

# Perspective

# **Coping with COVID-19: Strategies of Frontline Nurses**



George V. Joy<sup>1</sup>, Jibin Kunjavara<sup>1\*</sup>, Manoj Kumar Larsen<sup>2</sup>, & Rinu. J. George<sup>3</sup>

<sup>1</sup>Hamad Medical Corporation, Doha, Qatar

<sup>2</sup>St. Thomas College of Nursing, Kerala, India

<sup>3</sup>Shri Shankaracharya College of Nursing, Bhilai, India

Article Info	Abstract
Article history: Received: 22 August 2022 Accepted: 30 September 2022	Nurses are the largest workforce within healthcare systems. They are integral to managing pandemics, but due to pandemics, Nurses encounter various traumatic situations, mainly due to distressing and stressful work life. Therefore, nurses must strengthen their resilience in coping with difficulties, adapting to new strategies, and protecting their work and daily life. If nurses have sufficient resilience strategies, burnout and the rate of leaving a job or resigning decrease, posttraumatic growth develops, and work satisfaction increases. The results showed that psychological resilience is an essential predictor of perceived stress in nurses. Protecting the mental health of nursing staff is essential for nurses to combat COVID- 19 effectively. Community mental health and psychiatric nurses should develop, implement, and evaluate interventions designed to enhance psychological resilience in clinical nurses.
Keywords: frontline nurse, strategy, pandemic	

\*Corresponding Author:

e-mail: jibink777@gmail.com



This work is licensed under a Creative Commons Attribution 4.0 International License.

### INTRODUCTION

Individuals with resilience can function well under challenging conditions. Resilience is frequently defined as having the inner fortitude and the capacity to withstand difficult challenges [1]. The majority of workers in healthcare systems are nurses. Despite being essential to handling pandemics, nurses frequently deal with unpleasant conditions because of their painful and demanding jobs. As a result, nurses must improve their resilience to deal with challenges, adopt new approaches, and safeguard their careers and daily lives. If nurses have enough resilience strategies, burnout and the rate of quitting a job or resigning decline, and work satisfaction rise [2] Also due to shortage of resources or ethical and emotional issues, nurses face stress and psychological problems during the COVID-19 pandemic. For effective organizational initiatives to better support the resilience of nurses, a broader perspective on the subject of protective factors for strength and mental health among healthcare workers, especially nurses, is essential [3], [4]. Al together in times of crisis, resilience strategies enables nurses to retain their emotional and psychological well-being. Successful strategies to build resilience can help in retaining nurses and reducing turnover. [5]. This section will discuss the protective measures nurses take to increase their level of social, psychological, and physical resiliency.

#### Fend for Yourself

physical activity has demonstrated potential

results in lowering rates of burnout and increasing the resilience and the confidence level of individuals. A high level of resilience, self-efficacy and an upbeat coping style were predicted by nurses who chose a healthy lifestyle, such as exercising frequently and quitting smoking [6]. Burnout ratings and resilience levels have improved in a clinical experiment looking at the impact of a 12-week incentivized physical activity programme on health professionals [7].

#### DISCUSSION

#### Mind matters

Cognitive reframing, emotional toughness, emotional detachment, and reconciliation are some resilience techniques to help nurses better prepare for practice and preserve their psychological well-being [8], [9]. The use of cognitive reframing by nurses helps them comprehend their internal ideas, reduce stress, and fosters psychological well-being and adaptability. The adoption of a more adaptable and positive work environment was made possible by cognitive reframing for nurses [10], [11]. In a challenging scenario like a pandemic, nurses could provide nursing care by using emotional fortitude and detachment. Most of the time, nurses builds emotional attachments to their patients; nevertheless, by becoming emotionally challenging, nurses can be forceful, keep their emotions separate from their patients, and still handle satiation sympathetically [9]. Additionally, reconciliation made it possible for nurses to operate in a way that was consistent with their values and beliefs [10]. Concentrating on how coping mechanisms,

both problem- and emotion-focused, were shown to effectively treat psychological distress during the COVID-19 pandemic [12], [13].

