

LEARNING EXPERIENCES OF FRONTLINE NURSES COMBATING COVID-19
IN PUBLIC HOSPITALS: A NARRATIVE STUDY

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A Dissertation

Submitted to

School of Education

in Partial Fulfillment of the Requirements for the Degree of
Master of Philosophy on Educational Leadership

Kathmandu University

Dhulikhel, Nepal

July 2022

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AN ABSTRACT

Of the dissertation of *Rasmila Bajracharya* for the degree of *Master of Philosophy in Educational Leadership* presented at Kathmandu University, School on 2 July 2022.

Title: *Learning Experiences of Frontline Nurses Combating Covid-19 in Public Hospitals: A Narrative Study*

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Combating COVID-19 by frontline nurses is highly concerned to manage and maintain the health care delivery system through qualitative services to the infected people. If nurses do not agree to the frontline role to combat COVID-19, it might create massive crisis in health sectors. Thus, they are motivated, guided and supported by family, society and hospital authorities. Obligatory provisions create conflict in taking roles and responsibilities as frontline nurses to combat in challenging situations like the COVID-19 pandemic. The purpose of this study was to explore the learning experiences of frontline nurses combating COVID-19 in the public hospitals of Kathmandu valley. Furthermore, this study has explored their stories of combating COVID-19.

Philosophically, this study is guided by interpretive paradigm utilizing the qualitative design with narrative inquiry. Stories were collected using face to face interview with six frontline nurses (seniors and juniors) working at COVID special units in three different public hospitals of Kathmandu valley. I

have interpreted shared stories of combating experiences and learning, using self-efficacy theory and resilience theory.

This study revealed that the participants faced many challenges like risk of disease transmission with psychological effect, physical issues related to the wearing of PPEs, overloaded, hectic shifts and more. Managerial issues included scarcity of human resources and safety measures especially PPEs, mismatched nurse/ patient ratio, fluctuated rules and regulations, lack of standard protocol and lack of infrastructure for specific COVID units. However, they were able to cope with tough situations taking frontline roles, standing on their self-willingness, support of family and organization. Similarly, it was possible due to the nursing education that taught personal and professional ethics or their altruistic nature. In addition, they also benefitted acquiring various skills related to patient care practices, managerial and leadership roles as well as understanding philosophy of life while going through the critical time of crisis in the health sector.

Self-efficacy and being resilient are possible only through support system of the family, organizations and society as well as self-willingness, self-commitment and maturity of the individual while combating and grasping the opportunity to learn. Similarly, they were fully satisfied for the opportunity on acquiring novel skills in patient care, leadership and managerial skills accordingly. Those skills empowered them to face and tackle situations for the future i.e., third wave. Nurses have good nature to dedicate themselves in patient care that might be supportive to combat such situation. They have also developed advance nursing skills as a result of learning through this COVID-19 pandemic.

Furthermore, frontline nurses were able to combat COVID-19 successfully as they did not transmit disease on themselves and family too. They were fully aware on their job and professional values even in such challenging situations. Similarly, they learnt to cope and combat this devastating COVID-19. Nowadays, they are happy, satisfied and proud with their roles that they had during the health emergency of COVID-19 pandemic and the commitment they fulfilled.

2 July 2022

Rashmila Bajracharya,
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DECLARATION

I hereby declare that this dissertation is my original work and that it has not been submitted for the candidatures of any other academic degree to any other university.

2 July 2022

Rashmila Bajracharya

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DEDICATION

This dissertation is dedicated to all the frontline nurses who are providing services in direct patient care and managerial level of hospital during COVID-19 pandemic.

Likewise, it is dedicated to the higher authorities of Nepalese hospitals who are responsible for managerial improvements. It is also dedicated to the nursing students aspired for nursing profession.

This thesis entitled entitled: *Learning Experiences of Frontline Nurses Combating Covid-19 in Public Hospitals: A Narrative Study* was presented by Rashmila Bajracharya, for the degree of Master of Philosophy in Educational Leadership on 2 July 2022.

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I understand that my dissertation report will be part of enduring section as literature in Kathmandu University Library. My signature below authorizes that the dissertation may be released to any reader for academic purpose.

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ACKNOWLEDGEMENTS

In the process of carrying out this research work, I am indirectly and directly supported and guided by several dignitaries, personalities and sources.

First and foremost, personally and professionally I am grateful to my dissertation supervisor Asst. Prof. Shesha Kanta Pangei, PhD, Head of Department who continually guided me from start to end of my research journey. I am forever indebted for his vigorous encouragement, recurrently checking, providing me constructive feedback, mentoring and providing technical support to shaping the study via virtual meetings in Google meet, phone calls and face to face meetings.

I would like to express my gratitude to Prof. Bal Chandra Luitel, PhD, Dean, Prof. Mahesh Nath Parajuli, PhD, Prof. Dhanapati Subedi, PhD, and Associate Dean KUSOED for encouragement and invaluable academic support. By the same tone, I am thankful to Prof. Mana Prasad Wagley, PhD, Prof. Laxman Gyawali, PhD, and Prof. Prakash Chandra Bhattarai, PhD for their facilitation, advice, and constructive feedback. I feel much motivated to successfully and timely completion of the dissertation work by their inspiring and encouraging words.

In the same vein, I am equally grateful to Dr. Basu Prasad Subedi for his guidance during each semester that enabled me to understand the world of the research especially qualitative research design.

My sincere thanks go to Prof. Lava Dev Awasthi, PhD, Mr. Chet Nath Panta, and all the mentors and faculties of KUSOED for their encouragement and motivation and advice in the initial days of the research study.

I am thankful to Mr. Suman Acharya, Mr. Ganesh Khatiwada, and all the administrative staffs of the KUSOED for their administrative support throughout my study and librarians for providing me required books and research materials.

Special thanks go to Nepal Health Research Council to providing me ethical approval to entitle this study. Likewise, my sincere thanks go to all the study participants for their valuable time and saturated information through sharing their experiences. Without their information this dissertation was not possible to complete.

I thank all my colleagues for their companionship and insights and suggestions during formal and informal talks.

Finally, I extend my deep gratitude to my parents, husband, daughter and entire family members for their love and blessings in my life journey. Without their encouragement, support and motivation, I would not be able to reach this point of my achievement.

Rashmila Bajracharya, Degree Candidate

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ABBREVIATIONS

ABG	Arterial Blood Gases
ANM	Auxiliary Nurse Midwife
ARV	Anti-Retro Virus
BiPAP	Bi-level Positive Airway Pressure
BNS	Bachelor in Nursing Sciences
BSc	Bachelor in Science
CDC	Centers for Disease Control and Prevention
COVID	Corona Virus Disease
EBP	Evidence Based Practice
ECG	Electro Cardio Gram
HCWs	Health hophCare Workers
HIV/AIDS	Human Immune Virus/ Acquired Immune Deficiency Syndrome
HICS	High Incident Command System
HDU	High Dependency Unit
HTSC	Hospital & Transport Surge Capacity
i.e.	That is
ICN	International Council for Nurses
ICU	Intensive Care Unit
ILO	International Labor Organization
INGO	International Non-Governmental Organization
JNL	Junior Nurse Lalitpur
JNB	Junior Nurse Bhaktapur
JNK	Junior Nurse Kathmandu

KUSOED	Kathmandu University School of Education
MoH	Ministry of Health
MN	Master in Nursing
NHRC	Nepal Health Research Council
NICU	Neonatal Intensive Care Unit
NGO	Non-Governmental Organization
PCR	Polymerase Chain Reaction
PTSD	Post-Traumatic Stress Disorder
PCL	Proficiency Certificate Level
PICU	Pediatric Intensive Care Unit
PPE	Personal Protective Equipment
SNL	Senior Nurse Lalitpur
SNB	Senior Nurse Bhaktapur
SNK	Senior Nurse Kathmandu
VS	Versus
WHO	World Health Organization
WIFI	Wireless Fidelity

CHAPTER I

INTRODUCTION

This chapter views the globally emerging pandemic health issue of COVID-19. It introduces management strategies where the nursing profession is one of the most important professions that provide care as frontline personnel in COVID isolation wards of different health sectors. Also, it highlights the research statement, purpose, research questions, rationale and delimitation of the present study.

Scene Setting

I have completed more than two decades in the nursing profession starting from a registered nurse and senior registered nurse of a renowned hospital to a nursing tutor of historical nursing college in the nursing field. I have experienced various types of emotions and challenges while working in different isolation wards related to preparedness, risk of disease transmission, lack of guidelines, lack of physical resources and appropriate staffing patterns and so on. Some of those emotions have impacted negatively but family and organizational support might have been helpful to overcome that situation.

I had shared my own experiences of working as a nursing student back in 1998 AD. I had no time to wear gloves and other protective measures due to the emergency situation (care of dying patient). My hands were directly in contact with the patient's saliva and body fluid. After the death of that patient, his blood test result showed rabies positive. I was terrified and emotionally upset and cried a lot. I got proper counseling from the expert, full support of my tutor. Infection control officer and I were assured that the chance of rabies transmission was zero percent as there were no wounds on my hands. According to protocol, I along with my friends needed

to stay in quarantine for a week for observation. It was to prevent further transmission of disease. During the quarantine period, I had unexplainable emotions. I thought of quitting nursing altogether but I had some motive that helped me to continue. I was scared that the disease might have been transmitted to me. It took a long time to fully assure myself that I was safe. That's why I felt the importance of family support and the organizational support, appropriate guidelines and protocol needed to HCW (Health Care workers) to avoid negative feelings and combatting such situations.

My friend experienced same when she worked as a senior registered nurse. A known case of HIV positive patient projectile vomited on her whole body during care. Immediately she took safety precautions, like taking off her uniform and taking a full bath. Then, she informed the infection control officer and described the whole situation. At that time, the HIV/AIDS disease was diagnosed by few people in Nepal. The appropriate standard protocol regarding control disease transmission to HCWs was not developed in her hospital at that time. That's why she did not get standard protocol whether to take antiretroviral medicine (ARV) or not. She did not get proper counseling from experts that transmission risk was very low. As a result, she was impacted with psychological health issue and went into depression. But she was fortunate to get full psychological support from her entire family. She overcame the situation. In such cases, if there had been availability of standard protocol on use of ARV and proper counseling on no risk of disease transmission, she could have overcome that situation easily.

Similarly, the initial period of COVID-19 pandemic when I worked only in the general ward of the hospital instead of COVID specialized ward I felt panic, fear, scared to encounter with general patients and so on. Likewise, in that initial phase of the outbreak in the local context, I had different types of experiences with my

colleagues who were appointed as a frontline personnel of COVID specialized ward. Some of the frontline HCWs had resigned from their job but organizational authority did not accept their resignations. Personally, some frontline nurses expressed pessimistic views related to being away from family mostly with young children, disease condition, outcome of the patients, and suffocation during long term wearing of the PPE, lengthy working periods and so on. Despite that, few frontline nurses (unmarried) were motivated to act as frontline personnel. During this time, I thought I needed to explore more of the experiences of combating frontline nurses and decided to carry out this study.

I started questioning myself. Is high volume of work and fear of disease transmission to be the main concerns among frontline nurses during the COVID-19? Were the frontline nurses confused about best practices because of lack of clarity of the guidelines during the pandemic? Is creating a support of family, society and supportive work environment, and providing adequate training for nurses essential? Nurses are entirely concerned with their patient care as altruistic ethics of nursing profession but they possibly feel the various experiences as frontline nurses. This issue encouraged me to study what exists or how they felt and learn and combat as a frontline nurse in the present context.

Study Context of COVID-19

COVID-19 was rapidly spreading worldwide and had emerged as a global health crisis. The World Health Organization (WHO) declared the COVID-19 outbreak as a global pandemic on 11 March 2020 (Cucinotta & Vanelli, 2020). The Centers for Disease Control and Prevention (CDC) (2020) clearly announced to the public that COVID-19 was a viral disease caused by a novel coronavirus that can spread from personal contact. Nepal ranked at a high risk of outbreak and faced

challenges to manage of COVID-19 due to the open border with India and weak health care delivery system (Piryani et al., 2020). Li et al., (2020) stressed that in severe illness, patients may need hospitals to provide advanced technology based care with immediate isolation and implementation of appropriate infection prevention and control (IPC) measures (Gao et al, 2020). HCWs had shown work over load, limited protective resources and disease transmission risk developed psychological effect (Zhang et al., 2020). Even HCWs experienced variations in different aspects based on individual personality, severity of patients with posting department and organizational support (Preti et al., 2020). The frontline nurse's individual perception and support of family, organization and society impacted to battle such situations.

Statement of the Problem

Human beings require balance at the level of body, mind and spirit to cope with unusual circumstances like COVID-19 pandemic. Moreover, frontline nurses must be strengthened physically, mentally, socially; emotionally and psychologically as a result they can serve quality care to infected people and concentrate on their work. Therefore, Hofmeyer et al. (2020) disclosed that frontline nurses have value to care for self like, get sufficient sleep, rest, exercise, balanced diet, social relations and mindfulness. They need self-compassion with regulating the emotion to better-quality care for infected people during COVID-19. Appropriate preparedness of organization: infrastructure with technology (medical supplies) and standard patient care and self-protection protocol were mandatory to more self-confidence in COVID patient care (Al Thobaity & Alshammari, 2020). WHO (2020) stressed that HCWs must stay healthy, protected from being physically, mentally, emotionally hurt. They must be secure in their wellbeing so that they in turn are able to continue serving with quality care in COVID-19. In addition, the frontline nurses need continued strong guidance

and obvious direction from their organization and constantly maintain safety and support each other to care for infected people, protect communities from rising pandemic diseases (Turale et al., 2020). The International Labor Organization (ILO) and WHO stated the importance of safety from occupational health hazards to all health workers means protected working environment, improving output and professional fulfillment (The Global Occupational Health Network, 2003). Occupational health policy to all health workers be implemented in all national programs. It might be contributing factors to providing quality care to patients.

The issue of inquiry in this study comes from my own experiences.

Intentionally, my journey is to continue as a nursing tutor. I have to guide nursing students in hospital settings. My experience of being a nursing tutor has led me to experience various types of emotions in a clinical setting. Thapa et al., (2020) predicted that the frontline HCWs had negatively impacted their mental health while caring for the COVID-19 positive patients. It could be due to long duty shifts and also direct contact with frequently caring for COVID-19 patients. All these types of weaknesses can lead to low self-efficacy experiences of health workers with difficulties which may occur as stress, anxiety and depression; which can bring consequences to low achievement in qualitative patient care (Pragholapati, 2020). Meanwhile, Shrestha et al. (2020) reported that in the early stages of the outbreak, low preparedness, lack of PPEs for HCWs, lack of human resources, lack of isolation beds were the issues. Policy and guidelines had not been prioritized for the safety and health of the frontline HCWs.

Psychological stress related to frontline nurses impacted their work performance and hampered the patient and self too (Labrague & Santos, 2020). Sharifi (2020) identified that the most of HCWs had developed burnout syndrome due

to lack of social support, interaction, social stigma and violence Gupta and Sahoo (2020) revealed that pandemic outbreak had affected people all over the world socially, mentally, physically, psychologically and economically. There was still a need to increase support for health workers and strengthen the health care delivery system. At the same time, regular training regarding disease management focuses on evidence-based practice by hospital authority and is equally prioritized for developing a strong support system.

Currently, the second wave of COVID -19 is progressing in our context and we hear of a shortage of medical human workforce, medical resources like oxygen, lifesaving drugs, and bed placement and so on. The frontline nurses had high levels of distress which impacted their mental health. They experienced both negative and positive emotions while working in the frontline. Similarly, Pokharel et al. (2020) viewed Nepal's health organization as having a fragile management system regarding safety measures of frontline HCWs besides being highly vulnerable to transmission. Likewise, the common nurses had intention of the turnover from their job due to lack of support system (Jung et al., 2020). In the present context, I observed that people are moving freely without taking safety precautions: not wearing masks, low preferences in hand hygiene, not maintaining social distance and so on. I realized that among those HCWs, frontline nurses are engaged in direct patient care. In addition, they are more at risk while caring for the patients. Nepal government has committed to providing allowances to frontline HCWs, but they have not got it yet. Thus, government is not so concerned with the security of frontline HCWs, even though they are committed to give service to people and society. Therefore, I was keenly interested to explore the experiences of combating and learning as frontline nurses from the starting phase till now. Similarly, this type of pandemic is not the last.

Therefore, I want to probe the gap of management, policy of organization, support system. It may have substantial implications in concerning the authority of the health care system for preparing for current and future pandemics.

In my observation, during COVID-19, majority of the frontline nurses were benefitted to acquire much more skill and practice regarding patient care and management. Buheji and Buhaid (2020) also mention that many of novice frontline nurses acquired implied knowledge regarding patient care, problem solving, technical skills and so on. Likewise, many of frontline nurses profited due to enhance their knowledge and skills on side of basic patient care, technique of handling crisis situations and empowered for appropriate management of threat situation with confidence in patient care (Turale et al., 2020). They also learnt diverse skills to manage with this traumatic situation. They internalized the significance of teamwork with team support in organization to succeed in havoc situation as COVID-19 (Labrague, 2020). In addition to that, most of the frontline nurse managers understood and practiced their leading role to tackle the devastating situations during COVID-19 period (Lyman et al., 2022). Equally, frontline nurses were able to achieve the informal learning in this pandemic such as handling emergency situation with their maturational behaviors, understood essentiality of self-efficacy, self-preparedness, or positivity. They learned to get normalize even in tough situation and learned the techniques of self-protection (Tort-Nasarre et al., 2021).

That is why, through this study, I explored the various feelings of the frontline nurses such as personal, professional, physical, social, and psychological. Also, I explored how they are battling such conditions and their learning in this pandemic. As the commitment of the HCWs is extremely important in such conditions, eventually they also require support of family, organization, society and government.

Purpose of the Study

The main purpose of this study was to explore the learning experiences of frontline nurses combating COVID -19 in the public hospitals of Kathmandu valley.

Research Questions

The following research questions were formulated for the study,

1. How do frontline nurses narrate their experiences of combating COVID-19?
2. How do nurses narrate their learning experiences from their frontline role during COVID-19 pandemic?

Delimitation of the Study

I delimited the study to explore the negative and positive experiences of front-line nurses during the pandemic, support system of family and society, and adequate preparedness of their organizations during COVID-19 first wave and second wave. The first wave of COVID-19 cases began in Nepal from January 2020 to January 2021 (Basnet et al., 2021). It was followed by the second wave of COVID-19 pandemic in Nepal in April 2021 (Amnesty International, 2021). Frontline nurses must be strong physically, mentally, socially, emotional and psychologically which helps to combat and acquire skills. But, I have confined this study to explore only emotional and psychological aspects of frontline nurses. I focused on just the way of self-efficacy and resilience but not on attribution theory, expectancy-value theory and goal theory.

Essence of Chapter

This chapter began with the introduction of the research topic through an anecdote of mine and my professional experiences as a nurse and a nursing teacher. Based on that, I presented the rationale of my study. This chapter also contained the statement of problems as well as the purpose of the study. Along with these, the research questions were stated which were followed by delimitation of the study. The following chapter deals with review of related literature.

CHAPTER II

LITERATURE REVIEW

The aim of this chapter is to represent the insight developed after reviewing the literature regarding experiences of the frontline HCWs and development of theoretical references for undertaking this study. Different key words like experiences of frontline nurses, challenges of frontline nurses, organizational preparedness, family and society support and narrative study were used while searching literature.

Pandemic Situation in Nepal

Nepal started a lockdown strategy to control pandemic from March 2020 to June (Mahato et al., 2020). Despite strict lockdown till the final day, total mortality of COVID-19 was 17,994 and total mortalities was 40 (Sharma et al., 2020). According to CoVid19-Dashboard (2021) on 27th March 2021, the MoH Nepal updated total positive cases as 276750. From a total of 3027 confirmed cases, 1288 were treated in isolation and 59 in quarantine.

The second wave of COVID-19 started in Nepal since mid-April 2021. There was a massive increase in positive cases. Therefore, the government scheduled a lockdown strategy from 29th April 2021 to control the situation within 72 districts (Nepal, 2021). On 13th may 2021, the MoH Nepal updated that total positive cases were 8960 out of 20245 total PCR test and total deaths were 214. Total Positive Cases (PCR): 431191, recovered rate: 74.6%, total mortality: 4466 on 13th may 2021 (CoVid19-Dashboard, 2021). On 14th June 2021, the mortality and morbidity rate was decreased as positive cases: 2049, death rate: 53 and recovered: 5147 (CoVid19-Dashboard, 2021).

Challenging Experiences of Frontline HCWs during COVID-19

China CDC reported that 1688 infections occurred among HCWs, including five deaths (Gao et al., 2020). Similarly, in Italy, 15,314 HCWs had transmitted during the care period. Besides that, high number of HCWs was infected during caring for the COVID-19 patients. It was because of improper use of Personal Protective Equipment (PPE) and lack adequate awareness and protection among HCWs (Piapan et al., 2020). Praghlapati (2020) expressed that due to COVID-19, many deaths across the world including HCWs transmitted infection during care giving. The International Council of Nurses (ICN) reported that 2710 nurses of 59 different countries died due to COVID-19 till January 2021. Likewise, till December 2020, nearly two million health professionals of 34 different countries got COVID-19 infection (International Nurses Day, 2021). Similarly, Pokharel et al., (2020) reported that the frontline HCWs are facing challenges with minimum supply of PPEs that may be vulnerable to transmission. I personally felt that if my health organization had struggled to give best management regarding prevention of disease transmission, HCW would be more effective in giving care to infected patients with a sounder mind than having to think about negative consequences and be poor at their work. The medical personal were infected during COVID-19 patient care due to carelessness, ignorance, poor immunity power and being unconscious to their work surroundings and many more. Likewise, in a developed country, a high profile medical person committed suicide. They were supposed to carry psychological impact of suffering from COVID-19 even though after recovery (Vo, 2020). Chew et al. (2020) identified that the HCWs had developed psychological symptoms (depression, anxiety, stress, and post-traumatic stress disorder (PTSD) associated with physical symptoms during the COVID-19 outbreak. In our context, it is glad that we have no evidence of that

type of tragedy between health workers. But sad to hear that the medical persons are getting infected during patient care and few have lost their lives. Informally, I identified that the minor impact on mental health of HCWs has developed but they normalized after counselling.

Most HCWs who worked as frontline personnel developed several unusual experiences related to socio environmental factors, job-related stress, perceived stigma during quarantine and needed distancing with family. The misinformation/ rumors spread by the media also played a major role in the suffering of frontline nurses (Gupta & Sahoo, 2020). All these socio environmental factors took a strong hold during the first wave such as misbehavior with hospital workers in our society. Some hospital workers intended to resign from their jobs. Among them few continued with their jobs due to strong support and counseling of the organization leaders but few hospital workers were not convinced with such situations and finally quit their job. The frontline HCWs could feel their helplessness during quarantine because most health organizations could not manage a suitable and safe place for quarantine. Thus, frontline HCWs needed to search for quarantine places themselves. It was quite challenging. House owners did not want to let out their residences due to societal myths and stigma regarding the disease and its transmission. Similarly, few social Medias also posted negative articles related to COVID-19 pandemic, hospital workers, health care delivery system and many more. But gradually till the onset of the second wave of COVID-19, all those phenomena were under control in our society. Health organizations are still struggling to prevent, cure, care, and appropriate management to giving quality services.

