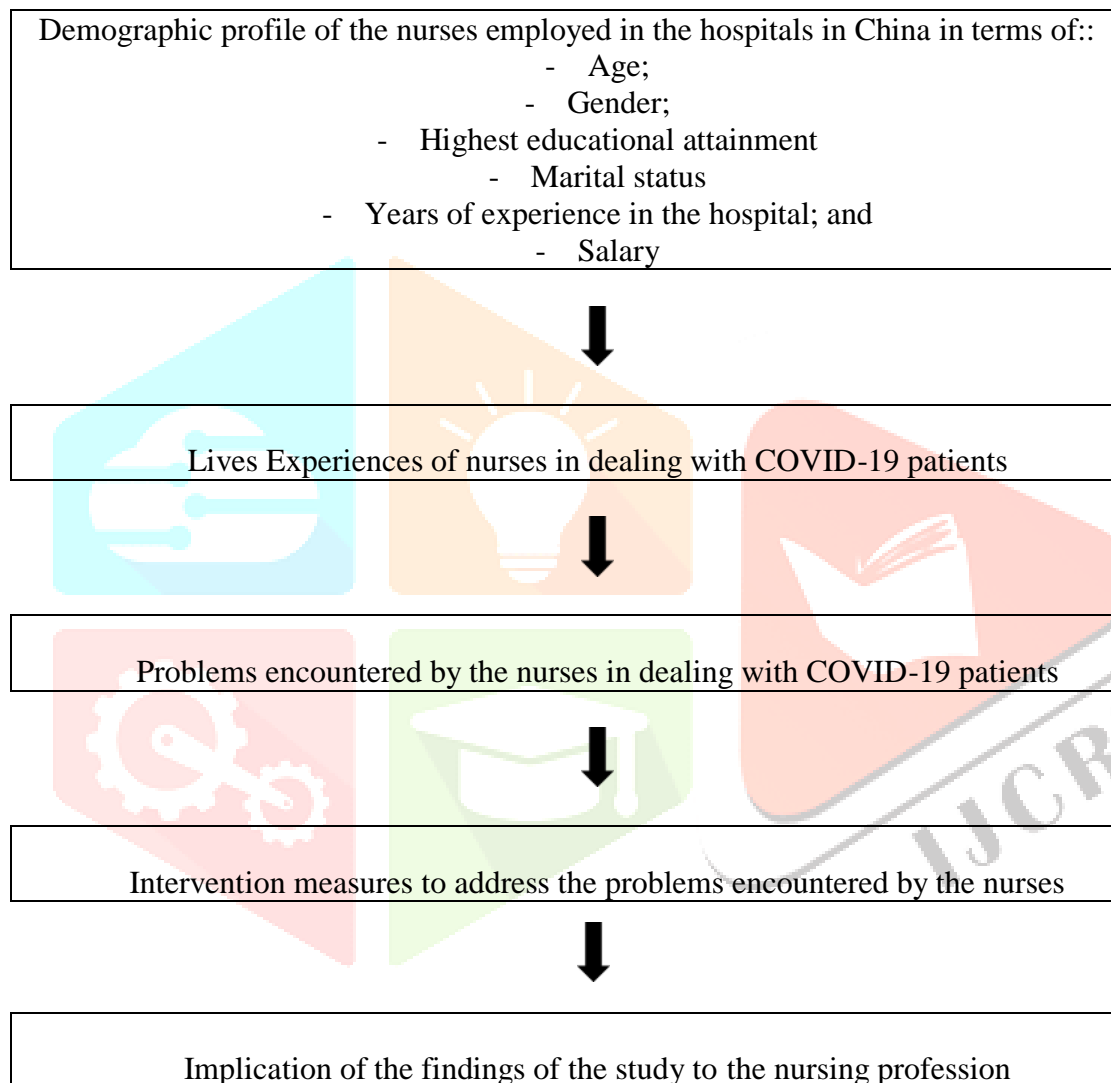


Figure 1. Paradigm of the Study

This paper identified the lived experiences and problems nurses faced during the pandemic in China.

This study only covered some of the issues nurses face in three hospitals in Chifeng, Inner Mongolia, China, during the spread of novel coronavirus.

An intervention measure was proposed based on reported problems, and the implication of the results to the nursing profession was also tackled.

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METHODS OF STUDY AND SOURCES OF DATA

This chapter explains the research design, population and sampling, study participants, research instrument/s, validation of the instrument/s, data gathering procedure, and statistical tools employed in the treatment and analysis of data.

Research Design

The research was conducted using a Mixed Methods approach. A mixed-method research design is a way of gathering, analyzing, and "mixing" quantitative and qualitative research and methodologies in one study to better understand a research topic (Creswell, 2012). To get the most of this design, a researcher needs to be familiar with quantitative and qualitative research.

Quantitative research is a method of academic research in which the researcher gets to decide what to study, asks specific, restrict questions, collects measurable data from respondents (often a large number), analyzes the data employing statistics, and investigates an impartial, objective way (Fischler, 2021).

Qualitative research is a type of academic study in which the researcher relies on participants' personal opinions, asks broad, general questions, and collects responses from participants primarily in the form of words (or text). It also describes and analyzes these words for themes and investigates them in a subjective, biased manner (Fischler, 2021).

Population and Setting

The research population includes all frontline nurses of the three hospitals dealing with COVID-19 patients.

The present researcher identified the total number of frontline nurses per hospital who were part of the locale of the study. Then a sample size was identified through stratified random sampling to get the ideal sample size per medical institution. Lastly, the participants were identified through the lottery method, and the selected frontline nurses were the primary source of the data to be collected. Ten (10) participants were interviewed about their experiences in dealing with COVID-19 patients from the samples.

Table 1
Participants of the Study

Hospitals	Participants for	Participants for
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	the Survey	the Interview
HOS 1	35	4
HOS 2	35	3
HOS 3	30	3
Total	100	10

Research Instrument

The primary instrument to be used to gather data is the Survey Questionnaire. The questionnaire to be used in this research was self-made. It was divided into three parts as follows:

Part 1 consisted of the demographic profile of the participants. Items included name (optional), age, gender, highest educational attainment, marital status, years of experience in the hospital, and salary.

Part 2 of the survey questionnaire consisted of the respondents' problems encountered by the nurses during the COVID-19 pandemic. This comprised their problems related to infection control, problems in taking care of patients, and problems related to hospital organizational management.

A guide questions for the case study portion were developed. The cases of the ten (10) Chinese nurses comprised their lived experiences in dealing with COVID-19 patients.

The questionnaire for the quantitative part was validated by three experts – a hospital administrator, a head nurse, and a nurse who has been in the service for ten years.

Data Gathering Procedure

The approval to conduct the study was requested from the top management of the Chinese hospitals, which served as the research locales. The respondents' approval was also sought for their involvement and assistance in answering the survey questionnaire.

Individual in-depth interviews were conducted with the central topic of working and serving in hospitals in the middle of the COVID-19 pandemic health crisis. This was then validated by a panel of three experts from their respective specializations and was immediately followed by supporting open-ended questions after their answers were deemed necessary. An individual in-depth Interview is a type of data collection in which the researcher connects with the target respondents in person to ask them questions. This is considered the best technique because of the exceptional availability of information a person can provide (DeFranzo, 2020). Each participant was questioned once for at least 30-60 minutes

using a videoconferencing application called WeChat to ensure privacy and confidentiality. Following the ethical process, consent to record the interviews was sought all through performing this study, the standards for reporting qualitative research guidelines adhered.

Statistical Treatment

The quantitative data were analyzed using descriptive statistics. Specifically, frequency, percentage, and mean. For the qualitative part, data analysis was searched for data patterns (Neuman, 1997). Once the pattern was identified, data were interpreted, determined its meaning, constructed conclusion, and finished the final step to do case reporting.