The impact of COVID-19 has been significantly influenced bv individual resilience levels and psychological resiliency challenges. to relationship Adopting emotional coping mechanisms will aid nurses in maintaining composure in stressful situations and preventing burnout [14]. The mental health team created and implemented psychological crisis intervention programme in order to equip nurses and health workers with online courses on the psychological effects of a pandemic. Health workers can talk about their psychological difficulties and receive support from a skilled and specialized team of mental health practitioners by calling a 24-hour psychological assistance hotline services. All health workers, especially nurses, should have access to counselling services in order to listen to their tales for catharsis and seek support [15]. Mindfulness practice and various stress management approaches used widely among health workers, which are effective in developing psychological empowerment and resilience during pandemic situation [16]. A resilience framework that emerged as a process while navigating these difficulties and has three facets-forming a "resilient identity," managing the resilience, and working through the socio-occupational distress-can be developed to improve psychosocial health and quality of life on the frontlines. The importance of mental health, social support, peer interaction, problem-solving, and selfcare emerged as the primary coping

mechanisms [11], [17]. In work on resilience, altruism is highlighted as a protective psychological quality [18] and maintaining excellent sleep hygiene is a crucial strategy for preventing burnout and fostering individual resilience [19]. Such psychological resilience strategies are not addressed effectively among nurses.

#### **Be Sociable**

Evidence suggest that people who have important relationships in their personal and professional lives feel contentment and a sense of purpose during stressful situations [20], [21]. The main coping mechanisms employed by nurses to deal with the challenging work environment during the pandemic include meaningful interactions and connections with family, friends, and coworkers. They were able to correct their mental beliefs and value systems through social reconnecting with close relationships, which helped them be better able to see the demands of the workplace. For nurses to acquire a sense of professional connectedness and resilience, maintaining a work-life balance was crucial [10], [22]. Moderate to severe mental health symptoms were less likely to engage in health workers who maintain social interactions [6].

The nurses' resilience throughout the pandemic will be boosted by learning about infectious disease protocols, a sense of professional accomplishment, obtaining social support, having faith in the medical team, and employing self-regulation techniques. Future initiatives to boost resilience that give nurses effective coping mechanisms when caring for patients with infectious diseases during a pandemic are necessary [23].

#### Uphold and support

Organizational support is crucial for preparing people to handle problems at work, even though nurses must take responsibility for developing personal methods to improve coping and resilience [24]. Resilience training programmed were deemed acceptable by hospital administrators and nursing supervisors to lessen the situational and work-related stress experienced by nurses during pandemics [25]. To increase their emotional resilience, it can provide prompt counseling and build suitable psychosocial support [26]. Flexible work policies, administrative steps for improved medical protection, and the sensitivity of the media toward the image of health workers were among the unmet demands that the organization should concentrate on [17]. Organizations should develop guidance strategies to protecting their medical team's well-being during the pandemic. The encouragement of resilience techniques and the incredible adaptability of people, including our diverse health care workforce, can lead to the growth of new abilities, deeper ties, and a greater belief in the strength of community [27].

In particular during times of crisis, nursing stakeholders must start initiatives to constantly monitor and improve the psychological resilience of nurses. Such initiatives would help nurses avoid burnout and increase their retention during times of greatest need. It is both ethically required and operationally necessary to safeguard nurses against workplace stress and burnout [22].

To reduce nurses' burnout and occupational effective pressures, interventions for boosting resilience are required. In order to lessen the pandemic psychological impact, the management should also promote a healthy workplace, have a positive outlook, and cultivate harmonious relationships with the frontline staff. [28]. Hospitals must arrange frequent shift schedule, a guarantee of food and supplies, and pre-employment training in identifying and dealing with psychological problems in patients, families, and staff members [29]. Negotiations with organizational stakeholders are one of the possibly difficult tactics that must be used in health facility. Increasing the number of support staff reallocated. revenue throughout the organization in terms of proper use of resources, ensuring staff members feel more and valued heard, and negotiating management and compensation models with internal and external stakeholders may be necessary to achieve this [30].

However, nurses as well as other healthcare professionals can lessen the psychological effects of the COVID-19 crisis by rapidly and readily putting certain physical, psychological, and social methods into practice.

## CONCLUSION

The findings demonstrated that psychological resilience is a critical factor in predicting nurses' perceptions of stress. Promoting and protecting the mental health of nurses is essential to combat COVID-19 effectively. Organization and the mental health team should develop and design interventions to enhance psychological resilience in clinical nurses. It would be a key feature to empower the frontline nurses to develop mental health to face future pandemics.

