ORIGINAL ARTICLE

Exploring the Nurses Experiences During Unprecedented Crisis: A Heideggerian Perspectives

Ai Ling Chen, Rekaya Vincent Balang

Department of Nursing, Faculty of Medicine and Health Sciences, Universiti Malaysia Sarawak, Jalan Datuk Mohammad Musa, 94300 Kota Samarahan, Sarawak, Malaysia

ABSTRACT

Introduction: Nurses face numerous experiences, challenges, and responsibilities throughout their careers. Nurses, as agents of change, occupy a unique position in shaping historical reflections, policies, and processes for navigating current and future pandemics. This study aimed to explore the nurse's experiences during and after an unprecedented crisis particularly during the COVID-19 pandemic. **Materials and Methods:** This qualitative study employed interpretive phenomenology to provide an in-depth exploration of nurses' lived experiences. Data were collected through semi-structured interviews and analysed using thematic analysis. **Results:** The experiences were examined through Van Manen's four structures: lived body, lived time, lived space, and lived other. Nurses reported significant physical strain, including fatigue from long shifts and the continuous use of personal protective equipment (PPE). Their perception of time became distorted, with workdays blending into personal time, heightening anxiety. Social distancing and isolation protocols disrupted family relationships, leading to loneliness and emotional distance. Teamwork was vital but strained due to stress and burnout, with occasional conflicts arising. Post-pandemic, nurses are likely to experience long-term physical and psychological impacts. **Conclusion:** The findings of this study precede the need for systemic changes in healthcare, including better recognition, empowerment, and a supportive work environment. Nursing education should include resilience, teamwork, and crisis management training. Additionally, mental health support systems must be prioritized to address the long-term effects of crises on nurses' well-being.
Malaysian Journal of Medicine and Health Sciences (2025) 21(6): 1-8. doi:10.47836/mjmhs.v21.i6.1387

Keywords: Nurse experiences, Pandemic impact, Interpretive phenomenology, Qualitative, Van Manen's lifeworld

Corresponding Author:
Chen Ai Ling, Dr
Email: alchen@unimas.my
Tel: +6082-267510

INTRODUCTION

Infectious diseases remain a profound global health challenge, ranking as the third leading cause of death worldwide and underscoring their significant impact on human health (1). These diseases can manifest as endemic, epidemic, or pandemic, with their scope determined by factors such as pathogen intensity, mode of transmission, herd immunity, and the prevalence and incidence of the disease within communities. The World Health Organization (WHO) defines a pandemic as the worldwide spread of a new disease, capable of impacting multiple countries and continents over a short period or over extended months or years (2).

The inevitability of pandemics has long permeated both medical literature and popular culture, where they symbolize mass fear and vulnerability. The term "*pandemick*" first appeared in 1666, coined by English physician Gideon Harvey to describe a widespread malignant ailment (3). The term "pandemic" itself originates from the Greek words pan, meaning "all," and demos, meaning "the people," typically referring to a contagious disease epidemic with a wide geographical spread, often affecting several continents simultaneously (2).

Throughout history, numerous pandemics and notable outbreaks have occurred, including the Spanish flu, the Hong Kong flu, Avian Influenza (H7N9), SARS, Ebola, and Zika, have emphasized the recurring risk and impact of pandemics on human health and society (4-6). In regions with rapid population growth, the frequency and potential devastation of pandemics are further intensified, leading to widespread illness and death, as well as substantial disruptions to social, political, and economic structures (7). These crises have also placed a unique strain on the global healthcare workforce, particularly on nurses, whose roles, challenges, and responsibilities are both intensified and redefined in these high-stakes scenarios.

Nurses, serving as both caregivers and agents of change, occupy a unique position in shaping healthcare responses, policies, and historical reflections essential for navigating both current and future pandemics. The COVID-19 pandemic, which continues to influence nursing practice and the healthcare sector broadly, has fundamentally reshaped nurses' understanding of themselves, their patients, and their responsibilities within the healthcare system. Critical issues such as the constant threat of infection, the mandatory use of personal protective equipment (PPE), and the fear of virus transmission, have become central to their daily existence, influencing both their professional and personal identities. In response, nurses' ability to provide care, collaborate with colleagues, and navigate obstacles within the healthcare system has defined their experience of Dasein, a concept integral to existential philosophy.

The term "Dasein," introduced by German philosopher Martin Heidegger, is rooted in his seminal work Being and Time (1927). Dasein, often translated as "being there" or "presence," encompasses the unique experience of being, focusing on how individuals exist in and relate to the world around them (8).