Personal and Professional Learning of Frontline Nurses

The frontline nurses may have learnt different skills related to personal and professional life through formal and informal ways which might be advantageous to them. Frontline nurses are learning skills to handle emergency situations, being empowered for proper management of risk and confidence in patient care (Turale et al., 2020). The frontline nurses acquired different skills to cope with this stressful situation as well as realized the importance of team spirit, teamwork with supportive and participative leadership in organization (Labrague, 2020). Majority of the nurse managers were able to improve their leading capacities over time through gaining experience and using that experience to tackle situations during COVID-19 period. (Lyman et al., 2022). Similarly, informal learning of frontline nurses in this pandemic were: learning in realizing and resilience, learning on readiness and preparedness for present and future, learning in self-protection and justifying, learning in resolving and tolerating such challenging situations (Tort-Nasarre et al., 2021). Definitely, the nursing profession is an altruistic profession: nursing personnel have learned not just the knowledge and practice, but to have positive attitudes too. In my experience, the nurses learn through formal training and also informally through developing situational maturity

Kind and empathetic patient care is the core for self, patient and community satisfaction. It means taking care of patients as humans rather than just caring for the illnesses (Hofmeyer et al., 2020). While engaging in clinical setting of COVID-19, the nurses understood the importance of humanistic care. They became more competent in nursing skills as well as gained personal skills to cope in such stressful situations. (Jia et al., 2021). Similarly, the young frontline nurses are becoming expert in quality

patient care with critical observation, prompt decision making, and transformational knowledge (Buheji & Buhaid, 2020). Likewise, the new group of nursing students got opportunity to upgrade their knowledge, and confidently practiced nursing skills as well as life skills with distinctive situation of devastating COVID-19 (Velarde-García et al., 2021). Liang et al., (2021) revealed that nurses acquired adjustment to transformation and was able to be alert for challenges during COVID-19. In my circumstance, I also realized to be competent in knowledge, skills and effective aspects too.

Nursing education include not just theoretical education. It is equally important to exposure in patient care skill. Tomietto et al. (2020) revealed that nursing education also harshly impacted and faced various challenges during COVID-19 period with novel strategies in clinical and classroom approaches. Likewise, nursing students and tutors also massively encountered disease transmission while caring of the infected patients. Disturbed in clinical placement to nursing students led to longevity of course and hampered in professional carrier (Dewart et al., 2020). Likewise, nursing education utilized online modalities in teaching learning. That time, student nurses and tutors also tackled technical issues and were dissatisfied with those strategies (Oducado and Estoque, 2021). In our context, we also had faced challenges like technical issues while taking online classes, and lack of clinical exposure due to lack of availability of the safety measures to students. It delayed completion of academic course and many more.

Empirical Review on Experiences of Health Workers

During COVID-19, many studies showed different types of experiences of health workers based on different types of themes. Halcomb et al. (2020) focused on issues of unavailability of PPEs and increased risk of adverse mental health outcomes

concerning level of insecurity around nursing personnel. Meanwhile, the frontline HCWs had mixed types of experiences during care. Some experienced it as an altruistic profession thus being fully responsible and tried to provide quality care. Some felt challenged of working due to heavy workloads and the risk of infection on self and others (Liu et al., 2020).

The literatures on experiences of frontline HCWs have risk of mental health problems due to heavy workload, stress related to disease transmission and unavailability of PPEs and support systems of organization. It results in a highly negative experience and impacts on psychological health. In the initial phase of the pandemic outbreak, most health workers developed depression, anxiety, insomnia, and distress symptoms which gradually improved in the later stages of the outbreak (Liang et al., 2020). Green et al., (2020) stated that the health workers face a wide range of challenges to balance personal and professional life during the COVID-19 pandemic. HCWs are to mount the mental disequilibrium related to exposure risk while caring COVID-19 patients.

In the local context, majority of health workers had to face challenges regarding stigma, inadequate availability of precautionary measures during COVID patient care, lack of PPEs and support system of family, society and organization too. Those factors were more at risk to disequilibrium in mental health (Khanal et al., 2020). Regarding safety of HCWs, the hospital management system and government had taken minimal initiative in the initial phase (Koirala et al., 2020). In this way, in this crisis, health workers had various types of feelings depending on the health care system, availability of physical resources, organization, family and social support and so on.

The nurses felt negative experiences like stress, low self-esteem, panic, worry, irritation, sorrow and grief which are normal feelings in the current crisis. Initially appointed in the frontline, they had negative feelings and developed physical symptoms like fatigue, discomfort, and helplessness. While at work with critical health conditions of patients, high-intensity work, fear and anxiety (Sun et al., 2020) were prevalent. Meanwhile, frontline nurses had intended to turnover from their job due to lack of social support and fear of physical and psychological factors (De los Santos & Labrague, 2021). Later, the nurses adjusted themselves with positive feelings, developed their self-coping, team support, and feeling of altruistic, professional responsibility and so on (Sun et al., 2020). In the present context, frontline nurses are coping with such situations and are serving people despite huge unsatisfactory conditions in their profession.

Policy Review

The Himalayan Times (2020) published that 4400 health workers were infected with COVID-19 and seven died while serving patients just within two months from September to November 2020. Thus, we can claim health care workers encountered patient care related hazards. WHO (2020) declared that all HCWs who serving 24 hours patient care have mandate to get occupational safety and security and completely omit kind of violence inside and outside organization related to patient care: mortality, morbidity and so on. Nepal did not develop that kind of policy for frontline HCWs during COVID-19 (Gautam & Prasain, 2012). The bitter reality is that if HCWs were being infected while caring for patients who were fighting COVID-19, they must pay for their mental and financial burdens to treat their diseases (Joshi, 2021). Despite all those, we are hearing about the physical assault,

mental, emotional, social and psychological abuse to the HCWs from patient's family parties.

In Nepal, Health Sector Emergency Response Plan COVID-19 (2020, p.21) Government of Nepal Ministry of Health and Population has planned regarding human resource management and capacity building "A benefit package will be developed for the frontline health workers and support staff. A procedure (Karyabidhi Nirdeshika) will be developed to ensure life and health insurance of the health workers and support staff mobilization for COVID-19 response".

But from my experience, till the second phase flooding of COVID-19, the government did not implement the policy regarding welfare of frontline HCWs. As stated in the National Disaster Risk Reduction Centre, Nepal has allocated funds for COVID-19 at province level. Province 1 approved to give "encouragement allowance", Sudurpaschim province commenced a life insurance policy and approved to afford an incentive allowance to all HCWs who are working at nine government hospitals (Gautam, 2020). I believe that if all mentioned facilities are implemented, the frontline nurses are happier in their profession.

In Nepalese society, the stigma regarding COVID-19 and discrimination to the frontline nurses is observed. They faced a lot of challenges due to no cooperation from society in first wave of COVID-19. Subsequently, Government of Nepal Ministry of Health and Population (2020) formulated the policy of reinforced safety and security of the frontline workers in all selected hospitals. If anyone annoyed any health workers in society, the officially authorized action will proceed against those types of negative behaviors. The Government of Nepal, Ministry of Health and population (2021) prioritized to give the vaccine against COVID-19 to the frontline

workers and vulnerable population. As a result, Indian government gave the Covishield vaccines free of cost. This strategy of Nepal government was much appreciated because it lowered the stress and there was a feeling of security among frontline health workers after being vaccinated.

Theoretical Referent

I went through the numbers of learning and combatting theories in this study process. Albert Bandura's self-efficacy theory provides theoretical linkage to explain how frontline nurses can exhibit their capacity that is essential to combatting and learning during COVID-19. Also, the resilience theory emphasizes the factors to combating and learning in the COVID-19 period as role of frontline.

Self-Efficacy Theory

According to Meleis (2012), theoretical thinking is essential to the advancement of nursing profession and professional activities. It has been developed with the help of reviewing the literature. This theoretical reference shows the different experiences of frontline nurses regarding patient care with support system (family, society and organization) and health management system (Availability of PPEs, personal safety measures). They are basic factors to confine the individual experiences of the frontline nurses. Albert Bandura's "self-efficacy theory" provides theoretical support to explore the different experiences of frontline nurses. Albert Bandura is an American psychologist born in 1925 who worked at Stanford University. His social cognitive theory and Bobo doll experiment was an immense contribution in the education and psychology field (Artino, 2007). The self-efficacy theory is also one of the important theories. He did experiments in three sessions to develop this theory. In the experiment, the participants had been given relaxation time and trained the strategy for coping unexpected challenges. Lastly, he found that

people behave individually and behaviors of individuals depend on self-efficacy. In this way, he proved that the escaping manners create an opportunity of self-efficacy (Bandura & Adam, 1977). Thus, I pointed out that to develop self-efficacy of a frontline nurse needed preparation of all personal and professional aspects to battling the challenging situation.

The core concept of this theory highlights a person's principle with their competences to perform their task through four processes: cognitive, motivational, selection processes and effectiveness. Similarly, people's behavior may be changed through various strategies of own-self or management (Maduxx, 2012). Thus, those four processes in frontline nurses have given input as an adjustment in psychological problems and physical health.

Based on the cognitive process of self-efficacy theory, if the people have strong feelings to achieve success in their work, they perform positively even in difficult situations (Bandura, 1989). During pandemic, the frontline nurses already had negative perceptions that would lead to negative consequences and in positive perception vice versa regarding the health status of COVID positive patients. If just minor conditions of patients caring, the frontline nurses may have good experiences but in critical conditions of the patient care, they may have worse experiences. It would result greater impact on the physical and mental health of the frontline nurses.

Other parts of self-efficacy theory have motivational processes including the attribution theory, expectancy-value theory and goal theory. The people are motivated through various attributions that motivate action, outcome expectation and value of outcome which decides the experiences and behavior of individuals. Likewise, people show goal directed behaviors (Bandura, 1994). During pandemic periods, the frontline nurses were motivated to engage in patient care by their individual perception.

Similarly, they had specific expectations. If the organization had standard safety measures or protocol, adequate availability of the PPEs, given training regarding safety measures then frontline nurses may have felt motivated and safe and secured to avoid transmission of disease. The inadequate numbers of PPEs which is vital to chain break of the disease while giving care to infected patients might have amplified risk of transmission to HCWs. The policy makers should make it mandatory to reinforce all health-care institutions through supervision and guidance during a pandemic that will probably be felt for safety and security in such a pandemic (Bielicki et al, 2020).

Similarly, nurses are at high risk to transmission of the disease not just with symptomatic COVID-19 positive patients. They may be highly at risk to transmission of the disease when caring for symptomless patients and people of family, society and their community as they are interacting and living with them. Likewise, clear guidelines, effective staff management and appropriate management system may prevent the transmission.

Another phase of the theoretical references showed that the support system of the organization, family and society may empower to care for the patient, as frontline nurse during COVID-19 is vital. Cipolotti, et al. (2020) discussed the high incidence of psychological distress with the health workers due to staying isolated from their family and friends and risk of COVID-19 morbidity and work related challenges. Therefore, the support system of family, society and organization with interaction with each other is highly important to sound experiences or psychological support. And on the other hand, either the nurses may have altruistic attitude or affective domain as they may be self-motivated to care in COVID-19 pandemic situation or experience self-satisfaction as they are part of COVID-19 situation.

Finally, the selection process of the self-efficacy theory discussed whether professional or individual career development is an essential part to tackle the various obstacles. If the people had taken roles they may get key foundation of personal and professional development (Bandura, 1994). Meanwhile, some nurses might easily accept the role of frontline during COVID-19 as this is the best time to develop their personal and professional development and become resilient from negative experiences.

Resilience Theory

I came across the ‘resilience theory’ to explore how the frontline nurses are combating the pandemic situation. This theory was formed by multiple theorists such as Rutter (1970), Garmezy (1991), Werner (1982), Luthar (2000), Masten (2011), and Ungar (2005). The central concept of resilience theory is the capability of humans to heal, or rebound from the contrary effects of a natural or manmade threat (Yates et al., 2015). The individual must have strong factors i.e., promoting factors, protecting factors and adaptive capacities to resilience from such a situation. It depends on the person and environment interaction (Fletcher & Sarkar, 2013). In pandemic situations, there emerge different challenges on personal, professional, societal, and global levels (Wald & Monteverde, 2021). My reflection is that, for the frontline nurses to have normalized from challenging situations, all those processes are highly essential.

The most specific challenges frontline nurses faced were personal and professional resilience which is important to combat the crisis situation. Individual resilience is input to the longevity in their profession with professional identification. The resilience of nurses strongly depends on their willingness to contribute to the frontline in a pandemic situation. Similarly, they are showing commitment to their professional duties though risking their own health in potentially life-threatening

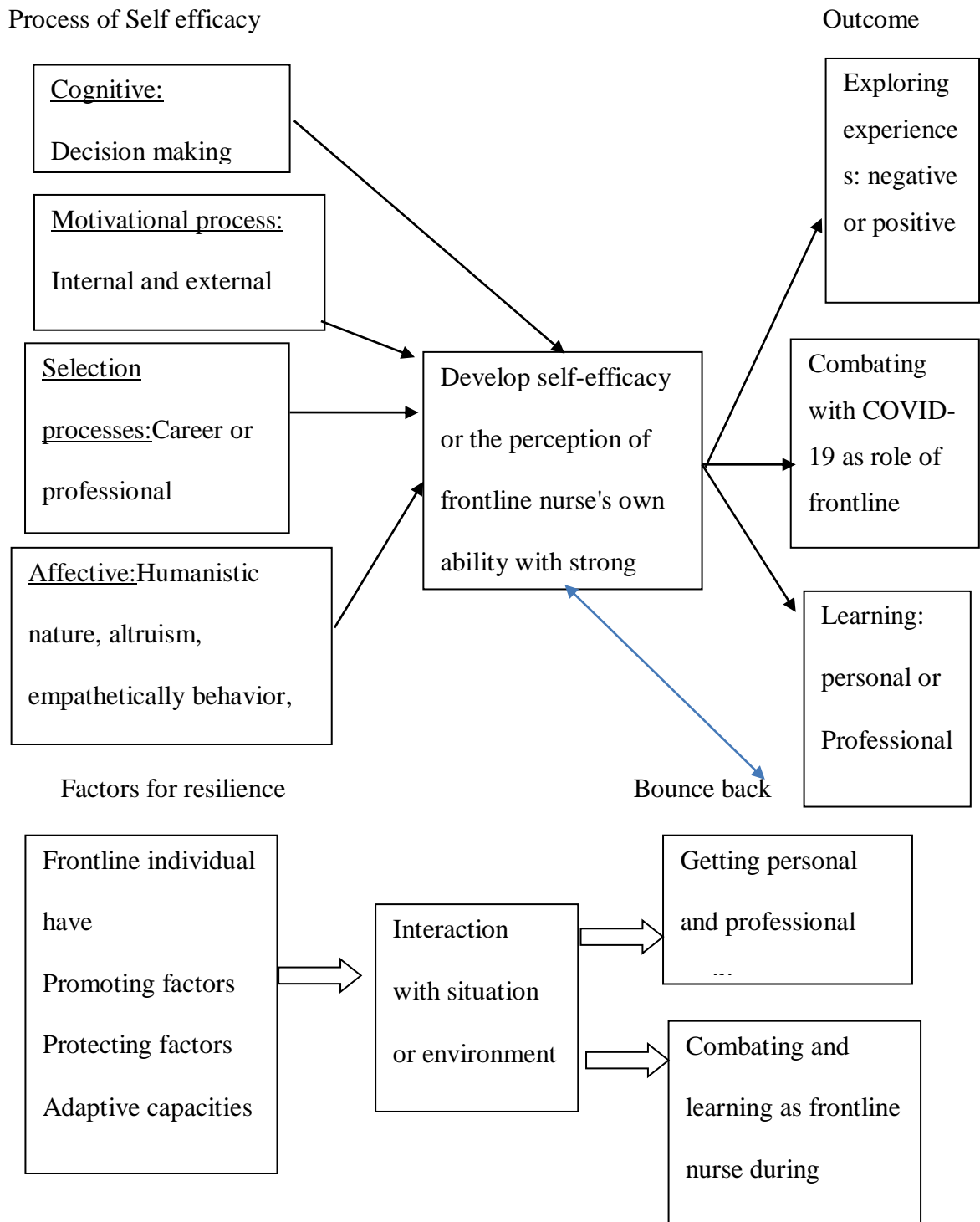
situations. Therefore, personal commitment with the promotion of occupational commitment, motivational factors: internal and external, social support and organizational support are vital to combatting and learning for nurses from COVID-19. In addition, Turale et al. (2020) stated that all the frontline nurses must need strong support and encouragement during this COVID-19 pandemic that enhance to resilience and qualitative work. As a result, frontline nurses might be demotivated to accept the role of frontline due to more nurses and HCWs being infected or died globally.

Research Gap

I reviewed many existing qualitative and quantitative studies designed from international and national journals related to experiences of health workers during COVID-19. Those chosen literature have given the right tract and given in-depth knowledge. I am curious to explore the experiences of the frontline nurses during pandemic situations. As stated, the Nepal government has formulated strong policies regarding health care workers and logistics management. Shrestha et al. (2020) argued that there is still a lack of implementation of those policies, especially human resource management and logistics management. The Ministry of Health and Population has committed all COVID-19 hospitals to provide risk allowance to the frontline health workers who battle against COVID-19 but Nepal government has failed to pay Health workers deployed at COVID-19 frontline workers (2020). In Nepal, the second phase of COVID-19 has already started and frontline HCWs are still battling continually. On the other hand, the government hasn't paid the previous risk allowances (Aryal, 2021). The frontline nurses and all frontline HCWs are still risking and providing care continuously to promote health and preventing the disease from spreading and rehabilitative aspects.

The few gaps which I found in those literatures includes that the majority of the study was conducted among varieties of health workers like doctors, lab technicians, pharmacists, patients, frontline nurses and so on. Most of the studies had chosen the survey methods rather than face to face meeting with frontline nurses. There is very little inquiry to be able to retrieve and explore situations regarding combatting and learning such challenges by frontline nurses. Similarly, this kind of study is also important in the local context, where there is much more stigmatization, fragile health care delivery system and so on regarding COVID-19. That impacted health workers or showed opposed behaviors of family and society. Therefore, I am sure that my study helped to explore the types of experiences for combating and learning of frontline nurses during COVID-19 in the context of Nepal.

Theoretical Guideline



Those two theories, self-efficacy and resilience are highly linked with each other. Both theories have positive characteristics of individual, and they share a

common component. Each theory initiates to face difficult situation or crisis. Though, these both have few differences, the self-efficacy influence to task accomplishment and resilience signifies to adapting to change and surviving challenges. If every individual has high levels of self-efficacy to face hardship, then they gradually be able to bounce back to certain catastrophic situations.

I made my senses to deal with combat and learning of frontline nurses as a major component of this study. I have borrowed two theories: self-efficacy and resilience theory in this study. They are interconnected with each other to combat and learn as a frontline nurse in COVID-19 pandemic situation. Djourova et al., (2020) also proved that the individual have developed close with both self-efficacy and resilience to reach out in targeted goal. Initially, frontline nurses build strong self-efficacy to combat this situation. All those four processes of self-efficacy theory: cognitive process, motivation process, selection process and affective process have played vital roles to become self-efficacious in challenging situations. They are able to combat or battle such conditions. Their learning might be personal: philosophy of life, attitude, perception of life and leadership skills and so on. Similarly, they are able to learn professional skills: knowledge, practice, decision making, leadership roles and so on. In this way, they are developing self-efficacy and fighting such situations. Slowly, they transform into normalcy or bounce back or become resilient in such challenging situations. Likewise, I assure that if granted the three factors: promotional factor, protective factor and adaptive capacities are high influences for frontline nurses to bounce back.

I have made concepts about both theories and realized these two theories are highly integrated and interrelated. Sagone and De Caroli (2013) revealed that if people developed resilience in high grade, then they were capable to survive with

challenges of life. Likewise, resilience is highly essential to tackle the challenging phenomenon. Self-efficacy makes competent in their performance (Zareefa, 2021). Therefore, without self-efficacy, the frontline nurses could not be resilient in challenging pandemic situations. Therefore, I am assuring that the application of these two theories in my study might be a great influence. I got the right pathway to this study.

Essence of Chapter

In this chapter, I defined the contextual situation of the COVID-19, its challenges, learning (personal and professional), and empirical review which was experienced by front line HCWs of the globe based on national and international literatures. I presented the literatures which were reviewed based on first and second research questions. Likewise, I discussed the global policy which was formulated by WHO during the pandemic. Mostly, I focused on national policy regarding COVID-19 management, facilitations, safety, security and others. Similarly, I defined two theories i.e. Albert Bandura's self-efficacy theory and Dr. Norman Garmezy's resilience theory, which was also presented in the theoretical framework. Then, I was able to find the research gap through review of the previous studies carried out at different places. In the next chapter, I have focused on the methodological part.

CHAPTER III

RESEARCH METHODOLOGY

In this chapter, I set the methodological procedure followed to explore the experiences combating and learning of frontline nurses during COVID-19 in selected public hospitals of Kathmandu valley. I demonstrated this by discussing the research paradigm of study, how and where it was carried out, how information was collected, analyzed and interpreted. Therefore, this chapter specifies the ontology, epistemology, axiology and methodology. Finally, I have described the procedures and measures that I had taken to fulfill the ethical consideration while conversing with the participants.

Philosophical Foundation

Ontology deals with the nature of existence or reality. Al-saadi (2014) expressed that ontology is concerned with the belief and reality or truth. In this study I have multiple and different information or data regarding experiences of frontline nurses during caring of COVID-19 patients. Another thing is exploring the multiple experiences regarding feeling while care giving to COVID-19 positive patients, the reason behind such types of feelings while working as frontline nurse and a way to eliminate the negative way of thinking of frontline nurses while providing service to COVID-19 patients. Thus, in this study there are multiple types of experiences among participants.

Epistemology deals with the way to gain knowledge. Al-Saadi, (2014) stated that epistemology is a way of looking at the world and dealing with the 'nature' of knowledge. In this study, I seek the information or experiences from selected

participants (frontline nurses) with the use of self-developed tools with guiding questions in the field. I collected information through active interaction with participants in two to three times meeting and multiple conversations through phone calls to get exact information. Similarly, I gained knowledge via conversation, interviewing, observing gestures and body language, facial expressions, tone of voice and so on. Therefore, I could claim that the collected information was authoritative in aiding conclusions regarding experiences.

Axiology deals with the value of knowledge (Sultana, 2020), meaning that a researcher has an inside as well as an outside perspective of situations. I have long experiences (completed more than two decades) in the nursing profession and personally have felt happy and sorrowful while care giving to critical patients and the patients who were at risk for transmitted disease like HIV positive, hepatitis, malaria and so on. Thus, those experiences may be reflected in this study but I did not disclose my emotions and feelings to the participant's experiences of this study. The meeting with the participants in the field and open interviews provided valuable understanding to me through their experiences which I was able to construct the stories about combating and learning of frontline nurses during COVID-19 period.

Research Paradigm and Design

A research paradigm is a framework that provides understanding about the nature and fact of research, and provide insight to researchers on how it is conducted (Creswell, 2014). Willis (2007) stated that research paradigm is a framework to making outlooks, acts and process of the research study that can be adopted by researchers. Therefore, research paradigm is a pattern or model which gives outlines to conduct and complete the research study. In this research study, it was obvious to

choose interpretive paradigm. Taylor and Medina (2011) stated that the interpretive paradigm has multiple realities with complicated and multi-interpretations with single event. The interpretive paradigm is also significant to understanding the world view as it is subjective experiences of individuals (Phothongsunan, 2010). It made sense to me to understand participant's various experiences regarding combating COVID-19 as a frontline role.

Research design is a sketch that guides researchers to decide what, who and how to conduct the research. The selection of the study title or issue was largely based on theories and personal and professional experiences. Haydon and Riet (2017, p.388) recognized eight types of qualitative research design: case study method, clinical research, ethnography design, grounded theory, historical process, narrative inquiry, participatory action research and social phenomenology. Review of literature and critical discussion with teachers, colleagues and nursing professionals made way for my voyage to this study. Besides that, a qualitative research narrative study design was used to explore experiences combating and learning frontline nurses during COVID-19.