#### REFERENCES

- M. Rutter, "Developing concepts in developmental psychopathology," *Dev. Psychopathol. wellness Genet. Environ. Influ.*, pp. 3–22, 2009.
- [2] O. Çam, "Nurses' Resilience and Effective Factors," *J. Psychiatr. Nurs.*, vol. 8, no. 2, 2017, doi: 10.14744/phd.2017.75436.
- [3] S. C. Kim and L. Rankin, "COVID-19: Update on health care workers' mental health and coping during the pandemic," *Crit. Care Nurs. Q.*, vol. 45, no. 1, pp. 22– 24, 2022, doi: 10.1097/CNQ.00000000000384.
- [4] Y. Aungsuroch, I. G. Juanamasta, and J. Gunawan, "Experiences of Patients with Coronavirus in the COVID-19 Pandemic Era in Indonesia," *Asian J. Public Opin. Res.*, vol. 8, no. 3, pp. 377–392, 2020.
- [5] P.LHart, J. D. Brannan, and M. de Chesnay,
   "Resilience in nurses: An integrative review," *J. Nurs. Manag.*, vol. 22, no. 6, pp. 720–734, Sep. 2014, doi: 10.1111/j.1365-2834.2012.01485.x.
- Y. F. Guo, W. Cross, V. Plummer, L. Lam, Y.
  H. Luo, and J. P. Zhang, "Exploring resilience in Chinese nurses: a cross-sectional study," *J. Nurs. Manag.*, vol. 25, no. 3, pp. 223–230, 2017, doi: 10.1111/jonm.12457.

- [7] C. Heath, A. Sommerfield, and B. S. von Ungern-Sternberg, "Resilience strategies to manage psychological distress among healthcare workers during the COVID-19 pandemic: a narrative review," *Anaesthesia*, vol. 75, no. 10, pp. 1364– 1371, 2020, doi: 10.1111/anae.15180.
- [8] J. R. Ablett and R. S. P. Jones, "Resilience and well-being in palliative care staff: A qualitative study of hospice nurses' experience of work," *Psychooncology.*, vol. 16, no. 8, pp. 733–740, 2007, doi: 10.1002/pon.1130.
- [9] R. A. Kornhaber and A. Wilson, "Building resilience in burns nurses: A descriptive phenomenological inquiry," *J. Burn Care Res.*, vol. 32, no. 4, pp. 481–488, 2011, doi: 10.1097/BCR.0b013e3182223c89.
- [10] H. F. Hodges, A. C. Keeley, and P. J. Troyan, "Professional resilience in baccalaureate-prepared acute care nurses: First steps," *Nurs. Educ. Perspect.*, vol. 29, no. 2, pp. 80–89, 2008, doi: 10.1097/00024776-200803000-00008.
- [11] I. G. Juanamasta, Y. Aungsuroch, J. Gunawan, and M. L. Fisher, "Postgraduate and undergraduate student nurses' well-being: A scoping review," *J. Prof. Nurs.*, vol. 40, pp. 57–65, May 2022, doi: 10.1016/j.profnurs.2022.03.001.
- [12] L. Lorente, M. Vera, and T. Peiró, "Nurses' stressors and psychological distress during the COVID-19 pandemic: The mediating role of coping and resilience," *J. Adv. Nurs.*, vol. 77, no. 3, pp. 1335– 1344, 2021, doi: 10.1111/jan.14695.
- [13] I. M. D. P. Susila and I. A. A. Laksmi, "Prevalence and Associated Factors of

Burnout Risk among Emergency Nurses during COVID-19 Pandemic," *Babali Nurs. Res.*, vol. 3, no. 1, pp. 7–14, 2022.

- [14] M. Di Trani, R. Mariani, R. Ferri, D. De Berardinis, and M. G. Frigo, "From Resilience to Burnout in Healthcare Workers During the COVID-19 Emergency: The Role of the Ability to Tolerate Uncertainty," *Front. Psychol.*, vol. 12, p. 646435, 2021, doi: 10.3389/fpsyg.2021.646435.
- [15] M. Mukhtar, S. Arshad, A. Rana, and M. Saifullah, "The Perception of Intermediate Students Regarding Awareness, Image, and Ca-reer Choice of Nursing Profession in Dera Ghazi Khan," *Basic Appl. Nurs. Res. J.*, vol. 1, no. 1, pp. 16–19, 2020.
- [16] D. Banerjee, T. S. Sathyanarayana Rao, R.
  A. Kallivayalil, and A. Javed, "Psychosocial Framework of Resilience: Navigating Needs and Adversities During the Pandemic, A Qualitative Exploration in the Indian Frontline Physicians," *Front. Psychol.*, vol. 12, p. 622132, 2021, doi: 10.3389/fpsyg.2021.622132.
- [17] N. N. Mahmoud and D. Rothenberger, "From Burnout to Well-Being: A Focus on Resilience," *Clin. Colon Rectal Surg.*, vol. 32, no. 6, pp. 415–423, 2019, doi: 10.1055/s-0039-1692710.
- [18] T. A. Lapa, F. M. Madeira, J. S. Viana, and J. Pinto-Gouveia, "Burnout syndrome and wellbeing in anesthesiologists: The importance of emotion regulation strategies," *Minerva Anestesiol.*, vol. 83, no. 2, pp. 191–199, 2017, doi: 10.23736/S0375-9393.16.11379-3.