Max van Manen, a student of Heidegger, expanded upon Heidegger's existential philosophy by developing four structural dimensions to further understand lived experiences: lived body, lived space, lived time, and lived other. These structures offer a practical framework for dissecting specific aspects of nurses' experiences during the pandemic. Van Manen's approach and Heidegger's concept of Dasein complement one another, allowing for a comprehensive exploration of the pandemic's impact on nurses. Heidegger's notion of being-in-the-world lends depth to each of Van Manen's structures, illustrating their interconnectedness in nurses' lives. Together, Van Manen and Heidegger enable a nuanced examination of how the pandemic reshaped nurses' sense of self, relationships, and professional roles, offering insight into how they adapted, coped, and found meaning in their roles during the crisis.

This study employs the concept of Dasein as a lens to explore the lived experiences of nurses during and after the COVID-19 pandemic, examining their being-in-the-world through Van Manen's structures. By focusing on their role, identity, and actions within the context of patient interactions, their environment, and the broader healthcare system, this research seeks to illuminate the profound impact of the pandemic on nurses' sense of self and place within society. The study reveals how the pandemic has shaped nurses' perceptions of their roles and identities, intertwining their personal and professional lives in complex and unprecedented ways, and highlighting the depth of their existence in a healthcare system transformed by a global crisis.

METHODS AND MATERIALS

Study Design

This study employs a qualitative phenomenological approach to capture the lived experiences of nurses during the COVID-19 pandemic, providing deep insights into their unique perceptions, behaviors, and responses (9). Qualitative research particularly phenomenology, is well-suited for exploring the personal and nuanced impacts of the pandemic on nursing practice, as it allows for an in-depth view of human experiences within the healthcare system (10).

To achieve this, Van Manen's interpretive phenomenology was applied, focusing on four existential dimensions: lived space, lived time, lived body, and lived other. This interpretive approach provides a comprehensive framework for examining the complex, interconnected, and deeply personal experiences of nurses. Rather than focusing solely on practical nursing aspects, it explores how the pandemic has reshaped nurses' identities, sense of self, and being.

The four dimensions offer distinct but interconnected perspectives on human experience. Lived space refers to the environment in which individuals find a sense of belonging, shaping their perceptions and interactions within physical and professional spaces. Lived time captures the subjective experience of time, emphasizing how moments of crisis, like the pandemic, can alter temporal flow and create a heightened sense of uncertainty. Lived body describes how individuals engage with the world through their physical presence, which for nurse was profoundly affected by prolonged use of personal protective equipment (PPE) and an intensified awareness of bodily vulnerability. Lastly, lived other pertains to relational aspects of experience, encompassing connections with patients, colleagues, and the broader healthcare community.

Van Manen (11) describes these structures as comprising the "lifeworld", a realm of human experience that is rich in meaning and context, further supported by (8) insights into human existence. This study thus delves into the complexity of nurses' experiences during the pandemic, illustrating how each dimension of their lifeworld was influenced and reshaped.

Participants and Setting

The study was conducted at the Infectious Disease (ID) ward in one of the largest hospitals in Sarawak. Participants were purposively selected, and data were collected through semi-structured, face-to-face interviews using open-ended questions until data saturation was achieved. The interviews were recorded, transcribed, and analysed thoroughly. To ensure participant comfort and focus, interviews were conducted in a quiet and convenient environment. The

inclusion criteria included registered nurses with at least 12 months of clinical experience who had worked in the isolation unit and provided direct care to patients with confirmed COVID-19 infections.

Measures of Trustworthiness

To maintain the study's credibility, participants were selected based on diversity in age, ethnicity, gender, educational levels and clinical experiences. Triangulation was employed to enhance the depth of findings, with the researcher improving interviewing skills through practice and encouraging participant honesty. Transparency was ensured by documenting the research setting and criteria. Detailed records were kept in reflexive journals, and member checks were conducted, allowing participants to review their transcripts for accuracy. Dependability was ensured by meticulously documenting the study's process for replication. The data collection process was consistent, and interviews were conducted until data saturation was achieved, ensuring comprehensive results. Reliability was maintained by regularly updating the data analysis process, using detailed excerpts from transcripts to illustrated original data. Confirmability was established through regular supervisory meetings to maintain focus and rigor.