Narrative inquiry is a research methodology of qualitative research to understand people's cultures, emotions, feelings, experiences and many more. The information gained through narrative inquiry with individuals helped in constructing stories that are scripts, texts, and visual images (Creswell & Poth, 2018). Narrative inquirer follows different methods to collect the information from study participants through field notes, interviews, journals, letters, storytelling and many more (Butina, 2015). Narrative inquiry is an approach that focuses on collection of information based on stories of participants (Wells, 2011). Webster and Metrova (2007) stated that narrative inquiry provides an abundant framework to researchers to examine the ways

of human experience in the world depicted through stories. Thus, narrative inquiry helped me inquire and understand about the combating and learning experiences of frontline nurses during COVID-19. Clandinin (2006) stated that narrative inquiry is a reasonable method for interpreting texts or visual data that have been presented in narration or story form. The narrative inquiry helps to understand the participant's story and his/her own personal experience. I collected the information with ideas of narrative inquiry strategies and its process for information collection, data management, interpretation and presentation. A narrative inquiry usually is the study of an individual, collecting the information and constructing the meaning through participant's stories (Creswell, 2007). However, I involved multiple number of participants based on study demand.

Research Site and Participant Selection

For the data generation, I have purposefully selected three public hospitals of Kathmandu valley (Lalitpur, Bhaktapur and Kathmandu). Hospital "A" is located in Lalitpur district, hospital "B" is located in Bhaktapur district and hospital "C" is in Kathmandu district.

Hospital "A" is the largest autonomous and oldest hospital of Nepal. It is located in the busy city of Lalitpur district and has been giving quality services (emergency, inpatient and outpatient department) with overflow of patients. It is continuing to provide quality services to COVID-19 patients in various departments (as severity of the patient) from the start till the second wave of COVID-19. About hundred twenty nurses and approximately fifteen doctors were appointed in frontline role.

Hospital "B" is the oldest government hospital of Nepal established for public purpose. It emphasizes affordable and easily accessible service. It has been giving

twenty-four hour services in both inpatient and outpatient departments and emergency service using advanced medical treatment and technologies. It is also giving quality care to COVID-19 patients since the second wave of pandemic. It had forty nurses and thirteen doctors appointed as frontline personnel during COVID-19 pandemic.

Hospital "C" was established more than a decade ago and is an autonomous government institution under the Ministry of General Administration. It is an existing fully equipped and non-profitable hospital. It is also giving services in out-patient services, emergency, in-patient services with high quality specialized care to people. This hospital also continues providing care to the COVID-19 from the first wave till the second wave of pandemic. Fifty nurses and fifteen doctors were involved in direct positive patient care.

During the research conceptualizing phase, I confined this inquiry to probe the experiences on combating and learning of frontline nurses during COVID-19 in the public hospital of the Kathmandu valley. Therefore, I reflected on my study title, research question and purpose of study. I thought of selecting a few registered nurses who were working in COVID departments. I choose only two frontline nurses as participants from each hospital (total six) through non probability purposive technique. I selected nurses based on their working experiences. They were junior registered nurses with less than five years of working experiences and senior registered nurses who have had more than ten years of working experience. I chose participants according to their work experiences and education level. Two junior nurses held Bachelor level nursing academic degree (BN and B. Sc.), one was PCL level. Two senior nurses as ward managers had completed their Masters in nursing (MN) and one senior nurse was studying MN. Based on education qualification and

work experiences, there was diverseness in combating and learning as a frontline nurse.

My Research Participants

SNL is 44yrs old, married with one child and belonging to a nuclear family. Her academic qualification is Masters in Nursing (MN) and has been working for 24yrs in this organization. She was ward manager in the general unit before COVID-19 but currently she is working in COVID department since the first wave of this pandemic. Her narratives have given essence on initially how she was not prepared to take on this role. But after she gained full support of the family and organization, she energized to combat and learnt skills in COVID-19 unit. Similarly, she had a strong obligation to taking the responsibilities due to her personal and professional ethics. Gradually she developed self-efficacy and became resilient in this time of crisis. In the learning part, she felt her personality change as she was empowered/ motivated to deal with this tough situation.

SNB is a 44year old, married with two children and belongs to an extended family. She is studying MN and has been working for 24yrs in the nursing profession in different organizations. She was a nursing supervisor in the general department before COVID-19 but currently she is working as ward manager in COVID department since the first wave of this pandemic. She expressed great acknowledgement to her family and organization for the support given to her to combat COVID-19 and face tough challenges. She has strong self-efficacy due to her personal and professional obligation of the nursing career. Similarly, she has benefitted to learn various managerial skills, and is especially confident in some decision making capacity according to situation. She had not realized novel skills

related to patient care even though she had more than two decades of dedication in nursing profession.

SNK is 40 yrs old, married with two children living in a joint family. She completed master in nursing and has been working for 21 years in different organizations. She was assigned as ward manager of general department before COVID-19 but currently she is working in COVID isolation department as frontline ward manager since the first wave of this pandemic. She realized it to be very difficult to face various challenges of the COVID-19 but family and organizational support made her strong self-efficient and was able to normalize herself in such situations. Similarly, the strong part is her nursing education which strengthened the personal and professional ethics that made great effort in combating the COVID-19. Additionally, she realized great learning regarding managerial skills especially human resource management, importance of team support and cooperation with each other and many more.

JNL is 22 yrs old, unmarried staying with her two younger brothers in a rented house. Her other family members are living in out of the valley. She completed BNS and has a total of 3 years and 7 months of working experience in nursing as junior staff nurse. She was assigned in general unit before COVID-19 but currently she is working in COVID- ICU since the first wave of this pandemic. Initially, she did not get family support that's why she had low self-esteem. She had compassion and was passionate to combat such challenging COVID-19 patient management. She realized her own interest of studying nursing education which might help to develop strong self- efficacy and commitment to combat such tough situations. She gradually became able to normalize herself during this pandemic. She felt proud as she was a part of

COVID-19 patient care and took advantage in acquiring skills on critical patient care and some strategies of coping in such challenging and stressful situations.

JNB is 26 years old, married, having two younger children, three years and five years of age. She is living in a joint family. She holds Proficiency Certificate Level in nursing and four and two months of working experiences as junior staff nurse in general unit but currently posted in COVID emergency department. Additionally, she has had five years of working experience as Auxiliary Nurse Midwife (ANM) in maternity unit in another hospital. She has a lot of positive vibes thus, realized that she can easily combat such challenges even though there is a lot of stress in such situations. She gets strong family and organizational support which enable her to develop strong self-efficacy. Normalization process was present in the first wave due to her positive thinking in every aspect of the condition. Equally, she promoted her nursing skill in patient care especially emergency patient management. She built capacity on decision making while doing patient care and learnt coping strategies and many more.

JNK is 22 yrs old, unmarried and living with an extended family. She completed BSc. Nursing academic degree and has been working since 2 years and 3 months as a junior staff nurse in this organization. She was assigned in general unit before COVID-19 but currently she is working in COVID high care department since the first wave of this pandemic. She is also getting full and strong family and organizational support. Thus, she is capable to combat COVID-19, though facing lots of difficulties. She has been able to develop self-efficacy due to personal and professional ethics and with the passing of time gets resilient in such COVID-19 crisis. She has benefitted in acquiring many more technical skills related to patient care, and emergency management. She has been competent in critical patient care and

death body care and so on. Similarly, she has been committed in nursing services to needy and poor people.

Process of Information Collection

I showed all the details of ethical approval which I got from NHRC to those three senior nurses on basis of my personal contact. They agreed to participate in my study. Then after, they informally introduced me with junior frontline nurses of their hospital. At that time, I showed the ethical approval letter to them and informally they agreed to participate. When it was feasible, I met them and gave an explanation for the reason behind this study and maintained credibility of my study. Then, I proceeded face to face interview, based on the research questions. I probed the information by formulated questions instantly in the field as necessary. Similarly, I tried to probe their experiences as needed by asking through the guide questions.

Narrative information was collected by using face to face interviews, observing their emotions, attitudes, voice tone, gesture, facial expression and so on (Butina, 2015). While in conversation, I felt their emotions, feelings, gestures, and tone of voice. However, I could not see their facial expressions due to wearing of the mask and face shield. I took approximately twenty-five to thirty minutes for each meeting because I was utilizing their break time. I met them two to three times. Also, I used the phone call for small queries. I did audio recording of the conversations and wrote memos with their permission.

After completing the narrative interviews, the information was checked for the relevant topics, important words and accuracy before proceeding to the next participant. After completing the collection of information, it was transcribed, coded, edited, categorized and grouped for analysis of the study. I have done the analysis manually. I have listened to audio records of conversation multiple times for

transcribing. I extracted similar information or chunks from each participant's story for coding and editing the information. Then, I categorized from coded information and fit them on making themes. There were several themes based on which I had captured the information from selected participants, thereby I analyzed the information.

Narrative Interpretation and Meaning Making

Liu et al. (2020) found different types of feeling or experiences which were individually different. Some have proud experiences as they got a chance to give care in challenging situations and felt professional responsibility. Other groups have felt frustration with their profession due to potential risk of disease transmission during care. It depended on their linkage with their family, and weakness of management regarding safety of HCWs. Some felt turnover from their risky job. Likewise, some organizations failed to formulate, plan, implement the standard guidelines to care giving during these emergency situations.

I used an interpretive approach to explore experiences of combating and learning during COVID-19 as frontline nurses. So, each individual's experiences were subjective. I had two to three times meeting with my participants and phone calls to collect truthful and rich information. That supported in analysis and meaning-making. It enabled me to construct insightful understanding of the types of experiences. How are they battling such a situation and what they are learning from the pandemic? - I interpreted meanings through analysis of telling and retelling stories of individual experiences and constructing the broader themes. I interpreted based on their conversation, use of words, voice tone, exclamatory words like ahhhhh, ommm, pause, taking long breaths and expressions of smiling and weeping.

Meanwhile, meaning making includes engagement with the field scripts, organizing them, breaking them into manageable parts, coding, synthesizing them and probing for the outline (Bogdan & Biklen, 1997). In this study, I have made the meaning on the basis of collected narratives of participants from face to face interview and with phone call. This work was the most challenging task for me. I presented narratives in coherent manner and meaningful way for readers without violating the essence of participant's shared stories. So, I carefully and attentively observed every chunk of their shared stories. Initially, I listened the audio recording that captured the stories of participants for multiple times. Then, I translated (Nepali language to English language) and transcribed shared stories of frontline nurses. I read and re-read them to explore their experiences on combating and learning during COVID-19. Accordingly, I categorized and coded the similar experiences. Finally, I developed themes so that I could lighten their meaning as the study proceeded. This was based on research questions and literature review.

Credibility of the Study

Credibility of the study is maintained by investment of adequate time with participants to collect information. I built trust by preliminary visits to the research sites and multiple meetings and phone calls with participants for clearing out small issues. I used multiple methods: interview, memo writing, observation and audio recording with permission. I observed participants during conversation over an adequate period of time to maintain relevance. Participants had been given freedom to leave the study at any time or clear the queries regarding the study. Similarly, critical analysis was done on their emotions like using exclamatory words (ahhh, ommm, and pause during conversation, soft smile, and cry), voice tone, feelings and so on. I made

a report and interpretation of the study with use of simple words (reader's friendly) and with description.

I had listened carefully to understand a person's story or their personal experiences. I used the three-dimensional space narrative inquiry described by Haydon and van der Riet, (2017) which included temporality: past, present and future. Second one is sociality: participants and researcher interactive behavior. Third one is spatiality: environment and institution influences how the story is narrated. These three dimensions give structure to the narrative on researcher's analysis.

Temporality

My resources revealed that every individual participant has experienced such incidents and enacted differently. Human life is based on time. It has a threefold temporal structure of past, future, present. Every individual experiences different incidents in a lifelong period and practice different behavior (Cunliffe et al., 2004). Thus, I allowed expressing how their past experiences might be affected by present and future phenomena. Through prolonged engagement in the field, while doing interviews with participants, I have gained empirical knowledge that participants neither had faced such type of disaster. Similarly, in the present, they are learning and battling the pandemic situation and again I wondered if they are prepared to tackle such a situation in future.

Sociality

As my understanding, sociality and interaction maintains the relationship between participant and inquirer. Clandinin et al. (2007) suggested that sociality directs attention, thoughts, emotions, and moral responses of the participants by researcher. While telling and listening to narratives of participants in the field, I was concerned about the participants' personal, social and cultural values. I had informal permission

for interviewing as I was not sure whether they were ready to meet or not. Then, as I proceeded to interview on their one-hour break time, I managed the interview at their convenience. Green (2013) addressed that the association between humans and their social environment is highly influenced in narrative inquiry while face to face interviewing with participants. Initially, I built rapport with the participants that made for a smooth conversation. After that, I carefully interacted with the participants. I keenly observed their gestures, intense listening to the voice, tone and pace.

Spatiality

While interviewing with participants, I chose a quiet place where the participants felt at ease to express their story. If there was disturbance of any kind, it could affect the flow of their narration. Clandinin and Connelly (2000) also suggested that the spatiality or place/ physical space is highly considerable to influence the story and how it is told by participants. In the present context, we highly focused on safety measures to protect ourselves by maintaining physical distance, using face shields and wearing double masks while interviewing in the field. Adams et al. (2016, p.3) came to realize that "the homes of the participants were considered their natural habitat". Thus, I also seek a comfort zone or place (might be their working place) to interview according to a participant's wish.

Ethical Considerations

Arifin (2018) highlighted that research participants secure their self-esteem in each angle. I adhered to the principle. First of all, after defending the proposal, the study approved by the research committee of KUSOED and the formal approval letter given by the Dean of KUSOED, I got ethical approval from Nepal Health Research Council (NHRC) and met with three senior frontline nurse managers as my personal contacts. Then after, they introduced me with junior frontline nurses of their hospital.

I introduced myself and explained to the participants individually about the details of the study purpose and process.

During the explanation, participants informed me about their right to refuse or withdraw their participation in the study at any time or for any reason as per their wish. Verbal and written consent was taken from the participants. Audio recorder was used after voluntary consent from the participants. I assured the participants that their information would be confidential, by giving pseudo names to each participant and hospitals in report presentation. Each participant gave pseudo names and used pneumonic of their designations. They were Senior Nurse Lalitpur: SNL, Senior Nurse Bhaktapur: SNB, Senior Nurse Kathmandu: SNK, Junior Nurse Lalitpur: JNL, Junior Nurse Bhaktapur: JNB and Junior Nurse Kathmandu: JNK and hospital A: Lalitpur, Hospital B: Bhaktapur and C: Kathmandu to maintain confidentiality.

Similarly, their information or any materials related to the participants be it in the form of audio recordings or field notes written or transcribed and translated one, were kept safely in order to preserve their right to privacy. My engagement with the participants was maintained carefully without disturbing their conversations. I stayed neutral to acquire accurate and rich information.

Essence of Chapter

In this chapter, I dealt on the methodology that was adopted in this study. It started with the philosophical foundation wherein ontology, epistemology and axiology were discussed. Likewise, I presented and justified for choosing the interpretive paradigm and narrative inquiry as my research method. In depth explanation has been done about research site, participant's selection, process of the information collection and crafting the meaning of participant's narratives. Similarly, I clearly mentioned the credibility of study by using temporary, social and spatial

methods. In addition, the quality standards adopted along with the ethical considerations have been discussed in this chapter. In the next chapter, I have discussed on stories of the study participants.

CHAPTER IV

EXPERIENCES OF NURSES COMBATING COVID-19

In this chapter, I have presented the narratives collected from six frontline nurses from a public hospital Kathmandu. This chapter brings out the stories of frontline nurses and I have mentioned the possible answers to the research questions: how do frontline nurses narrate their experiences of combating COVID-19? I have collected the narrative text through face-to-face interviews and phone calls, memo/field notes and reflective diary.

Experiences of Combating COVID-19

Every individual has their own unique way and nature, so their experiences and understandings are subjective. The experiences and understandings are based on variety in social, personal, educational and cultural backgrounds. How they live and view the phenomenon play a great role in shaping and perception of their views of the whole situation.

In an effort to find the answer to my first research question that is frontline nurses experiences of combatting COVID-19, the narratives or stories collected from my research participants were of huge support that provided factual descriptions. Later, based on their exciting and informative narratives on combatting COVID-19, I have tried to categorize the theme into the following segments: social stigma, dilemma to accept, fear of disease transmission, support system, challenges, personal and professional ethics and nursing education.

Impact or Role of Social Media on Nurses' Perception

Individual perception differs due to ability to see, hear, understand, or become aware of something through the senses. COVID-19 pandemic is a big crisis worldwide. People have negative and positive perceptions regarding disease transmission, its consequences and social behavior towards COVID positive patients. Those types of perceptions developed in people, even with health workers was possible due to various factors: rumors, past experiences, predictions, social media and many more. Social media has played a pivotal role to convey the information positively and powerfully to change health behaviors in society.

In this research, the participants shared various experiences where they perceived negatively the COVID disease outcome or consequences due to the so-called social media that was spreading rumors about COVID-19. Government sealed the homes after the PCR test was positive. As shared by them, these very reasons lead them to negative perception. Let me tell a story of my participant SNL. In the initial phase of first wave of COVID-19, she did not join in the nursing job. She stayed home (study leave and just recently completed study) as a house maker. Thus, she did not see the actual reality of the disease and prognosis. She stocked with the negative perception regarding disease consequences because she had heard negative messages from news and social media. Similarly, she was stressed and anxious about home sealing by the government if diagnosed with the COVID-19. One aspect of her mind told her not to join the job because of all the rumors about the disease. She has had more than two decades of work experience and had already cared patients with various types of communicable diseases. SNL shared, it was a difficult time for her as a health worker. Adding to this, she further shared

'I did not know the actual consequence of the COVID-19 disease and condition of the patients. Majority of the time, I saw terrifying situations like sorting out the dead bodies by people other than family and heard news about disease transmission to health workers. At that time I had just completed my master's degree so, I had not joined my work. Various social medias showed the majority of negative consequences of disease in our context and internationally. Similarly, I saw houses of my locality being sealed by the government after testing positive. Such factors might have been the reason I developed a negative perception and was scared of the COVID pandemic. Really, I felt my hospital management won't call me to rejoin my job and if I needed to care for positive tested patients, my life might be trapped with positive patients and risk my life to the disease.' [SNL, Interview]

The story above points out that participant had negative perception regarding COVID-19 disease and its outcome. The main reason to develop such negative perception was due to the social media, news of national and international context. She further shared that actually the conditions were not seen by her own eyes because she had not joined job the hospital. Likewise, she was discouraged to join in hospital work in such a difficult situation due to stigma with negative perception regarding COVID-19 disease and only its negative consequences even though she had a long working experience in patient care.

It provided us with the picture that health workers had developed the negative perception regarding COVID-19 and its negative consequences. The strong reason was just because of social media. Kadam and Atre (2020) revealed that various social media spreading rumors with fake news regarding the COVID-19 management and its consequences was the reason behind all the negativity among the general public.

These played a vital role in developing negative perceptions and social stigma and the difficulty to face such challenges to the health sectors. SNL was persistent and followed everything on the social media rather than reality. In the initial phase of the first wave, she did not join the hospital duty. So, she did not see the actual / real conditions and consequences of the COVID-19. She had stocked negative perception rather than positive perception about the real situation; there is not only the negative consequence there is good prognosis and outcome too.

JNK's story was bit different than SNL. She continually gave care in the hospital though she was scared to encounter COVID positive patients. In the initial phase of first wave, her hospital did not admit any COVID positive patients. So, she also did not see the actual condition of the patients and consequences of the disease. Mostly she heard negative reports about the consequences of the disease and weakness of management through the various social medias. But, gradually she was able to eliminate those rumors after engaging directly with COVID positive patient care. She is engaging continually in the hospital and she has adequate knowledge on how the COVID-19 is transmitted through droplets rather than air. In this way, JNK also perceived negatively regarding the COVID -19 situation and its bitter consequences. She expressed,

'In the first wave of this crisis, I thought all the COVID positive patients reached a very critical health condition whereby no one had a chance to recover. That time, my hospital had not admitted COVID positive patients and I was regularly doing care with general patients. I think most mass media showed negative scenarios of the COVID-19 condition, its negative consequences, disease transmission and its management. Thus, my perception on COVID-19 disease, all the COVID positive patients were that they reached

in critical and serious conditions with risk of disease transmission through air. Those social media mostly disclosed only high rate of mortality, scarcity of medical equipment, hospital beds, scarcity of health manpower due to disease transmission while care giving and departure with family members of health workers while staying in quarantine. [JNK, Interview]

The above given extract of participant has given essence by Tasnim et al. (2020) that some of the social media conveying false broadcast regarding COVID-19 condition, its consequences, difficult management system and many more lead most people to develop a negative mindset regarding COVID-19. It resulted in mental disturbances and some people committed suicide. In this context, JNK further added;

'Gradually, I was able to eliminate my negative perception after COVID positive patients were admitted in my hospital. I realized all patients had not reached the critical condition. Majority of the patients recovered and managed well but it also depended upon the patient's age, self-confidence and severity of the disease.

[JNK, Interview]

In this way, JNK had also developed negative perception regarding the COVID-19 and its consequences. It was impacted by misinterpretation of the reality by various social medias. During the initial phase of the first wave of the pandemic, her hospital had not admitted the positive tested patients. However, she saw the real condition that had both negative and positive outcomes which was encountered before she had given patient care and faced various types of morbidity and mortality. In this context, the remaining four participants did not express negative perception regarding COVID-19 due to social media.

Dilemma to Accept the Frontline Nurse

There was a situation in which a difficult choice had to be made between alternatives. The people often face the dilemma that arises in life when a challenging situation cannot be resolved in a way. It might arise unsatisfactory alternatives. Similarly, people have raised dilemma to choose the alternatives in personal matter or professional.