- [19] D. Jackson, A. Firtko, and M. Edenborough, "Personal resilience as a strategy for surviving and thriving in the face of workplace adversity: A literature review," *J. Adv. Nurs.*, vol. 60, no. 1, pp. 1–9, 2007, doi: 10.1111/j.1365-2648.2007.04412.x.
- [20] K. Callahan, G. Christman, and L. Maltby,
  "Battling Burnout: Strategies for Promoting Physician Wellness," *Adv. Pediatr.*, vol. 65, no. 1, pp. 1–17, 2018, doi: 10.1016/j.yapd.2018.03.001.
- [21] A. S. Mubarrok and F. F. Nurmalisyah, "Experiences of Diabetic Vulnerability Community in Health Protocol Compliance During the COVID-19 Pandemic," *Babali Nurs. Res.*, vol. 3, no. 2, pp. 153–160, 2022.
- [22] N. Glass, "An Investigation of Nurses' and Midwives'Academic/Clinical Workplaces: A Healing Model to Improve and Sustain Hope, Optimism, and Resilience in Professional Practice," *Holist. Nurs. Pract.*, vol. 23, no. 3, pp. 158– 170, 2009, doi: 10.1097/HNP.0b013e3181a056c4.
- [23] F. Huang, M. Lin, W. Sun, L. Zhang, H. Lu, and W. T. Chen, "Resilience of frontline nurses during the COVID pandemic in China: A qualitative study," *Nurs. Heal. Sci.*, vol. 23, no. 3, pp. 639–645, 2021, doi: 10.1111/nhs.12859.
- [24] L. Gillman, J. Adams, R. Kovac, A. Kilcullen, A. House, and C. Doyle, "Strategies to promote coping and resilience in oncology and palliative care nurses caring for adult patients with malignancy: a comprehensive systematic review," JBI database Syst. Rev.

*Implement. reports,* vol. 13, no. 5, pp. 131–204, 2015, doi: 10.11124/jbisrir-2015-1898.

- [25] R. Babanataj, S. Mazdarani, A. Hesamzadeh, M. H. Gorji, and J. Y. Cherati, "Resilience training: Effects on occupational stress and resilience of critical care nurses," *Int. J. Nurs. Pract.*, vol. 25, no. 1, p. e12697, 2019, doi: 10.1111/ijn.12697.
- [26] H. Chen, L. Sun, Z. Du, L. Zhao, and L. Wang, "A cross-sectional study of mental health status and self-psychological adjustment in nurses who supported Wuhan for fighting against the COVID-19," J. Clin. Nurs., vol. 29, no. 21–22, pp. 4161–4170, 2020, doi: 10.1111/jocn.15444.
- [27] C. S. Albott, J. R. Wozniak, B. P. McGlinch, M. H. Wall, B. S. Gold, and S. Vinogradov, "Battle Buddies: Rapid Deployment of a Psychological Resilience Intervention for Health Care Workers During the COVID-19 Pandemic," *Anesth. Analg.*, vol. 131,

no. 1, pp. 43–54, 2020, doi: 10.1213/ANE.000000000004912.

- [28] S. Jose, M. Dhandapani, and M. C. Cyriac, "Burnout and resilience among frontline nurses during COVID-19 pandemic: A cross-sectional study in the emergency department of a tertiary care center, north india," *Indian J. Crit. Care Med.*, vol. 24, no. 11, pp. 1081–1088, 2020, doi: 10.5005/jp-journals-10071-23667.
- [29] W. Rana, S. Mukhtar, and S. Mukhtar, "Mental health of medical workers in Pakistan during the pandemic COVID-19 outbreak," *Asian J. Psychiatr.*, vol. 51, p. 102080, 2020.
- [30] M. Panagioti, K. Geraghty, and J. Johnson, "How to prevent burnout in cardiologists? A review of the current evidence, gaps, and future directions," *Trends Cardiovasc. Med.*, vol. 28, no. 1, pp. 1–7, 2018, doi: 10.1016/j.tcm.2017.06.018.