Nurse׳s Experience of Psychological Changes in Caring for Covid-19 Patients During Pandemic

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ARTICLE INFO

ABSTRACT

The pandemic of COVID-19 had a psychological impact on health workers especially for nurses. They experienced anxiety, insomnia, depression and phobias during treating COVID-19 patients. The study aimed to explore the psychological experience of nurses in caring for COVID-19 patients during pandemic. The interpretive phenomenological approach was applied to collected data via zoom meeting cloud. 10 nurses were recruited purposively based on the spesific criteria. The findings were analyzed using the interpretive phenomenological analysis (IPA) technique and revealed 9 categories include: 1) accept the task half-heartedly, 2) fear of the impact of a given task, 3) depressed when first encountering the situation, 4) always have to be careful and disciplined with work safety protocols, 5) faith and confidence in God will give strength, 6) able to control feelings and seek help, 7) get moral and material support, 8) caring grows when dealing with patients being treated, and 9) sincerely enjoying work as part of a nurse's duties. The survival and growth in the stressful situations is the major theme of the study. The organizational institution should give support to the frontline nurses by providing psychological screening examination, regular monitoring, intervention training to improve nurses ability in psychological care independently.

ABSTRAK

Pandemi COVID-19 mengakibatkan dampak psikologis bagi tenaga kesehatan khususnya perawat. Perawat mengalami kecemasan, insomnia, depresi, dan phobia selama merawat pasien COVID-19. Penelitian ini bertujuan mengeksplorasi pengalaman psikologis perawat selama merawat pasien COVID-19. Penelitian menggunakan pendekatan fenomenologi interpretif melalui wawancara mendalam kepada 10 partisipan yang dipilih secara purposive sesuai kriteria tertentu. Pengambilan data melalui zoom meeting cloud. Analisis data menggunakan teknik interpretive phenomenological analysis (IPA) menghasilkan 9 tema antara lain: 1) menerima tugas dengan setengah hati; 2) ketakutan terhadap dampak dari tugas yang dijalankan; 3) tertekan ketika pertama kali menghadapi situasinya; 4) mengharuskan diri selalu berhati-hati dan disiplin protokol keselamatan kerja; 5) kepercayaan dan keyakinan kepada Tuhan memberi kekuatan; 6) berupaya mengendalikan perasaan dan mencari bantuan; dan 7) mendapatkan dukungan moril maupun materiil; 8) kepedulian tumbuh saat menghadapi pasien yang dirawat; dan 9) ikhlas menikmati pekerjaan sebagai bagian dari tugas seorang perawat. Terdapat pertumbuhan aspek psikologis dari negatif menjadi positif pada diri perawat seiring berjalannya waktu. Perawat bertahan dan bertumbuh dalam situasi penuh tekanan menjadi tema besar penelitian ini. Rumah sakit perlu mendukung perawat dengan cara melakukan pemeriksaan dan pemantauan psikologis rutin,

menyediakan pelatihan untuk meningkatkan kemampuan perawat dalam perawatan psikologis secara mandiri, serta menyediakan dukungan psikologis profesional jika diperlukan.

INTRODUCTION

People around the world are facing their fifth pandemic since the 1918 flu pandemic due to the Coronavirus disease-19 (COVID-19) which was first reported in Wuhan, China, in December 2019 (Liu et al., 2020). COVID-19 has flu-like symptoms, accompanied by a loss of smell and taste. taste, spreads quickly, and causes disorders of the respiratory, digestive, musculoskeletal and neurologic systems (Huang et al., 2020; Maechler et al., 2020). In some patients, symptoms are asymptomatic, increasing the risk of transmission, especially in vulnerable groups such as infants, the elderly, and individuals with comorbidities (Clark et al., 2020; Maechler et al., 2020). Approximately 20% of COVID-19 patients develop severe symptoms and require hospitalization, while another 5% require special care in the intensive care unit (ICU) (Wu & McGoogan, 2020). Patient management focuses on symptom relief with supportive therapy and prevention of transmission by isolation (Zhai et al., 2020).

