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Article

"There is always a new normal"-Psychological Transformation of Nurses -A Post Pandemic Qualitative Study

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Abstract: Background: Coronavirus disease 2019 (COVID-19) almost ceased to spread across the globe, but post Covid psychological experiences are rarely documented. It is essential to understand the individual psychological needs and challenges regarding working during the covid-19 pandemic and resilience and psychological health to continuing work in the aftermath of this crisis. Objective: To explore the psychological transformation of staff nurses after COVID-19. Methods: A phenomenological and purposive sampling approach was employed. Registered nurses working at the largest health organization in Qatar includes 14 health facilities were invited to participate in this study. 17 nurses who were working in the facilities and were deployed during the first, second and third wave of Covid 19 participated in the interview. Data were collected through semi-structured face-to-face interviews using quarantine measures. The interview data were analyzed using inductive thematic analysis. Results: The psychological transformation of participants was summarized into three themes fear zone, Learning zone and growth zone. These themes were classified into 10 sub-themes Fear and anxiety, Influence of media and news, Frequent change in policies and guidelines were the fear zone factors .Secondly Coping mechanism, teamwork, establishing compassionate care, social acceptance, personal and professional benefits helps them learn psychologically. Thirdly growth factors such as confident & resilient, Sense of purpose and Change life perception and meaning. Conclusion: Working during COVID-19 imposed many challenges on nurses such as workload and stress. However, the different waves of the pandemic may increase the resilience, confidence and life meaning in nurses. Their previous experiences in handling difficult situations during the pandemic may make the nurses become more confident in dealing with stressful situations and working under pressure.

Keywords: psychological changes ; self esteem ; resilliance ; Nurses

1. Introduction

Pandemics have a long-standing history of impacting physical and mental health across all population groups, of which healthcare workers (HCWs) bear a disproportionate burden[1]. Nurses are the vital part of health care system and they face lot of psychological challengers compared with the other professionals, especially during COVID-19 pandemic. Along with the difficulty in ensuring the safety of themselves and their families, nurses often face emotional burdens such as anxiety, tiredness, frustration and loneliness [2]. The primary obstacle facing by nurses was uncertainty, which included a variety of issues such as lack of knowledge regarding COVID-19, changing policies, and false information from the media[3]. Although anxiety seems to be restricted to the acute stage of pandemic exposure, stress from daily life and burnout might persist after the pandemic[4]. Moreover, qualitative studies conducted on psychological aspects of individuals during COVID-19 narrates issues like failed leadership, the traumatic nature of the work environment, a sense of disillusionment, defeat, and an intent to leave[5].

However, studies conducted on mental health challenges during COVID-19 pandemic showed that nurses exhibited resilience strategies, which help to alleviate emotional and psychological harm and pave the way for recovery and personal growth [6]. The different waves of the pandemic increased the resilience and self-esteem despite the psychological impact from the pandemic

period[7]. Joy et al., highlights that nurse's prior experiences in handling difficult circumstances during the pandemic may make them more confident in dealing with traumatic situations and working under pressure. Another study has been conducted on nurses to evaluate their psychological aspects during the COVID-19 pandemic address few resilience strategies such as teamwork and social support which nurses adopted[8].

The importance of resilience in overcoming adversity has been supported by an increasing number of researchers, which has found that resilience is positively correlated with life satisfaction and self-efficacy, whereas a lack of resilience is linked to poor mental health and depression [9].As per previous studies Mental resilience is a protective feature use by the nurses who return to work after recovering from COVID-19 to   manage   their work related stress [10].Recognizing the mental strength exhibited by frontline nurses critically required so that healthcare leaders may create efficient actions aimed at promoting or enhancing such resistance [11].

The current scholarly literature lacks an adequate collection of qualitative investigations dedicated to clarifying the development of mental resilience in this particular context. Recognizing and clarifying the mental strength demonstrated by frontline nurses is crucial. Also, it is significant to highlight that there is an insufficiency of research attempts directed towards investigating the repercussions of the COVID-19 outbreak on the emotional welfare of nurses in the post-pandemic period. Thus, this study aims to investigate how the pandemic helps the nurses to be resilient and confidence.

2. Methods

2.1. Design

The study used qualitative phenomenological design to explore the psychological resilience of nurse's post pandemic.

