Psychological well-being of nurses in crisis situations during the covid-19 pandemic: A phenomenological study

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Abstract

Purpose: The COVID-19 pandemic has greatly impacted health workers, one of which is the nurses who are tasked with intensively accompanying COVID-19 patients. Strict health protocols and high workloads due to the COVID-19 pandemic can have a physical and psychological impact on nurses caring for COVID-19 patients. From a psychological perspective, it is important to manage Psychological Well-being (PWB) in order to avoid continuing psychological disorders that will also have an impact on the individual's physical condition. The purpose of this study was to explore the descriptions of PWB among nurses caring for COVID-19 patients.

Method: This study uses qualitative research with a phenomenological approach. Informants were selected using a purposive sampling technique and data were analyzed using a deductive thematic analysis approach.

Result: The results of this study show that even though nurses experience crisis situations, they are able to manage their psychological well-being. An important initial aspect to manage is self-acceptance.
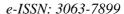
Conclusion: Apart from that, reflective abilities are also important so that nurses are able to find ways to maintain environmental mastery, overcome difficult situations independently, build positive relationships, and be aware of their personal growth while facing the COVID-19 pandemic crisis situation.

Keywords: psychological well-being; nurses; COVID-19 pandemic

INTRODUCTION

During the COVID-19 pandemic, healthcare workers, especially nurses, faced unprecedented challenges. Indonesia, at its peak, recorded 1.38 million cases, placing immense pressure on hospitals to handle patients diligently (WHO, 2021). Nurses, at heightened risk due to direct contact with COVID-19 patients, experienced significant dangers, with 647 healthcare workers in early 2021 succumbing to the virus, marking the highest mortality rate in Asia (Pranita, 2021).

To safeguard healthcare workers, the Indonesian government issued protocols requiring third-level personal protective equipment (PPE) for those treating COVID-19 patients, including N95 masks, specialized hazmat suits, and face shields (Minister of Health Regulation of the Republic of Indonesia No. 66 of 2016). However, the stringent protocols and heavy workload have taken a toll on nurses' mental health (Adams & Walls, 2020).

Nurses, crucial in healthcare settings, fulfill diverse roles from health promotion to patient care (Hardhana et al., 2021). Amidst the pandemic, they have emerged as indispensable frontline workers, facing immense demand and pressure. During the COVID-19 pandemic, nurses faced unprecedented challenges, including prolonged and irregular working hours, stringent protocols, and isolation from their families (Hoedl et al., 2021; Pranita, 2021). These challenges have significantly impacted the psychological well-being of nurses caring for COVID-19 patients, as evidenced by high levels of stress, anxiety, depression, and sleep disturbances (Maqbali & Khadhuri, 2020). Effective management of Psychological Well-Being (PWB) is crucial to prevent these psychological disturbances (Shyu, 2019).

Psychological Well-Being (PWB) is a criterion that describes achieving balanced psychological health in one's life, encompassing six aspects: positive relations with others, self-acceptance, autonomy, environmental mastery, purpose in life, and personal growth (Ryff, 2013). Various factors such as age, gender, socioeconomic status, and culture influence an individual's PWB (Ryff, 2013).

Interviews conducted with nurses caring for COVID-19 patients revealed challenges in managing PWB, particularly in aspects such as positive relations with others, self-acceptance, environmental mastery, personal growth, and purpose in life (Ryff, 2013; Segrin & Rynes, 2009). Conflicts among colleagues, isolation from family, and the demanding nature of work contribute to these challenges.
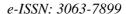
While several studies have addressed managing PWB among nurses, there is a lack of research specifically focusing on nurses caring for COVID-19 patients during the pandemic. Therefore, this study aims to deepen the understanding of PWB among this group to develop effective intervention models for future pandemic situations. The research question guiding this study is "How is the Description of Psychological Well-Being (PWB) Experienced by Nurses Caring for COVID-19 Patients During the Pandemic?"

METHOD

This study adopts a phenomenological qualitative research design to explore the lived experiences of nurses caring for COVID-19 patients, focusing on Psychological Well-Being (PWB) (Creswell & Creswell, 2018). The phenomenological approach was chosen to capture the essence of the nurses' experiences and understand their psychological well-being in depth.

Ethical considerations were carefully observed, including obtaining informed consent, ensuring confidentiality, and providing support for any potential psychological impact on participants. Ethical approval was obtained from Faculty of Psychology Universitas Katolik Widya Mandala Surabaya, and all participants provided written informed consent before data collection began.