COVID-19 data is constantly changing and increasing. Data as of October 8, 2020 noted that the number of confirmed cases of COVID-19 in the world since the end of December 2019 reached 35,897,739 cases with a death rate of 2.91% (WHO, 2020). At the same time, the number of confirmed cases of COVID-19 in Indonesia reached 320,564 cases with the number of deaths reaching 11,580 cases (Komite Penanganan COVID-19 dan Pemulihan Ekonomi Nasional, 2020). COVID-19 cases in East Java Province were 46,095 cases with the number of deaths reaching 3,374 cases (7.32%). The number of confirmed COVID-19 cases in Jember Regency was 891 cases with the number of deaths reaching 55 cases (6.17%) (Pemerintah Provinsi Jawa Timur, 2020). Several studies reported that nurses experienced psychological distress, anxiety, insomnia, depression, somatic disorders, obsessive-compulsive disorder, and phobias during the COVID-19 pandemic (Liu et al., 2020; Şahin et al., 2020; Xing et al., 2020). Nurses experience greater psychological problems than other health workers, especially those who work in the COVID-19 patient care unit (Lai et al., 2020; Wańkowicz, Szylińska, & Rotter, 2020).

Negative emotions emerged when nurses were first assigned to work caring for COVID-19 patients (Sun et al., 2020). Limited personnel, personal protective equipment (PPE), bed capacity, and lack of proper training cause nurses to work under greater pressure (Gonzalo et al., 2021; Lippi, Sanchis-Gomar, & Henry, 2020; Rossi et al., 2020). They feel more discriminated against than other health workers in non-COVID-19 units (Kang et al., 2020). Nurses feel fatigue, discomfort, helplessness due to the high workload and intensity and prolonged fatigue when using PPE (Sun et al., 2020; Vindrola-Padros et al., 2020). Nurses feel depressed when they see a patient being treated die and have to convey the sad news to the family (Galehdar, Kamran, Toulabi, & Heydari, 2020; Patton, 2020; Shen X, Zou X, Zhong X, Yan J, & Li L, 2020).

Negative psychological conditions that are left unchecked and not handled properly have an impact on decreasing the immunity of nurses so that they are at a higher risk of being infected with COVID-19 (Shen X et al., 2020). This can affect the conditions of the work environment and the performance of nurses in providing care to COVID-19 patients (Algunmeeyn, El-Dahiyat, Altakhineh, Azab, & Babar, 2020). Nurses need to adapt to develop coping skills to situations pandemic (Sun et al., 2020). Nurses are encouraged to seek professional help when psychological problems cannot be managed alone. They are also encouraged to keep in touch with each other, support each other, and share experiences with colleagues with similar psychological problems (Shen X et al., 2020).

A preliminary study of 4 nurses who treated COVID-19 patients at the regional hospital in Jember, on October 3, 2020, stated that nurses were afraid of contracting, worried about transmitting the virus to their families, paranoia, anxious, suspicious of people they met, especially people who had flu symptoms, and felt uncomfortable with the PPE they were wearing. because the range of motion is limited. The purpose of this study was to explore the psychological experiences of nurses while caring for COVID-19 patients during the pandemic, including experiences when first assigned, during work, how nurses adapt to perceived psychological changes, and sources of support for nurses in dealing with psychological changes.

METHODS

The research used a qualitative study with an interpretive phenomenological approach (Creswell, 2014). The research subjects were nurses who cared for COVID-19 patients, selected purposively with the following criteria: 1) over 18 years of age; 2) intensely treating COVID-19 patients in the last 2 weeks; 3) able to communicate well; 4) expressed willingness to be a participant. Nurses with physical or mental illness during the research process were excluded. Data collection in May-June 2021 after receiving an ethical statement from the Ethics Commission of the Faculty of Medicine, Universitas Brawijaya.