2.2. Participants and Recruitment

Nurses working at the largest health organization in Qatar who were working in the COVID-19 facilities and those who deployed during the first, second and third waves of pandemic were invited to participate in the study. The inclusion criteria of the study participants were health professional licensed staff nurses with a minimum of 1-year experience, who deployed for COVID 19. Purposive sampling technique was used to select the respondents based on the inclusion and exclusion criteria. The date and the time of the interview were communicated to the participants through official email. The study aim, eligibility criteria, and consent process were explained to the participants prior to the interview. Written consent was then obtained from them to participate in the study. The participants were given the option to be interviewed face-to-face and Microsoft teams. The interview was conducted at a location and time that was mutually agreed upon.

2.3. Data Collection

All participants agreed to participate in the study, were interviewed between Sept 2022 and December 2022. After providing the nurses with explanations about the research objectives consent has been taken. Interviews were conducted with respondents one to one basis using an interview guide. Open -ended questions were asked to assess psychological resilience developed personally by the participants during COVID 19 pandemic.

All interviews conducted in English which took approximately 25 to 45 minutes per person. The interviews were conducted by GJ and AA, who both have nursing background and experience researcher the qualitative studies. The interviews were recorded digitally with the consent of the respondents and then transcribed. Also, observing the anonymity of the participants, honesty in data analysis and presentation of results were other ethical principles that were considered in the present study.

2.4. Ethical Considerations

Institutional Review Board (IRB) approval was obtained (MRC- 01- 21- 723). Written consent was obtained from all participants in prior to the interview sessions. Participants were assured of confidentiality and anonymity about the information that they provided.

2.5. Data Analysis

The interviews conducted were recorded through digital means and transcribed verbatim by a professional transcription service. The transcripts were not returned to the participants for feedback; rather, they were made anonymous via pseudonyms. To ensure that the transcription was accurate, it was checked against the audio recordings. Using an inductive approach as described by Braun and Clark, [12]two authors (AA, GV) thematically analyzed the transcripts. The process of thematic analysis consisted of six steps, with the first being the familiarization of the data. Both authors read the transcripts multiple times to become familiar with the content. After this, quotes were classified and grouped into themes. The themes were then refined and revised until consensus was reached by the two authors. The use of pseudonym names was utilized to maintain the confidentiality and privacy of the participants' identities. All elements of trustworthiness including credibility, dependability, and transferability were considered in this study[13]. The credibility of the data was improved by carefully selecting a suitable research team, using purposeful sampling, and having researchers with clinical backgrounds who had worked in COVID-19 facilities. Moreover, the interviews were carried out in a way that prompted the participants to exchange their insights, which not only built a relationship but also represented respect to their experiences. To ensure dependability, peer reviewing was conducted to validate the findings, and an audit trail was maintained. Finally, transferability was confirmed by assessing the relevance of the themes to other participants.

3. Findings

Seventeen nurses were interviewed. The mean age of the participants was 39 years. The female comprised the majority (89%) of the participants. The majority (94%) of the respondents were married, while 77% were employed as staff nurses. The participants had varying levels of experience, with 18% having 1-3 years of experience, 41% having 6-10 years, and 23% having more than 11 years. Among the study participants, 47% were graduate registered nurses, 12% were charge nurses, 24% were nurse educators, 12% were head nurses, and 6% were executive and directors of nursing. The sociodemographic data of the sample is described in table 1

Main themes emerged from the qualitative analysis has categories under panic zone, comfort zone and growth zone/learning zone. First themes were narrating about the unpleasant experience they faced during COVID-19 pandemic. The second category are the strategies they adopt overcome the mental crisis and last theme narrated about the positive psychological gain in relation with the COVID-19 Pandemic.

Table 1. A summary of the themes and subthemes.

Themes	Subthemes
Panic zone **(Unpleasant experiences of COVID-19Covid)**	• Fear and anxiety • Lack of confidence and self esteem • Influence of media and news • Safety concerns and Staff long working hours • Change in policies and guidelines
Comfort zone **(Strategies of coping)**	• Coping mechanism • Teamwork • Relationship with the patients • Social acceptance
Growth zone / leaning zone	• Personal and professional benefits

(Improvement Resilience and self-esteem)	• Become resilience and confident • Sense of satisfaction • Change life perception and meaning

(A) Panic Zone

Fear and Anxiety

During the unfolding of the COVID-19 pandemic, nurses found themselves struggling with complex emotions, notably marked by persistent *"worried and fearful" (N3)*. Within this emotional spectrum, fear emerged as the predominant and recurrent sentiment among these dedicated healthcare professionals. In the initial phases of the pandemic, majority of participants experienced a profound fear, primarily around concerns for their personal safety. Many nurses faced intense anxiety stemming from an escalated fear of contamination, manifesting as heightened anxiety about the adequacy and efficacy of personal protective equipment (PPE) and the potential risks posed to the health of nurses and their families as this nurse explained '*was scared of being close with my baby*'' (N7). This fear cast a long shadow over their lives, significantly impeding their capacity to partake in routine daily activities. Such emotional turmoil translated into tangible consequences, including disrupted sleep patterns and an upsurge in overall anxiety levels among these healthcare professionals.