Participants in the study are referred to as 'informants,' selected based on clear criteria to ensure credibility and expertise in nursing care for COVID-19 patients (Patton, as cited in Poerwandari, 2013). Ethical procedures, such as explaining the research purpose and obtaining permission for interview recordings, were followed to uphold research integrity and participant well-being. The selection criteria for informants were:

1. Certified nurses actively working in at least a Type B hospital, ensuring a relatively similar workload among participants.
2. Nurses assigned to inpatient care units with experience in directly handling COVID-19 patients, ensuring intensive interaction and relevant experience in caring for these patients.

This research employs interviews as the primary data collection method to explore nurses' experiences in caring for COVID-19 patients, focusing on Psychological Well-Being (PWB) (Poerwandari, 2013). Semi-structured interviews were utilized, guided by six aspects of PWB (Ryff, 2013), which include positive relations with others, self-acceptance, autonomy, environmental mastery, purpose in life, and personal growth. Each interview was conducted twice with each informant to ensure comprehensive data collection (Sugiyono, 2013). Interviews were audio-recorded with the participants' consent and transcribed verbatim for analysis.

Data analysis follows a deductive approach with thematic analysis, involving four steps: data organization, coding, categorization, and grouping of results (Poerwandari, 2013). Thematic analysis was chosen to identify patterns and themes within the data that relate to the nurses' psychological well-being. The credibility of data is ensured through alignment between informant accounts and documented data, emphasizing accuracy and reliability (Sugiyono, 2013). The credibility of data is ensured through several strategies, including:
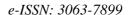1. Communicating the data and its analysis back to the research informants (member checking). This was done by presenting the research findings to both informants, who then reviewed and approved the explanation of the results and electronically signed a statement of the authenticity of the interview results.
2. Providing rational evidence by reviewing the raw data and what was said. This involved processing the raw interview data into verbatim transcripts, which were then compared back to the original audio recordings to ensure accuracy.

Additionally, the data underwent expert judgment by the supervising lecturer and was examined by two other experienced lecturers through the final assignment examination process, ensuring the validity and reliability of the findings.

RESULT

Background of Informants The first informant, F, is a 27-year-old female nurse who has been intensively caring for COVID-19 patients in the inpatient unit for almost two years. She holds a Bachelor of Nursing degree and currently works at a Type B teaching hospital in Surabaya. F is unmarried and lives with her parents. Her tasks include accompanying patients, checking medications, conducting observations, and educating patients. F also spent six months living in the dormitory while on duty but eventually returned home, where her family was diagnosed with COVID-19, leading to a period of self-isolation.

The second informant, P, is a 25-year-old female nurse who has been caring for COVID-19 patients in the inpatient unit for one year. She works at a Type B hospital in Gresik and is unmarried, living with her parents. Due to inadequate protocols and PPE at her hospital, P has always been in close contact with COVID-19 patients.

Difficult Situations While Caring for COVID-19 Patients Nurses caring for COVID-19 patients face several challenging situations that risk disrupting their lives psychologically, socially, and physically. One significant challenge is contracting COVID-19 themselves.

> F: **"...**after six months, I thought I was negative and went home, but then I found out I was positive." (Setelah enam bulan, saya pikir saya negatif dan pulang ke rumah, tapi kemudian saya mengetahui bahwa saya positif.) (550-551, 555-556 F1).
>
> P: **"...**I had a cough and had to self-isolate. I was very scared, thinking I might die." (Saya batuk dan harus isolasi mandiri. Saya sangat takut, berpikir saya mungkin akan meninggal.) (142 P1).

The informant's family had to be isolated in the hospital, leading to feelings of distress. The following statement supports this:

> F: "...we all got infected, which was very disheartening. We had to isolate together in the hospital." (Kami semua tertular, yang sangat mengecewakan. Kami harus isolasi bersama di rumah sakit.) (560, 562-563 F1).