For the problems encountered by the participants, the responses of the respondents were summed up and categorized as follows:

Mean Scores	Descriptive Rating
4.50 – 5.00	Always a Problem
3.50 – 4.49	Almost Always a Problem
2.50 – 3.49	Occasionally a Problem
1.50 – 2.49	Seldom a Problem
1.00 – 1.49	Never a Problem

Ethical Considerations

The researcher sought the consent of the participants in the conduct of the study. The researcher informed the management and respondents about the research's scope, composition, goal, and impact when the study's conduct was approved. An assertion was given to the respondents and the industry where they are affiliated that they will abide by standards of ethical considerations.

The researcher ensured the anonymity and protection of the identity of the participants. The researcher ensured the confidentiality of the information gathered. The records were kept secure using password-protected files encryption when sending information over the internet. The researcher also permitted employees to withdraw deliberately without explaining their withdrawal during the conduct of the study.

The researcher made sure that the respondents were not subjected to harm in any way whatsoever and respect for their dignity is the utmost priority. The integrity of performing qualitative research was

rigorously followed throughout the process to ensure reliability, trustworthiness, and audibility. This involved ensuring that each participant's detailed account accurately represents their experiences. Noting any confusing or misconstrued themes or discussions prompted the researcher to return with the analysis and modify the point. This approach allowed participants to follow the researcher's thought process as he or she analyzed the questions. Academe-based qualitative research specialists were contacted to guarantee that the description and coding utilized in the analysis and interpretation were accurate. All audio recordings and transcripts were maintained on a password-protected computer and were utilized and saved.

PRESENTATION, ANALYSIS, AND INTERPRETATION OF DATA

This chapter presents the data and their corresponding analysis and interpretations to answer the problems of the study.

I. Profile of the Nurses Employed in the Hospitals in China

1.1. Age

Age is a standard demographic variable included in the present study. It is divided into six age ranges beginning 20 years old up to 46 and above.

Table 2 presents the data about the age of the respondents who were involved in this study.

Table 2

Age of the Respondents

Age	f	%
20 -25	25	25
26 – 30	38	38
31- 35	17	17
36- 40	9	9
40 – 45	8	8
46 above	3	3
TOTAL	100	100

It can be gleaned from the table that those respondents whose ages are 26 to 30 years old obtained the highest percentage of 38%. This result is followed by those whose ages range from 20 to 25 years old who are part of the category of those who just entered the profession following education. This reveals that many nurses are working in their prime working lives. On the other hand, the results reveal that few nurses remain in their profession after they have reached their forties.

According to a 2005 study of 30,083 nurses in 707 hospitals in Si Chuan Province, 58 percent of nurses were between 23 and 34, 26.5 percent were 35 to 44, and 15% were above 45. (Liu et al.,2017). This contrasts with a United States of America study on nurses' demographics, which shows that the age range is 47.9 years old, with over half of all nurses (47.5%) aged 50 or over (U.S. Department of Health and Human Services, 2019).

1.2. Gender

Gender pertains to a binary variable, either male or female. The profile of the nurses according to their gender is shown in Table 3.

Table 3

Gender of the Respondents

Gender	f	%
Male	16	16
Female	84	84
TOTAL	100	100

The results show that females dominate the nursing profession with 84% of the total population. The males obtained only a 16% representation.

China has around 3.5 million registered nurses. However, just 1% of them are male, according to Hu (2017). Due to men's physical advantages, Chinese hospitals are emphasizing the disparity. China's male-to-female nurse ratio is far lower than industrialized countries, where roughly 20% of nurses are men.

The fundamental issue is social prejudice. Nursing is an unpopular career for males in China (Li, 2017). Some male nurses have quit because their families or friends do not believe employment is acceptable.

Other considerations include that nursing occupations need a lot of physical strength and energy in many cases. As a result, the percentage of male nurses in some hospital departments, such as operating rooms, orthopedics, and mental facilities, is often more significant than in other hospital departments (Yu, 2019).

While female nurses are usually more meticulous with their work than male nurses, male nurses typically have a physical strength advantage over female nurses. As the general pattern toward an aging society accelerates, male nurses will see significant increases in both customer preferences and salaries in the future (Song, 2019).

1.3. Highest Educational Attainment

This variable pertains to the maximum degree or level of education a respondent has completed.

Table 4 highlights the highest educational attainment of the respondents.

Table 4
Highest Educational Attainment of the Respondents

Highest Educational Attainment	f	%
College Degree	16	16
Bachelor's Degree	6	6
Master's Degree	77	77
Doctorate Degree	1	1
TOTAL	100	100

It can be gleaned from the table that 77% or the majority of the respondents are master's degree holders. On the other hand, a doctorate gained the lowest frequency, equivalent to 1%.

According to Deng (2015), even though nursing education in China has grown fast over the last 30 years, technical secondary and tertiary education schools are high. However, the number of master's programs is limited. Doctoral nursing education is still in short supply.

In addition, most participants described nursing as a method to support their families rather than an enthusiastic vocation. Committing to a nursing profession is a lengthy and challenging journey. The Chinese clinical nurses who took part in this study appeared uninterested in nursing. As a result, nurses may require ongoing assistance at various times of their careers to improve their capacity to continue working for reasons other than financial gain (Ye et al., 2020).

1.4. Marital Status

The marital status of the respondents will reveal their interactions during their everyday lives. Their status may be a factor in their decisions.

The marital status of the respondents is presented in Table 5.

Table 5

Marital Status of the Respondents

Marital Status	f	%
Single	47	47
Married	53	53
Widowed	0	0
Divorced	0	0
Separated	0	0
TOTAL	100	100

The study shows that there are more married nurses (53%) than single nurses, while 43% are of the nurses are still single. Though there were more married nurses than single, the difference is few. This is because nurses' risk of having a poor family function is higher than other professions. After all, their time is divided into their shift work and family.

Olatunji & Mokuolu's (2014) study found that respondents' marital status substantially impacted work satisfaction. It is impossible to overstate the importance of demographic factors on work satisfaction. As a result, the variable must be considered while developing plans and strategies to boost worker job satisfaction in their professional workplace. They suggested that single workers be targeted when devising programs to promote job satisfaction because they are less satisfied than their married colleagues.

1.5. Years of Experience in the Hospital

This part presents how long and short the professional experience rendered by the nurses in the hospital where they work.

Table 6 presents the respondents' years of experience in their respective hospitals.

Table 6
Years of Experience in the Hospital of the Respondents

Years	f	%
1 to 5 years	68	68
6 to 10 years	15	15
11 to 15 years	16	16
16 to 20 years	1	1
21 to 25 years	0	0
26 years above	0	0
TOTAL	100	100

The table shows that 68 percent of respondents had been in the nursing profession for one (1) to five (5) years. Only 15% of the group has spent six (6) to ten (10) years on the job—16 nurses with 11 to 15 years, and one (1) with 16 to 20 years. None of the participants were over the age of 26. The nurses do not see their profession as a lifetime profession. This job is appropriate for younger and much healthier to accomplish physically challenging tasks.

In their study, Zhang et al. (2015) found that 5.1 percent of nurses conveyed an intention of leaving their current job in the next 12 months (during their interview). This intention to leave may be

associated with Chinese culture, as some Chinese are reluctant to tell everyone else about their plans, especially when undecided.

Contract nurses have a higher rate of turnover than other nurses. With an increasing number of young contract nurses working in Chinese hospitals, management should stress fair treatment and increased assistance for contract nurses, such as equitable compensation and professional development possibilities (Chen et al., 2018).

1.6. Salary

The salary of the respondents is shown in the table below.

Table 7 shows the salary of the respondents.

Table 7
Salary of the Respondents

Salary in Yuan	f	%
1,000 – 3,999	37	37
4,000 – 6,999	34	34
7,000 – 9,999	19	19
10,000 – 12,999	7	7
13,000 – 15,999	2	2
16,000 above	0	0
TOTAL	100	100

Table 6 illustrates the respondents' profiles based on their earnings. The majority of nurses earn between 1,000 and 3,999 Yuan per month. Only a few (2) respondents receive a salary ranging from 4,000 to 6,999 Yuan, and only a few (2) earn a salary ranging from 13,000 to 15,999 Yuan. None of the respondents has a salary of more than 16 000 Yuan.