The participant recruitment process involves the head of the room by coordinating via WhatsApp. Participants were then contacted via WhatsApp to establish a trusting relationship, explain the aims, objectives and benefits of the research, and make an in-depth interview time contract via the zoom meeting cloud. Zoom schedule link and password will be sent 1 day before the interview. Participants who have joined the meeting room are then evaluated by asking their condition and feelings to make sure they are in good condition. The researcher recorded and made field notes during the interview after obtaining permission from the participants. Questions were asked openly according to the interview guidelines and were conducted once without repeated interviews. The average interview time for each participant was about 20-40 minutes. Data saturation was found in the tenth participant. The results of the interview transcripts were then analyzed using the IPA technique.

The validity of the data consisted of credibility, dependability, confirmability, and transferability (Polit & Beck, 2018). The data clarification process was carried out at the end of each interview by asking the participants for words that were not understood so that they could be ascertained according to the intended experience of the participants. Data clarification was also carried out by sending transcripts of interview results and field notes to participants in a .pdf format file via WhatsApp until they stated correct and appropriate. All research activities were monitored by 2 other researchers who were experts in the field of psychiatric nursing and qualitative research. The results of the study were discussed with 2 other researchers to get an objective conclusion. The research results are described in themes according to the research context and participant's point of view in comprehensive detail.

RESULTS AND DISCUSSION

Participants aged 25-35 years with male sex as many as 6 people and 4 women. 7 participants have nursing backgrounds, while the other 3 participants have nursing diplomas. The participants who have been married are 5 people, 4 people are not married, and 1 person is a single parent. The length of time participants worked in the hospital ranged from 1-11 years. The results of the study found 9 themes, including: 1) accepting the task half-heartedly; 2) fear of the impact of a given task; 3) depressed when first encountering the situation; 4) always have to be careful and disciplined with work safety protocols; 5) faith and confidence in God will give strength; 6) able to control feelings and seek help; and 7) get moral and material support; 8) caring grows when dealing with patients being treated; and 9) sincerely enjoying work as part of a nurse's duties. The participants' expressions in each theme are shown in table 1.

Accept the task half-heartedly

The half-hearted expression means that someone has not fully accepted it. Nurses still accept the task even though they feel anxious and deny. The sub-themes that make up this theme are feeling anxious when assigned and trying to deny the assigned task. Feelings of anxiety when assigned are shown in expressions of feelings of inadequacy, shock and surprise such as those of P1, P6 and P8. The nurse tried to deny the assigned task in the form of feelings of denial and distrust when reassigned as expressed by P4 and P7.

Nurses feel negative emotions when they first accept the task of caring for COVID-19 patients as shown in the findings of this research theme. Nurses feel overwhelmed, unable, shocked, and denial, which makes nurses half-hearted when they receive assignments for the first time. This responses are part of the psychological process as a sign of an acute stress reaction. This response is harmless and often serves as an alarm. However, this response can also trigger a prolonged stress reaction if it is not handled properly (Benight & Harper, 2002). The denial response shown by the nurse is a form of defense mechanism against something that is considered unpleasant or not as expected. This response is a sign that nurses are trying to protect themselves by resisting the reality that is happening (Costa, 2017). This indicates that nurses are facing stressors due to perceiving an imbalance between the level of demands placed on them and their ability to meet these demands

(Roberts & Ottens, 2005). Similar research reports that nurses feel inadequate, helpless, tries to deny the assigned tasks, is reluctant to accept assignments, and has a desire to stop working when first assigned to treat COVID-19 patients, especially in the first week while on duty in the isolation room. Nurses' fear of the pandemic situation that occurred was a triggering factor for these feelings (Juan et al., 2020; Sun et al., 2020).

Fear of the impact of a given task

Nurses are afraid to face the given task due to feeling worried that the task can have a negative impact on the safety of themselves and their families. The sub-themes that build this theme are self-care and family worries. Nurses expressed concern about themselves in the form of feelings of fear of being exposed to the COVID-19 virus, fear of death, fear of limited skills while on duty in the COVID-19 room, anxiety about the use of PPE and worry about public judgment. The reactions of these participants were expressed by P1, P4, P6, P7 and P10. P3 expressed concern for his family because she was afraid of transmitting the COVID-19 virus to his family.