Lack of Confidence and Self Esteem

Nurses felt they were not skilled enough to take care of COVID-19 Patients. They explained this feeling by the fact that the deployment was sudden and there was " *No proper classes and upskilling have been given to us, deployment was sudden*" (N13) .Minimal orientation has been given to the nurses that made them less confident to deal with pandemic crisis.   The majority of nurses expressed that their lack of experience in working with infectious diseases also reduced their productivity. The main concern was the uncertainty and lack of clarity regarding the situation. Additionally, those who were deployed in the ICU lacked intensive care training, which made things difficult for them and their co-workers. Nurses also felt that many of their deployments were impartial and not based on their skills or expertise *"I was asking myself why I was selected, was it a fair selection… at times I felt like I was not good enough for the clinicals that's why they pulled me"* (N5).

Influence of Media and News

The media's exaggeration and the constant barrage of news stories caused the nurses to become anxious about the spread of the pandemic. Many participants claimed that due to the lack of clear guidelines during the initial times, most of them were *"Watching TV and watching television was not an option because and the news everywhere in the media was about the horrifying uses, horrifying situations all over the world"* (N6)However, the excessive amount of information provided by the press increased stress levels and had a detrimental impact on the experience of receiving care during the epidemic.

Safety Concerns, Staffing and Long Working Hours

The lack of material and human resources has significantly influenced the feeling of safety. *"There was a shortage in the supply of PPE and a shortage in supply of other consumables as well"* (N4) which also affected the protection of close individuals, specifically the relatives of professionals.

The lower nurse-to-patient ratio, combined with *"12 hours' duty and including the travel it many almost take 14 hours"* (N7) and a shortage of employees, compelled the staff to spend more time with sick patients. This situation negatively impacted them due to concerns about spreading the infection to their loved ones. Many nurses expressed that they were required to take on *"performing multiple roles"* (N8). Additionally, due to the pandemic, there were no bystanders available to assist patients with routine tasks, which posed challenges for the nurses. Some patients frequently reached out to the nurses due to their limited resources for help and numerous questions about their worries.

Frequent Change in Policies and Guidelines

At the outset of the deployment, there was no established process or set of policies. The protocols for swabbing, the use of PPE, disease management, and infection control practices were frequently changing *"Changing protocols every time based on new evidences, changing working patters, on the whole disease management itself, was the hardest part of pandemic"* (N9) Due to this uncertainty, nurses found it difficult to provide patients with clear answers and manage their needs in line with the demand. "W*hen the patients ask questions, as clinicians, we don't have the right answers to give them and that was the time we realized that, we were not equipped"* (N7). Many nurses acknowledge trying to avoid answering patients' questions due to uncertainty surrounding the appropriate responses. Patients also often struggle to adapt to new guidelines and to compare their situations with those of other patients who have already been discharged.

B) Comfort Zone

Coping Mechanisms

Despite the challenges and negative feelings that they have at the beginning of the pandemic, most nurses have developed different coping methods to manage their emotions and adapt to the working environment. For instance, they maintain a strong support system, primarily consisting of family and friends, with whom they can communicate and express their feelings. Nurses state that COVID-19 has allowed them to spend more time with their families and children, which has been a fantastic source of inspiration.

> *"My daughter face was kind of relief; I forget my stress every time when she sits in my lap" (N2)*

> *"Family was a great support; I share all my stress towards my husband and my parents". (N10)*

Furthermore, nurses tried to cope with the pandemic by engaging in recreational activities *"Sport, cooking and reading alleviate my stress"* (N5) their worries and persistent thoughts, such as reading and cooking. Some nurses assert that they find solace in their spiritual lives. Spirituality helped nurses to be more compassionate and meaningful to work during the time of crisis.