Nursing shortages are exacerbated because an increasing number of nurses are quitting the field for various reasons. However, for the most part, it comes down to discontent with income, workplace conditions, and a lack of respect for and appreciation of their efforts. According to the China Social Welfare Foundation's 2017 study of over 50,000 Chinese nurses, 76.5 percent earn less than 5,000 yuan

(\$775) a month. Almost half of those who had left the field identified inadequate pay as the key reason for their departure. Except for those who work in famous hospitals, nurses are often underpaid. For 4,000 yuan (\$620) every month, many nurses manage ridiculous workloads and enormous constraints. Even though their heroic efforts were recognized during the epidemic, they are still undervalued daily (Feng, 2021).

II. Lived Experiences of the Nurses in Dealing with COVID-19 Patients

Case 1: “A farewell bus is more affectionate than any kiss at a wedding, and a hospital wall more sincere than a prayer heard in a church.”

Case 1 is a 39-year-old female who is a department manager of their hospital. According to her, because of the uncertainty of the disease, the requirement is to wear protective clothing, surgical masks, goggles, and protective items like gloves. When the epidemic broke out, it was winter. It was freezing, and the protective suits were airtight. At the very beginning, the hospital did not have enough supplies. To save the protective clothing, she did not eat, drink, or go to the toilet after she puts it on. Most of the patients during that time were infected with COVID-19. If she removes her protective clothing, she must replace it because it is already considered contaminated. To her and her fellow nurses, protective clothing is the most treasured gear they have. She refuses to eat and drink during her work schedule. She also wears a diaper to save her protective clothing during her menstrual period. She endures the excruciating pain of the menstrual period because nothing is more painful and distressing than to have COVID-19.

During the outbreak, the hospital responded to the first level of health precautions, and it implemented the principle of triage and first treatment. At that time, nurses and doctors were on duty at the hospital's gate. If a patient was suspected of COVID-19, he/she was immediately isolated, which largely avoided nosocomial infection. At that time, the hospital was also systematic, and patients who did not meet the hospitalization level in other departments were not allowed to be hospitalized. At that time, the stomatology department was also closed to control it as possible. Therefore, as a clinical nurse, her job is to cooperate with the arrangements of hospital leaders and the state. At that time, everyone in the department wrote an application, hoping to go to Wuhan to help the local medical staff and the local confirmed patients because it is deemed necessary.

As a nurse with many years of clinical experience, she must coordinate the department's work. At that time, everyone in the hospital was afraid to go to the hospital. Some of their nurses were very young and had just graduated from school. It was usual for them to be afraid, but as the department manager, she must not façade her fears. Because of the uncertainty of the disease, she must learn lots of new things to professionally instruct the other nurses on how to deal with patients and how to protect themselves.

She thought it was holy to work in white when she was still in school. Her first task was to work in ICU, which was hard. Nevertheless, nothing is more complex than to become a frontline nurse. Everyone must treat the nurses with utmost consideration and understanding. She felt that she had more responsibilities than before. She had to cooperate with the hospital to complete emergencies, and the nurses' scheduling was also very different from before. She is going through this with her department and her nurses. At that time, there was a petition, and all the nurses in their department signed it. They were all willing to go to Wuhan, the place where the epidemic was most serious at that time, and none of them held back. She was very touched.

Working as a COVID-19 care provider entails being away from her family. With a sigh, she uttered these words, "Isn't it true that a farewell bus is more affectionate than any kiss at a wedding, and a hospital wall more sincere than a prayer heard in a church?" Many people discriminated against them, but she is glad because industries let them feel that nurses are well appreciated. Many businesses, like Adidas, were behind the medical workers. They give significant discounts for their purchases. She is optimistic that China's care industry will be better, and recognition to health care workers will also improve.

At the end of the interview, she thanked the researcher for coming up with this paper. She hopes that this study will contribute a lot to the nursing profession.

Case 2: “Gender Sensitivity”

Case 2 is a 31-year-old male who is in-charge of the COVID-19 ward of their hospital. He mentioned that wearing of protective equipment is critical for him, no matter how discomforting it is. Every day, he must wear isolation suits, goggles, surgical masks, gloves, masks, and shoe covers as protection as she takes charge of the COVID-19 level 3 patients. He has no choice but to undergo a time-

to-time Nucleic Acid Amplification Test. The test gives him so much stress because he usually worries about the result.

Usually, this is how their hospital deals with the COVID-19 patients. The suspected patients should take N95 level 3 protection. If confirmed, the patient will be transferred to an isolation hospital following the hospital's previous diagnosis protocol. In addition, other patients with endotracheal intubation are converted to a closed suction device and must undergo open examinations, such as fibroscopy, under secondary protection. She said that their hospital usually has a shift system. For example, the therapy team will only be responsible for a series of essential patient infusion and injection operations. The office team will be responsible for writing medical records and checking doctor's orders. However, all the nursing operation team need to be familiar with all operations since they do not know when the next emergency will be.

Nurse 2 was only in middle school when he heard about SARS and realized how serious this illness was. Fast forward to the present, now he is a nursing staff and works all the time to try to save the lives of those whom COVID-19 strikes. Everyone sees them as a "redeemer." He feels honored to protect the lives of the sick. He is grateful that the Chinese government is doing its best to create relevant measures to break the pandemic. Now, China is going back to normal but still reminds people to be careful because the pandemic is not yet over.

Nurses in China are called "white angels." Their primary task is to complete the daily nursing duty and actively cooperate with the health programs issued by the national government. Due to the sudden pandemic outbreak, everyone's knowledge about the disease is not enough, so everyone's treatment is in the exploration stage. As a medical worker, he also plays the role of a learner, and he should actively learn about the prevention, treatment, and prognosis of the COVID-19. When he sees the patient recovering, he feels that everything she does makes sense. This gives him a sense of fulfillment.

Many people in China may think it is strange for boys to study nursing; why not become doctors. Because most Chinese nurses are women, people think that this profession is not for men. They do not understand how males like him can care for the sick. Sometimes, when they meet female patients, they will resist male nurses. He feels sorry for those male nurses like him. He wishes the Chinese society would be as accepting as the other neighboring countries.

Case 3: “Having to give up thyself for the sake of others”

Case 3 is a 34-year-old male and married intermediate nurse who formulated the relevant protection management system of their department according to the policies of the state and the hospital. Among the practices they need to follow are as follows: wear protective clothing to go out, wear work clothes indoors, wear masks, protective glasses, and caps, and check the temperature of people in and out. The protective equipment was inadequate at the beginning of the outbreak. In the duration of the Chinese New Year, the rise of COVID-19 cases exploded. The protective equipment for hospital staff was short in supply. The hospital management requested every health worker to extend their face masks because of the shortage. Because of that, the government required all medical factory workers to give up their holidays and rush the production of masks and other protective equipment. For those, the medical health workers are thankful.

When the surge of COVID-19 patients happened in their hospital, Nurse 3 narrated that hospital staff immediately asked for a dialogue with the management to increase the health personnel and arrange temporary treatment facilities. Their hospital had groups in charge of maintaining order in the flow of patients and those in charge of taking care of patients' mental health. It was necessary to avoid disputes between the health workers and the patients since they are aware of the pandemic's emotional and physical stress.

As a clinical nurse, it is her joy to serve patients. She witnessed the energy of nurses during the fight against COVID-19. She was proud every time she saw nurses rushing to the front on the news. Now the status of nurses in China is gradually improving, and she is glad that people have more understanding of the work of nurses. She feels prouder of her present work. She now sees more significance in her work because of this pandemic.

Nurses' job is to save lives, and the job is more than just a job. They have more responsibilities than before, and society needs them to do more. When there is a major epidemic in the country, they should do more. They should be in the front. She thinks it is supreme glory that she participates in the fight against the disease. It is an honor to serve her country.

Nurse 3 said that she usually feels very guilty about her lack of time for her family. Her profession requires her to take care of people, and because of the danger brought about by COVID-19, there were

limitations in interaction with them. It sometimes breaks her heart when her children are sick and cannot take care of them because of the call of her duty. She performs at her best at work but is inefficient in her duties as a mother to her children.