Nurses in this study were afraid of the impact of the assigned tasks, especially nurses who were working for the first time with less than 2 years of service. Research shows that nurses with longer tenures in infectious wards (H1N1 disease, MERS, etc.) have lower levels of fear and anxiety and are more readily assigned to similar units (J. Y. Lee, Hong, & Park, 2020). Fear is a natural, strong, and primitive human emotional response and can be an alarm for the threat of physical or psychological harm. The threat can be real or stemming from concerns about the perceived danger (Kozlowska, Walker, McLean, & Carrive, 2015). The nurse's fear stems from a shadow of concern about the harmful effects of the tasks assigned to themselves and their families. Anxiety becomes non-adaptive when the emotional response that arises is excessive than the actual danger condition so that it has a negative impact on the mind and triggers the emergence of symptoms of physical illness (S. A. Lee, 2020). Nurses expressed that they were afraid of being infected, afraid of dying, afraid of transmitting and bringing the virus to their families, afraid of being infected with their limited skills and fear of the public's judgment of them due to their duties as nurses for COVID-19 patients. This is because nurses are in work situations that make them vulnerable to infection and have the potential to transmit COVID-19 due to close contact with patients (Cai et al., 2020).

Depressed when first encountering the situation

This theme means that participants feel pressured when they first face a situation while caring for COVID-19 patients. This theme is made up of 5 sub themes. Nurses are afraid of getting infected again during their duty as stated by P2. They feel discomfort with the use of PPE such as the expressions P4 and P8. The large number of patients who were treated and died caused nurses to feel heavy and stressed during work as expressed by P4 and P6. The nurse fears that her safety is threatened due to conflict with the patient as expressed by P7. The limited interaction time also results in feelings of discomfort during work as expressed by P8.

While on duty in the COVID-19 room, nurses must be separated from their social environment, especially families. In addition, they were also shunned by their colleagues and ostracized by the surrounding environment when they were

found to be assigned to the COVID-19 isolation room. This was expressed by P1, P2, and P10. P5 also expressed concern about the spike in cases. All of these things make nurses feel even more difficult while on duty in the COVID-19 room.

Nurses face a situation that has never been faced before because the COVID-19 pandemic has resulted in changes in situations and conditions at work, changes in work routines, as well as changes in position at work according to the latest information. Nurses must use PPE while working to treat COVID-19 patients to prevent transmission of the COVID-19 virus. The PPE includes masks, hazmats, protective eyewear, face shields, and gloves (WHO, 2021). However, the use of PPE during work makes nurses feel uncomfortable, especially when using it for a long time. Discomfort is felt especially if the PPE used is not according to size, the material is hot so it interferes when nurses eat, drink, move and interact with patients (He et al., 2021; Sun et al., 2020; Vindrola-Padros et al., 2020). The use of PPE for more than 4 hours per shift often causes nurses to have difficulty breathing, have headaches, feel very tired to the point of skin irritation (Hu et al., 2020; Zhang et al., 2020).

Another situation that makes nurses even more depressed is the number of patients being treated due to a surge in cases, thus increasing the workload of nurses. The large number of patients who died made nurses feel increasingly uncomfortable and heavy. Shen et al., (2020) stated that nurses caring for COVID-19 patients have a greater workload than caring for non-COVID-19 patients. The existence of conflicts with patients when interacting also adds to the stress of nurses in the workplace. Research shows that nurses' anxiety also occurs due to misunderstandings between nurses and their families because COVID-19 causes death and requires patients who died with COVID-19 to be buried using a special COVID-19 protocol (Galehdar et al., 2020; Shen X et al., 2020). Nurses also express heavy feelings when separated from family, colleagues and social environment to prevent the transmission of COVID-19 (Mo et al., 2020). Stigmatization and rejection from the environment for serving as a COVID-19 nurse also increases symptoms of anxiety and depression (Juan et al., 2020; Que et al., 2020).

Always have to be careful and disciplined with work safety protocols

This theme is built from 2 sub themes. Nurses feel they must always be vigilant and careful in every action taken. In this context, caution is when communicating important work-related information that can trigger emotional changes in coworkers as expressed by P1. They must also always comply with the work safety protocols that have been established in the hospital, such as taking a shower after taking action, always changing official clothes, applying proper hand washing procedures, wearing masks and keeping a distance while working in the room. This is indicated by the expressions P3 and P9.