In this research study, it was shared by the participants that they were in a dilemma to accept the frontline role. That might be due to disease transmission while giving care to positive tested patients. They were interconnected with their family. So, they were also at risk for disease transmission. For SNL, it was not easy to accept the frontline role when her hospital decided to give her responsibility of COVID specific ward as manager. On the other hand, she couldn't reject completely because of her personal and professional ethics. Most important thing was that she had just recently completed her higher education degree through scholarship. That time, the government announced the lockdown strategy. So, she completely maintained the lock down period and took leave from job. That's why she was fearful of disease transmission to self and family. But, after conversation with her husband, she was quite assured to take responsibility. In this way, in the initial phase of COVID-19 she was very much doubtful to take that tough role. Further she shared,

'I was afraid on disease transmission to myself and family members too. Even so, I could not directly reject the frontline role as a ward manager. I was disappointed and stressed out for one week and doubtful of what decision to give to the hospital management. I shared my feelings to my husband and he gave me positive assurance to take on this role. If I committed to this role, I needed to join immediately. My mind also did not command for rejection

because I had just completed my master's degree through scholarship from the hospital. I remember that was not possible to easily accept this role. [SNL, Interview]

This denotes that she had created dilemma to choose or reject the tough role. She could not easily accept due to risk of disease transmission and rejection was also not possible because her organization had given facility like scholarship to study for higher degree. She further shared,

'Finally, I could not reject directly because of my professional responsibilities i.e. self-sacrificing in patient care. Similarly, I had gained high motivation and encouragement of my husband. However, in my mind I was still frightened about disease transmission through direct involvement in the infected patient care in the COVID unit.' [SNL, Interview]

From the sharing of the above story, she was in a dilemma if she had to accept the position knowing there was a possibility for disease transmission to herself and her family too. Wuet al. (2020) concluded in their research findings that majority of health workers had fears and doubts to accept the frontline role. SNB also expressed her story in the same manner. She was stigmatized in relation to disease transmission and its consequences. She lives in a joint family. She was majorly concerned in disease transmission to her older members of the family. That's why, she had her doubts to taking on the frontline role. But, after consulting with her family, especially her old grandmother convinced her. Finally, she accepted because of her strong family bond and professional responsibility. That means she has been involved in COVID management committee at her hospital since the start of COVID-19 in Nepal. Further, she shared her experiences,

'In initial phase of first wave of the pandemic, all people had stress and stigma related to the COVID disease. I was also stressed. I am living with my joint family. So, I had fear of disease transmission to my family members especially 86yrs grandmother in law. As she is a senior citizen and she is the most vulnerable to infection from my side. That is why, one part of my mind had doubts to accept this role. I shared my feelings with my whole family and my grandmother in law herself convinced me to accept the tough role and assured to protect themselves by following strict precautionary methods. That time, I was really relieved.' [SNB, Interview]

This signifies that she had created little bit dilemma to choose the tough role due to possibility of infection. She was highly concerned about the chances of disease transmission to especially her old in- law. She further shared,

Even though I easily agreed to this role because of direct support of my old grandmother, I was continuing with my work in my hospital as a nursing manager and involved in COVID management committee before the admission of COVID infected patients. I was continuously engaged since the initial phase of the first wave with management committee. That might be the reason I did not feel the difficulty in accepting this role. [SNB, Interview]

In this way, from the sharing above by SNB, every health worker especially frontline worker had some stress due to the fear of infection. They needed some coping strategy such as family support and strong management of the hospital. She was involved continuously with the COVID management committee. It provides a clear picture of the importance of self-protection and awareness to prevention of disease transmission. Strong support of family and organization is mandatory to take the frontline role (Li et al., 2020).

Similarly, SNK had also the same fear of disease transmission and doubts to accept the frontline role. She also thought it was a great opportunity to be a part of this challenging situation. Similarly, she felt pride that her organization selected her as a frontline COVID specific manager. In this way, initially she was little bit doubtful and stressed to accept this role but her personal and professional ethics carried more weight than her personal concern. She shared,

My initial fear was disease transmission to my family through my side. Therefore, I had maximum reasons not to take on the role as frontline worker. However, I was happy to get the opportunity of this position. This COVID-19 problem was not just in our country, it was a stressful and challenging situation for the whole world. In that situation, somewhere in my mind I felt proud and fortunate that my organization had chosen me as a frontline nurse and got chance to giving service in such situation as COVID ward manager. That time, most of the private hospitals were closed but public and government hospitals were giving services continuously and I also continued working in my hospital as nursing incharge and was also involved in COVID management committee. Initially, I could not accept easily. It was difficult for me. But after some days of discussing with my husband and due to my professional ethics, which played a vital role to acceptance of the role. [SNK, Interview]

From her sharing, dilemma can be deducted with the help of coping strategies that are family support and strong management of organization. Also, it is linked to the requirement of strong management strategies of organization in prevention of the disease transmission and most essential is family support to eliminate the dilemma on taking a tough frontline role (Li et al., 2020).

JNL's stress was not just related to the disease transmission. Her entire family was living out of the valley. She was taking guardianship of her two younger brothers. So, she felt she was going through an unpleasant experience and her mind did not give command for her to run away from this challenging situation because of her professional ethics. At the end, she managed to move her younger brothers to another place with her relative and decided to stay in the hostel that was provided by the hospital because she lived in a rented home. In this way, she had bitter story about it. With much more doubt and stress, she accepted the frontline role. Expressing one of the unpleasant experiences in her own words, she shared,

I was stressed about the risk of disease transmission to myself and my brothers as I was living with two younger brothers in a rented house. I had my doubts and did not know what to do or not to do as everything was happening suddenly. I felt this was the end of me that my organization decided to select me as frontline nurse. Again she expressed her pitiful story,

"Ahh, I could not accept easily this role. The main reason was, I live with two younger brothers (one is 8-yrs and another is 10-yrs) on rent. I was scared for risk of disease transmission to my brothers. If I did not go back to my rented room, my brothers would be alone in the rented room (feeling of "बिचल्ली"¹ of brothers) as they are very young. . Later, I planned to place them in my cousin's home and I stayed in the hostel which was facilitated by the hospital for quarantine. In this way, I was able to remove the dilemmas to accept this challenging role. [JNL, Interview]

From the expression above by JNL concerning her distress of the possibility of disease transmission and the dilemma of caring for her younger brothers, she finally

¹ Helplessness or distress

managed to come up with the idea of asking for help from her cousin and placing her brothers in their home. Viswanathan et al. (2020) focused on the significance of moral support to the frontline health workers to ease the challenge faced by frontline health workers.

On the other side, JNB had a completely different story. She and few family members had already become infected and fortunately all of them had not had any bad experiences regarding the disease. That's why she had no stress, anxiety and doubt to take on the frontline role. Although some part of her mind stressed about disease transmission to her older and younger family members as they had not been victims of the COVID-19. In this way, her emotion differed from that of the earlier participants' feelings, "*I was worried about disease transmission to my older in laws and my younger children*". That meant, she also had some doubt to taking on the frontline role. She even shared additional thoughts on it,

Although I reacted normally and easily accepted my appointment as a frontline nurse, I did not feel any noticeable emotion. Yes, I easily accepted to take this role because of my family and that my father in law and my two children had already been COVID infected during the first wave of the pandemic and the government had sealed my home and so everyone recovered without any severity of disease. That is why, I developed a very strong sense of responsibility for that situation to care for the infected. [JNB, Interview].

JNB also shared that she was not so much in a dilemma to take on the frontline role. Accepting the tough role made her stronger. She herself and her family members had already been infected and managed well. In this way Mazza et al. (2020) discovered that the health workers have to develop empathetic behavior that helps in decision making in tough and scary situations.

JNK also had a similar story. She also stressed herself with the thought of disease transmission to her old family member via herself. So, there was a little bit of doubt. But, after interaction with friends and seniors she prepared herself. She also had some training related to infection prevention. Finally, she accepted the role and responsibilities that were given to her by her organization. Furthermore, she expressed,

I was stressed and scared about the transmission of the disease to my grandfather through myself as he had other chronic illness, aged (82yrs) and had not been vaccinated. Thus, he was more vulnerable to disease transmission. That's why, I had some doubt as to what to do or what not to do. I could not reject this role and responsibilities but my doubts did not disappear. I made up my mind not to accept this role and responsibilities. But, after some days, I was convinced after discussion with friends and seniors that we had specific and special training on infection prevention. We were given PPEs and other safety measures appropriately for patient care. [JNK, Interview]

In the above story of JNK, she strongly expressed the importance of sharing feelings with peer group to make easy decisions during difficult periods. As such, Aziz et al. (2021) also highly emphasized on the sharing of the sentiments with peer group that help to relieve and make easy every task to tackle such problematic periods.

Support System of Family, Society and Organization

Support means to provide comfort, safety, encouragement to someone from someone, people, family, society, community, nation and organization and so on. The frontline nurses are social human beings. They require every kind of support in every

aspect of life like economic, social, emotional, psychological, moral support etc. The way of support provided from family, society and organization to frontline nurses during pandemic period depended upon encouragement and motivation to combat the COVID-19 crisis.

In this research, participants shared various experiences where some felt they got full support from family, society and organization and some participants felt the opposite. While in conversation, few participants felt emotionally upset regarding support system. The frontline nurses who did not get strong support system during COVID-19 pandemic felt low self-esteem and were not motivated to face such a challenging situation. However, those who had strong support system from all areas were highly motivated to battle COVID-19 in the frontline role.

SNL had continued strong support from her family since starting her nursing career till date. Now, she lives with her husband and son. So, her husband has given full support to taking responsibilities as COVID ward manager. She felt strong because of her husband's support. If her husband was not behind her in support, she would not have been confident to take up the role in serving the infected during the crisis period. Further, she shared her story in her own words,

Nursing is very challenging and stressful. So, every nursing personnel must need family support. In my context, since starting my nursing career for almost 24 years, I have been getting full family support each and every way. Similarly, in this pandemic period, I felt like I was the luckiest person because of full family support since the starting till now. Especially my husband, as I live in a nuclear family. It was a very challenging period. I remember in the initial phase of first wave. I went through a very difficult time, whether to

choose the frontline role. Without family support, it might have been difficult for me [SNL, Interview].

This denotes that she had strong family support which created energy to combat such a tough situation. She felt proud that she had full family support and encouragement to taking on this challenging role. She further shared.

I want to give great acknowledgement to my strongest family member's (husband and son) support. I stayed separate in my home not like that typical quarantine for a few months and nobody was infected in my home. In this way, slowly there was healing from those negative feelings. I am still working in the COVID unit. Besides that, I have followed strict safety measures in the hospital and home too. In this matter, my husband has also taken up all the responsibilities of the home. [SNL, Interview]

Similarly, society relatives, neighbors, and friends' support also play a vital role in facing stress during COVID-19 as frontline workers. Her family empowered her emotionally and morally in this crisis situation. Regarding society support, SNL felt low support as there was so much stigma related to COVID-19 in our society. Thus, she never disclosed the fact about the reality of her job between her local friends circle, in laws and community. Gradually, they were notified about her job placement. She confronted humiliation from her near relatives against her frontline role in COVID-19. I still remember SNL's emotional status while interviewing her. She was so upset with her relatives. However, no one misbehaved towards her. Again she expressed,

Ahhh, what to tell about society! That time, there was lot of social stigma related to COVID-19, its transmission and consequences. Homes were being sealed by the government after PCR tests turned positive. Accordingly, I did

not give any clue to my relative, neighbors, even my in-laws that I worked in COVID unit. But later, my close relative found out that I was a frontline personnel and they behaved negatively towards me and directly told me that I was not welcome to their home, which hurt me very much (she cried then stopped conversation for a while). However, I did not notice any misbehavior from neighbors, friends. But, these days, I feel proud to be taking the frontline role. Gradually, the social stigma is being erased and people understand the importance of health workers in such tough situations. Nowadays, people support and respect me. [SNL, Interview]

In the latter part of COVID-19 first wave, her close relatives found out about her role in the hospital and they behaved unpleasantly. Thus, she was upset. Other people did not notice or misbehave. On the other side of organizational support, she had full and strong support with the provision of facilities like adequate availability of logistics related to patient care and safety measures. Initially, COVID management committee had given general information about the disease to all its employees and specific trainings had been given to frontline workers. She realized that if one of her senior colleagues had not supported her, she could not have tackled the crisis effectively. Further she narrated,

Of course, I got full support from the organization as well as my seniors, who was working in the administrative level. I remember her saying, "सर्ने नै भए कोरोना लागेर मात्र मात्र र ठ मर्छेस लागेर पनि मर्छ नि, होईन र?"². As a result, each and every time I was motivated and found support to find solutions for any issue regarding the crisis situation I was in. That time was challenging for our hospital management too. Initial stage, my hospital COVID management

² If an individual is to die, they can be stumbling or tripping not just due to COVID.

committee provided general information regarding COVID-19 prevention techniques to all the medical, paramedical, housekeeping and other employees.

At this point, I probed for the challenges faced in the first phase of COVID-19 with a probing question "what type of challenges did you face in first phase of COVID-19? In response, she continued as follows:

In the initial period, there was scarcity of PPEs but management took adequate measures to supply (hand sanitizer, mask, PPEs, face shield, gloves) the needed articles and many more. Initial period of first wave to till date, my hospital has provided facility of hostel for quarantine for those who did not want to expose themselves to their immediate families. They were given free meals and provision of transportation was made [SNL, Interview]

In this way, SNL was a fortunate person as she is continually getting family and organizational support. Otherwise, some nurses quit their jobs during COVID-19 initial phase due to family pressure and stress. The participant discussed above points about how she noticed misbehaviors from her very close relatives which offended to her. Like this, Labrague and De los Santos (2020) showed that family, society and organizational supports were significant for frontline nurses to handle and face efficiently with different stressors in their hospital and society during COVID-19 period.

Similarly, SNB expressed her experiences regarding family support system. She is glad that she got full support which is the most strengthening part for her nursing job. That means, entire family has given support by staying separate after returning back from hospital. Further, she shared her own way,

In this part, I felt so happy and lucky because I got full support from family. I live in a joint family. My family managed to prepare separate rooms for quarantine in my home. Family support is very essential and important to all nurses in every situation. Definitely, I continued getting full family support. I also consciously used safety measures like frequent hand washing, use of sanitizer, regular use of mask and face shields. During patient care using full PPEs, after donning and taking off of PPEs, I take a full bath, throw away used masks and maintain hand hygiene at home too. I stay separately to secure the family from disease transmission. [SNB, Interview]

Based on the conversation with SNB, she also had full family support that was the most strengthening part for her to face that challenging situation. Likewise, she also was very much conscious to prevent the disease transmission to her family members. Regarding support of society, SNB expressed her story something different than SNL. She also saw lots of stigmatization in society regarding the COVID. That's why she completely stopped interaction or unnecessary meetings with people in social situations. Though, she confronted back biting from people in society, she just ignored them. Again she shared,

Initially, our society had more stigma related to COVID that might have been due to our government's sealing of homes after the diagnosis of COVID being positive in the household. Therefore, many health workers faced negative behavior from people in society. It made it very difficult for frontline health workers to interact with anybody as people thought that working with infected people meant that the health workers would spread or transmit the disease. Back biting was present all times. Therefore, I would not meet with my society people like neighbors, friends and relatives unnecessarily. Many health

workers had similar situations. However, I did not confront any negative or misbehave directly from neighbors, relatives and society. Thus, I believe that my society people have given me full support in the work I am involved in [SNB, Interview].

In this way, she felt the stigma regarding the disease in her society even though she did not realize any discrimination from society and its people towards her. She had doubt about society and their behavior. They would behave differently if they recognized that she worked in COVID specialized unit. That is why she did not tell anyone about her working area of hospital and equally kept distance socially. About organizational support, she expressed that without organizational support everything was impossible. That support was essential for organization reputation. Organization got support from other organizations. Because of the initial phase of COVID-19, her organization was hardly able to supply safety measures and other equipment to the frontline workers. Thus, she got full and strong organizational support. It means her organization gave most of the facilities by way of personal and professional aspects to frontline employees. Let's hear her story in her own words;

It is mandatory to motivate all employees in this tough period. Definitely, I felt I had enough strong organizational support in every aspect. Before appointing all the frontline workers, they were given training. My organization was highly concerned of all the employee's safety. Initially, there was lack of adequate PPEs. They managed the PPEs by help of various INGOs and NGOs. Likewise, they made provision of hostel for quarantine with free meals for those who did not want to go back home after their work shifts. Regarding provision of free meals, our hospital provided balance diet due to high concern to enhances the immunity power of the employees. There was also

transportation to pick up and drop off (Hospital to home and home to hospital) all workers. [SNB, Interview]

In this way, full support from all sides and good management helped to strengthen and overcome such a difficult situation. Billings et al. (2021) also has given a clear picture that if frontline health workers will receive strong support system, they might become the strongest to combatting such challenging crisis. SNK shared her own story regarding family support system. She realized that her family support was a strong part to fight the crisis in her role and responsibilities as she had permission to stay separately from family members and all the mandatory precautions were used in home not to spread the disease in the family. Selected family members were infected without herself being infected. At that time, her entire family did not discriminate her and she was given full support for her part in being a frontline nurse. Further she shared,

I feel lucky in this matter as I had much more support from entire family than others because few nurses and other health workers had to leave their jobs due to lack of family support and understanding. Unfortunately, for me too, my whole family, children and husband were infected except myself and my in-laws. It happened even though I stayed and ate separately, using a separate toilet in my home and taking appropriate precautions like taking baths after returning back from hospital, using regular mask, vigorously hand washing and so on. Thanks god almighty, my family member's disease was managed at home and did not reach seriousness. I realized CORONA virus is everywhere. So, everyone needs to take strict precaution and realize that one is not a single cause for disease transmission. It might be spreading through community

levels too. Similarly, my family members also did not blame me but supported me continuously. [SNK, Interview]

She realized it was easy to tackle the COVID-19 due to strong family support during the initial phase of first wave to the second wave. Likewise, she was highly conscious about the prevention of the disease transmission to her family members even though her family members were infected. Her story was bit similar to the SNK as she also heard backbiting about herself by the local people in her community. They were worried about chances of disease transmission if they met her. So, she kept full distance between them. Her relatives also directly blamed her for her family's infection of COVID-19. I remember her bright smile when she expressed how she was blamed by her relatives. She added her experiences regarding social and community support,

I did not feel the negative behavior directly from my community people like neighbors, locals etc. But, I heard through third person in my neighborhood. People said that the nurse staying in this certain house works in COVID special unit. So, we should not meet with her unnecessarily. Likewise, my nearest relative was directly blaming me that I spread the corona virus to my family members but me myself was not infected. That time, I felt bad. I decided not to meet with any of my relatives. After the infection increased in my community, people realized and began to understand that anyone, anywhere, anytime can be infected and become sick. Not just the health workers are channel for spreading the disease [SNK, Interview].

In this way, she did not get any social support but confronted few negative behaviors of society. While her family members were infected and she was directly blamed by her relatives, she kept her distance from them. However, with the passing

of time, society also supported her for the work she was doing. She had full support from her organization by provision of most of the facilities to all frontline employees. It means, she was satisfied with management system of her organization. The most important was the provision of incentives to all frontline employees which was one of the main perks to motivate the employees. Further, she narrated,

I got full support from my organization. One of the important factors is to motivate all employees to take that tough role during such a challenging situation. My organization had given full support to all frontline employees. All workers were paid 25% COVID allowance of basic salary who care or work in COVID special units as incentive. Before enrolling in COVID specialized ward, the organization gave training related to infection prevention, donning and taking off techniques of PPE, adequate supply of the safety measures (hand sanitizer, mask, PPEs, face shield, gloves) and articles and many more. Progressively, provision of adequate supply of the PPEs and other safety measures was added. Provision of hostel for quarantine with free food and transportation with well managed facilities like WIFI, recreation materials etc. were given. Managerial and administrative people were given psychological support and counseling regularly [SNK, Interview].

She also had full organizational support and some motivational factors like provision of the monetary benefit to the frontline workers. Similarly, they focused on physical facility and the psychological aspect of frontline workers to motivate and support them. JNL shared her story and it totally varied from the other participant's stories. I remember, while talking about family support, she was a little bit tearing up. As mentioned earlier, she lived separate from her parents and they also had stigma related to the disease. So, they were not supportive. It meant that her family forced her

to resign from nursing job. That time, she felt helpless and low self-confidence regarding her role and responsibilities during crisis. Further she shared,

I felt no support from my family as they were living out of the valley and they were frightened for my life. They pressured me into resigning from my job. I had to convince my family that I had confidence in my work in this tough role of nursing profession. I managed (two younger brothers) to place them at my cousin's home and I stayed in the hostel which was facilitated by the hospital for quarantine for six months because my house owner also did not want me in the house due to my work as a front line personnel. I felt low self-efficacy and weakness due to the lack of family support. I think, it took approximately two months for my family members to come to terms with the situation. Later, they supported and appreciated my bravery.[JNL, Interview].

Initially, JNL did not get family support that diminished her confidence level to combat crisis. She was able to give service in COVID unit due to her passion of nursing profession. Gradually she got family support as time moved on. She expressed her story regarding social support. Indirectly she felt anger and frustration towards her house owner when she suggested not coming back to the room for a while. Otherwise, she had not faced any discrimination from the society. But, she felt harsh criticism and misbehavior from other non COVID unit health workers. She was much embarrassed when she talked about the stigma even with health workers.

Further she shared in her own words,

Of course! The health workers need strong support from family members and society in every aspect of their work without which one can hardly be able to achieve anything. But, during that moment of crisis, everybody had negative ideas related to disease transmission and disease outcome. Therefore, I think

my house owner was also afraid. She did not welcome me in her home and suggested that I stay in hostel which we had been provided by the hospital management. Though this kind of misbehavior was not faced by society, I wondered why nurses who were working in general units behaved in such a way by staying far away from us. This type of behavior made me disappointed and demotivated. After all we are also humans working for a cause to help the weak and sick. [JNL, Interview].

She did not realize any kind of misbehavior of the people in her community but her house owner did not welcome her home. She thought it was normal for that time. So, she stayed in the hostel for six months. After the situation normalized, she returned to her rented home. Further she shared a story on organizational support. She was fully satisfied that she got full organizational support with holistic approach. That means all personal and professional required needs were fulfilled by the organization. She even felt, her managerial personnel were highly concerned about their psychological wellbeing. Likewise, her ward manger had given liberty to make decisions while needed. Further, she shared her experiences,

I think, we got full organizational support. My senior managerial sister made phone calls to assess our physical, mental and social situation. Regularly, she gave us counseling. She was concerned about our health, regularly gave psychological support, and provided recreational materials like indoor games, availability for free WIFI and provision of the hostel to live with free meals. With all these who would want to return back home? Also, my organization regularly gave free meals to all the frontline staff during their duty shifts. Meanwhile, all the safety measures like PPEs, sanitizers, mask, gloves, face shields, shoes, gown and many more were provided adequately. Likewise, my

ward in charge involved us in few decision making like when I needed leave she gives leaves [JNL, Interview].

She equally got full organizational support by physical, mental, social and psychological aspects. Similarly, she realized that her manager was liberal in some decision making. JNB shared her story of family support. She was proud that she got full support from whole family. She had two young children and all care was done by her family members. So, she realized if she hadn't got family support, she had to take care for her young children. Thus, she could not have taken responsibilities of the COVID frontline nursing job. Further she shared,

I made myself mentality strong that I can break the chain of disease transmission with strict safety measures. I especially focused on vigorous hand washing, regular use of PPEs, gloves, masks, and face shield and so on. Similarly, I and my whole family members regularly used the mask while staying at home too. In this context, I feel proud that my entire family had given full support with provision of separate room for me. If I did not get family support it would somehow be difficult for me due to having two young children. Likewise, nursing job is very tough in every situation. So, family support is highly necessary. [JNB, Interview].

JNB stressed on importance of family support to all nursing personnel. She got full family support. Similarly, the strong part was her own positive mind set towards the COVID-19 situation. Regarding societal support, she expressed her story varied from other participant's story. She had hundred percent support from society. Most of the in her people locality belonged to different health sectors. Similarly, she did not meet her society people during peak period of the COVID-19 due to the stigma related to the disease. She added,

At that time, not only in my society but people all over were frightened regarding disease transmission. I did not feel it directly. Because of that I maintained distance with my relatives. Likewise, my locality had some health workers in different homes. During the first wave of pandemic maximum families of my locality were infected and government sealed their homes. Fortunately, they also did not face any kind of negative consequences [JNB, Interview].

She did not face any negativity from society. She thought it was because of health workers living in her locality. Likewise, she made physical distance with her society people during COVID 19. In part of organizational support, she said she got full organizational support. Organizational personnel had not pressurized to accept the COVID frontline workers. And, all mandatory sources for patient care, safety measures and many more basic needs were fulfilled by her organization. She stated further,

Organizational support was also most essential for the employees to give comfort during this tough period. I received full support from my organization. I was given time to think about whether to take this role and not be forced into it. Likewise, senior (managerial sister) gave full psychological support and motivation. Initially, we were given training on infection prevention special techniques of donning and taking off the PPEs. Likewise, there was regular counseling, provision to stay in the hostel, free meals for those who did not want to return home and facility of transportation (pick and drop). Meanwhile, all the safety measures like PPEs, sanitizers, mask, gloves, face shields, shoes, gown and many more were provided adequately [JNB, Interview].