"I *am a God fearing person, that made me to think that God is under control of everything, why should I need to worry"* (N7). Many nurses express that many of their friends and family were praying for them, that help them to overcome their struggles, more over the spirituality help them to be more compassionate and meaningful to work during the time of crisis

Teamwork

Most of the participants found their experience enjoyable and rewarding, as they developed strong bonds with other team members. Each team member planned their shifts based on the workload and functioned cohesively, providing mutual support. Despite the challenging working environment, nurses shared moments of fun with their coworkers, and everyone motivated and appreciated one another. Many nurses express that sharing their difficulties with colleagues gave them a sense of support and lifted their spirits most of the time. *"We could ventilate our feelings with our coworkers, and we get to know that you're not alone in that situation because they are also in the same boat"* (N12).

Furthermore, nurses strongly felt a sense of teamwork with other professionals, even though there were different job titles. They collaborated closely with specialists from various facilities and even with non-clinical workers, working hand in hand.

Relationship with the Patients

Nurses express that following COVID-19, they began perceiving patients differently and developed more compassion and empathy. Patients in quarantine were isolated from their families and only occasionally interacted with staff members donning protective gear. Nurses reported that patients experiencing this isolation developed psychological issues such as anxiety, dread, and

sadness. "*Patients were in bad position, they were alone, no bystanders. This was the main source of anxiety in most of our patients*" (N11).

Numerous nurses emphasized the necessity for emotional support and conscientiously integrated it into their care. Despite their busy schedules, nurses always tried to console and alleviate patients' emotional burdens, resulting in the establishment of deep bonds between nurses and patients. They highlighted that they assumed various supportive roles for patients, including being available when needed and offering support and advocacy. Furthermore, many nurses also express that when they themselves got infected with COVID-19, they realized how challenging it is to be quarantined without being able to see their loved ones. "*When I got infected, I realized how much my patients are suffering, I was a different person after my COVID-19 episode, I think am more compassionate now*" (N7).

Social Acceptance

Nurses experienced receiving positive feedback, support, and empathy from the society "When I introduced myself as a nurse working in the COVID-19 ward, I was getting considerations and people talking to me and saying that they pray for me this created a good feeling in me" (N11).

They felt that their work was acknowledged and appreciated more than ever before. They were all proud of themselves and considered themselves almost as national heroes. "*When 1 go for shopping and using the special counter for health workers during Covid time was privilege for me*" (N15). Furthermore, nurses expressed that they felt a sense of accomplishment when organizations conducted programs to appreciate their contributions during the COVID-19 crisis. Receiving financial bonuses from their workplaces and national-level recognition through various events brought significant happiness and sense of proudness to the nurses Many nurses emphasized that the social perception of nurses has increased tremendously during the COVID-19 pandemic.

Growth Zone / Leaning Zone

Personal and Professional Benefits

Nurses reported many benefits of the pandemic at personal and professional level. Nurses reported that due to the lock down and long hours of staying home, they were able to uncover their hidden talents and potentials. "*I shaped some of my hidden talents, started to sing in social media platform*" (N12).

They also reported that COVID-19 exposed them to various skills, especially in the management of infectious diseases and critical care areas. "*Experience with the different roles. I gain knowledge regarding different working patterns*" (N17).

Most nurses felt that this experience was highly valuable due to the skills they acquired. They considered it an opportunity to gain real clinical experience and confidence. "*I was not skilled enough to work in critical care, even though not much up skilling has done. COVID-19 posting helps to shape our skills in dealing communicable diseases and handling patients in critical care*" (N6).

Become Resilient and Confident

The nurses' experience in dealing with challenging circumstances during the epidemic has given them more confidence in their ability to handle pressure and work under stress. "*I was a very emotional and soft person, usually get hurt for simple things. After Covid posting, now am handling my unit very easily, and facing my day today struggles confidently I feel*" (N8).

Many nurses claim that after COVID-19 , they feel stronger and more confident in themselves. They continue by stating that the challenges they encountered throughout the pandemic made them resilient and robust. They feel that they are now equipped with skills and confidence to handle challenges in their daily lives and to easily adapt to those that arise in their current practices.

Many felt that their communication had become more assertive and braver. "I started to say No to the things which I don't like, decided to live for my own not for pleasing others" (N9)

A sense Satisfaction

Participants were content with their contributions during the COVID-19 epidemic. Most participants discussed how gratifying it was to witness patients recovering from the illness, providing them with a tremendous sense of purpose in caring for them. *"Many of our patient left the ward with tears in their eyes"* (N16). By tending to patients during this crisis, they were able to save lives and offer comfort to those in distress. *"Many told us that they never expect that they will come out from the wards and thank us for making it happen"* (N10).