Case 4: “I’m mad... I’m sad... I’m glad...”

Case 4 is a 39-year-old married woman who is the deputy director nurse of their hospital. As the novel coronavirus can transmit in many ways and at a breakneck speed, she must wear protective suits and masks when she enters and exits the ward. Moreover, the supply of protective suits is very tight, so it usually takes several hours to put on protective suits, so the work intensity is very high. The first thing she usually does in the morning is to make rounds in the ward disinfection, bed-to-bed care, and staff room for temperature detection. The hospital has pre-check triage duty. Staff members are assigned to check the temperature of some people entering the hospital and require them to register their information. If a patient is detected with fever, he/she will be separated from other people immediately and then carry out the epidemiological investigation. If the person is from high-risk areas with fever, he/she will be isolated first and will be reported to the nurse supervisor. Nurses call 120 for patients with high fever to be transferred to the isolation point for nucleic acid testing. It is the course of the hospital to disinfect the area that the person touches or passes through. The medical workers still need to do the work of pre-examination and triage. The inpatient department should do excellent secondary temperature detection, secondary prevention, and control. The medical workers in the outpatient department should do both one person and one clinic, no matter when registering or seeing a doctor, keep a distance of 1 meter. Everyday work is relatively straightforward.

Nevertheless, since the advent of the outbreak, they added much work. They had a bayonet epidemic prevention and control. The hospital had isolation of epidemic prevention and control.

She worked in the quarantine center for one month, mainly for prevention and control. Students returning from abroad were quarantined for 14 days. If they showed no apparent symptoms of COVID-19, such as fever, and the nucleic acid test was negative, the quarantine could be canceled. Medical work has made significant contributions to society because it is indispensable to cure diseases and save lives. People also depend on medical staff very much, and they will go to the hospital for help whenever they

are sick. So they can save lives, relieve pain, and bring people back to health. In addition, medical staff is also a valuable profession to society.

The struggles of nurses begin within the medical industry. It is felt through how the hospital administration treats them. Many of the superiors look at the nurses differently. Nurses in their hospitals belong to the cheapest labor force. In addition, the ward department does not have a good condition. Nurses are often found sweeping and cleaning the place and boiling water whenever requested. Nurses also clean the dirty beds of the patients and even clean the feces.

There was even a time when a patient refused a nurse for his intravenous fluid because she had just finished sweeping the floor. To the patient, it was unhygienic. There were also surprise inspections of their lockers to check if nurses skimp the patients' medicines.

Once a nurse complained to their administrator about the bulk of their tasks. Unfortunately, she was told that many nurses were waiting for her post. The hospital can quickly train new nurses in three minutes. If there is another complaint, they can leave the hospital any time they want. These are a few of the many sacrifices of nurses. that is why many would not want to remain nurses forever.

Their hospital needs reform to protect the dignity of the nurses and their profession.

Case 5: "It will not be easy, but it will be rewarding."

Case 5 is a 25-year-old single woman who is a junior nurse at their hospital. She narrated that in the beginning, the protective materials were not enough. In order to save materials, Nurse 5 did not eat, drink water or go to the toilet at work. Some medical workers would faint because the protection was not breathable. They sweat a lot and sweat for a long time. It was easy to have hypoglycemia and collapse without drinking water. However, at that time, she would not tell her colleagues because she was afraid of affecting the work of the whole medical team, who were already working hard to take care of patients.

When there were many positive patients, severe patients were transferred to designated hospitals with more advanced technology. Therefore, the daily task is to measure the patient's vital signs, observe the condition, administer nucleic acid tests, write nursing records, and disinfect the patient after discharge. They are there to provide patients with life assistance. They stay eight hours of work a day, nine to ten hours a day with travel and disinfection. They manage patients by area, with two nurses caring for 50-60 patients.

Nurse 5 said that it is her responsibility to take care of patients daily. She is fortunate that her hospital does not cater to severe cases of COVID-19. In some ways, everything is under control, so the pressure was not that great.

As a nurse, her responsibility is to take good care of patients, obey the doctor's advice, and master various operating skills. At that time, the disease spread very fast, so many patients would have psychological fear, some patients were already in a state of recovery, but they dared not go home. They are afraid of returning home to infect their family, so they also conduct psychological counseling aside from taking care of them.

The nursing profession is noble, and she does not regret taking this work. She feels that people find their profession necessary because the world will be in chaos without them. She feels honored to serve their country the best way she can by caring for her fellowmen.

Case 6: “Contemporary Nightingales”

Case 6 is a 27-year-old single woman who is a junior nurse at their hospital. She usually feels stuffy and breathless within five minutes after wearing their protection clothes. There were also times that she felt suffocated. However, it is still necessary for their safety to dress appropriately, no matter how painstaking it is. This is to protect themselves and those who come in contact with them to control the spread of COVID-19.

Their leader assigns their work, and they always work in pairs with their colleagues. Everyone is responsible for different areas of the division. Each group functions differently from one another. Life at work is always busy that even their thirst will not be entertained anymore. There were also moments when they for a whole day. She did not want to be tired. She cannot be tired. She always hopes for a better tomorrow.

She believes that being a nurse is a great cause. Her work is a life-saving cause. She has a great passion for her job, and she feels that this is her way of serving her country with great pride.

The beautiful Nightingale was her heart of faith when she entered the university to take medicine. She understood the responsibilities and the sacrifices it would entail upon her entry into this profession. Therefore, after graduation, she immediately worked in a hospital and still kept her faith.

They are not respected by patients, especially during the epidemic period. Pre-examination and triage in hospitals are often not understood by patients, prone to disputes. Many patients cannot understand why it is so complicated to enter the hospital. At that time, the temperature of hospitalized personnel must be monitored during the epidemic. Once patients with high temperatures are found, they should contact the fever clinic to avoid nosocomial infection. In addition, sick people are more prone to psychological anxiety, so they are often not understood by many.

Case 7: “Real life heroes wear PPE”

Case 7 is a 35-year-old married woman assigned as the head nurse of their hospital. She said that protective equipment is mainly for self-protection, not over-protection, but also necessary protection; Wear masks regularly; Patients with suspected COVID-19 should wear N95 masks and protective clothing. During the COVID-19 pandemic, when a large amount of protective equipment is urgently needed, centralized national efforts to ensure the adequacy of personal protective equipment also provide a strong guarantee for epidemic prevention and control, demonstrating the importance of protective equipment.

During the severe epidemic period, he worked in the outpatient department for triage, facing many outpatients every day. He strictly followed the rules and regulations of the hospital, carried out a rigorous and careful epidemiological investigation, and guided patients with respiratory symptoms such as fever, cough, sore throat to the outpatient department for fever. After the COVID-19 was brought under control, he returned to work in the digestive endoscopy room. In the face of a large number of patients undergoing examination. He also carried out a rigorous epidemiological investigation, arranged the order of treatment according to the patient's priorities, and at the same time, He did an excellent job of personal protection to carry out the treatment work in an orderly manner.

He appreciates and respects his work very much. The object of his service is people, life, and disease. He should learn professional knowledge and master solid skills, and practice his work with benevolence. When confronted with the sudden outbreak of COVID-19, as a medical worker, he did not hesitate to serve as frontline epidemic prevention and control work staff, reflecting his work value. It is his great honor that in the face of the rampant COVID-19 outbreak, the country has taken timely and

effective measures, and the whole nation has been focused on fighting the epidemic, which has been effectively controlled.

As a medical staff, his responsibility is to complete daily nursing work and make safe and effective services for patients' diagnosis and treatment to have a good sense of medical experience. The mission of their career is to cultivate a certain sense of social responsibility and responsibility. When there are emergencies, he can make contributions. Just like the sudden OUTBREAK of COVID-19, which broke the excitement and calm of the past and caused social panic, groups of medical workers with a strong sense of social responsibility and mission threw themselves into him.

It is mainly the role of male nurses. In the eyes of Chinese people, nurses are women practitioners subconsciously. Patients mostly dislike Males because of the belief that female takes care better. Nevertheless, with the demand for nurses in hospitals, many male nurses are now. Over time, this seemingly particular group will gradually be accepted and respected by patients and society, their professional identity will also be more vital. He can do an excellent job in nursing work, and his career is full of confidence.