JNB was satisfied with her organizational support in various ways during the pandemic. She remembered, her organization had given free time to think about taking frontline role. JNK shared her feelings regarding family support, which was similar to other participants except JNL. As she got full family support, she was quite stressed about disease transmission to her old family member. Thus, she felt the luckiest to receive family support. Equally, she realized that few of her friends resigned from their nursing jobs due to lack of family support. Again she shared a story,

I took safety measures appropriately during patient care to protect myself. After finishing my shift, I regularly took bath, stayed in a separate room maintaining distance with family members and regular use of mask in the home too. At the same time, my grandfather got COVISHIELD vaccine. I heard and saw few of my colleagues who did not get family support. So, they were without jobs. In my case, I was fortunate that I had strong support of my family but they were also frightened of the risk of disease transmission through me. [JNK, Interview].

She felt, she was a very lucky person as her family members were very supportive. However, they were frightened of the disease transmission. So, she maintained physical distance with family members and took safety precautions. On the other hand, she expressed she did not realize any discrimination and misbehavior from people in the society. She also made physical and social distance with people out of her community and did not give any hint that she worked in COVID unit. Further she expressed,

Initially my locality had stigma regarding COVID-19 that is why I did not tell anyone that I was working in COVID unit in my locality. I did not interact and

meet with my relatives for some time. Therefore, I didn't realize any negative behavior from people outside my society [JNK, Interview].

She did not give any hint about her working area to her community and equally maintained physical distance with them. Thus, she did not comprehend any negative behaviors from people outside her community. Regarding organizational support, she expressed that she also got full and strong support from her organization. She was provided with most of the facilities like fulfillment of basic needs and few monetary benefits to all frontline employees. Similarly, she was satisfied with the management system of her organization. It meant her manager was liberal in few decision making part though she was a junior nurse. Further she narrated,

Definitely, I got full support from my organization. Before enrolling in COVID high care unit the hospital management gave training related to infection prevention, donning and removing technique of PPE, adequate supply of the safety measures (hand sanitizer, mask, PPEs, face shield, gloves) and articles and many more. Likewise, provision of adequate supply of the PPEs and other safety measures were considered. At the same time, there was provision of hostel for quarantine with free food for those who did not want to go home. They provided transportation facility to all employees to pick and drop home to hospital. As we were junior nurses, though my nurse supervisor was involved in some aspect of decision making and patient care, they also gave leave when I needed it. The most important was that we were paid an added 25% of basic salary as COVID allowance. Additionally, managerial and administrative people also gave us psychological support and counseling regularly [JNK, Interview].

In this way, my research participants received full and strong family support, except one participant JNL. She did not receive support from family due to social stigma but after some time they were convinced and gave their full support. Concerning societal support, few participants did not realize any type of discrimination but SNL and SNK was much disappointed with the behavior of people. Likewise, JNL realized discrimination and misbehavior by few medical persons who worked in the general unit. Besides that, majority of the participants did not encounter any negative or rash behavior with people like relatives, friends, neighbors and fully maintained physical distance with them. It means, the general people have stigma that disease would be transmitted through medical persons. Additionally, all the participants had full support from their organizations. It included different aspects like social security, economical support, moral, psychological and physical support. It was key to motivating in combating such challenging situation to the frontline nurses. The essence of all the above quotes is in line with the ideas of Feroz et al (2021). They recommended on their research report that frontline health workers must need training before enrolling in COVID unit, provision of safety measures, and psychological support should be given with some incentives which develop the readiness of employees.

Work Stress and Challenges Faced by Nurses

The period of COVID-19 pandemic management to all sectors is a difficult task or problematic. Majority of the health sector basically frontline individuals have faced lots of challenges to combat such crisis. Frontline nurses have significant roles in fighting COVID-19. As a soldier fights with antagonists, they don't know when, how and which types of crisis or challenges to be faced with while combating COVID-19. Let me tell you a story of my participant SNL. She faced stress and

challenging experience as frontline ward manager. Initially, the infrastructure of the COVID specialized unit was not good. Because of it, a different set up was needed for patient care; waste disposal, and patient and staff safety too and many more.

Similarly, lots of challenges like logistic, physical resources, human resources, time management, changing managerial rules and regulations, strategies of patient care and infection prevention were faced and also needed to sort out. Likewise, she faced difficult challenges that were unnecessary social conflict after unexpected negative consequences of the COVID positive patients. Regarding this matter, she took a long breath and expressed lots of challenges.

I did not do mandatory direct patient care. Once a week, I had to wear full PPEs and supervise inside of COVID unit. As a manager, I faced many challenges. In the initial phase of first wave, we transformed COVID unit from general unit set up. I was concerned on safety of myself and staff. We needed to manage stress, fear and anxiety of staffs.

Likewise, at this point, I probed by asking anything else that they recall on first and second wave? In response, she continued as follows,

I want to remember ending of the first wave. One COVID unit was changed into general unit. In second wave when India had massively increased the COVID-19 patients. That affected our context too. It was too difficult. We needed to stay overtime in hospital. Equally, oxygen supply and scarcity of beds were hardly provided. Additionally, work overloaded due to continues 12 hours shift duty, assignment of duties of subordinates, managing unexpected crisis like increased staff's infection rate. Conflict management due to unexpected death of the COVID positive patients was difficult. There

increased too many rules and regulations with frequently changing instructions. [SNL, Interview]

Above story points that SNL faced lots of issues including human workforce. There were issues concerning logistic management to unexpected conflict management with patient's family due to unexpected mortality of the COVID positive patients. SNB took a long breath with a smile and expressed lots of challenges. Initially, she hardly managed the fulfillment of the safety measure by replica of the PPEs to protect from disease transmission while providing patient care. Similarly, she also tackled challenges like time management, staff management, and logistics, supplies of physical resources which required in patient care and safety of employees. Other challenges she faced was lack of COVID specific infrastructure for critical care. Further she shared;

PPEs scarcity in first wave was a challenge. We were highly concerned to prevent disease transmission. We used plastic raincoats in place of the actual PPE gown. Meanwhile, challenge faced with staff safety and risk for infection with difficult in convincing the junior staff to assignment in COVID specialized unit due to their stigma, stress, fear, anxiety and lack of standard protocol on infection control. There was scarcity of health workers. They were being infected one after another. Consequently, there was work overload: 12 hour long shifts. Likewise, in second wave scarcity of oxygen supply and beds, especially ICU set up was challenging to manage. There was unexpected crisis and too many rules and regulations related to infection prevention and management. Lastly, various types of INGO and NGO's helped. It made things to go smoothly and easier to tackle [SNB, Interview]

As a ward manager, she also faced much more challenges including management of safety measures, scarcity of lifesaving oxygen, therapy, workforce management, and work overload and so on. Likewise, most crucial challenge was unavailability of the ICU facility. Time management of the critical patient's disease was big challenge; till refer to another hospital where ICU facilities were available. SNK felt that the primary challenge was how to protect herself from disease transmission while giving positive patient care. Further, she also shared story similar with the SNL and SNK as she was also designated the managerial task. She expressed facing stress during peak period of COVID-19. It included logistics and staff management. Other side, she stressed issues regarding her organization. It had not developed the standard guideline related to the infection prevention. Further shes shared her experiences,

During care giving to non COVID patient or general patient, needed to take safety measures. But, we did not feel challenge or much stress of disease transmission. In this situation one type of stress was that disease transmission was prevalent even with use of appropriate safety measures like PPEs, mask, face shield, gloves, using hand washing and many more. So, personally I felt protecting myself to spreading COVID-19 is one of the major challenges in that situation.

Ok, in the aspects, what types of challenges did managers face? Again I probed and in response, she continued as follows,

As a manager, I faced the challenges including staff management in initial phase. I faced difficulty in convincing the staffs to assign the shift or role in COVID patient care. Majority of staffs were infected

"धमाधम"³ . Other challenge faced by myself and my entire hospital team was provision of adequate supply of the safety measures specially, PPEs in initial phase of first wave. But gradually, we were provided more than enough PPEs and other safety measures. Similarly, one of the major challenges faced by our infection control team was, we did not make any standard protocol related to the COVID-19 even techniques of the donning and taking off of the PPEs. In this way, without standard protocol, we had to teach and guide to other health workers and other staff based on watching the video clips of other countries or other hospitals. [SNK, Interview]

SNK also faced lots of challenges like SNL and SNB. She stressed that prevention of the disease transmission was primary challenge for her. Among six participants, three participants are working in COVID unit as a ward manager. All faced lots of challenges regarding lack of infrastructure of COVID specific set up, scarcity of logistics, human resources due to the flooding of COVID infection of the employees. Other challenges faced by participants were, they had not provided the standard protocol or guideline regarding infection prevention especially COVID-19 management techniques. The major challenge was the management of higher numbers of patients with unexpected mortality of patients in a high-pressure environment. It created unexpected conflict with the general public. Billings et al. (2021) also faced challenges in infrastructure, logistic, physical, social, and human resources.

Unpredicted mortality created high pressure in working environment.

Let me tell you a story of my participant JNL. I recalled her expression with loud voice during conversation about how she faced stress and challenges during the

³ Without intermission or incessantly

peak period of the COVID-19 first and second wave. She faced major challenges that were related to physical and physiological discomfort with wearing of the full PPEs for long periods. Similarly, she faced scarcity of human workforce. Massive increase of the COVID positive patients was leading to hectic and high workload. She faced minimal scarcity of the physical resources while giving patient care. Other most important challenge was misbehavior from other colleagues of her organization.

Again, she responded her experiences in her own words,

Those challenges were very important that I face normally. We had done only 6 hours' work/day but due to the staff management strategies my organization had changed duty hours to 12 hours. In between, we had just one-hour break or release from PPEs. In initial wave of the COVID-19, there was massive scarcity of the PPEs. I faced female problems. We could not change sanitary pads during menstrual period. But progressively my organization made adequate PPEs. Moreover, we faced work overload, mismatched the nurse patient ratio due to staff crisis. Likewise, I faced physical issues such as dehydration, headache, retention of urine, thirst, suffocation.

Besides that, were there other issues which you have faced? I probed and in response, she continued as follows,

Lastly, I faced discrimination by other health workers who were working in general units. I was untouchable and staying far away which was noticeable. These types of behavior made me disappointed and demoralized. During the initial period, even health workers were stigmatized or misinformed regarding the spreading of the COVID-19. [JNL, Interview]

Based on the above study, JNL faced lots of physical challenges associated with long term (once 6 hours) wearing of the PPEs. COVID positive patient care was

very suffocating. It was not possible to change sanitary pads during the menstruation cycle. PPEs could only be changed after 6hrs of first wearing. JNB shared her experiences little bit same as JNL. She also encountered physical discomfort due to mandatory wearing of full PPEs while giving care in COVID unit. Similarly, she remembered the challenges regarding physical resources, work overload related to long period shifts and unexpected flow of COVID positive patients. She also realized that one of the major challenges was lack of ICU set up in her organizations that lead to difficulty in managing serious patients. Further, she narrated her experience,

I faced challenges including 12 hours long shift duty. In between we had just one-hour break or release from PPEs. In initial wave of the COVID-19, there was massive scarcity of the PPEs. I faced few physical issues such as dehydration, headache, retention of urine, thirst, suffocation. Similarly, I faced work overload due to over flow of COVID positive patients and long hour duty periods that was 12 hours per day. There were bed and oxygen scarcity in second wave of pandemic and the major challenge was that our hospital had not provided any ICU facilities. I was appointed in the COVID emergency unit that time. I felt that if we had ICU facility, we would not delay in transferring to ICU whoever required ICU care. The management of ICU facility was the main challenge which we faced with. [JNB, Interview]

According to sharing of JNB's story, she faced few physical challenges.

However, the major challenge was the scarcity of the PPEs, hectic duty shifts and unavailability of the ICU set up in her hospital. So, she mostly felt challenged about the emergency management of critical patients till referral to another hospital where ICU facilities were possible. Likewise, JNK also met with similar challenges and stress as JNL and JNB. She shared her story about work overload due to the flow of

positive patients with long working hours. Similarly, she felt scarcity of the safety measures. She faced few physical challenges and issues while wearing the suffocating PPEs for long durations during patient care. She added;

Initial phase of the first wave unexpectedly increased the flow of positive patients. There was scarcity of nursing staff which imbalanced nurse patient ratio and the hectic schedule of 12 long hours of duty period. But, gradually it was maintained. Other challenges included during the initial wave of the COVID-19 were the massive scarcity of the PPEs. Slowly, supplies were adequate. Likewise, I was not able to change sanitary pads during menstrual period even during heavy overflow. Similarly, there was difficulty with physical issues such as dehydration, headache, and retention of urine, thirst, suffocation and negative perception regarding spreading of the COVID-19.

[JNK, Interview]

All three of my research participants were frontline nurses in direct contact of COVID positive patient care. So, the main challenges were physical with female problems, hectic and overloaded duty shifts and mismatched nurse patient ratio and scarcity of the PPEs in initial phase of first wave. One of participants felt great challenge with the lack of ICU facility in her hospital. The essence of all above quotes has given clear picture. Hoernke et al. (2021) also publicized the scarcity of PPEs, physical and communication problems with use of PPEs in their context.

The Obligation Motive of Frontline Nurse

With my conversations with all research participants, I understand that they all had less stress on disease transmission to self but were highly concerned for their family members. They could not reject that role to combat the COVID-19. They shared their own story to give fully obligation as frontline nurse role. SNL told her

story regarding obligation during COVID-19 as frontline role. She took a long breath. That peak period of COVID-19 first wave, her organization searched for an employee for giving role and responsibilities of the COVID unit. At that time, she was on a break having just completed her higher degree. At that time, she could not back out from her obligation due to her personal and professional ethics. She already had experience of managerial work in her organization. While expressing her rejection to take this tough role she scratched her scalp. Further, she shared her story with her own words,

I had just completed my master in nursing degree and joined the hospital duty when the first wave of COVID-19 pandemic started. Hospital management was seeking for COVID ward manager and I had experiences on ward management. Before enrolling MN study, I was ward in-charge of the emergency department. That is why, my hospital management appointed me as a frontline nurse. Then, due to my professional ethics, I could not reject the frontline role as a ward manager. Rejection from my side was also possible. I could not reject due to my professional ethics and responsibilities. I felt like a soldier encountering war and any how do or die situation while working inside of COVID unit. Now, I think I have given full commitment personally and professionally. [SNL, Interview]

After sharing of story by SNL, I can say, she might have been forced indirectly by her organization to accept this frontline role as manager and that she had past working experience as a manager. In addition, her personal commitment and professional ethics played a major role to obligate herself in such a role. Prestia (2020) highlighted that the nurse leader must need their prior work experiences on

manager and leader role with personal and professional commitment to combating COVID-19.

SNB shared somehow differently regarding her obligation. She said she was already involved in COVID management committee. So, her personal and professional ethics forced her to develop obligation motive. Similarly, her organizational team support and family support was highly mandatory and she felt she did justice with her role and responsibilities which was given to her by her organization. Again, she expressed her feelings,

Our hospital staff' team support, my nursing professional ethics and mostly my family support mattered very much. So I could dedicate myself for the situation. In this context, prior to the pandemic, I was in managerial level. I was continuously engaged in COVID management committee since initial phase of first wave. So, nobody forced me to take this role. Solely, it was my own decision. In this part, our main responsibility was giving quality care to all patients. Similarly, our team's main responsibility was making and utilizing guidelines regarding infection prevention to protect our employees and patients. We had given facilities to our employees and free meals, free transportation and hostel for all employees. So, I think I was given full responsibility in patient's care and staff welfare. [SNB, Interview]

In this way, SNB who worked in managerial or leading sector played a central role in harmonizing and fulfilling the needs and safety of the employees and patients by applying standard protocol and giving quality care. She realized, it was all possible due to her strong family and team support with professional ethics. Catania et al. (2021) also realized the worth of multi-disciplinary team support to have cooperation and collaboration with each other. It was important to tackle such challenging

situation of the COVID-19 pandemic. SNK also shared her experiences on obligation. She did not realize any force given to her in taking this role. It was her own decision and she fully devoted in her service. She felt obligated to this challenging situation due to her nursing education and her altruistic nature. Similarly, she developed the motivation to be a role model to her junior colleagues. Further she expressed,

No one forced me to take this role and responsibility. It was solely my own decision. In nursing education, we learn about professional ethics that the first priority is the patient " नर्सिंग पेशाको धर्म नै बिरामीहरुको सेवा गर्नु हो"⁴. I think, my organization had chosen me based on my long periods of working experience in the nursing profession. I decided to work as a frontline personnel as ward manager. I felt that I could face this challenge even though I had some stress. At the same time, if I had rejected this role and responsibility my junior colleagues would also reject their positions. Similarly, she said cheerfully, personally I have given full effort in this situation to manage that situation. My duty period is just from 9am to 4pm but I gave over time even staying night shifts to manage the work load. Nobody had expected that type of flooding of CORONA positive patients in our hospital. We had to change ward set ups into COVID special wards. Our general ward's set up was not enough to manage the CORONA infected patient's infection transmission. In this way, we were able to make temporary infrastructure of the COVID special ward. We are very satisfied in present days. [SNK, Interview]

In subsequent conversation with SNK, I can interpret that she has given full responsibility and commitment to combat the COVID-19. American Nursing Association defined the code of conduct to nurses as the sole responsibility of the

⁴ The prime duty of nurse is to provide service to patient

nurse toward the patient (Fawaz et al., 2020). JNL shared in very small voice tone that initially she had lots of stress and anxiousness in obligation of her role. She could not reject the frontline role just because of her professional obligation. As mentioned earlier, her family did not give permission to take this role. It was tough for her though the nursing profession was her passion. She was fully obligated to fulfill her responsibilities during covid-19 frontline nurse. Once she narrated,

I could not reject taking this role in this difficult and challenging situation just because of my professional ethics." छै.....के भन्नु'⁵ or I don't know what to say but the situation was not appropriate to reject the role. Managing the pandemic crisis in first wave in our hospital was very difficult. Nowadays, I am enjoying and feeling so proud of my decision (Answered very happily). Moreover, she answered with a smiley face. I think, I have given full strength in patient care though I was much stressed. It is possible because of compassion in my profession. I feel satisfied to giving nursing care to people with recovery state of disease. I felt strong obligation regarding my role and responsibility. While COVID positive patients were admitted, they were alone as visitors were not allowed. Patients shared their emotions with frontline nurses and literally they cried. Similarly, they were thankful for our work or service. They were able to express their gratitude for the care given to them by us nurses. [JNL, Interview]

According to JNL's narration, she has given full commitment to qualitative patient care with the effort of her professional ethics and responsibility. Nowadays, she feels so proud that she was also a part of such a challenging situation and happy to get the word of the patients while they were recovering from their illness. Liu et al.

⁵ I don't know what to say (some think feeling of doubt or confuse)

(2020) showed, the medical workers realized they were able to give full obligation in serving qualitative patient care. They were satisfied on their commitment and combating during COVID-19 challenging situation. JNB was also fully obligated with her role and responsibilities just because of her personal and professional ethics. Likewise, she had the opportunity to run away from this role as she had two small children. Though she obliged due to the crisis situation of her organization and her altruistic nature, to her the most important thing was being empathetic towards COVID-19 patients. Now, she feels proud and satisfied. Her organization needed instant human workforce in pandemic crisis. For it she shared,

I could not reject this role because of my personal and professional ethics which is directed to patient care at any tough situation. Previously I said, I was affected by COVID-19 which might have been easy to accept this role. I did not feel that any one forced me to take this role. I have given full effort in patient care which was essential. Patient's family members were afraid to meet them, or even just touch them. They were not allowed to stay with the infected patients. Frontline workers were directly caring for the sick patients. Therefore, I fee, satisfied to have served with nursing care to people with recovery state of disease though I had stress of risk of disease transmission. Similarly, I had option to reject this critical role because of my two very young children (one is three years and anther 5 year) but I didn't. I felt a strong obligation regarding my role and responsibilities just because of my professional and personal ethics. [JNB, Interview]

After my conversation with JNB, I really thought empathetically that even though she had two young children and that they were so vulnerable to transmission of COVID-19, she did not reject to take this significant role. She gave full effort and

dedication due to her professional and personal ethics. Akkuş et al. (2021) also expressed that the few frontline nurses were able to sacrifice their personal matters such as mandatory to separation from their young children due to highly valued professional and moral ethics. Likewise, JNK also expressed her story not so different from above. She was also obliged to combat COVID-19 due to her personal and professional ethics with crisis condition of her organization. She thinks, it was a great opportunity to enhance her knowledge and skills as she had minimal work experience in the nursing profession. Further she shared,

I realized, I must help by accepting this role in that difficult situation of hospital. Similarly, I thought if I had worked in COVID specialized unit definitely, it was advantageous to learning knowledge, practice and skill as I have low work experience in nursing. Thus, directly no one forced me to accept this role. Initially, my supervisor informed about this frontline role. I could not reject because of my professional and personal ethics of nursing education. So, no one forced me to work in COVID unit that was purely my intuition. I was appointed in high dependency unit. Majority of patients were sick. General COVID isolation and visitors were not allowed to assist. The nurse's responsibility was total patient care that is why I had strong obligation regarding my role and responsibilities. [JNK, Interview]

While in conversation with her, I could tell based on her low sound that she might have had a little force to take on the critical role. She said that it was her sole decision and so fully devoted herself in her role and responsibility. She forgot all the negative thinking and continually provided care to patients because family members were not allowed to assist and be with the patients. Frontline working nurses exhibited strong obligation in their responsibility to care for infected patients and their hospital

and the organization. The nurses gave total patient care. It was mandatory due to no assistance from family. They were not allowed due to the high risk or probability of infection (Lee & Lee, 2020).

Organizational Preparedness for First and Second Wave

Preparedness is a state of readiness. It is especially vital for dealing, tackling, solving the problem or issues. Similarly, organizational preparedness is highly concerned with employees to combat the COVID-19 pandemic crisis. There might be something lacking of preparedness of health organizations. Therefore, I provoked all participants by enquiring on gaps and strengthening parts of their organization during first and second wave of COVID-19. Also, I probed on the future preparedness that is third wave of the COVID-19. SNL shared that her organization had no specific COVID-19 preparedness. Regular mock sessions were taking place for other disaster preparedness. She realized, indirectly those mock sessions helped during this pandemic. Similarly, other strong parts of her organization were that they had already formed High Incidence Command System (HICS) for COVID-19 management. HICS had taken responsibility to prepare fight against COVID-19 management. It means all frontline workers had been given training regarding patient care, infection prevention and other strategies. Further she shared,

The whole world did not imagine for this type of crisis or pandemic. My organization had not focused on specific preparedness prior to the pandemic. Our organization had regularly done mock drills on disaster management. I remember, one mock drill was done few years ago to manage airborne disease. In that mock session, health workers had trained to don and take off the PPEs. It was most helpful in COVID-19 management. So, I think that mock or drill was an indirect preparedness for COVID-19. After that we rarely had

to wear the PPEs. Likewise, I recall the first wave of COVID-19 in China. Due to the massive increase of the COVID patients, my organization had already given training to health workers and housekeeping staff related to infection prevention, waste disposable techniques. Similarly, my organization had started the High Incident Command System (HICS) to manage and treat COVID-19 patients. [SNL,Interview]

From the sharing above, it can be said that indirect preparedness like drill or mock on various types of disaster management in hospital helped to employees to be familiar with PPEs and utilization. Likewise, HICS was established to manage the COVID-19 pandemic and it provided informal training to all hospital employees on infection prevention techniques. Voordeet al. (2020) revealed that their hospital had formed the committee named "Hospital & Transport Surge Capacity (HTSC)" to manage the COVID-19 in first wave. Besides that, she did not feel any gap personally related to patient care but she realized few gaps on managerial work. And, she felt the lack of infrastructure for COVID specific units that were big gap of her organization. Further she shared,

Regarding patient care, I think, I didn't feel that there was any gap or weakness as ward in charge. But, sometime I had questions on my managerial role because prior to COVID-19, I had managed just a few employees in general patient care. In COVID unit that time about 150 employees were under me and that management was not a joke. Professionally, during the initial phase of first wave, the infrastructure of our hospital was inadequate. But that was also managed slowly with a temporary set up. [SNL, Interview]

From above conversation, I can say that she didn't have any reservations regarding patient care due to her long period of work experiences in nursing practice.