The severity of the COVID-19 virus experienced by patients poses a significant risk for nurses to experience failure in handling patients. Both informants have experienced this, leading to feelings of guilt due to failing to save the patient. The following statement supports this:

> F: "...I felt guilty for not responding fast enough or not prioritizing correctly, thinking I could have saved the patient." (Saya merasa bersalah karena tidak merespons cukup cepat atau tidak memprioritaskan dengan benar, berpikir saya bisa menyelamatkan pasien.) (579-584 F1).
>
> P: "...it wasn't my fault, but I felt like it was because the situation was so bad." (Bukan salahku, tapi rasanya seperti itu karena situasinya sangat buruk.) (425-427 P2).

The workload during the pandemic is heavier than usual because nurses have to perform many tasks for the patients.
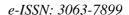
> F: "...sometimes we spend 8 hours straight with patients, and we have to share the workload with colleagues." (Kadang-kadang kami menghabiskan 8 jam penuh dengan pasien, dan kami harus berbagi beban kerja dengan rekan-rekan.) (648-651 F1).
>
> P: "...in my hospital, we are really on duty 24 hours, reporting everything to the doctor, who only sees the patients every two days. Nurses do everything." (Di rumah sakit saya, kami benar-benar bertugas 24 jam, melaporkan semuanya kepada dokter, yang hanya melihat pasien setiap dua hari sekali. Perawat melakukan segalanya.) (443-453 P1).

Self-Acceptance in High-Risk Work Situations The heavy workload and high-risk environment require nurses to accept their roles and responsibilities.

> F: "...we are entrusted by families to take care of their loved ones." (Kami dipercayakan oleh keluarga untuk merawat orang-orang yang mereka cintai.) (258-261, 260, 268-270 F1).
>
> P: "...initially, I felt overqualified working in a rural hospital, but eventually, I realized if not me, then who?" (Awalnya, saya merasa terlalu berkualifikasi untuk bekerja di rumah sakit desa, tapi akhirnya, saya menyadari jika bukan saya, siapa lagi?) (201-202 P1).

Constructive Interaction Patterns Supporting Positive Social Relationships Supportive interactions in a risky work environment serve as important social capital, fostering good relationships and ensuring comfort while performing tasks. Support comes from parents, colleagues, the employing institution, and partners. This includes emotional support, such as encouragement and listening, and instrumental support, such as vitamins and nutritious food from the employing institution.

> F**: "...**my family supports me in every upgrade I pursue." (Keluarga saya mendukung saya dalam setiap peningkatan yang saya lakukan.) (146-149 F1).
>
> F: "...young colleagues who understand the situation and make it easier to communicate." (Rekan-rekan muda yang memahami situasi dan memudahkan komunikasi.) (161-163 F2).
>
> F: "...we receive monthly vitamins, nutritious food, milk, and masks to protect our health and prevent spreading the virus to our families." (Kami menerima vitamin bulanan, makanan bergizi, susu, dan masker untuk melindungi kesehatan kami dan mencegah penyebaran virus ke keluarga kami.) (661-675 F2).
>
> P: "...we spend time with colleagues of the same age, playing together, which makes us closer." (Kami menghabiskan waktu dengan rekan-rekan seumur, bermain bersama, yang membuat kami lebih dekat.) (65-68 P1).

Autonomy in Overcoming Workplace Challenges Despite the high-risk situations, the informants demonstrated independence in addressing challenges, such as patient handling techniques and maintaining their own health.

> F: "...quickly understanding the rapid deterioration of COVID-19 patients' conditions." (Cepat memahami penurunan kondisi pasien COVID-19 yang sangat cepat.) (388-389 F2).
>
> P: "...treating patients as my own family, being extra careful." (Menganggap pasien sebagai keluarga sendiri, jadi lebih berhati-hati.) (238-239 P2).

Environment Mastery in the Workplace The challenging situations require nurses to find appropriate attitudes and actions to handle work pressures.

> F: "...COVID-19 taught us patience, realizing things cannot always be done immediately." (COVID-19 mengajari kita kesabaran, menyadari bahwa segala sesuatu tidak selalu bisa dilakukan segera.) (206-209 F2).
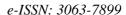>
> P: "...accepting feedback and understanding that not everyone knows the real situation in the field." (Menerima masukan dan memahami bahwa tidak semua orang tahu situasi sebenarnya di lapangan.) (112-116 P2).

Personal Growth The difficult situations faced by the informants fostered a desire for learning and self-improvement, enhancing their skills and professional growth.