Case 8: “You won’t have to face them alone.”

Case 8 is a 39-year-old married woman assigned as the nurse-in-charge of their hospital. According to her, hospitals scrambled to find stocks of protective equipment and distribute medical supplies to different departments as needed when the COVID-19 broke out. At that time, hospitals and residents were in great need of protective supplies, especially masks, and the uncertainty of possible COVID-19 led to panic. In the later period, the supplies were gradually sufficient, so all the 120 ambulances were required to wear protective clothing to protect themselves and the patients.

Because she worked in the inpatient department, the hospital was very strict on the control. For the safety of hospitalized patients and medical staff, patients need to be excluded from COVID-19 infection. Before nucleic acid testing, patients can only be excluded through chest CT examination and fever symptoms. Their work, in addition to daily nursing operations, is temperature monitoring.

At that time, the hospital did not have patients accompanied by family members, so all the tasks were done by the nurses to complete the daily nursing work and take care of the patients' daily routines. When the patients were discharged, they also had to check them from time to time.

They have to take good care of the patients. Some patients tend to have a fever after surgery. Although she knows this is a normal reaction after surgery, the situation makes everyone panic if they hear that a patient has a fever.

The most challenging thing about work is that patients do not understand that the body is exhausted when working under load for a long time. She can understand the patient's emotions but sometimes misunderstands, causing conflict. Her heart is troubled during these situations.

Case 9: “There can be no huge feat without taking risks.”

Case 9 is a 27-year-old married woman designated as a junior nurse of their hospital. Based on her story, the typical emergency areas under observation are outpatient service and the ordinary ward level of protective measures, which includes: medical-surgical masks, disposable working cap, overalls, nitrile gloves, disposable latex or secondary protection measures adopted in high-risk areas, in the high-risk area adopts three-level protective measures, provides medical personnel with excellent protection.

They usually make a preliminary judgment on the patient's situation, observe the changes of vital signs and symptoms, and further inquire about the epidemiological history. If suspected patients are found, they should be immediately transferred to an isolation room and isolated in a single room. They need to do an excellent job of self-protection in strict accordance with protection standards, provide diagnosis, treatment, and nursing for children, and pay attention to pacify patients' emotions. If suspected of COVID-19, immediately transferred to a designated hospital for standardized treatment, they need to perform terminal disinfection on the ward. Also, the report and register infectious diseases layer by layer according to the reporting procedure.

It was scary at first, but as a care worker, the epidemic is a case that they need to prevent, if not eliminate, prevention is a responsibility. She has to stand up because it is her duty.

In the outbreak, under high temperature with protective clothing is a usual epidemic scenery. There are times until now that their eyes still emerge with sweat-soaked, isolation gown, swollen white hands, a full face of the face, and countless holdouts of indentation and heatstroke with fellow nurses.

She understands the responsibility and bears it, knowing she needs to go on. They always race with time, fight the virus every day, and work with extraordinary persistence. As a medical worker, she feels honored. Because of the heavy workload, many patients cannot understand the work of nurses. Some patients and their families do not respect nurses. Chinese concept is biased against nurses, and it is usual to disrespect nurses.

Case 10: “Nursing is a labor of love.”

Case 10 is a 39-year-old married woman who deputy chief nurse of their hospital. She mentioned during the interview that the hospital administration, where she works, sees that proper personal protection will be given to all the medical staff. They were given relevant training before being deployed to take care of COVID-19 patients. She was usually assigned to the critical and respiratory groups. A good grasp of protective clothing is a feeling of heaven for her. She was fortunate that the local government of their area takes good care of health workers like her.

They have that kind of supervisory system for each ward. Their uniforms are examined if they are worn properly. They are also required to wear extra protective clothing in the ward to secure the first layer when damaged or suddenly torn.

The hospital divided the staff into three groups. There were people assigned in the ward, those assigned in regular nursing work, and those assigned in the COVID-19 ward. The hospital where she works did not immediately accept COVID-19 patients because their hospital administrator needed first to see how gruesome the situation is in Wuhan.

The nursing profession is demanding. Sometimes she gets tired. Sometimes she feels she wants to quit because she does not know when this epidemic will cease. However, every time she opens the television and sees the news, she can not allow her disappointments to swallow her. Many lives, families, and their nation expect a lot from her. She should not give up.

As a nurse, also known as the angel in white, her primary task is to complete her daily nursing work and actively cooperate with the tasks issued by leaders. Because of the epidemic's unexpected emergence, everyone's knowledge about the disease is not enough, so everyone's treatment of this disease is in the stage of exploration. As a medical worker, she also plays the role of a learner, and she should actively learn the knowledge about prevention, treatment, and prognosis of the epidemic.

Whenever she sees the patient's eyes eager to recover, she feels that everything she does makes sense. At the beginning of the visit, there were many patients. Because of the limited medical resources, there was indeed a situation that it was difficult to find a bed, and then the patients felt anxious. She remembered an old patient from Wuhan who was assigned to her. She could not understand his dialect though their hearts understood each other. She was near his deathbed and wished to give her a much better respectable death.

Since the cases of patients are very severe and medical staff is limited to attending to them, the nurses do not have other options but to do some jobs even out of their job description. Work is intense because they have to feed, clean, wash, throw feces and counsel the patients. There were discomforts. Other people also wanted to isolate them because of fear of being infected by the virus.

SYNTHESIS

Based on the derived transcription of the nurses, the following synthesis was obtained:

1. Work as Self-Sacrifice

Because of the uncertainty of the disease, the requirement was to wear protective clothing. The need to wear protective equipment is critical for the nurses, no matter how discomfoting it is. Every day, they must wear isolation suits, goggles, surgical masks, gloves, masks, and shoe covers as protection as they take charge of the COVID-19 patients. Some nurses would faint because the protection was not breathable. They sweat a lot and sweat for a long time. It was easy to have hypoglycemia and collapse without drinking water. However, at that time, they would not tell their colleagues because they were afraid of affecting the work of the whole medical team, who were already working hard to take care of patients. There were also times that they felt suffocated. However, it is still necessary for their safety to dress appropriately, no matter how painstaking it is. This is to protect themselves and those who come in contact with them to control the spread of COVID-19. Also, they have no choice but to undergo the Nucleic Acid Amplification Test from time to time. The test gives them so much stress because they usually worry about the result.

2. Work as Self-Fulfillment

Based on the nurses' experience. The approach they did in Wuhan had demonstrated that containing the outbreak of COVID-19 was possible. At first, all hospitals outside Wuhan did not accept COVID-19 patients immediately because hospital administrators needed first to see how gruesome the situation was in Wuhan.

The hospitals divided the staff into three groups. There were people assigned in the ward, those assigned in regular nursing work, and those assigned in the COVID-19 ward. They have that kind of supervisory system for each ward. Their uniforms are examined if they are worn properly. They are also required to wear extra protective clothing in the ward to secure the first layer when damaged or suddenly torn.

The hospitals were very strict on the control. For the safety of hospitalized patients and medical staff, patients need to be excluded from COVID-19 infection. Before nucleic acid testing, patients can only be excluded through chest CT examination and fever symptoms. Their work, in addition to daily nursing operations, is temperature monitoring.

They usually make a preliminary judgment on the patient's situation, observe the changes of vital signs and symptoms, and further inquire about the epidemiological history. If suspected patients are found, they should be immediately transferred to an isolation room and isolated in a single room. They need to do excellent self-protection in strict accordance with protection standards, provide diagnosis treatment, and pay attention to pacify patients' emotions. If suspected of COVID-19, patients were immediately transferred to a designated hospital for standardized treatment. They need to perform terminal disinfection on the ward. Also, the report and register of patients with infectious diseases must be recorded in detail.

3. Work as a Psychological Struggle

The nursing profession is demanding. Sometimes they get tired. Sometimes they feel they want to quit because they do not know when this epidemic will cease. However, every time they open the television and see the news, they cannot allow their disappointments to swallow them. Many lives, families, and their nation expect a lot from them. They should not give up.