However, she felt a bit inadequate in managerial work due to the large number of workers under her. She had only handled just a few of the nursing personnel. SNB expressed her sharing differently. She accepted that her organization was little bit lacking in public services. Though her organization fully tried to give service to needy people by changing some strategies, it was not sufficient to give quality care during COVID-19. There was a lot of weakness in her organization as it was lacking ICU set ups. It led to all critical patients' management very tough and challenging. Further, she articulated her story,

Ahhhhhhh, in this part I feel proud. Prior to COVID-19 period, I had predicted that our hospital administration might not maintain the quality in patient care but I was wrong. During the crisis, our hospital team massively faced the scarcity of oxygen. Our team had given great effort to fulfill the oxygen supply from "सिन्धुली र जनकपुर"⁶. Similarly, we improved the facilities to patient. We made provision of 24 hours' service in laboratory and pharmacy department. Not one COVID positive patient except critical who required ICU support was referred to another hospital. Even scarcity of bed we managed in temporary set up that was a tent."[SNB, Interview].

SNB really expressed how people benefitted to improve her hospital services due to COVID-19. Kim (2020) also realized that hospital management needs to maintain what was fruitful to improve. Likewise, SNB shared on the weakness of her organization,

As I mentioned prior, we had lots of weaknesses and gaps in our hospital that was natural because that time majority of developed countries also went through harsh conditions to manage such situation. Besides that, I extremely

⁶ Two district of the Nepal

felt what the gap or weakness of our hospital was. It did not have the ICU set up and that time many critical (who needed the ventilator support) patients needed to be referred to another hospital. [SNB, Interview]

SNB shared her experiences regarding gaps in her organization. It was not different than SNK. She felt weakness in infrastructure with lack of ICU facilities. SNK shared her story regarding preparation for first and second wave. Her organization had already procured the required equipment for COVID-19 management. And her organization had already formed the COVID-19 management committee and that was most strengthening part of her organization. For which she shared,

In this matter, my organization had already established COVID management committee of nine members and that committee actively worked for the management of COVID-19. Similarly, my organization made effort on adequate supply of the safety measures like PPEs, gloves, mask, face shields, sanitizers and so on for employees which were very essential for the prevention of disease transmission to each other. I think it was great preparedness. Likewise, adequate management of patient care equipment which was crucial for life saving in critical case like BiPAP machines, ECG monitors and other equipment were added. [SNK, Interview]

SNK believed that preparedness for COVID-19 management of her organization was worthwhile. A team was also established with adequate provision of medical equipment to deal with the COVID-19 crisis (Firmansyah et al., 2020). Furthermore, she was confident in her obligation. She was given role. On the organizational side, she felt the big gap was infrastructure and physical resources

during second wave for COVID unit. She added on personal gaps and organization too-

Ahh, I did not realize on personal weakness during patient care. I was more conscious on how to protect myself from disease transmission. So, I strictly followed the infection control strategies. As a manager, staff management also did well. Nursing staff were appointed (hired) by my organization. I think professionally a little weakness was present in our organization. We could well manage the infrastructure of the COVID unit. In this condition, I felt we were not able to manage well the area for donning and taking off the PPEs and lack of training related to infection prevention. That might have been the reason that the majority of our frontline employees got infected during initial phase of the first wave. Similarly, we were faced with the scarcity of beds and oxygen during the second wave.

Then, I probed her by asking question, ‘what you think on it?’ She answered- *I felt it was due to the lacking in preparedness of my organization.* [SNK, Interview]

In this regard, all three managerial level frontline nurses do not feel any personal gaps but management felt challenges. Their organization had great weakness with the infrastructure for COVID management. SNB especially felt the weakness with the lack of ICU facilities. Paneru (2020) also depicted in his research report that majority of health institutes had massive scarcity of critical care units with arrangement deficiency. It harshly affected qualitative health care services during COVID-19. JNL shared her story proudly saying that her organization was fully prepared to fight against first and second wave of COVID-19. Though she realized few gaps in her organization related to the use of traditional nursing practices, there are lots of innovative transformations regarding patient care and infection prevention.

Similarly, she stressed on the lack of staff motivational factors in her organization.

Further she shared,

In the present context, my organization has given best health care delivery system, has developed best protocol or guidelines to break the chain of disease transmission. There have been lots of improvements in initial days till now regarding concept of the COVID-19 and provision of adequate supply for the safety measures and needed instruments, and material to qualitative patient care. It is fully prepared to tackling for third wave as they are giving training to employees. [JNL, Interview]

In this way, JNL felt gradually improvement of her hospital to manage the COVID-19. Major strengthening part was utilization of best protocol of COVID-19 infection prevention. Firmansyah et al. (2020) also expressed through their research report that there had been utilization of standard guidelines to management of the COVID-19 in their context. Again, she shared about the weakness of her organization,

I think, my organization has given full support but there was lack of staff encouragement factors like reward. We did not get full incentive which was committed by government and work did not get recognized. Likewise, we did not approach the evidence based practice (EBP) and still utilizing traditional patient care strategies. There is lots of transformation regarding nursing care. Similarly, we did not get regular informal or formal training. [JNL, Interview]

Concerning the context of organizational weakness during COVID-19

management, she comprehended on limited use of EBP with lack of training.

Similarly, she expressed nonexistence of staff motivational factors. Vindrola-Padros et al., (2020) publicized that limited training regarding use of PPEs and many more related to COVID-19 management like self and patient safety techniques. JNB also

shared her organizational strengthening part regarding preparation for COVID-19 in the first and second wave. Her organization had already given informal training to all frontline workers to prevent spreading of disease and patient care. Again she shared her narrative,

My hospital had given training on infection prevention and started facilities to patient and people for 24 hours' service in laboratory and pharmacy departments. It was not available before this pandemic. The COVID patient who required just isolation service was managed in temporary set ups which were tents because of scarcity of beds. Initially, it was very difficult to manage because of inadequate supply of safety measures. Even surgical masks were not available but gradually in time everything was managed by the organization. [JNB, Interview]

JNB shared that her organization had given training on infection prevention to majority of employees. Gupta and Federman (2020) also showed that HCWs had already given training regarding COVID-19 management in initial phase of first wave. Further, she expressed on the lack of proper infrastructure in her organization, especially ICU set up,

I felt gap in my organization. In first wave, it was without proper infrastructure with unmatched nurse patient ratio. Likewise, scarcity of PPEs and other safety measures were observed. Our hospital had no ICU so that time many critical (who needed the ventilator support) patients had to be referred to other hospitals. [JNB, Interview]

In this way, she realized few gaps and felt unprepared for COVID-19 management due to unavailability of the ICU facility to the critical care needed patients. JNK expressed her feelings different than prior participants sharing that she

got some monetary benefits as incentive. The other participants did not share about that type of benefits from their respective organizations. Similarly, she felt her organization was very much concerned about the psychology of its employees. That is why, her manager showed soft corner towards them. Further she articulated,

Yes, I think my organization provided the safety measures sufficiently or without greed which was very important to protect the employees from disease transmission. Supervisor became liberal. Whenever I needed the holidays, she gave holidays without any nagging. Most positive thing is that we were given 25% extra as COVID allowance [JNK, Interview]

In this way, she shared that the most strengthening part of her organization is giving monetary benefit to frontline employees. Some specific organizations have confirmed to give some monetary benefits to frontline HCWs to motivate them to face such challenging situation (Gupta & Sahoo, 2020). Equally, she told her story about the gaps of her organization. That was, her organization had not given formal and long duration training related to COVID-19 management. On the other hand, she realized gaps on enrollment in COVID-19 unit that led to unsatisfied patient care in her personal side. Again she added,

My hospital had given training on infection prevention techniques but that was just one-day informal training. I think that was not enough if we get long duration training. We would be more competent and confident about infection prevention. In the same way, I am a bit unsatisfied due to the fact that I might not show more dedication in patient care due to mismatched nurse patient ratio or inappropriate staff pattern in initial phase of first wave. [JNK, Interview]

In this section, both JNB and JNK realized unmatched nurse and patient ratio that might be due to shortage of frontline nurses. There was also massive insufficiency of the nurses for caring COVID positive patient that led to work pressure and altered physical and mental health (Zhan et al., 2020).

Theoretical Discussion

Self-efficacy is mandatory to every human being. Self-efficacy in human body like strong mental status, knowledge, an accomplishment of responsibilities, profession and job satisfaction and family relations are crucial. Lim et al. (2022) realized the importance of self-efficacy because most of the nurses lacked in self-efficacy with their job. Thus, they were exhausted with their nursing job role that affected their work performance negatively. But, present study is contradictory that both senior and junior frontline nurses did not share about burnout feelings. They expressed full obligation with their tough role while combating such crisis. Meanwhile, self-efficacy is based on human internal feelings and control. It is a worthy factor of motivation to do something and help to change behavior. At contradictory, if individuals have low self-efficacy or a lack of confidence, that can limit the choices of individual and their effort to what they want. At the same time, critical care nurses have given full support from organization which provided various motivating factors. They are highly obligated to tackle challenges (Metealita et al., 2022). Similarly, in this context, all of the participants have got full support from family and their organizations and fully obligated with their frontline roles.

Likewise, the nurses also must have strong self-efficacy deep down in their challenging job in hospital to care for different states of people. Even in present context of pandemic, self-efficacy is foremost to all the frontline nurses to combat challenges. Simonetti et al. (2021) depicted in their research report that most nurses

have low self-efficacy to battle such challenges. It leads to several physical symptoms as well as disequilibrium in mental health. In this study, all participants showed strong self-efficacy. Different ways might be based on their education level, duration of working experiences and their maturity. The self-efficacy developed various defense mechanisms to tolerate the stressful situation. That was possible due to their organization which had applied safety guidelines to prevent disease transmission (Meyer et al., 2022). In my study, all of them presented full obligation though they did not develop appropriate infection control protocol. Their personal and professional ethics played a pivotal role in facing tough role as frontline nurses.

Similarly, resilience is important to overcome hardship through various coping strategies of individual. As this COVID-19 situation is hard and a challenging time for all frontline nurses, they might normalize with situation that results in improved productivity in personal and professional life. All the study participants showed that they were successfully being resilient in such situation through various ways. LoGiudice and Bartos (2021) claimed that normalization in frontline HCWs during COVID-19 was essential to maintain and defend. It was helpful to guard nurses in such challenging situations. Most of the study participants were getting strong support systems to overcome challenges and work through problems. Jenkins and Germaine (2018) developed that nurses get normalized with crisis. Similarly, in this study, all participants exhibited normalization with passing of time and they were equally highly confident to fight for future or third wave of COVID-19.

Essence of Chapter

I formulated this chapter based on first research question of this study. It contained the different stories and experiences of participants during COVID-19. I presented their shared stories in different sections on the basis of shared stories of the

participants. They experienced differently i.e. personally, professionally, and at organizational and social phenomenon. Similarly, I concluded their different stories into two theories that were used in this study. In the next chapter, I have elaborated the stories on learning experiences of the participants.

CHAPTER V

ACQUISITION OF KNOWLEDGE/SKILLS DURING COVID-19

In this chapter, I have discussed various ways of learning skills of frontline nurses during COVID-19 based through the narratives collected from my research participants. As discussed earlier in chapter II under the subtitle review of literature and theoretical reference, the discussion concentrates on second research question i.e., how do frontline nurses narrate their experiences of learning skills in COVID-19? Similarly, I have focused on the learning skills based on theoretical reference that is self-efficacy theory and resilience theory. I came across various learning skills of frontline nurses. The different learning skills were arranged under three themes: leadership modalities, enhanced knowledge and skill and understanding life philosophy which are discussed in detail.

Learning on Utilizing Leadership Modalities

Under the above theme, only three frontline nurse manager's stories were included. In nursing field, several types of leadership modalities are applied by the manager to motivate employees for better performance in patient care, and job satisfaction. The essential leadership styles used in nursing professions includes autocratic, democratic, laissez-faire, transformational, servant, moral, participatory and so on (White bead et al., 2010).

In this research, the three participants who basically take a leading role shared various experiences where they used leadership skills during COVID-

19 as manager. SNL shared her story on it that she used different leadership modalities to manage employees, patient care and logistics management.

Mostly she used participatory and autocratic leadership. Further, she added,

I used different leadership modalities like autocratic, democratic and participatory, based on situation. I provided junior colleagues the psychological support, counseling, proper guidance and provision of the recreation material during break time. Likewise, I used autocratic leadership modality while employees misused the safety measures when there was massive scarcity of safety materials. That time, I strictly controlled unnecessary use of the safety materials, especially gloves. I equally involved junior participation in decision making and had them review themselves. Once a week, I wore full PPEs and supervised inside the COVID unit. [SNL, Interview]

Above conversation cleared that SNL had used different leadership modality based on situation. Those leadership styles are usually adopted in nursing profession. Furthermore, she added, *I learnt lesson that clear communication with strong psychological and emotional support might help to motivate my junior colleagues in stressful period.*

Above narration cleared that the nurse manager (SNL) learnt utilizing contingency or situational types of leadership modalities i.e. She rarely used the autocratic and mostly used democratic, participatory and servant leadership. And she learnt the importance of the moral leadership style in crisis. Phillips et al. (2021) identified that the leadership modalities played a pivotal role to eliminate the moral and psychological distress during stressful situations. Let me tell you the story of SNB regarding utilized leadership

modalities. She used various leadership styles which are used in nursing profession. Few incidents were there where she needed to use autocratic leadership style with utilized situational leadership style during COVID-19 as manager. She articulated,

I used different leadership modalities like autocratic, participatory, and democratic based on situation. Usually, I used autocratic leadership modality because most of the junior nurses rejected to work in COVID unit in initial wave. Therefore, I felt indirect force to accept the role as frontline personnel. Occasionally, I had given psychological and moral support, guidance and provided facilities as possible to adjust in COVID unit. Similarly, I was guiding and helping in decision making during patient care and had taken view of my junior colleagues in some conditions. Sometimes as managers, we have to show some inflexibility to transform such situation. Initially, I motivated my junior colleagues kindly to assign the shift in COVID unit but almost all rejected to adopt that post. However, I forced them to take frontline role as a result they were stressed and anxious. Despite this, they involved in COVID unit and in the present context I see they are happy in their roles and responsibilities. [SNB, Interview]

Above narration denotes that the managers have used different leadership style. We know in present context; the autocratic style of leadership is not suitable in organization which might hamper confidence level of employees. However, sometimes one might need autocratic leadership style to transform the mindset of the junior colleagues. Autocratic leadership is used

widely in organizations which are supposed to develop the exhaustion, mental stress and demotivation in workplace (Solia & Reza, 2021).

SNK's story is not different than SNL and SNB as she also used various leadership approaches based on situation. She said most of the time she used the participatory leadership style because she thought without team support she could not combat crisis alone. She emphasized team support which was possible in participatory leadership modality. Further, she expressed her feelings-

Usually, I was using participatory leadership because without team support we could not handle the difficult situation. I applied an autocratic leadership rarely but in some situations such as, due to scarcity of PPEs in initial phase, I needed to be strict over employees on unnecessary utilization of the PPEs. [SNB, Interview] Likewise, she has given essence on learning part of COVID-19 as manager, *mostly, I used the democratic and servant leadership because without team support, we could not handle the difficult situation. [SNK, Interview]*

This means, she acquired the significance of the team spirit mostly in such a challenging situation like pandemic. She was also involved in direct patient care of the corona positive patients, though her major role was in management. Similarly, she encouraged junior colleagues to provide their opinions and decisions. In the challenging situation, the nurse leader must utilize the servant and democratic leadership style which significantly reduces nurses' burnout syndrome, and provides satisfaction along with psychological safety (Du Plessis & Keyter, 2020).

Acquired Self-efficacy and Resilience

Self-efficacy is one's belief of individual ability to flourish in goal of life: personal and professional. These beliefs determine how an individual think, behaves, and feels. Self-efficacy theory includes cognitive, motivation, selection process and affective factors to develop confidence in personal and professional life. Similarly, resilient individuals have been shown as hopeful and energetic in their activities and they start normalizing from post-trauma. To get resilient, one must have individual requirement of promoting, protecting and adaptive capacities.

From SNL's sharing on ability to develop self-efficacy to face such challenging situations as frontline nurse manager, it was possible due to her personal and nursing professional ethics and her altruistic thinking towards poor people. Similarly, she expressed that her organizational support and family support was the main reason for developing self-efficacy. Further, she shared;

I developed self-efficacy by willingness to provide patient care, through my professional ethics, compassion and commitment in nursing profession. Furthermore, I observed organizational efforts to promote self-efficacy: strengthen policy and strategies of COVID management basically, crisis situation of my organization. [SNL, Interview]

From above sharing, I can conclude that the cognitive and motivational factors are mainly facilitated to self-efficacy of her willingness. Let me tell you the factor to normalization in that tough crisis. It was tied with strong family and organizational support. She further shared the reason of learning to normalize in such crisis situation which they are still facing. She said, *mainly*

the strongest reason is my family support. If they did not support and encourage me, I may not have become so resilient in such a situation. Secondly, organizational support and the passing of time were important to normalize.

This denotes that she had developed self-confidence mostly due to nursing personnel and professional ethics and strong part of organizational policy and strategies of COVID-19 management. Likewise, she got to bounce back to normal because of strong family and organizational support and self-adaptive capabilities. Majority of frontline nurses are getting resilient and self-confident as there has been growing support from communities, family and organization. There is personal commitment in patient care to battling such situations. (Labrague & De los Santos, 2020).

SNB expressed little bit differently on learning self-efficacy. Strong art was nursing education to learn about devotion in patient care and her commitment. Further she shared, *I think the strong part is my nursing education. Long working experiences in nursing field is to develop strong willingness, altruistic behavior. Equally, my professional ethics to devotion in patient, family, society care in any challenging and crisis situation.* In this way, she was able to get self-confidence because of cognitive factor that might be acquired through nursing education. Another is the affection part. Additionally, she shared on accomplishment to normalize the crisis situation of COVID-19 just because of time with the decline in flow of morbidity. Similarly, family togetherness was most important to bounce back to the situation. Further she articulated,

In the initial phase of the first wave, I really felt challenged due to various causes which I told you before. Then, gradually it normalized. The major and strong healing part was time. Gradually, I was released from staying separately in home. I began staying with family members with taking safety precaution, like continuously wearing a mask. [SNB, Interview]

Above sharing signifies, she acquired confidence to take this tough role to combating. It highly possible due to her long-term work experiences, selflessness in patient care which was prepared by nursing education and professional ethics and the situation becoming normal with support of family, own coping capabilities over circumstances and time. Du et al. (2020) also revealed that the frontline health workers are self-efficient due to high support of family, organization and personal commitment to patient care. And, they are getting personal maturity to heal in crisis situation of COVID-19.

SNK expressed little bit similar with SNL on self-efficacy that was her personal commitment and passion regarding nursing profession. She learned about medical humanities from her basic nursing education level to higher nursing education. Likewise, she normalized with the crisis due to the decreasing numbers of the morbidity and staying together with family. She shared,

My personal obligations make me strong and self-willing to take frontline role as manager. Similarly, my professional ethics which I studied from basic level of nursing education to master degree of nursing helped to dedicate in such situation. Because, nursing profession is an altruistic profession, I am able to develop strong self-

efficacy to accept such a challenging role. I remember, two months of initial phase of first wave, I felt challenged as it was a very difficult time in all aspects. Then, gradually everything started to normalize with declining patient flow. We were able to once again stay with family members with taking simple precautions like continuously wearing masks. [SNK, Interview]

Based on above shared story, I can interpret the affection part and cognitive factors of the self-efficacy theory which is pivotal to develop self-efficacy in this disaster. Similarly, she added her experiences on becoming resilient. In this regard, the promoting factor that is lowering admission of the COVID positive patient in hospital, protecting factors that is family support and self-coping strategies are high mandates to normalize in crisis situation. Likewise, I can understand that her nursing education with personal and professional ethics allowed her to develop self-confidence to serve. Similarly, she went back to normal state with high strength of family support. Zhou et al. (2021) also explored that the family, organizational and affection nature of the individual are essential to develop self-efficacy and getting recovery from challenging situation. JNL shared her causes to develop self-efficacy was her optimistic thinking with the COVID-19 pandemic. Similarly, her compassion, passion and commitment to the nursing profession were the next. She cleared in her own words,

I think, development of positive attitude and self-efficacy regarding taking a frontline was my professional ethics and compassion. I studied nursing education with my own interest and decision. Likewise, I think this was a short but difficult time period. There will always be a

shadow of hope with helping each other'' आशाको किरण छ, जस्तो लाग्यो'.⁷[JNL, Interview]

Her sharing can be linked with factors of self-efficacy theory i.e. cognitive factors which are developed during nursing education. Motivation factors and selection process are by her own interest in nursing education. She told story of becoming resilient in crisis and as a result became confident in her infection prevention strategies and various diversional therapy. Finally, after some time, her entire family also supported her work. Similarly, she shared her experiences on the recovery state with this pandemic,

Initially, approximately for 4 to 5 days, I wept time to time while wearing full PPEs. It might be because of stress about disease transmission. Gradually, with the passing of time, I got slight confidence to preserve myself from disease transmission. I think, development of self-confidence was possible with sharing feeling or emotion with one another. Similarly, during free time we played indoor games, watched movies and various other recreational activities helped me divert my mind. The most important part was that I got family support after approximately two months. Everything balanced out. [JNL, Interview]

In this above sharing, I can relate that she has comprised all the components of the resilient theory protecting factors i.e. wearing of PPEs during patient care to avoid disease transmission, promoting factors i.e. family support, organizational support, conversation of emotions with peer and personal confidence.

⁷Optimistic thinking regarding COVID-19

JNB's experience was very different than prior participant's experiences. She expressed with cheerfulness that self-efficacy was possible due to the fact that she had already been infected and she understood the reality of the disease. She was much more confident in protecting self and family too which was why she was efficient in carrying out her duties to combat COVID-19 as a frontline nurse.

I was able to develop self-efficacy because I had already been infected and realized COVID infection could be controlled if one was well disciplined. I was able to empathize and developed self-willingness. Similarly, personal and professional ethics, professional compassion and altruistic nature which are developed through nursing education are also helpful in developing self-efficacy. Now I am satisfied and feel proud to give nursing care to people and be a part of this challenging time. I never felt negative towards the pandemic and its consequences (mortality and morbidity). I think, in general condition also people are facing lots of communicable diseases and mortality. Thus, I think I have normal perception and attitude regarding COVID disease but I strictly follow the infection prevention techniques consciously. [JNB, Interview]

In this way, she was motivated by empathetically realizing the necessities to care for infected people with her affection towards poor people which might be established through nursing education. Additionally, her personal resilience is promoted because of positive perception towards COVID-19, protecting with high concern in infection prevention measures and her adaptive capability.