They further expressed that witnessing patients' recovery brought them joy, alleviated their fatigue, and strengthened their motivation to continue working and caring for patients. *"The patient discharge with thank full heart and smile on their face. The joy of seeing this scene is indescribable"* (N7). The participants asserted that these positive experiences were what had prepared almost all of them to work in pandemic-like conditions, and they would still choose to work in the COVID-19 ward if they had to make the decision again.

Change Life Perception and Meaning

Nurses working during the pandemic developed self-compassion and self-love *"Life is only one, and we need to be kind to our self"* (N13). COVID-19 helped them realize the importance of living a life for themselves rather than for others. They recognized that they often neglected to take care of themselves due to lack of time. Some also mentioned that they started socializing and spending more time with their families than they had before *"I now take my kids out every day following Covid"* (N1).

These experiences during COVID-19 prompted them to reevaluate the purpose and meaning of life. *"Everything happens for a good reason, Covid teach us a lesson to be compassionate with others"* (N3). Many nurses mentioned the brevity of life and the significance of embracing it to the fullest. *"We should enjoy life in fullest because anything happens at moment, we may not get a second chance"* (N9). Most of the participants expressed gaining deep insights about the meaning of life and how to deal with the ups and downs in life. They added that COVID-19 also instilled hope in life. After the pandemic subsided, nurses regained hope and realized the importance of maintaining a positive outlook in the face of challenges. *"There is always a new normal, we are trying to adopt with that"* (N7).

4. Discussion

This qualitative study aimed to investigate how the pandemic helps the nurses to be resilient and confidence. The finding revolved around the three main themes i.e. panic zone, comfort zone or learning zone, and growth zone (empowerment).

The literature of infectious diseases pandemic shows that fear and anxiety are common and expected responses, which is consistent with nurses' experiences during the initial phase of the pandemic. Studies conducted during past pandemic, such as the work of Maunder et al. [14] during the SARS epidemic, have highlighted the prevalence of these emotions among healthcare professionals who face uncertainty and potential risks when caring for infected patients. Recent investigation Pappa et al executed throughout the COVID-19 pandemic reconfirmed these findings, highlighting the significance of support systems and measures to intensify the psychological well-being of healthcare workers, such as nurses, who are predisposed to amplified stress, anxiety, and worry during infectious disease outbreaks. (Pappa et al., 2020) This emphasizes the necessity for continuous endeavors to equip nurses with the necessary resources and assistance to regulate their emotional reactions and uphold their well-being [15].

Many nurses reported a lack of confidence in working with infectious conditions. This was due to their immediate deployment without proper upskilling programs, as well as rapid changes in guidelines and knowledge regarding emerging and unidentified diseases. This finding is consistent with other studies that have reported nurses in COVID-19 facilities feeling stressed out due to facing a virus that was not fully understood [8, 10]. The literature on healthcare readiness and response emphasizes the crucial role of training and simulation exercises in enhancing the preparedness of healthcare workers, emphasizing the need for structured educational programs to equip

professionals with essential skills[16]. Furthermore, the dynamic nature of emerging diseases necessitates agile healthcare systems capable of adapting quickly to evolving information and guidelines[17, 18]. This emphasizes the importance of continuous professional development and real-time knowledge dissemination.

Despite the difficulties of the initial phase of the pandemic, nurses adopted some coping strategies during the progress of pandemic. Being supported by family, friends, neighbors, and even close family members were some strategies cited by the nurses[19]. Empathy and familial and social support are essential for enhancing the health and productivity of nurses and medical professionals [15].

Social support serves primarily as a protective element, reducing the psychological toll of stressful situations and continuous life challenges [20].Additionally, it can help lessen the damaging health impacts of stress at work[19]. According to Mo et al. [2020], social support is essential for improving psychological resilience since it lowers mental stress and resolves psychological problems. Social assistance for nurses can benefit their wellbeing in light of the COVID-19 pandemic's extensive effects and the existence of several risk factors[21].Teamwork was another important facilitator for them in the study. Communication among healthcare teams fostered a sense of unity and empathy as well as the development of strong ties [22]. It is anticipated that the benefits of such teamwork will aid in their successful recovery from the stress they have encountered[22]. When faced with dangers and stressful circumstances, support from peers, coworkers, family, and friends might help people retain emotional stability[23].