The study explains that considering COVID-19 as a threat is positively related to preventive behavior as a normal response (Harper, Satchell, Fido, & Latzman, 2020). Nurses' adherence to discipline with work safety protocols needs to be supported by hospital organizations through providing accurate information and training on the use of PPE on a regular basis. Hospital organizations need to ensure the availability of PPE supplies for health workers on the front lines so that health workers are more confident in their ability to assess risk behavior for disease transmission and create a sense of security while on duty.

Faith and confidence in God will give strength

This theme has the meaning that the participants' trust and belief in God provides mental strength to deal with psychological changes while treating COVID-19 patients. This theme is built from 1 sub-theme, namely surrender to God. Participants surrender their destiny and way of life completely to God. They pray and believe that God will provide protection even though the task they are carrying out is very risky. This is expressed by P1 and P8.

This study found that belief in God became a source of strength that helped nurses adapt to psychological changes while working to care for COVID-19 patients. Trust and belief are part of the spiritual aspect of the human soul (Koenig, 2012). Spirituality is a basic factor concerning the relationship between individuals and their God and with other individuals. This relationship has a strong influence on beliefs, attitudes, emotions, and individual behavior so that they can feel calm, security, and happiness as a form of positive affect (Peristianto, 2021). Nurses use spirituality by praying and surrendering to God. Research explains that spirituality can be a coping mechanism for health workers in dealing with anxiety and depression in the face of the COVID-19 pandemic (Chow et al., 2021; Roman, Mthembu, & Hoosen, 2020; Salman et al., 2020).

Able to control feelings and seek help

This theme means that nurses try with all their efforts to control and cope with the feelings they experience while caring for COVID-19 patients. Nurses motivate themselves by trying to stay calm and encourage themselves as expressed by P4. The nurse tries to divert the problem by channeling hobbies, joking, and listening to music such as the expressions P2, P7, and P10. Nurses also seek social support from the team by taking the initiative to seek help from the work team, share feelings with colleagues and help each other when there are problems that cannot be solved by themselves. This is expressed by P2, P3 and P5.

Nurses try to control their feelings by motivating themselves, diverting problems, and seeking social support from the team as a form of coping strategy to reduce feelings of stress and help the psychological recovery process to be more adaptive. Research explains that positive perceptions and optimism contribute to nurses' coping. Both of these are protective factors that help reduce the psychological burden of nurses, prevent stress due to workload, reduce negative emotions and increase work efficiency (Babore et al., 2020; Cai et al., 2020; Garrosa, Moreno-Jiménez, Rodríguez-Muñoz, & Rodríguez-Carvajal, 2011; Khalid, Khalid, Qabajah, Barnard, & Qushmaq, 2016). Nurses divert problems by channeling hobbies, listening to music, joking as distraction coping strategies to overcome negative impact of the pandemic (Kackin, Ciydem, Aci, & Kutlu, 2020). Nurses also seek help from their teammates by taking the initiative and sharing their problems. This helps nurses find ways to solve problems, achieve role adaptation, reduce conflicts and ethical dilemmas so that nurses can provide the best service according to the nurse's professional values.

Get moral and material support

Nurses get moral and material support from family, superiors, colleagues and from the hospital. The family provides motivation by praying, giving encouragement while the nurse is on duty in the COVID-19 isolation room as expressed by P1, P3, and P10. The nurse manager shows

concern for the nurse as expressed by P3. Nurses also get support from colleagues in the form of attention and assistance from personnel as expressed by P3 and P4. The hospital supports nurses materially by providing complete PPE facilities, multivitamins, nutrition, examinations, and incentives as stated by P10.

Social support from family, colleagues, superiors and the hospital in the form of moral and material is very important and becomes a source of support other than spiritual, thus helping nurses develop effective coping skills in dealing with psychological problems while on duty caring for COVID-19 patients. Similar research states that social support is a protective factor that helps nurses minimize the psychological problems they feel while caring for COVID-19 patients (Mo et al., 2020).