It is their great honor that the country has taken timely and effective measures in the face of the rampant COVID-19 outbreak. The whole republic has been focused on fighting the epidemic, effectively controlled.

Everyone sees them as "redeemers." They feel grateful to protect the lives of the sick. They are thankful that the Chinese government is doing its best to create relevant measures to break the pandemic. Now, China is going back to normal but still reminds people to be careful because the pandemic is not yet over.

Table 8

Statements of the Nurses Relating to their Commitment on their Roles in Taking Care of COVID-19 Patients

Case	Illustrative Text
1	"A farewell bus is more affectionate than any kiss at a wedding, and a hospital wall more sincere than a prayer heard in a church."
2	"Gender Sensitivity"
3	"Having to give up thyself for the sake of others"
4	"I'm mad... I'm sad... I'm glad..."
5	"It will not be easy, but it will be rewarding."
6	"Contemporary Nightingales"
7	"Real life heroes wear PPE"
8	"You won't have to face them alone."
9	"There can be no huge feat without taking risks."
10	"Nursing is a labor of love."

The nurses were fatigued in the early phases of the pandemic due to the influx of patients. Nurses had to care for more patients than usual and adhere to rigorous shift schedules to meet staffing demands. They had more work to do, and they had to spend long hours caring for severely ill patients. Because of the workload, the majority of the nurses were exhausted.

The study shows that nurses are compassionate, empathic, and resilient. A key issue was the destruction of interpersonal relationships, particularly with dying patients. This seems to be the most

pressing worry among the nurses polled. Improved collaboration and a stronger sense of family among employees are critical components of coping with the additional stress and workload involved with caring for patients during a pandemic. Furthermore, nurses are worried not just about their health but also about the health of their friends and family.

The ever-changing regulations and protocols prevalent at the pandemic were a significant source of stress for nurses, adding to the complexity and hardship of caring for these patients.

Nurses appreciated the community's support but felt unworthy of hero status. Nurses were hailed as heroes for their efforts throughout the epidemic. These participants displayed humility and believed they were unworthy of hero status. Everyone expressed gratitude to the community. They say it is the year of the nurse, but they did not expect it to be this type of year.

Despite the hazards involved, the nurses in the research showed resilience in their willingness to work in the pandemic. During the outbreak, nurses saw their job as critical. They discovered worth and purpose at a moment of need, and they saw it as part of their profession. COVID-19 was not viewed as a reason to stop by frontline nurses in this study but rather as a motivator to pursue it.

III. Problems Encountered by the Nurses in Dealing with COVID-19 Patients

Table 9

Problems Encountered by the Nurses in Dealing with COVID-19 Patients

Problems	Mean	Descriptive Rating
<i>Problems related to infection control</i>		
1. Lack of critical care resources	3.02	Occasionally a Problem
2. Vulnerability of nurses to become infected	2.86	Occasionally a Problem
3. Inconvenience of personal protective equipment	3.09	Occasionally a Problem
4. Discrimination from public	3.14	Occasionally a Problem
5. Chances of passing on the COVID-19 virus to relatives and friends	3.44	Occasionally a Problem
6. Separation from loved ones	3.02	Occasionally a Problem
7. Insufficient knowledge of the merging infectious disease	3.40	Occasionally a Problem
8. Inadequacy on rigorous prescreening process	3.41	Occasionally a Problem
<i>Problems in taking care of patients</i>		

1. Increase in number of patients	2.68	Occasionally a Problem
2. Encounter of dying patients	3.17	Occasionally a Problem
3. Lack of patient's cooperation for medical treatment	3.02	Occasionally a Problem
4. Not allowed to refuse to take care of a COVID-19 patient	3.50	Almost Always a Problem
5. Inability to obtain adequate assistance in the isolation room	3.59	Almost Always a Problem
6. Patient's family interference	3.43	Occasionally a Problem
7. Pressure dealing with rude patients	3.02	Occasionally a Problem
8. Inability to provide emotional support to hopeless patients	3.27	Occasionally a Problem
<i>Problems related to hospital organizational management</i>		
1. Mandatory overtime	3.25	Occasionally a Problem
2. Long shift at work	3.01	Occasionally a Problem
3. Nurse shortages	2.63	Occasionally a Problem
4. Conflict with hospital administrators, doctors, or co-workers	3.62	Almost Always a Problem
5. Restriction on socialization with other hospital staff	3.78	Almost Always a Problem
6. Lack of psychological and emotional support program	3.28	Occasionally a Problem
7. Poor management of unexpected crisis	3.43	Occasionally a Problem
8. Lack of monetary and other incentives	2.90	Occasionally a Problem
GRAND MEAN	3.24	Occasionally a Problem

As shown in Table 7, the nurses' challenges in dealing with COVID-19 patients had a grand mean of 3.24, with a verbal description of occasionally a problem. This implies that issues will develop from time to time. The result is supported by Akkus et al.'s (2021) study. They found that nurses experience occasional burnout at work in the following areas: (1) psychosocial adaptation (the initial panic, emotional fluctuations, and coping behaviors), (2) protection (preventative measures, challenges related to PPE use), (3) difficulty in care and treatment, (4) access to information, and (5) working conditions.

Among the problems encountered related to infection control, chances on passing the COVID-19 to relatives and friends got the highest mean of 3.44 and with a verbal description of occasionally a

problem. This means that the problems have created apparent effects to the nurses who risk their lives taking care of covid-19 patients. The same issue was found in the research conducted by Villar et al. (2021). Nurses were concerned about contracting COVID-19 and, as a result, transmitting it to their families. Despite PPEs and compliance with infection control methods, nurses felt uneasy due to their frequent exposure to COVID-19 patients. Because of this, nurses felt the need to take further precautions to safeguard themselves and their families, which they had never done in normal conditions.

The usual and the most pressing problems of the nurses are their problems on taking care of COVID-19 patients. Their inability to obtain adequate assistance in the isolation room obtained the highest computed mean of 3.59. They are also not allowed to refuse to take care of a COVID-19 patient with a computed mean of 3.50. Suppose Chinese nurses do not assume their professional responsibility to save lives during an emergency. In that case, they may violate the first principle of the Chinese Nurses Association code of ethics, which states that 'Nurses' responsibilities are... to follow the nursing mission by protecting lives, relieving pain, promoting health, and preventing disease.' (Zhang, 2014) According to a clause of the Chinese Nurses' Regulation, nurses must assist in health care during a natural catastrophe, public health event, or other emergencies that poses a significant threat to the public's life and health (State Council of PRC, 2008). However, nurses are facing critical shortages of nursing staff, beds, and medical supplies. Thus, addressing these needs and providing supplies is essential (Karger & Basel, 2020).

The nurses encounter problems as well along hospital organizational management. The restriction of socialization contributes to nurses' anxiety because they have nobody to communicate their feelings. They felt that they would just burst any moment because they did not have an outlet to make themselves feel better in a difficult situation. Their conflict with hospital administrators, doctors, or co-workers (3.62) and the restriction on socialization with other hospital staff (3.78) were almost always a problem. According to Texas A&M International University (2019), conflict resolution is complex yet required for hospital administrators. Not all nurse disagreements are damaging; they may also be educational. Conflicts and their responses have the potential to improve relationships and accelerate growth. Hospital administrators must foster a collaborative and courteous working atmosphere for nurses to communicate their problems and feel comfortable voicing their grievances. Nurses must also

socialize with other employees by maintaining a social distance to air their sentiments. Effective dispute resolution in healthcare settings ensures that patients receive the best possible treatment.