> F: "...attending various training sessions via Zoom to provide the best patient care and develop leadership skills." (Mengikuti berbagai pelatihan melalui Zoom untuk memberikan perawatan terbaik kepada pasien dan mengembangkan keterampilan kepemimpinan.) (115-128 F1).
>
> P: "...preferring to learn and apply knowledge directly with patients rather than pursuing higher positions." (Lebih suka belajar dan menerapkan pengetahuan langsung dengan pasien daripada mengejar posisi yang lebih tinggi.) (197-205 P2).

Finding the Purpose of Life Despite difficult circumstances, the informants found purpose through their experiences, recognizing the value of their profession and their contributions to

families and communities.

> F: "...the exhaustion from wearing hazmat suits is worth it when we save lives." (Kelelahan dari memakai hazmat terbayarkan saat kita menyelamatkan nyawa.) (336, 338, 340-341 F1).

When encountering problems or facing difficult situations while caring for COVID-19 patients, the informants try to recall their initial passion and commitment when choosing nursing as their profession, which is to help others.

> F: "...helping others and controlling our health, benefiting family and friends when needed." (Membantu orang lain dan mengontrol kesehatan kita, menguntungkan keluarga dan teman saat dibutuhkan.) (193-199 F1).
> P: "...proud to apply my knowledge to help my family." (Bangga menerapkan pengetahuan saya untuk membantu keluarga saya.) (218-219 P2).
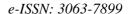
DISCUSSION

The COVID-19 pandemic has placed immense pressure on nurses, who are on the front lines of caring for infected patients. According to the Indonesian Ministry of Health's Center for Data and Information, nurses are in high demand in hospitals, underscoring the urgency of their role, especially during the pandemic (DATIN, 2020). This increased demand highlights the critical role of nurses in managing the pandemic and ensuring patient care.

Self-acceptance is crucial for nurses to navigate the challenges of caring for COVID-19 patients. Ryff (2013) defines high self-acceptance as having a positive attitude towards oneself and embracing various aspects of one's life. Despite facing difficult situations, nurses persevere in their work, driven by their nursing oath and support from colleagues and family, leading to a sense of pride in their profession (Susanti & Adhyatma, 2023). This sense of self-acceptance and pride is essential for maintaining their psychological well-being in high-stress environments.

Constructive social interactions provide vital support for nurses during the pandemic. Positive relationships with colleagues, friends, and family members offer emotional warmth and encouragement, enabling nurses to cope with the demands of their work (Allicia & Adhyatma, 2020). These social interactions act as a buffer against stress, promoting emotional resilience and mental health. Autonomy empowers nurses to respond independently to challenges in their work environment. Nurses demonstrate self-determination and resourcefulness in their patient care, striving to understand and prioritize patients' needs (Ryff, 2013). By exercising autonomy, nurses can make informed decisions quickly, which is critical in a fast-paced and unpredictable environment like a pandemic.

Mastery over the environment allows nurses to exert control and competence in managing their surroundings. By actively listening to colleagues and demonstrating patience with patients, nurses enhance their ability to navigate complex healthcare settings (Ryff, 2013). This environmental mastery contributes to a sense of competence and control, which is vital for effective patient care and personal well-being.

Difficulties encountered in caring for COVID-19 patients foster personal growth among nurses. They develop a deeper interest in their profession and participate in training opportunities to

enhance their skills. This growth is characterized by heightened moral values and a stronger sense of purpose in serving the community (Adhyatma, 2023). Such personal growth not only benefits the nurses but also improves the quality of care they provide to patients.
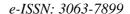
Reflection enables nurses to find meaning and purpose in their work amid the pandemic crisis. They derive fulfillment from saving lives and recognize the significance of their contributions to society. This newfound sense of purpose instills gratitude and resilience in nurses as they continue their vital work (Sawitri & Siswati, 2019)**.** Reflection allows nurses to process their experiences, learn from them, and continue to provide compassionate care under challenging circumstances.

CONCLUSION

The COVID-19 situation indeed significantly affects healthcare workers, especially nurses, because nurses have the task of directly and intensively accompanying and treating COVID-19 patients, making them highly at risk for both physical and psychological health. This study highlights the crucial role of Psychological Well-being (PWB) in helping nurses manage these challenges. Managing Psychological Well-being (PWB) becomes crucial to prevent COVID-19 nurses from experiencing sustained psychological disturbances. An important initial aspect to be developed in facing crisis situations is self-acceptance. In addition, good reflective ability is also highly needed to manage PWB effectively amidst the crisis of the COVID-19 pandemic. Enhancing reflective practices can empower nurses to better cope with their experiences. This ability enables nurses to open their minds to continue learning and self-development, deal with situations independently, control external conditions such as environmental situations, and find meaning in life that makes nurses' lives more valuable and realize that their existence is highly needed by others.