Caring grows when dealing with patients being treated

This theme means that nurses' care grows when dealing with patients being treated. Nurses feel sorry for witnessing the patient's condition so that it fosters an attitude of sympathy. Empathy also appears when nurses treat patients in isolation rooms as expressed by P2 and P3. The condition of the patient referred to in this context is when the nurse witnesses the patient really needs help in self-care and psychological support from nurses, especially in elderly patients.

The recovery of nurses' emotional balance is marked by the occurrence of personal growth and the development of new coping skills that enable nurses to be able to deal with the pandemic (MacDonald, 2016). When nurses work to treat COVID-19 patients, nurses feel negative emotions in the form of feelings of depression, but at the same time positive emotions appear in the form of care when dealing with patients being treated. In this study, nurses' feelings of compassion, sympathy, and empathy for patients are a form of nurse care that reflects caring behavior. Nurse caring behavior arises from internal motivation when caring for patients. Nurse caring behavior is a tangible form of nurse action that arises naturally from the nurse's desire, intent, and commitment to help patients interpret their illness, find wisdom from pain, pain, and suffering experienced (Blais, 2013). Similar studies explain that nurses' caring behavior towards patients COVID-19 can be seen from several aspects, including the caring attitude of nurses towards patient needs, responsibility in meeting patients' basic needs, friendly, calm, and patient attitude while serving, being ready to serve, providing motivational support, and an attitude of empathy to the patient (Yustisia Nova, Anggriani Tuti U., 2020).

Sincerely enjoying work as part of a nurse's duties

The meaning of sincere in this theme contains the meaning of being sincere and willing. There are 3 sub-themes that make up this theme, namely sincere work, enjoying work, and getting used to work routines. In the end, nurses are willing and sincere to carry out their duties to enjoy the work they do as a form of professional responsibility as a nurse as expressed by P1 and P5. Nurses begin to enjoy work but remain alert if there is a spike in cases such as P8's statement. The nurse finally got used to the work routine. In this context, it is the habit of carrying out health protocols with masks, PPE, and treating COVID-19 patients as expressed in P2 and P8.

Nurses' feelings developed into sincerity in caring for COVID-19 patients. New coping skills are also developing,

indicated by behavior accustomed to work routines while in the room, such as the habit of carrying out health protocols and carrying out treatment for COVID-19 patients. Finally, nurses are able to adjust, find new roles and routines. Qualitative research shows that nurses' experiences facing the COVID-19 pandemic as traumatic life events and situations lead to self-growth and professionalism as nurses (Sun et al., 2020). In addition, nurses more realize that being a nurse is a job to be proud of and valuable (J. Y. Lee et al., 2020).

LIMITATION OF THE STUDY

Participants in this study were limited to nurses from one unit in a hospital. However, the results of the study still contribute to the phenomenon of the psychological experience of nurses while caring for COVID-19 patients during the pandemic. The online procedure made it impossible for the researcher to observe the participant's environment directly. Some participants wore masks during online interviews so the expressions and nonverbal responses could not be observed. However, this procedure can prevent the risk of transmission in the uncertain pandemic situation.

CONCLUSIONS AND SUGGESTIONS

There is a growth in the psychological aspect starting from negative to positive in nurses which appears over time simultaneously. The psychological experience of nurses while caring for COVID-19 patients means that nurses survive and thrive in stressful situations as the main finding of this study. Nurses need to practice managing negative psychological changes, seek to increase self-efficacy and involve themselves in training programs related to strategies for dealing with the COVID-19 pandemic so that nurses' mental health is well maintained and better prepared to face the pandemic in a better way. Hospitals can support nurses by conducting regular psychological examinations, providing interventions to improve nurses' abilities in psychological care, and preparing professional psychological support facilities for nurses if needed. Further research needs by involving participants from nurse managers, other health workers, and personnel from related hospital management so the perspectives from the institutional aspect can also be known.