Above sharing of JNL and JNB are more or less the same. Thus, I can interchange that their self-efficacy and resilience was developed because of their positive thinking, and self-commitment in nursing profession which might be acquired through nursing education. Her maturity and family support are highly denoted. Dimino et al. (2020) highlighted that "Psychological Capital is characterized by having high levels of HERO (i.e., hope, efficacy, resilience, and optimism)" (p.1). Again they explored that the frontline health workers have obligation to become positive in such calamity with personal and professional ethics. Likewise, JNK has developed self-efficacy due to her commitment and nursing professional ethics. She interacted with other friends who also worked in COVID unit. She was empowered and that was also one of the reasons to self-efficacy. Further, she articulated her learning of self-efficacy with her own words,

I think, my passion to provide service made me a strong self-efficacious and self-confident person to take on this frontline role. Similarly, my professional ethics may have been due to the influence by other colleagues who were on duty in COVID specialized wards. And the question that struck me was why can't I too do this? With that conversation and sharing experiences of friends who were already posted in COVID ICU, I was able to develop strong self-efficacy to accept such a challenging role. [JNK, Interview]

In this way, her cognitive thinking capability being part of this COVID to face crisis, she was motivated by her friend's circle and affection process. Her personal and professional ethics played a great part to developing self-efficacy. Similarly, she said that resilience was possible due to seeing the

majority of COVID patient's prognosis being good. As she was just posted to high dependency unit rather than critical care unit, she found strong family support. Further, she expressed her feelings on learning to be resilient,

After working in COVID specialized unit that is COVID High Dependency Unit (HDU) where just minor patients rather than critical patients are admitted, I was able to eliminate my negative perceptions that all the COVID patients were very critical. Similarly, I took safety techniques appropriately during patient care to protect myself. After finishing my shift, I took baths, stayed in separate room with maintaining safe distance with family members and regular use of mask in home. At the same time, my grandfather got COVISHIELD vaccines. In this way, gradually the situation normalized. [JNK, Interview]

In this sector, her promoting factor to resilience is minor state of the COVID positive patient. Protecting factors were utilizing safety precaution methods to prevent disease transmission with her grand-father being vaccinated. That helped to become resilient and her personal coping strategies are highly emphasized. Labrague and De los Santos (2020) also emphasized that the HCWs perception or mind set should be self-willing. Her excitement to face the challenges was highly assisting to acquire self-efficacy and be normalized in crisis of COVID-19.

Personal and Professional Learning During COVID-19

Every human being can acquire knowledge or skills through study or experience. Learning is the act of acquiring new knowledge and skill which might be precious for personal and professional life. Similarly, many HCWs benefitted during this COVID-19 pandemic in sense of acquiring new skills and knowledge for personal and professional development.

In this research, the participants shared numerous experiences where they felt benefitted, both personally and professionally. Three of the managerial level frontline nurses felt they acquired much more skills regarding management and remaining three felt that they acquired nursing skills regarding patient care. As shared by them, the situation was very stressful but they felt satisfied in the present context due to the opportunity to gaining new skills. SNL shared of her enhancement in managerial work and communication skills. She mentioned that she had a reserved type of nature which changed her personal behavior. Once she shared,

Yes, I benefitted a lot by gaining many skills. I am shy type of nature with introverted personality. As a manger, I learnt communication skills to deal with the lower level staff to top level managers. Thus, I feel, the COVID-19 crisis was advantageous for me cause of the changing of my personality (strong, empower, feeling of readiness to face every types of crisis in personally and professionally). Also, I learnt many more managerial skills (staff management). Before COVID, I had to manage approximately 45 to 50 staff with only one general department. At present, six COVID wards are handled with about 150 staff. Other skills acquired were logistic and maintenance

management and techniques of the conflict management. [SNL, Interview]

The above story points out what she felt and how she was able to transform her personality into bold and empowering woman as she was of shy nature. She profited as she learned managerial works which made her confident to deal with such situations in future. SNB started to share "learning is never ending". She also learnt various leadership and managerial skills to handle the human workforce. Similarly, she was enriched in logistics management, communication skills and she understood the importance of team support. Once she expressed it in her own words,

I felt I had improved communication skills to deal with the lower level staff to higher level managers with enhancement in decision making capacity. We were not provided the government incentives. Similarly, I felt empowered, feeling of readiness to face every type of crisis in personal and professional life. I learnt managerial skills including staff management with ways to get and give team support and cooperation. Besides that, I learnt logistic management, how to utilize the physical resources in limited quantity, and crisis management and conflict management skills. [SNB, Interview]

In this way, SNB also acquired same as SNL as a frontline nurse manager. She mostly assimilated skills on the logistic management. It made her confident and capable in some critical and situational decision making aspects. Likewise, she learned skills on team building and its importance to get cooperation from each other to tackle such disastrous situation.

SNK was enriched with more skills related to nursing practice by engaging in COVID unit. Specifically, she learnt skills, knowledge on PPEs and special infection prevention strategy. In reality, medical practice had rarely used the PPEs to care for the patients. Similarly, she improved her managerial performance during the crisis. Further, she shared her experiences on learning part of the COVID-19 as frontline nurse manager,

This COVID-19 pandemic enhanced much more skills. Our knowledge of PPEs was limited to theory only. I have learnt or practiced how to wear it/ am competent in donning and taking off technique. Similarly, I gained knowledge and practice skills related to infection prevention technique. [SNK, Interview]

Based on the above story, her learning is something different than prior participants. However, she gained lots of skills on infection prevention techniques with proper use of the PPEs. Rich-Edwards et al. (2021) also explored that COVID-19 management committee had provided training on infection prevention techniques with appropriate use of the PPEs and other safety measures to all of the frontline HCWs. She shared her experiences on acquired skills as manager,

I gained skills on managerial level, especially how to transform the infrastructure or set up temporarily for emergency situations. I learned the importance of inter and intra team cooperation and collaboration with our organization's various areas like housekeeping, paramedics, logistics, administration and other communities to support each other and cope with every day. Additionally, I gained knowledge on staff management, utilization and preservation of the physical equipment

when they were in limited supply. Usually, I am directly involved in the management rather than direct patient care. I am confident in patient care due to my long experiences in nursing field. So, I did not learn any unique skills related to patient care. [SNK,Interview]

In this way, she also shared her experiences on acquired skills similar to both SNL and SNB. As a nurse, those three participants benefitted in acquiring managerial skills like logistics, crisis and stress management, human resource management, enhancement in communication skills, able to develop team building, emergency management skills and so on. Nurse leaders are prepared to combat COVID-19 in different aspects like development in communication skills, able to solve the crisis or stressful situation and enhanced human workforce management (Dimino et al., 2020).

Three of the junior frontline nurses of this research expressed their understandings during COVID-19 in their ways. JNL supplemented in basic patient care as well as she became competent to operate the technical devices which are used in critical set up. Similarly, she understood the coping strategies in difficult and challenging crisis in medical field. Again she shared,

I have gained competency in knowledge and skill of critical patient care as I have short term of work experiences in nursing. Likewise, I was able to build capacity on decision making while doing patient care. I learnt more nursing practice or patient care skills like canulization, using BiPap machine, and many other machines used due to being appointed in COVID ICU. I learnt coping strategies in various difficult situations. I was able to maintain positivity under pressure (or without family support). [JNL, Interview]

Based on above shared story, I can confirm that she acquired nursing skills which is pivotal for nursing care to serve qualitative patient care. She had only few years of working experience in nursing profession. Similarly, she learnt defense mechanism skills in challenging situations. Shang et al. (2020) revealed in their research report that the frontline nurses who appointed in critical care unit learnt many more technical skills and patient care related to critical patient care. JNB also enhanced her skills in patient care and various standard strategies of the infection prevention which was just limited in theoretical view. Equally, she learnt the importance of the psychological and emotional support to the patients for speedy recovery from disease. At the same time, she acquired techniques to defend and cope difficult crisis. Once she shared,

I made more competence in knowledge and skill of emergency management and build capacity on decision making while doing patient care. I learnt more nursing practice or patient care skills especially deep understanding on infection prevention techniques and coping strategies. In this context, I want to share one noticeable incident. A severe patient who had similar symptoms of COVID-19 positive arrived. She did not have a PCR test. At that time, I unconsciously touched without wearing PPEs and even gloves. After few moments, I remembered lots of scary stories on disease transmission. However, I built strong self-confidence, developed a positive attitude, perception regarding that incident and finally the patient's PCR result was negative. In this way, I understood the importance of thinking positively. If I had rejected to take frontline role

I could not have acquired those learning skills. Specially, I learnt the importance of standard infection prevention technique. Only regular hand washing can break the chain of disease transmission by 90%. Besides that, we have studied the importance of holistic factors. I gained knowledge on how important the emotional and psychological factors for disease prognosis are. Because we are not allowed to bring in the family members of patients in COVID unit, majority of patients got sick or reached the critical condition. In prior days, we were giving care to general patients. Those patients were also getting sick but majority of those sick patients recovered quickly due to presence of family members. So, I got a new concept on practical basis. [JNB, Interview]

In this way, she also learnt the specific patient care related nursing skills. She learnt the technique of the infection prevention and deep understanding on the importance of the emotional aspect to humans for recovery from disease. Lee and Lee, (2020) also revealed that majority of the frontline nurses flourished in their personal and professional development, way of infection prevention techniques, and giving holistic care. JNK supplemented in her patient care in emergency situation and technique of dead body care. With that she became competent in machinery or technical devices which were used in serious patient care. She deeply learnt on infection prevention strategies. As same as JNB, she also deeply understood the importance of the holistic care to the patient for fast recovery. Similarly, she learnt communication skills with people and few management skills on proper utilization of the physical resources. Further she shared,

Specially, I learnt how to give immediate emergency management and technique of death body care. Likewise, I have become competent in technical work like ABG, using BiPAP machine with patient care who is in BiPAP mode, doing ECG and many more. Similarly, I learnt professionally how to get stronger or more resilient. I made good rapport with other staffs as I am working from short period in this hospital and identified the importance of the emotional support to human being. About that I had studied in nursing education but practically realized the importance of the emotional aspects of the human. As well as, I learnt how to manage the ward, logistic equipment, infection prevention techniques, donning and taking off techniques of the PPEs, waste management and so on. I learnt very important new concept regarding human health. In nursing education, I studied importance of the holistic care including emotional and psychological aspects of humans for good prognosis of the disease but in this COVID I really learnt the importance of these parts in sick conditions. [JNK, Interview]

JNK shared her experiences like the prior two participants. She also acquired skills on patient care with machinery competency, infection prevention skills, and realized the importance of the emotional part for human being to quickly recover from trauma. The essence of this passage is in line with the idea of Moet al., (2020) who based on their research reported that frontline nurses were trying to provide quality care with understanding of the mandatory of psychological support to the positive patients. However, they were not able because of the scarcity of the human resources.

Learning for Preparedness of Third Wave

Similarly, research participants expressed their feelings of self and organizational preparedness for combating next level crisis or third wave lesson from first and second wave of COVID-19 combating. SNL verbalized on it with full energy. She was fully and strongly empowered for the future to tackle the disaster, meaning the third wave of COVID-19. Similarly, her organization also was well prepared to tackle third wave of COVID-19 by starting to fulfill the gaps and weaknesses of the prior waves. Further she expressed,

Personally, I have strong self-efficacy and commitment to battling against such type of disaster (physical, mental, psychological and social) and I am prepared to face the third wave of the COVID-19. I think, for future, we need to focus on proper management of the infrastructure, logistic, staff management and strategies especially, staff motivation without team approach cannot face this tough situation. Similarly, provision of the infection prevention and patient care are important. As people already predicted about third wave, the majority of the children were being targeted. So, our hospital management has already given formal training regarding patient care to health workers and management technique skills. Furthermore, my organization already started the High Incident Command System (HICS) to manage and treat for COVID-19 patients. And those are also one of the important aspects of the preparedness for future. [SNL, Interview]

She again shared her understanding of the strategies to motivate the nurses for future to fight such types of disaster- *for staff management, they must provide few incentives, rewards and recognition of their input or work as frontline nurses in their experience letter. That might be helpful in further career development in the nursing profession.*

In this way, she understands the significance of motivational factors to the frontline nurses to tackle such problematic situation. In the past, she realized that her organization hadn't provided any benefits to the frontline nurses. Specht et al., (2021) also recognized that, if frontline nurses of COVID-19 management did not receive any types of benefits, they might be demotivated and not be devoted in patient care as nursing is known to be an altruistic profession. SNB shared that her organization was well prepared for future crisis or third wave COVID-19. Her organization had provided partial incentives to actual frontline workers who engaged in COVID unit. That strategy was useful to motivate employees. So, she said it was one of the human workforce preparation parts for future. Similarly, her organization had already tried to replace all major gaps and weakness of first and second wave of COVID-19. Once again, she shares story on this matter,

Our organization provided monetary benefits like allowances to employees that was an important motivational factor for future. Most of the employees were not motivated to take the frontline role. Later the government provided partial incentive to frontline employees. But our hospital management provided the incentive to only those employees who worked in COVID specialized units rather than general unit who do not need to wear that suffocating PPEs during patient

care. In present context, those employees who rejected and not received incentives they regret. That's why, I really realized the importance of monetary value to motivate the employees in future.

[SNB, Interview]

Above shared story made clear that incentives or monetary benefit has beneficial to employees for their great work that might be tangible acknowledgement so then the employees are motivated for future. Similarly, as manager, she learnt utilizing the strategies on providing incentive just to those nurses who are involved in direct patient care. This strategy might motivate the employees for future. Oloke et al. (2017) showed that motivated employees are cornerstone to achieve goals of any organization. Majority of employees were highly motivated as it changed their work, attitude on job, more devoted in work and felt satisfied in their job. SNB also expressed her story with high confidence regarding preparedness for future,

Of course! We are prepared for next wave. We started to give formal training to children on COVID management with that we have already made 8 bedded NICU and 10 bedded PICU. However, this is not enough if there is a massive flooding of infected patients. We feel proud we are able to prepare at this level. Similarly, let's hope we will not face third wave, but, for now, my hospital management, human resources are really prepared to face another crisis in future. [SNB, Interview]

On basis of above story, preparedness is highly significant to tackle such difficulties. It can manage problems more quickly and more efficiently to avoid fear, anxiety, and losses that accompany disasters. She learnt from past experience how important preparation is. Due to the reason of the lack of

preparedness, they could not manage many things. So, her team faced lots of hassles in the past. Likewise, SNK shared that her organization had already given formal training regarding COVID-19 management. As specialists predicted, the third wave was targeted to pediatric population. Thus, her organization has already accomplished the inadequacy and weakness during first and second wave of pandemic. Personally she was also well empowered to engage directly to patient care and managerial role in third wave of the COVID-19. She again narrated,

In my life, I never faced this type of pandemic but faced the epidemic of disease. I had tackled or given service in another type of disaster like flood, earthquake, and accidents and so on. After facing this pandemic, I have gained much confidence as a manager. She answered with high pitched voice, of course! I am ready to provide direct patient care or taking managerial role if I get support from all sides. But, let's pray, we will not face this type of crisis in our lives again. My organization has already given formal training to employees as preparation for third wave management. For future, we need to focus more on proper management of the infrastructure, strategies, logistic, staff management, proper guidelines or protocol to prevent disease transmission. Similarly, specialized people predict about third wave that the majority of the children are being targeted. So, our hospital management has already giving formal training regarding patient care to health workers and management techniques. And that is also one of the most important aspects of the preparedness for future. [SNK, Interview]

Based on the above shared story of three nurse managers, it can be pointed that they had some lack in preparation and planning to face first and second wave. Their organizations are already prepared for future, that means to manage efficiently of the COVID-19 third wave. Behl et al. (2022) also emphasized on strong preparation worldwide against future pandemic due to the corona virus which will continue affect human life and will be hard to eradicate. Likewise, SNK again shared her realization on the importance of improvement in her organization, especially to motivate all employees for future,

Hospital management needs to improve or give more benefits or facilities like rewards, recognition, allowances or incentives and social security, which may motivate to face again such challenging situation. In the present context, it is a misfortune we were given very little in the form of incentives which according to the government was 100% but we were not even given 50%. Likewise, staff management strategies were good. Still, it needs to improve the strategies, more focus on team approach or team effort because only nursing workforce is not enough to fight the situation. [SNK, Interview]

Above story of SNK can conclude that she also was not satisfied due to not being provided 100% incentive which was allotted by the government. She focused on importance of giving noticeable acknowledgement to employees which may motivate the employees for future. Zhou et al. (2021) publicized that if the reward and monetary benefit is provided to all the frontline HCWs, they can be motivated in future to fighting such devastating situation in their context. JNL shared her feelings for preparedness for third wave of COVID-19

pandemic with full energy. She is personally fully empowered to be a part of third wave COVID-19. Similarly, she stressed on importance in provision of the motivational factor that helps to prepare human workforce for future wave. Her organization has also given formal training to employees for preparing for the third wave of COVID-19 disaster. Further, she shared,

Definitely, I have developed strong self-efficacy and commitment to battling against such type of disaster. We are fully (physical, mental, psychological and social) prepared to face the third wave of the COVID-19. I think, our organization also prepared us to face next level as hospital has already given training to employees. If hospital provided reward, recognition or appreciation, monetary benefits, extra allowances and so on, it might be somehow motivating the employees in future. [JNL, Interview]

JNB responded strongly with high pitch voice. She was strongly prepared for third wave. She stressed on the organization that must concern itself about few provision of motivational factors to all frontline employees. That might be key factors to motivate the employees for future. Her organization also had given formal training to the employees and preparing the ICU set up for pediatric patients. Further, she shared her story,

I have developed strong self-efficacy and commitment personally and professionally to battling against such type of disaster. I realized the importance of monetary benefits like risk allowances and need to provide full incentives which were allotted by the government. I think those motivational factors might be helpful to motivate the employees in future. I think, my organization is also preparing to face such

challenge. Employees have been given formal training for upcoming third wave.

[JNB, Interview]

Above conversation with JNB denotes that the organization focused with provision of various benefits to health workers. That might motivate them to face the crisis in future. JNK also shared story as similar to JNB. She also realized the importance of motivation to the human workforce. If she were to benefit from those motivational factors in future, then she would prepare and empower herself for the future to tackle the third wave. Once she narrated,

Yes, we are still fighting against this virus which has now passed more than a year and is expected to be with us for a forcible (stronger) future. This is creating greater pressure on the utilization of healthcare workers. In future, if we are more motivated with rewards and financial benefits which has been promised by the government then definitely I will develop stronger commitment or strong self-efficacy to battle crisis situation. [JNK, Interview]

In this way, all of the study participants shared similar thoughts and they strongly agree and are confident to tackle such types of challenges in the future. Based on above shared stories, I believe that frontline nurses were highly passionate to provide services. If they have more benefits, then definitely they will have more motivation to face such challenges. Similarly, their health organization also somehow prepared for fighting COVID-19 third wave like giving formal training, planning, forming management committee and so on. Ravi (2021) highlighted on the preparation of health care delivery system for tackling third wave of COVID-19. In their context, they are

applying various strategies to strengthening the human task force and physical resources.

Understanding Philosophy of Life

In this context, I had probed with my research participants on meaning of life. I want to remark the passage on meaning of life as quoted by His Holiness Dalai Lama XIV (1995)

" We are visitors on the planet. We are here for ninety or hundred years at the very most. During that period, we must try to do something good, something useful with our life. If you contribute to other people's happiness, you will find the true goal, the true meaning of life". (P.134)

All participants have given their own views and experiences which they learned during COVID-19. They acquired the meaning of life or life philosophy accordingly while caring for mild to critical (poor prognosis VS good prognosis, mortality and morbidity) patients. Likewise, they learnt about how to balance personal health. Further she shared her feeling that she acquired about life philosophy,

Ahh, I think life is nothing but everything. As I worked in emergency department and lot of care was given in suicidal attempted patients, that time also they begged to preserve their life and they wanted to live. Similarly, during COVID-19, especially second wave, while there was scarcity of beds and oxygen supplies, I saw the suffocated and restless and worsening of the patient's condition due to lack of oxygen supply for 10 to 15minutes. That time I felt "लाचार"⁸.Therefore, I

⁸Feeling of helpless and destitute

experienced the importance of health rather than materialistic things.

If my health is good, then I have everything. [SNL, Interview]

The excerpt of the story above points out to the fact that the life is precious. Therefore, she realized that without health there is nothing. She warns not to be materialistic. We should not judge people, we should do things in life that make us happy and causes no harm to others. Likewise, SNB also told her experiences similar to the SNL. She felt life is priceless and we get life only once. So, we need to properly utilize our time on being healthy. Living is essential. Further she shared her acquisition on meaning of life,

I think, human life is "अमृत्यु"⁹. We get our life once so, need to take care and prioritize our life and health. The quote "health is wealth" is very important. Similarly, we can do something for betterment to own and other, but if my health status is not good we cannot do anything. In this COVID-19 period, some people were wandering around for oxygen to store in their homes if they were infected and tested COVID positive. Likewise, I saw oxygen starved people in especially second wave of this pandemic. [SNB, Interview]

She felt the importance of human healthy life. She realized that we must do something better to others in our life. She also learnt regarding philosophy of life. We should give others something in our life period. We shouldn't do anything that causes harm to others. Similarly, SNK shared story with cheerfulness that she learnt about meaning of life. She learnt to be humanistic rather than materialistic as she shared, *life is nothing without one second of breath or oxygen and health is mandatory. So, make sound and balance relationship with each other till we have life.*

⁹Priceless

She also expressed her sharing similar to prior participant's stories. She mainly focused on healthy life of humanity. The life is not anything if getting disequilibrium. Additionally, she realized life is founded by volatile chemical that is oxygen. Thus, she greatly emphasized on own life and prioritized self-care. She also stressed on importance of sound relationship with each other. JNL also experienced the meaning of life during this pandemic. The individual health is primary so need to be spiritual to satisfy oneself in life. Further, she shared with cheerful mood,

I acquired life to be very important. First, we have to focus on our own health and give priority on healthy lifestyle. If I am healthy then I am able to deliver services to needy people. So, I prioritize to own health. This COVID pandemic has given knowledge that individual discipline is mandatory to survive satisfactorily in life. [JNL, Interview]

In this way, she also expressed her sharing as same as prior participants. However, she concentrated on the importance of utilizing discipline to make better life and better serve people. Mostly, she prioritized that own health is a primary factor. Likewise, JNB also expressed her own experience about life. Every individual needed sound health to live a satisfied life. So, she stressed that every individual has to think positivity towards life. Once she shared her acquisition about life philosophy. Taking a long breath, she added,

This COVID period I learned life is normal if we can think positively in every moment. If one thinks negatively about this disease and the crisis situation one might developmental illness. Similarly, I saw in our society people were vigorously anxious about it and got mentally

affected. Additionally, I think individual health status is primary so that individual is able to deliver services to needy people so it is important to prioritize one's health. [JNB, Interview]

She greatly emphasized on the importance of positive thinking even during devastating situation. Based on her story, she might be optimistic types of person. She was able to cope during such a challenging situation. Her positive thinking helped with stress management and even to improve day to day activities in stressful situation. Similarly, she focused on the importance of the human health that can be provided with service to people. Likewise, JNK expressed her acquisition from COVID-19 about life philosophy. Life is so short and as she encountered the mortality of the young people, she stressed on the need of individual health being essential to care for other needy and sick people. She became more committed to serving needy people. Again, she shared her story with a sad disposition,

Life is uncertain because I saw death of younger people within a short period of time. It was due to severity of COVID-19. It made me more compassionate and more devoted on nursing care to people who needed it. Likewise, I feel the importance of individual health; if our health is strong we can do everything. [JNK, Interview]

Based on above sharing story, I know that JNK was sad due to the deaths of the young people. Similarly, she was more compassionate and passionate to provide nursing service. She emphasized about her own healthy life which enabled her to serve others in a better way.