Nurses in this study infused spirituality into their employment to adjust to their new work environment. This conduct may be a sign of nurses' feelings of fatalism, a psychological reaction that happens when people feel helpless[24].This spiritual outlook   improved their capacity for handling work-related stress and served to prevent burnout [25].Other studies have also highlighted the significant influence that "conscience" has on how nurses do their jobs, raising nursing from a routine occupation to a sacred calling[26]. By giving their work a spiritual context, nurses considered their jobs to be more fulfilling and were better able to adapt to changing conditions.

Enhancing their sense of commitment and self-worth was another strategy used by nurses to cope with the difficult conditions brought on by COVID-19 outbreaks. Professional ethics develop a strong feeling of responsibility during pandemics. Strengthening nurses' sense of professional identity and pride by active participation in anti-epidemic initiative[27]. However, the present study found that giving nurses more responsibility helped them to meet their work commitments. According to a research conducted in 2020 by Fernandez et al., nurses had a strong sense of duty and obligation for patients and felt compelled to provide care while feeling terrified and vulnerable [28].

This study's significant and unusual conclusion was that nurses become more confident and resilient after their exposure to the pandemic and feel a greater sense of self-worth. These finds were comparable with many studies conducted on Covid 19 highlights that after working in COVID, the uncomfortable feelings they had before caring for COVID-19 patients had changed to feelings of strength[10, 29]. The increase level of confidence and resilience could be explained by the fact that the characteristics enabling the nurses to build their resilience were a sense of responsibility and persistence[30] .The sense of responsibility inspired the nurses to provide better care for their patients and the potential to have more positive outcomes whereas persistence enables the nurses to move forward despite all these difficulties.. Evidence suggests that many factors can affect developing resilience such as being well-adapted, self-control, positive attitude, self-efficacy, and hope in life[31] . Moreover, building resilience is a shared team responsibility rather than individual's responsibility.

Nurses always use their opportunities for individual and professional development even during crisis. The nurses feel a sense of satisfaction due to their contributions during the COVID-19 epidemic. They believed that working during the pandemic was a mission of the profession even if the stress and challenges experienced during the COVID- 19[31].   They experience a strong sense of self-worth by helping their patients and involving activities related to epidemic prevention and control. The nurses feel proud of being a nurse by delivering the best care and love to their patients when they were helpless and frustrated with COVID-19 [32]. The nurses experience reward and a sense of

fulfillment when their patients were recovered from infection and returned to life [8, 33].   Moreover, the exposure to care for COVID-19 patients has led them to grow more professionally and use ethics in nursing care.

The patients who experienced COVID- 19 infections reported that reappraisal of their life and priorities like appreciating being alive after infection and re-evaluating values and goals of life, improved relationships within their social circles especially in establishing closer and stronger relationships with family and friends, and perceived more maturity in facing challenging situations [34]. Similarly, the nurses exposed to pandemic reported self-compassion and self-love [7].   The nurses demand life-work balance, and time for relaxation, stability, and safety in life [35].

Overall existing literature does not contribute much about how Covid 19 influenced the hope, purpose and meaning in life elements of Nurses. Further studies need to be done on exploring how well the COVID 19 influenced the positive psychological health of Nurses

Limitation

In this phenomenological study, the effect of the COVID-19 pandemic on nurses' psychological health was examined. Since we only interacted with 17 Nurses from various HMC facilities who expressed a willingness to participate, the study's scope was constrained. The potential for selection bias and unequal distribution of nurses based on expertise and gender was another drawback. Last but not least, Even though the study exploring the post Covid psychological stage the interview was done months after the 3 rd wave of COVID-19 pandemic in Qatar which cause the responses might have forgot the initial psychological issues related to the pandemic

5. Conclusion

Covid 19 impacted and disrupted healthcare in various ways. The study looking on to the life experience and perception of nurses throughout the COVID 19 pandemic. Even though nurses experienced psychological distress and helplessness in the binging of the pandemic, while progress in pandemic nurses gained resilience through various coping strategies. At the end of the pandemic most of nurse perceived COVID 19 positively influenced them to develop inner resilience and handle difficulties with more confidently, even helped in changing the life perception.

Moreover, future interventions at the departmental and organizational levels are needed to improve the workplace support provided to the nurses. These targeted interventions are recommended to enhance the psychological well-being of frontline nurses, which will help them improve their Resilience in managing the psychological impact of future disasters.

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