Acknowledgment

ETHICAL CONSIDERATIONS

Ethical statement was obtained from the Ethics Commission of the Faculty of Medicine, Universitas Brawijaya with No. 132/EC/KEPK-S2/05/2021.

Funding Statement

Conflict of Interest Statement

The authors declared no potential conflict of interest of this study.

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APPENDIX

Table 1
Identification of Themes Based on In-depth Interview

No.	Theme	Subtheme	Expression
1.	Accept the task half - heartedly	Feeling anxious about being assigned	"As soon as March was assigned by the Ministry of Health because every hospital must have an isolation room, especially at that time there was already 1 case in Jakarta, I was appointed to be in charge of nursing for preparation in the isolation room. So, it's clear, Ma'am, physically, mentally, especially at that time" (P1)
			"Finally, after 2 weeks of isolation, I went in again, it turned out that it wasn't the internal room anymore. The decree was immediately moved in 1 day. It turned out to be moving isolation. 1 room that was internally moved all to isolation. Finally, I was immediately surprised myself" (P6)
			"Yes, at first I was surprised, Ma'am. The problem is that the patients here were not initially Covid patients, but tuberculosis and pneumonia. It turned out that from the chronology when the patient was asked and swabbed, it turned out that he was positive for Covid. At that time, I put in an IV only wearing an N95 mask and a surgical mask, without any PPE. So at home, you are shocked and afraid" (P8)
		Trying to deny the assigned task	"I still remember very well that time was the Covid boom in Indonesia, initially yes, Ma' am. Still don't think so. Why am I new to work, don't know the clinical setting, only 2 weeks of dealing with patients in the operating room, suddenly being transferred to the isolation room" (P4)
			"I feel angry. How can I be placed in a room like this (covid isolation)" (P7)
2.	Fear of the impact of a given task	Worry about yourself	"Moreover, this is a new disease. We don't know the cure. We don't have a vaccine either. Finally stressed that time" (P6)
			"Yes, I'm afraid of being exposed to the virus. Still afraid to die. Continue to be afraid of bringing the virus into the house. Especially when the wife is pregnant. So that's what I'm afraid of" (P7)
			"And I also don't have skills in the isolation room, the term is still plain, Ma'am, suddenly placed in the isolation room. So yes, denial and I was very scared at that time" (P4)
			"Initially there must be anxiety. We who initially treated the patient only wore ordinary uniforms, wore a Scot, ordinary masks, surgical masks, Ma'am, finally treating patients had to wear hazmats... Where we first used hazmats, it was already hot and stuffy" (P10)
			"…and the worst thing is fear of being judged by people, afraid of being infected because we are the health workers who are the most vulnerable" (P1)
		Concern for family	"What I'm worried about is my family, I'm afraid I'll infect" (P3)
3.	Depressed when first encountering the situation	Fear of getting infected again	"For me, I've also been confirmed, positive too. There I started to worry if it was confirmed again. So, there is a sense of misgivings about treating Covid patients" (P2)
		Inconvenience of using PPE	"At first, using very complete PPE like that, full body cover, I almost fainted, because I wasn't used to it" (P4)
			"It's not good to wear PPE, it makes you short of breath. We continue to communicate with the patient for 1 to 2 hours, and it is still limited because we use PPE, so it becomes more congested, sweating too, so it is uncomfortable" (P8)
		Feeling heavy due to the patient's situation and condition	"In the past, there were a lot of patients, so if we came in, we couldn't stay long. Because we almost fainted because of hypoxia. Moreover, if the patient is full, it can be up to 40 patients, it also makes it more stressful" (P6)
			"I saw for myself that the patient I was treating experienced shortness of breath, then died. Very often the early time of covid. That makes me uncomfortable" (P4)
		Adhere to work safety protocols	"Starting the pandemic, after we showered from the patient room, we wanted to go home to shower again, we had to change clothes often, that's it. In the room there is already a change of clothes, room clothes... Yes, it's for safety, basically everything, starting from clothes and others" (P3)
			"When assigned, the important thing is that we keep our distance, wash our hands, the main thing is that the situation must be kept clean, don't forget to wear a mask, don't take it off. This mask must be doubled first, Ma' am" (P9)
5.	Faith and confidence in God give strength	Surrender to God	"What I did, I returned it, because all destiny and plans were from God, even sickness was from God, I returned them to God. Whatever the path, God will definitely give the best for me, with my profession, God must have prepared the best way forward for me and my family, with all the protection from Him" (P1)
			"Just pray Ma'am. Pray while yeah…just leave it to the Almighty" (P8)
6.	Able to control feelings and seek help	Motivate yourself	"I saw my friends, if they can do it, I certainly can too. So, back to suggesting yourself, you have to be able to, you have to be able to, like that, Ma' am" (P4)
		Trying to divert the problem	"To reduce stress, yes… find entertainment. My hobby is fishing, I often fish" (P2)
			"So trying to overcome all feelings of anxiety by joking with friends. So it's not stressful" (P7)