IV. Proposed Intervention Measure to Address the Problems Encountered by the Nurses

Table 10
Proposed Intervention Measure to Address the Problems Encountered by the Nurses

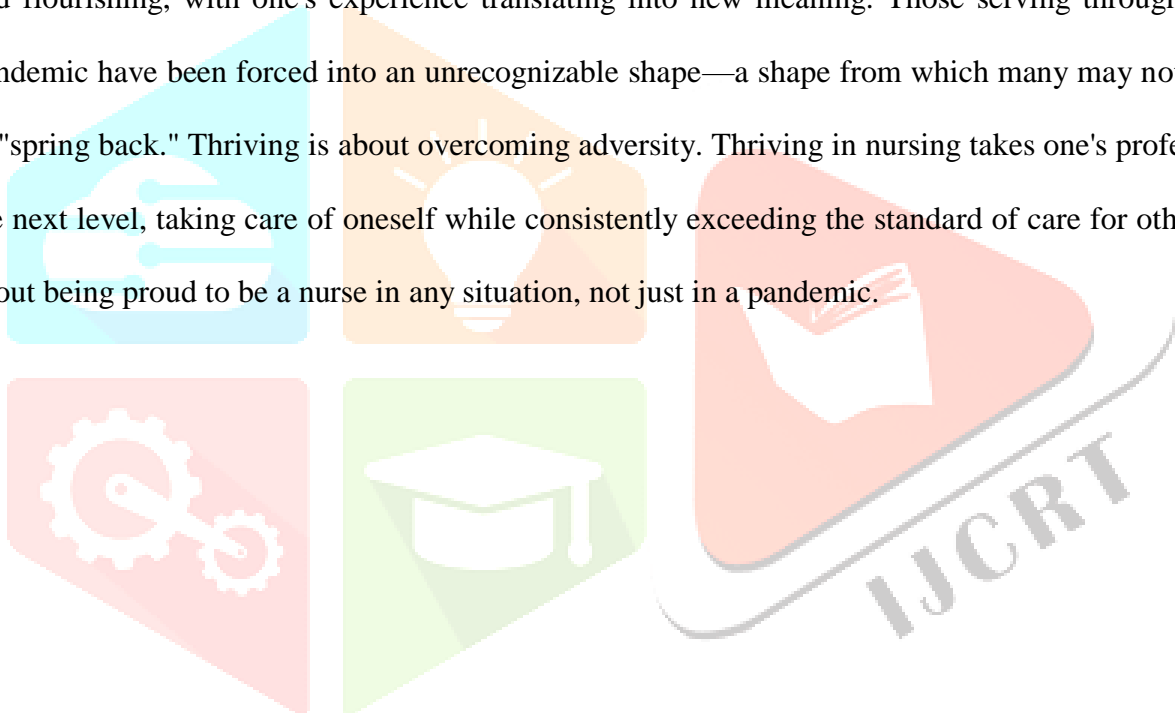
Problem	Intervention
Restriction on socialization with other hospital staff	<ul style="list-style-type: none"> • Provision of solid support system • Practice mindfulness
Conflict with hospital administrators, doctors, or co-workers	<ul style="list-style-type: none"> • Development of conflict-resolution mechanisms
Not allowed to refuse to take care of a COVID-19 patient	<ul style="list-style-type: none"> • Health practitioners should be allowed to voice safety concerns without fear of retaliation. • The balance of beneficence, hazards, and costs of activities should be considered while making decisions. • The hospital management is responsible for developing an emergency preparedness strategy for epidemics, including employee safeguards.
Poor management of unexpected crisis	<ul style="list-style-type: none"> • High-stake crises like this pandemic must be handled well to mitigate potential damage and protect people's lives. • Things to consider implementing good crisis management are as follows: taking responsibility, training medical workers, enough supply of protective equipment, and team building activities for harmonious work relationships.
Patient's family interference	<ul style="list-style-type: none"> • High-stake crises like this pandemic must be handled well to mitigate potential damage and protect people's lives. • Things to consider implementing good crisis management are as follows: taking responsibility, training medical workers, enough supply of protective equipment, and team building activities for harmonious work relationships.

V. Implication of the Findings of the Study to the Nursing Profession

Nurses are taught to provide evidence-based health care, and if a way of treatment is proven to be effective, they will use it with their patients. However, COVID-19 did not include a best-practices manual. These nurses went into their jobs knowing that protocols would be founded on scientific data and that they would know they had done everything they could every day. Although they were doing everything they could for every patient as the COVID-19 epidemic progressed, the protocols were

lacking, and the science was (and still is) not completely understood. Working with vulnerable people at this moment, when they have more questions than answers regarding proper PPE, prone posture, and prescription regimens—the list goes on—creates a vulnerable area for these nurses. The prospect of continuous waves of infected patients hovers over both beginner and experienced RNs' heads and practices. 2020 will be remembered as the beginning, the peak of action, the climax, or the epilogue in the nursing saga.

Resilience is defined as bouncing back swiftly after a setback or springing back into form (elasticity). The adoption of self-care practices was one method in which nurses displayed resilience. The importance of risk management has been amplified from initiating a previous shape to expanding and flourishing, with one's experience translating into new meaning. Those serving throughout this pandemic have been forced into an unrecognizable shape—a shape from which many may not be able to "spring back." Thriving is about overcoming adversity. Thriving in nursing takes one's profession to the next level, taking care of oneself while consistently exceeding the standard of care for others. It is about being proud to be a nurse in any situation, not just in a pandemic.



SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

This chapter summarizes the study's findings, conclusions, and recommendations based on the presented data in the previous chapter.

Summary of Findings

1. The demographic profile of the nurses employed in the hospitals are as follows: ages are 26-30 years old, female-dominated profession, master's degree holder, married, earn between 1,000 and 3,999 Yuan per month, and with one to five years' experience in their profession.
2. **Case 1: “A farewell bus is more affectionate than any kiss at a wedding, and a hospital wall more sincere than a prayer heard in a church.”**

Case 1 is a 39-year-old female who is a department manager of their hospital. To save the protective clothing, she did not eat, drink, or go to the toilet after she puts it on. Most of the patients during that time were infected with COVID-19. As a clinical nurse, her job is to cooperate with the arrangements of hospital leaders and the state. Her first task was to work in ICU, which was hard. Because of the uncertainty of the disease, she must learn lots of new things to instruct other nurses on how to deal with patients. Working as a COVID-19 care provider entails being away from her family. Many people discriminated against them, but she is glad because industries let them feel that nurses are well appreciated. She is optimistic that China's care industry will be better, and recognition to health care workers will improve.

Case 2: “Gender Sensitivity”

Case 2 is a 31-year-old male in charge of the COVID-19 ward. He has no choice but to undergo a time-to-time Nucleic Acid Amplification Test. Every day, he must wear isolation suits, goggles, surgical masks, gloves, masks, and shoe covers. Nurses in China are called "white angels". Their primary task is to complete the daily nursing duty and actively cooperate with the health programs. Due to the pandemic outbreak, everyone's treatment is in the exploration stage. As a medical worker, he also plays the role of a learner.

Case 3: “Having to give up thyself for the sake of others”

Case 3 is a 34-year-old male and married intermediate nurse who formulated the relevant protection management system of their department. Among the practices they need to follow are as follows: wear protective clothing to go out, wear work clothes indoors, wear masks, protective glasses, and check the temperature of people in and out. Nurses' job is to save lives, and the job is more than just a job. When there is a major epidemic in the country, they should be in the front. Nurse 3 says she feels guilty about her lack of time for her family because of her profession.

Case 4: “I’m mad... I’m sad... I’m glad...”

Case 4 is a 39-year-old married woman who is the deputy director nurse of their hospital. She must wear protective suits and masks when she enters and exits the ward. The supply of protective suits is very tight, so it usually takes several hours to put on suits. The struggles of nurses begin within the medical industry. It is felt through how the hospital administration treats them. Many superiors look at the nurses differently. Nurses in their hospitals belong to the cheapest labor force. Their hospital needs reform to protect the dignity of the nurses and their profession.

Case 5: “It will not be easy, but it will be rewarding.”

In order to save materials, Nurse 5 did not eat, drink water or go to the toilet at work. Some medical workers would faint because the protection was not breathable. Nurses stay eight hours of work a day, nine to ten hours a day with travel and disinfection.

Case 6: “Contemporary Nightingales”

Case 6 is a 27-year-old junior nurse at their hospital. She feels stuffy and breathless within five minutes after wearing their protection clothes. However, it is still necessary for their safety to dress appropriately. This is to protect themselves and those who come in contact with them.