All above excerpts of frontline nurses expressed stories about life philosophy or meaning of life with positive emotions and high commitment to

care during the pandemic. It empowered to give services to needy people.

Chen et al. (2021) also expressed on their research report that frontline nurses think positivity regarding own life. They felt pleased as they were part of this pandemic management. Similarly, they became more passionate and compassionate to care for poor infected people of COVID positive.

Theoretical Discussion on Learning of Nurses

The high level of self-efficacy in learners is significant to acquire new knowledge or skills. While those learners have low self-efficacy, it attributes to their failure to learn new skills. Therefore, self-efficacy can influence in successful learning of personal and professional lives. Similarly, in this study participants showed the higher level of self-efficacy to combat such challenging situation. They are able to acquire a variety of skills related to nursing professional and personal life too. As they are more satisfied and empowered, they felt proud and more passionate to deal in future with such types of challenges.

In addition, self-efficacy of individual and motivation to get knowledge and skills come in parallel (Hassankhani et al., 2014). While COVID-19 pandemic, those who were able to develop self-efficacy to give service enhanced their knowledge and skills related to patient care, technical skills and leadership skills and many more. Similarly, those who had not developed self-efficacy, they were not benefit towards learning parts. Sen and Durak, (2022) concluded that if humans have strong desire to learn something, it must be lifelong, durable, constant and stable, which make them competent in personal and professional life. Likewise, in the present study, all of the participants expressed that they were fully obliged and strongly self-efficacious regarding frontline roles. Therefore, they realized, they benefitted to learn various

knowledge and skills related to personal life and professional life. Similarly, they learnt to prepare for future potential disasters.

Additionally, the COVID-19 pandemic is devastating challenges to all people. It is additional challenge for frontline workers of every sector. Comparatively, frontline nurses were more vulnerable due to the fact that they had to give 24 hours' direct service to COVID positive patients. Therefore, they needed necessary skills for coping with unavoidable obstacles or getting normalized which is one of the key ingredients to learning successfully. In this study, all nurse participants were able to bounce back. As they did not share any physical and mental symptoms, they were scared and stressed about disease transmission to self and family too and seemed to recover quickly. They all have successfully learnt skills and practice regarding patient care, managerial skills, decision making and leadership skills and many more.

Each individual had faced personal and professional challenges during learning phase. They needed to have resilient capabilities which affected in their learning. If a person could not develop normalization in certain crisis, it would hamper in their learning capacities. Morgan and Jones (2022) stated that nurses sensitized to bounce back from challenging situation after getting stimuli. Similarly, present study shows that most of participants were stressed and scared in COVID-19 situation to take frontline role but after they engaged with reality they gradually normalized in crisis and that was fruitful to learning new skills. Likewise, nursing job is tough and full of struggle. They need motivation, encouragement, and strong support system and so on. That can be helped to resilience from certain crisis related to their work (Chikobvu & Harunavamwe, 2022). In this study, all of the participants shared that they were resilient due to support system of family and organization holistically. In present context, all of the participants shared about their pride of

handling frontline role. It was possible due to their strong self-efficaciousness and personal resilience. Therefore, that enhanced their knowledge and skills.

Essence of Chapter

This chapter was formulated based on the second research question of this study. It consists the different stories that were experienced as a nurse and social human by participants during COVID-19. It was fruitful for them in different types of learning. I presented their shared stories regarding their acquired knowledge, practice, nursing skills for combating and preparing for future in different sections. These experiences were productive for personal, professional, organizational and social development. Similarly, I concluded their different stories into two theories that were used in this study. In the coming chapter, I have analyzed the stories on their general combating and learning experiences of the participants.

CHAPTER VI

INSIGHTS, REFLECTION, CONCLUSION AND IMPLICATIONS

This chapter is about the reflection of the journey of my dissertation writing. I developed insights from the whole process that is also part of this chapter. Besides that, I have extended what I have come up with. My dissertation work concluded with expressions of some of the implications which I drew from this study.

Insights from the Study

I discussed the stories of my participants in chapters IV and V under two different themes and also classified it into different subthemes based on research questions. These discussions on sharing experiences of participants directed me to construct the following insights.

The frontline nurses as participants of my study, expressed their stories to combat and learning skills during COVID-19 in various ways. I came to gain an idea that they tried to fight during such tough situations and felt proud that all had succeeded in present days. As human beings, every individual must have mandatory strong support to survive and achieve in personal life and professional life. Similarly, the frontline nurses must need the strong support of family, organization and society in holistic aspects: physically, mentally, psychologically, socially, emotionally and economically and so on. The frontline nurses might be reinforced and motivated to combat such challenging situations if only they have strong support system from all sides. In same way, I gained insight that family and organizational support system was highly significant than societal support system.

The media is known as a fourth branch. Thus, their responsibility is to impart the right and authentic information to public. I understood that the social media is a powerful tool that plays a significant role in developing people's perception, either negative or positive. Therefore, social media has to control the spread of rumors in society. Some participants were negatively affected and were afraid to taking their respective roles due to the social media's spreading of negativity in society regarding COVID-19, its managements and consequences. All of the frontline nurses were stressed and scared on disease transmission to self and spreading in family through themselves. Thus, few participants could not accept and few were forced to accept the role. Thus, I gain insight that frontline nurses must need enough time to think and adjust with situation. They need positive counseling.

Similarly, if they were provided some monetary support as incentives or risk allowances and given social security, it would energize on combat such crisis situation. As I learnt, few participants got monetary benefits initially, which was reason enough to feel satisfied. All participants felt need of social security, and facilities concerning hostel and transportation because at that time the lock down had adversely affected the local *transport system*. Similarly, provision of hostel was also positive reinforcement or promoting factor to frontline workers. The social stigma about COVID-19 had spread in our society and the frontline workers had felt unsecured to return back in society.

Likewise, I realized that necessity of preplanning and preparation was highly mandatory. It includes all employees be given training on infection prevention techniques, emphasized on evidence based practices and many

more. Correspondingly, organizational guidelines on infection prevention, waste disposal, and patient care were important. Infrastructures were to be considered because at that time all three frontline ward managers were greatly faced with the challenge due to inconsistency in infrastructure of specific COVID units. Likewise, they were faced with liquidity in rules and regulations regarding patient care, using safety measures due to lack of standard guidelines.

In the same way, I got to know that thinking positivity even in crisis moments can be assisted to go ahead and get success. If they stayed back from their obligation since first wave of COVID-19, they could not get opportunity to acquire skills and knowledge in various ways. Similarly, they were aware on philosophy of life or meaning of life. In this way, they learnt that materialistic life was not an essential matter. They greatly highlighted on qualitative life. Due to involvement in COVID-19 management all senior participants were competent in leadership and managerial skills and junior participants were able to be competent in patient care, technical and cognitive skills. Those acquired skills enhanced to tackle such difficult and catastrophic situations. In this way, all participants were fully empowered to deal with such situations. They would be motivated if they were to get motivational factors like recognitions, rewards and facilities.

From the sharing of their experiences, I got to know that every frontline nurses must have personal ethics that is humanities and affection process. Professional ethics is acquired since nursing education teaches the altruistic behavior. All the participants had strong part of those ethics that is why they were able to combat such devastating situation of COVID-19, doing

their best for the patients. Nurse Manager played an essential role in harmonizing the needs of their workforce and the patients accordingly (Prestia, 2020). Similarly, junior frontline nurses had taken crucial roles in direct care to the COVID-19 positive patients. In addition, organizations made strong policy to manage regarding patient care, availability of physical resources, equipment, and human resource management and so on for encouragement to frontline nurses to smoothly combat such situations.

I understand that each human workforce must establish strong self-efficacy to tackle crisis. After that, they can be able to normalize in challenging situation due to being submerged in real situation. In the same way, most participants have developed strong self-efficaciousness personally and professionally. Few participants were scared and little bit anxious to combat such crisis initially. However, they dealt in real challenging situation then gradually normalized with crisis. In present context, all of the participants feel proud that they were a part of that situation and they were normalized with situation. They have been prepared with strong self-efficacy for future to fight such similar disasters.

Reflection on My Research Journey

I am a nurse and working as a nursing tutor in one of the renowned organizations. Thus, I need to involve myself in patient care with my students in guiding and facilitating them. In first wave of the COVID-19 while the government had declared lockdown, our academic activities were stopped. That time, I needed to involve myself in the general unit for patient care. I felt stressed, scared and anxious regarding COVID-19 transmission through exposure in the hospital. I also rejected to do so, but finally due to a few reasons, I had to do 12 hours' clinical shift. All

employees were made mandatory to wear safety measures like cap, double mask and face shields even when engaging with general patient's care. I experienced suffocation, difficulty to hear, barrier to see written letters and felt challenged in patient care while wearing these safety measures. I empathized with those frontline HCWs who cared and treated COVID-19 positive diagnosed patients wearing full safety measures like PPEs, mask, cap, visor and boots. Thus, I was curious to know how the frontline nurses experienced combating disease in the frontline.

Then, the study continued with exploring related studies and reviewing various related literatures to expand my knowledge on ways of combating challenges and learning experiences of the frontline nurses during COVID-19 pandemic. I went through the historical article entitled " The Role of Nursing in the Influenza Epidemic of 1918-1919" by K. R. Robinson (1990). This article provided me with a detailed picture of how to face the challenges. It had portrayed nurses with confusion on patient's care, fear of disease transmission, suffering from infection while caring for patient and massive scarcity of medical human workforce. However, nurses were able to exhibit their personal and professional capability to combat the epidemic. Similarly, I understood that the distressing influenza epidemic of 1918–1919 was a crucial moment to combat and acquire the skills for nursing personnel. Also, I realized the effort to carry out a research on this particular aspect. Finally, I determined to explore combating with learning experiences of frontline nurses. I reviewed the literatures based on the research question.

I felt strenuous job to identifying the appropriate use of theory on my narrative analysis. At first, I chose Albert Bandura's self-efficacy theory and I went through its components i.e. cognitive, motivation, selection process and affective factors. I was quite confident that those components were relevant on this research. Similarly, those

components highly direct combating and acquiring knowledge and skills in such challenging situations. Later, I really felt that only self- efficacy theory was not enough to applying in this research. Ultimately, with valuable feedback of my respected mentor, I decided to fit the resilience theory which is propounded by Dr. Norman Garmezy. The individual must have strong factors: promoting factors, protecting factors and adaptive capacities which are mandatory to get resilient in such catastrophic situation.

Likewise, I also studied the previous research that was carried out in different parts of the world in context of developed and developing countries. Those reviews supported me in acquiring the knowledge and idea of the different context. I collected experiences how HCWs were facing. Besides that, I also reviewed the Nepal government policy regarding frontline HCWs. It made me aware of the Nepal government's planning and implementing policy in health care delivery system to motivating frontline HCWs, facing such challenging situation COVID-19.

Prior to my academic degree journey, I had done quantitative study design. Therefore, I was not much aware on this design. Finally, I prepared the proposal on qualitative narrative inquiry design with the great help of my respected mentor. With the research proposal prepared, I defended the proposal and many respected tutors gave constructive feedback and again constructed accordingly. Then after, I processed to get ethical approval from Nepal Health Research Council (NHRC) and I got approval up to one month. I prepared an open ended questionnaire based on two research questions for an interview of the frontline nurse participants. I reframed the guiding questionnaire as per the suggestions of my research supervisor. I selected six frontline nurses from three different public hospitals of Kathmandu valley, each from

two frontline nurses: one junior and another senior based on my personal contacts with them.

I felt the face to face interview was quite difficult task for both sides (myself and participants) because of the COVID-19 pandemic situation. However, we were using all safety measures and precautions to preserve each other from transmission of the COVID-19 while in conversation. It took me two to three meetings physically and multiple phone calls due to the situation of the pandemic. I recorded their interviews then transcribed the information which I got from the interviews. After that, I created their shared experiences into different theme.

The narratives of the research participants were portrayed on a general story of their experiences regarding combating and learning skills during COVID-19. It included the junior frontline nurses' experiences while giving care to positive patients and the senior frontline nurses involving in managerial function. I developed narratives based on their shared story and I made an analysis of the narratives based on participant's real words. The discussions were made based on the research questions that I set in chapter I. I made the themes based on guiding questionnaire and collected story or narrations of the study participants during interviews and I incorporated and analyzed according to their voice tone and body language. However, I was not able to observe their facial expression due to wearing of face shield and face mask.

During interviewing, I felt pain while listening to their experiences. These were observably challenging for them to combat and learn during the second wave of COVID-19 pandemic. Similarly, I really felt that the participants faced very tough and challenging situation compared with my difficulties which I faced while caring to non COVID general patients. Additionally, I compared the listening of my research

participant's story with the reviewing literature. I realized that frontline nurses were taking on a pivotal role in combating this COVID-19. Equally, I found uniqueness of their sharing regarding combating and learning amongst others based on their age, marital status, designation, education level, working experience in nursing field and appointed specific COVID units and so on.

All of my research participants had diverse backgrounds of personal life and professional life. That means, the diversity of experience shared by them have contributed to several narratives. After long and frequent meeting with my participants, I could realize that different individuals had different types of the experiences and shared the stories in their own styles. In addition, I understand the personal and professional ethics, maturity, and commitment for good consequences. Similarly, I could understand every individual having developed self-efficacy influenced by cognitive, motivation, selection process and affective factors. Likewise, I realized that personal resilience is possible if provided with factors like promotion, protection and adaptive capacities of the individual.

Conclusion

The self-efficacy is the heart of combating and getting opportunity to learn skills during COVID-19 by frontline nurses. Self-efficacy followed by personal and professional ethics of the frontline nurses included the altruistic, humanities, empathetic care and affectionate care to the needy people. Similarly, personal resilience in such crisis situation was boosting the combating and learning in disaster of the COVID-19. Those self-efficacies and getting resilient were possible due to support system of the family, organization and society. Self-willingness, self-commitment and maturity of

individual were a major part for combating and grasping the learning opportunity. Similarly, they were fully satisfied to get opportunity in acquiring novel skills in patient care, leadership and managerial skills accordingly.

Those skills were empowering to tackle in future, meaning third wave to them.

Frontline nurses were able to combat COVID-19 successfully as they did not transmit disease to themselves and family through patient care. They were fully aware of their jobs or professional values even in such challenging situation. Similarly, they learned to cope and combat with devastating COVID-19. Now they feel satisfied and proud with their commitment even though they received minimal financial benefit that the government announced to provide to all frontline HCWs. Thus, I realized they were highly unsatisfied with that unfaithful behavior of the government. Thus, I think if they were provided 100% allowances which were committed by government that might have played a vital role to motivate and promote the frontline nurses to prepare for tackling such catastrophic situation.

Implications of the Study

Findings of my study will be highly helpful to HCWs, nurses and hospital administration to combat such situations in future. Similarly, it can be implemented by hospitals, nursing education and practice, policy makers to understand, utilize and improve to motivate nurses in their commitment for the future researchers. Thus, hospital administration should also make effort to provide as much facilities to its employees. They must provide counseling, psychological support, motivation, and training to get more confidence.

Similarly, all nursing personnel must focus on their personal and professional (humanities, affection, altruistic, value of job) ethics even when

they are faced with lots of challenges. Thus, this study result will help to understand the importance of planting of the personal and professional ethics to students from the basic level of nursing education because nowadays, most of the students want to enroll in nursing education due to easy access of going abroad. Thus, nursing curriculum must include studies regarding medical humanities which may establish the personal and professional ethics as well as altruistic nature. Likewise, all health workers should be fully obligated in their role and responsibilities and able to learn how to combat issues in challenging situations. Thus, nursing policy makers of our country must have high concern to make provision and develop strong policies to provide security. It will strengthen them in future to combat such challenging situation.

There are not much studies conducted in the title of learning experiences of frontline nurses to combat COVID-19 in our context. I have tried a small scale of study on that title to explore their experiences. Therefore, it will be helpful to future researchers in further study for reference.

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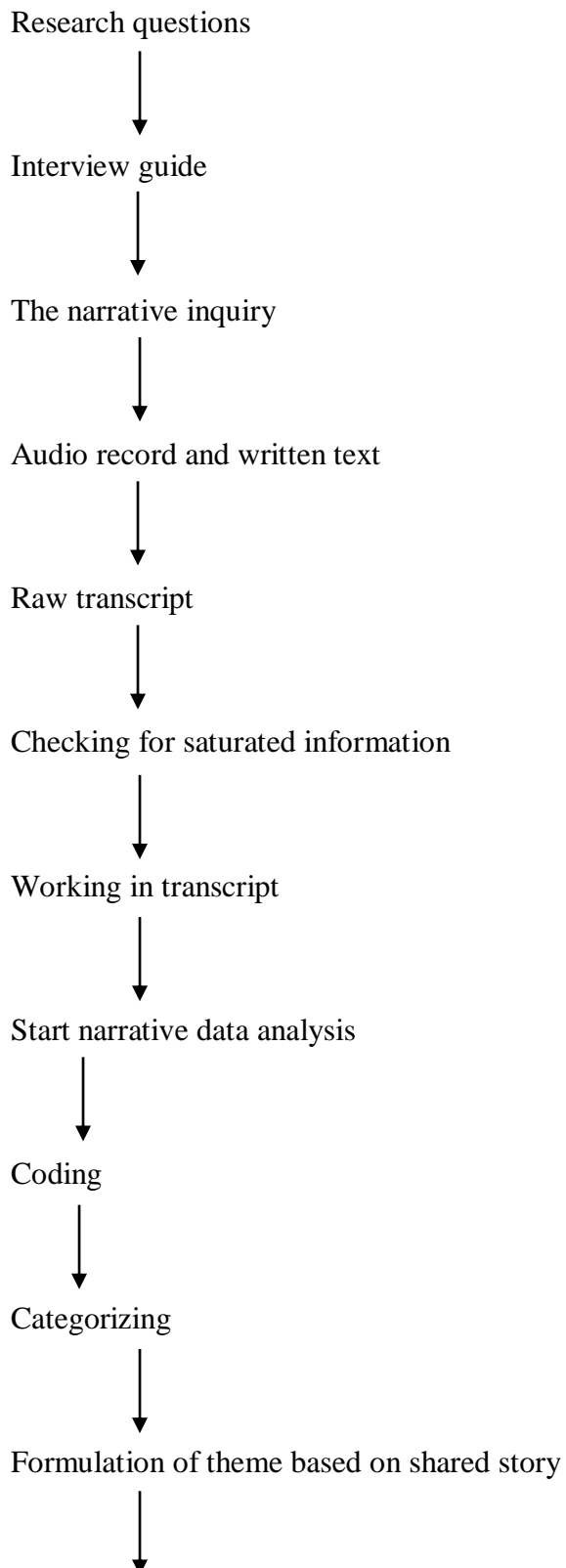
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ANNEX

PLAN FOR FIELD PREPARATION AND INTERACTION WITH PARTICIPANTS



Prepared the final dissertation report

Informed Consent Form

Informed consent form for the study purpose on " Explore the learning experiences of front-line nurses combating COVID -19 in the public hospital of Kathmandu valley".

Namaskar! I am Rashmila Bajracharya, studying Master in Philosophy of Educational Leadership in Kathmandu University School of Education (KUSOED). I am here for a study to explore the learning experiences of front-line nurses combating COVID -19 as a partial fulfillment of academic requirement. You are invited to participate in the interview. It will take around 45 to 60 minutes and will require 1 or more visits with you. I would like to inform you that this study does not have any foreseeable harm to the participants, your participation in this is voluntary and you have full right to withdraw at any time you want. Your obtained information will be kept confidential.

I would like to request you for note taking of important points of interview and audio recording. I want to make you sure that information you provide is only used for the study purpose and all the records and notes will be stored securely and will be destroyed after the completion of the study. I assure that, you and your organization's identity will not be disclosed in the study. I hope you will participate in this study by providing your valuable information with face to face interview. Your responses will contribute to the successful completion of the study and will be highly appreciated.

Consent

I..... hereby give my consent for participation in the above mentioned study knowing that all the information provided by me will be kept confidential and used for only study purpose by the researcher. I have read the forgoing information and understood or it has been read to me. I have had the opportunity to ask question about it and any question I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study and that I am free to withdraw at any time without giving any reason and without legal rights being affected.

Signature of participant.....

Date.....

Guiding Questions Based on Research Questions

1. How do front line nurses narrate their experiences of combating COVID-19?
 - i. How did you feel while you were selected as front line nurse during COVID-19?
 - ii. Did you easily accept the front line nurse role?
 - iii. Please narrate on, what factors you could not reject to take this role?
 - iv. Did you feel forced to take this role or did anyone force you to take this role?
Please clarify it.
 - v. Did you feel that you could handle your role with full responsibility both personally or professionally?
 - vi. In this conversation, you have few negative feelings related to disease transmission to family members, how could you eliminate those feelings in such a situation? Please clarify it
 - vii. Please narrate about the support of family.
 - viii. Would you please share on, how was support or behavior of your society/community?
 - ix. What about organization support? Please clarify.
 - x. Would you please share about leadership skill / decision making skills utilized in this tough role during COVID-19?
 - xi. Would you share about what type of leadership skill was utilized by hospital authority in this tough role during COVID-19?
 - xii. Would you please share the story of challenges faced during the care-giving period and as manager of COVID unit?

- xiii. After facing the challenging situation and gained lots of experience, have you and your organization prepared for next level crisis or third wave as to how to tackle another catastrophic situation in future?
- xiv. Did you realize the personal or professional and organizational gap during patient care or as a COVID unit manager?
- 2. How do front line nurses narrate their experiences of learning skills in COVID-19?
 - i. Please share the story on how you learned to develop self-efficacy in this challenging situation.
 - ii. Please share what you learnt: personal and professional skills as front line nurse from the COVID-19?
 - iii. As a manager, would you please share which strategies and policy of the organization needs improvement that will help to motivate employees in future.
 - iv. Please, share story on your realization of any type of preparedness before starting of the COVID-19 first wave till now as strengthening part of your organization?
 - v. Would you please share how you were able to acquire the philosophy of life as you were caring for different types of (mild to critical, poor prognosis Vs good prognosis, mortality and morbidity) patients.

NHRC APPROVAL LETTER



Government of Nepal
Nepal Health Research Council (NHRC)
 Estd. 1991

Ref. No.: U23

Date: 2 September 2021

Ms. Rashmila Bajracharya
 Principal Investigator
 Kathmandu University
 Dhulikhel

Ref: Approval of thesis proposal

Dear Ms. Bajracharya ,

This is to certify that the following protocol and related documents have been reviewed and granted approval through the expedited review process by the Expedite Review Sub-Committee meeting for its implementation.

ERB Protocol Registration No./ Submitted Date	474/2021 1 August 2021	Sponsor Protocol No	NA
Principal Investigator/s	Ms. Rashmila Bajracharya	Sponsor Institution	NA
Title	Learning Experiences of Front Line Nurses Combating Covid-19 In Public Hub Hospital: A Narrative Study		
Protocol Version No	NA	Version Date	NA
Other Documents	1. Data collection tools 2. Informed Consent Form	Risk Category	Minimal risk
Study Team Member	1. Assist. Prof. Sheskanta Paudyal		
Expedited Review	Proposal	<input checked="" type="checkbox"/>	Duration of Approval 2 September 2021 to 2 September 2022
	Amendment	<input type="checkbox"/>	
	Re-submitted	<input type="checkbox"/>	
	Meeting Date: 31 August 2021		
Total budget of research	NRs 16,000.00		
Ethical review processing fee	NRs 1,000.00		



Ref. No.: U

Investigator

- Any an
- Submit
- Submit
- Report
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- Abide

If you have an

Thanking you

Dr. Pradip G
 Member Sec
 (Executive C)

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