	Seek social support from the team	"Sometimes I listen to music to reduce stress at work" (P10)	
		"Then I often tell my parents, my friends, especially my close friends" (P2)	
		"If you are worried and need help, ask friends for help. Usually friends will help the service. So, our thoughts are made to support each other's friends, to be comfortable with friends" (P3)	
		"And here, no one is jealous of work, of course, which one can be done directly. Even though there are tupoksi, there is a head of the room, there is a team leader, there is an implementing nurse. We're a team, so we have to support each other, and know the main tasks and functions and when we work, we help each other" (P5)	
7. Get moral and material support	Family gives motivation	"... my family really supports me, it boosts my immunity" (P1)	
		"... that is definitely support, especially from my parents for me, my husband, family, basically a big family" (P3)	
		"The most important support I got was mainly from my parents, namely prayer" (P10)	
	Peer support strengthens	"Add our care to our friends, especially when we take nursing actions. So if one is not strong enough, immediately replace the other one. Alhamdulillah, there is no jealousy in doing work, in a mutually supportive room" (P3)	
		"Yes, we support each other, strengthen each other, that what happened is fate, we pray that the pandemic will end soon. So one room is like family, a second family for me" (P4)	
	Get material support from the hospital	"So the hospital gives check-ups every 3-6 months, while being given vitamins to strengthen the immune system, then food, milk, the term is like taking care of our health, I see" (P8)	
		"If the agency supports their system, they provide PPE, multivitamins. Every shift we get food and milk. Other supports have additional rewards too" (P10)	
8. Concern grows when dealing with patients being treated	Care and attention	"I feel sorry for the patient, especially the elderly patient, because he can't take care of himself such as bathing, washing his hair, he really needs help" (P2)	
9. Sincerely enjoying work as part of a nurse's duties	Sincerely work	"When we treat patients, they are isolated, alone, so we are really empathetic. We really feel like nurses. Usually, all this time, we have ordered more medical procedures, injections, etc. like that. But during the pandemic, on average our patients are elderly, wow... we really are really nurses. Starting from bathing, all kinds of things, the main thing is really nursing actions that we do" (P3)	
		"Because it has become a duty and obligation to serve, so it must be lived anyway. So, we are sincere. If the world is only temporary, the end goal is that, who knows, maybe it will be our way to God's heaven.Capitalized with a modest PPE, with a modest preparation, but I planted in my mind, if we do all this sincerely, God willing, we are safe "(P1)	
		"...it's an obligation, God willing, if it's done sincerely, it's comfortable" (P5)	
	Enjoy work	"Now we are more to enjoy. Enjoying work, then again the case starts to slop. Yes, we remain vigilant, we don't know when the spike will occur, hopefully there won't be a spike" (P8)	
	Get used to work routine	"It means the habit of wearing masks, we get used to it, we continue to wash our hands, we make it a habit to wash our hands, then... the main thing is to take care of your health, eat regularly, sleep enough, just like that, so that our immunity doesn't decrease" (P2)	
		"The habits that were carried out earlier, what the routine was like in the room. So going to work is meant to work. When you arrive at work, whatever actions you take, be prepared. It's not too heavy" (P8)	