Case 7: “Real life heroes wear PPE”

Case 7 is a 35-year-old married woman assigned as the head nurse of their hospital. She says that protective equipment is mainly for self-protection, not over-protection,. Wear masks regularly; Patients with suspected COVID-19 should wear N95 masks and protective clothing. As a medical staff, his responsibility is to complete daily nursing work and make safe and effective services for patients' diagnosis and treatment. He can do an excellent job in nursing work, and his career is full of confidence. The mission of their career is to cultivate a certain sense of social responsibility.

Case 8: “You won’t have to face them alone.”

At that time, hospitals and residents were in great need of protective supplies, especially masks. All the 120 ambulances were required to wear protective clothing to protect themselves and the patients. For the safety of hospitalized patients and medical staff, patients need to be excluded from COVID-19 infection. Case 8 is a 39-year-old married woman assigned as the nurse-in-charge of their hospital. In the later period, the supplies were gradually sufficient, so all the 120 ambulances were required to wear protective clothing to protect themselves and the patients.

Case 9: “There can be no huge feat without taking risks.”

Case 9 is a 27-year-old married woman designated as a junior nurse of their hospital. Based on her story, the typical emergency areas under observation are outpatient service and the ordinary ward level of protective measures, which includes: medical-surgical masks, disposable working cap, overalls, nitrile gloves, disposable latex or secondary protection measures adopted in high-risk areas. If suspected patients are found, they should be immediately transferred to an

isolation room and isolated in a single room. Chinese concept is biased against nurses, and it is usual to disrespect nurses.

Case 10: “Nursing is a labor of love.”

Case 10 is a 39-year-old married woman who deputy chief nurse of their hospital. They were given relevant training before being deployed to take care of COVID-19 patients. She was usually assigned to the critical and respiratory groups. A good grasp of protective clothing is a feeling of heaven for her. One nurse recalls an old patient from Wuhan who was assigned to her. She could not understand his dialect but their hearts understood each other, and she gave him a dignified death.

3. Nursing profession is self-sacrifice because the respondents have to be away from their families because of fear of transmitting the virus. They also struggle to use protective suits and masks, and their feeling is constantly tormenting, not knowing when the disease will contaminate them. No matter how painstaking their condition is, all of them are positive, and everyone will soon be tested negative.
4. The nurses feel the fulfillment of their profession whenever a patient is cured and back to health. There is no point for anyone to give up because their goal is to make every patient recover. Their roles as lifesavers are recognized by their society, especially their government. They appreciate the efforts done by their country in order to assist them and other medical workers to accomplish their tasks safely and competently.
5. The psychological struggle among nurses happens every time they are discriminated against. People distance themselves because they think that nurses are virus carriers. Also, some hospital administrators do not treat them well. There are moments when they feel they are degraded when they are asked to work beyond their time and, worst, beyond their tasks. While it is true that they cannot give what they do not have, these nurses still pretend to be okay emotionally, physically, mentally. Spiritually in front of everyone, even when they are totally ruined.
6. The nurses experience problems, and they are as follows: issues about their relationship with the hospital organizational management with a grand mean of 2.96 interpreted as occasionally a problem with the same grand mean and verbal description as of the first; problems of nurses in the

area related to taking care of patients with a grand mean of 3.50 corresponding to almost always a problem; and problems related to infection control with a grand mean of 3.03 or occasionally a problem.

7. Problems in relation with infection control with the chances of passing the covid 19 virus to relatives and friends was identified with the highest mean (3.03) with a verbal description of occasionally a problem.
8. The usual and the most pressing problems of the nurses are their problems on taking care of COVID-19 patients. Their inability to obtain adequate assistance in the isolation room with the mean of 3.59 (almost always a problem). They are also not allowed to refuse to take care of a COVID-19 patient with a computed mean of 3.50.
9. Their conflict with hospital administrators, doctors, or co-workers (3.62 – almost always a problem) and the restriction on socialization with other hospital staff (3.78 – almost always a problem) were almost always a problem along hospital organizational management.
10. Interventions were proposed to address the problems encountered by the nurses.

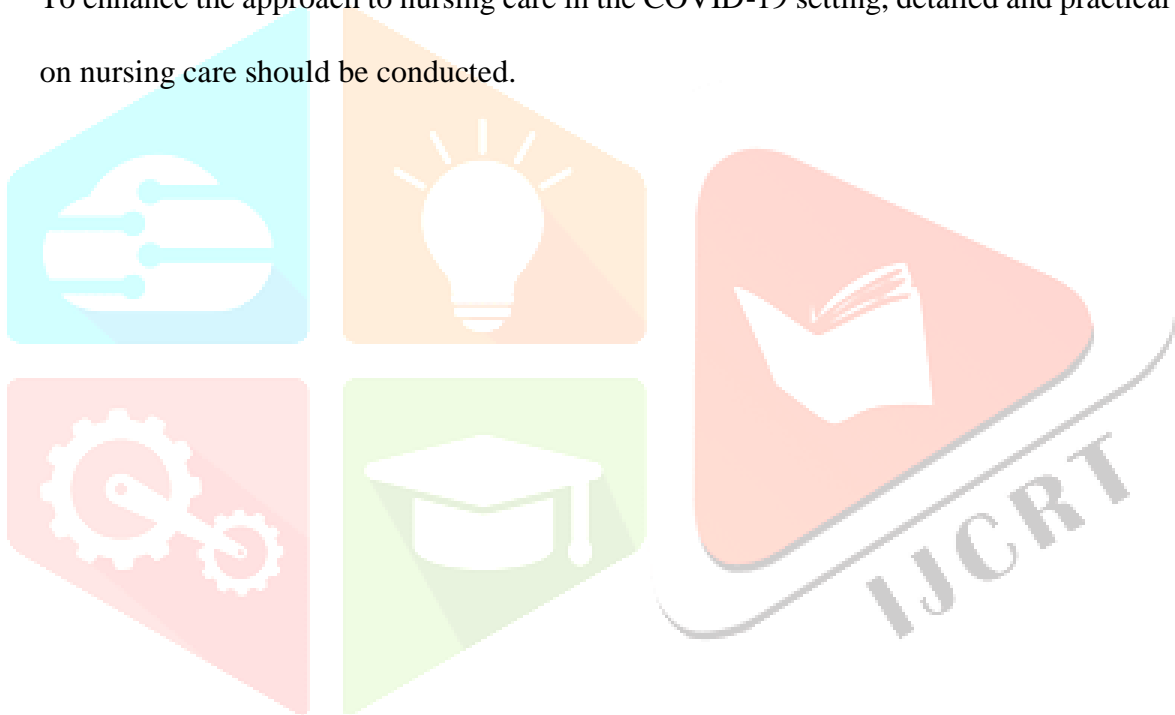
Conclusions

Based on the findings, the following conclusions were drawn.

1. Nursing is a modest profession for young women who can derive their motivation to work intrinsically since it lacks extrinsic motivations.
2. The hospital administrators lack human resource management skills that cause issues in dealing with patients and COVID-19 management.
3. The nurses suffer emotional and physical stress because of being parted from their loved ones. In addition, the protective equipment safeguards the nurses from getting the virus, but it hinders them from performing their tasks well.
4. Nurses feel that their career is a vocation more than a profession.
5. There is a need to empower and uplift the nursing profession. Not all people realize how essential nurses are, especially now that the world suffers from the pandemic.

Recommendations

1. Nurses require extra assistance in the context of COVID-19 treatment since nursing care methods are in jeopardy.
2. In the present coronavirus crisis, policymakers and nursing management must examine the need for nursing care, devise an advance plan, and offer appropriate training for nurses to respond to the unexpected and intense demands of caring for patients in COVID-19 facilities.
3. Hospital administrators may consider providing support with the needs of the nurses to protect them from being infected like constant provision of PPE's and other protective equipment.
4. Further research is recommended using other research methodology and added variables for the study.
5. To enhance the approach to nursing care in the COVID-19 setting, detailed and practical research on nursing care should be conducted.



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