REFERENCE

Adams, J. G., & Walls, R. M. (2020). Supporting the health care workforce during the COVID-19 global epidemic. *JAMA Journal of the American Medical Association*, *323*(15), 1439–1440.

Adhyatma, M. D. R. (2023). Program pendampingan integrasi bakat dan minat dalam memilih mata pelajaran sebagai implementasi kurikulum merdeka tingkat sekolah menengah atas *(SMA)*. *5*(4), 1651–1657.

Allicia, A., & Adhyatma, M. D. R. (2020). Resiliensi Ibu dari anak dengan down syndrome yang berprestasi dalam bidang olahraga. *Experientia: Jurnal Psikologi Indonesia*, *8*(1), 47–58. https://doi.org/10.33508/exp.v8i1.2429

Creswell, J. W., & Creswell, J. D. (2018). Mixed Methods Procedures. In *Research Defign: Qualitative, Quantitative, and Mixed M ethods Approaches*.

Hardhana, B., Sibuea, F., & Widiantini, W. (2021). *Profil Kesehatan Indonesia 2020*.

Hoedl, M., Eglseer, D., & Bauer, S. (2021). Associations between personal protective equipment and nursing staff stress during the COVID-19 pandemic. *Journal of Nursing Management*, *29*(8), 2374–2382. https://doi.org/https://doi.org/10.1111/jonm.13400

Maqbali, M. Al, & Khadhuri, J. Al. (2021). Psychological Impact of The Coronavirus 2019 (COVID-19) Pandemic on Nurses. *Japan Journal Of Nursing Science*, *18*(3). https://doi.org/10.1111/jjns.12417

Poerwandari, E. K. (2013). *Pendekatan Kualitatif untuk Penelitian Perilaku Manusia* (3rd ed.). LPSP3 Fakultas Psikologi Universitas Indonesia.

Pranita, E. (2021, January 28). *Terbanyak di Asia, 647 Nakes Indonesia Meninggal akibat Covid-19*. https://www.kompas.com/sains/read/2021/01/28/141625123/terbanyak-di-asia-647-nakes-indonesia-meninggal-akibat-covid-19

Ryff, C. D. (2013). Psychological Well-Being Revisited: Advances in the Science and Practice of Eudaimonia. *Psychother Psychosom*, *83*(1), 10–28. https://doi.org/https://doi.org/10.1159/000353263

Sawitri, D., & Siswati, S. (2019). Hubungan Antara Self-Compassion Dengan Psychological Well-Being Pada Perawat Instalasi Rawat Inap Rsud Kabupaten Jombang. *Jurnal EMPATI*, *8*(2), 437–442. https://doi.org/10.14710/empati.2019.24410

Segrin, C., & Rynes, K. N. (2009). The mediating role of positive relations with others in associations between depressive symptoms, social skills, and perceived stress. *Journal of Reseach in Personality*, *43*(6), 962–971. https://doi.org/10.1016/j.jrp.2009.05.012

Seifert, T. A. (2005). *The ryff scales of psychological well-being*. https://centerofinquiry.org/uncategorized/ryff-scales-of-psychological-well-being/

Shyu, Y.-I. L. (2019). Maintaining and Improving Psychological Well-Being. *The Journal of Nursing Research*, *27*(3). https://doi.org/0.1097/jnr.0000000000000333

Sugiyono. (2013). *Metode Penelitian Kuantitatif, Kualitatif, dan R & D*. Alfabeta.

Susanti, H., & Adhyatma, M. D. R. (2023). Gambaran Resiliensi Perempuan Penyintas Kekerasan Saat Pacaran. *Jurnal Psikologi Poseidon*, *6*, 30–48. https://doi.org/10.30649/jpp.v6i1.81

WHO. (2021). *Data Information*. https://covid19.who.int/

Wood, A. M., & Joseph, S. (2010). The absence of positive psychological (eudemonic) well-being as a risk factor for depression: a ten year cohort study. *Journal of Affective Disorders*, *122*(3), 213–217. https://doi.org/10.1016/j.jad.2009.06.032