Data Collection

Data were collected through semi-structured, face-to-face interviews, guided by open-ended questions to explore nurses' experiences, emotions, challenges, and coping mechanisms related to caring for COVID-19 patients. The interviews were conducted in a quiet, convenient environment, primarily in Malay, with some English explanations. The researcher, a former nurse, leveraged her insider role to build rapport and trust with participants, ensuring the collection of rich, detailed data. Interviews started with greeting and personal conversation such as "how are you today?" and "have you eaten yet?" Interviews were recorded and transcribed verbatim within 24 hours of completion. All identifiable information was removed from the transcripts before analysis. Transcripts were typed in Microsoft Word and stored exclusively on a password-protected personal laptop. Physical copies of transcripts and informed consent forms were secured in a locked office cupboard. To protect participant anonymity, all names and identifying details were removed from both the interview transcripts and the subsequent findings.

Ethical Considerations

This study was registered under National Medical Research Registry. Permission to collect data was also obtained from the participating hospital before the research commenced. Participants were informed of their right to withdraw at any time, and confidentiality was assured. Anonymity was preserved by assigning pseudonym, and data was securely stored. Participant was reassured of their right to decline to answer questions or terminate the interview if necessary. The researcher employed therapeutic communication skills to create a supportive environment, addressing any emotional challenges participants faced during the interviews.

Data Analysis

Thematic analysis, following Braun and Clarke (12) six-step process, was employed to analyse the data because due to its flexible, systematic, and accessible approach. This method is ideal for capturing and exploring the complex, nuanced experiences of nurses during the COVID-19 pandemic. The six steps involved familiarizing oneself with the data, generating initial codes, searching for themes, reviewing those themes, defining and naming themes, and finally producing the report. This process enabled the researcher to identify significant themes that provide valuable insight into the challenges, roles, and well-being of nurses, ultimately deepening the understanding of their lived experiences. The analysis began with repeated readings of the interview transcripts to ensure immersion in the data and a comprehensive understanding of participants' experiences. Phrases and expressions that described the lived experiences of participants were carefully selected, and meanings related to these experiences were generated. Key segments of text were highlighted, leading to the development of initial codes that reflected participants' experiences. These codes were subsequently organized into broader themes that captured the essence of the data. The themes were thoroughly reviewed to ensure they accurately represented the participants' experiences and were refined to provide a detailed and well-rounded portrayal of nurses' lived experiences during the pandemic.

RESULTS

The study produced clear phenomenological descriptions of the lived experiences of ten nurses who provided care to COVID-19 patients at the Infectious Disease ward of Sarawak General Hospital. The participants, aged between 28 and 43 from Chinese, Malay, and Bidayuh ethnic backgrounds, brought a range of professional expertise, with three having specialized training and the others holding nursing diplomas (Table 1). Their varying years of working experience, from 4 to 21 years, significantly shaped how they handled the physical demands of caring for COVID-19 patients.

Table I: Participants' Socio-Demographic Profile

Sample	Pseudonym	Gender	Age	Race	Education	Post basic	Working experience in ID
P1	Laura	Female	43	Chinese	Diploma	Midwifery	21 years
P2	Naomi	Female	28	Malay	Diploma	-	6 years
P3	Amanda	Female	29	Bidayuh	Diploma	-	4 years
P4	Teresa	Female	38	Malay	Diploma	-	12 years
P5	Malik	Male	33	Bidayuh	Diploma	-	9 years
P6	Imran	Male	34	Malay	Diploma	-	9 years
P7	Felicia	Female	29	Bidayuh	Diploma	-	4 years
P8	Wendy	Female	31	Malay	Diploma	-	9 years
P9	Umaira	Female	36	Malay	Diploma	Intensive care	14 years
P10	Claudia	Female	41	Bidayuh	Diploma	Infection Control	18 years

The results are categorised according to Van Manen's four fundamental structures.

Lived Body

Participants reported experiencing fear, with concerns about personal health and safety dominating their thoughts. One nurse stated,

"… I'm afraid that I won't be able to spend time with my family. //… I'm most worried that I might get infected by COVID-19. //… I'm afraid. I'm afraid to die. Plus, I don't have any vaccines either." (Laura, P.1).

The stress and anxiety associated with the pandemic were exacerbated by the intense physical strain of long shifts, as she further explained,

"… We have to use PPE to cover all, very hot. You have to wear a mask, and handwashing. After that, we worked for 12 hours, it was really tiring." (Laura, P.1).

Lived Time

Many nurses lost track of time due to the overwhelming demands of their work. One participant reflected,

"… before this, when we have an off day, we can go to release tension because we don't want to think about work, right? But when there's a pandemic, we work 12 hours, and then it's like we go to work and return to work. We don't have shopping; online shopping does not give you satisfaction because you can't look at the items, or feel the texture" (Wendy, P.8).

The unpredictability of each shift added to the sense of uncertainty, with one nurse stating,

"… There were unpredictable circumstances during the 12-hour shift... some days are calm, some days the storm will come" (Felicia, P.7).

Lived Space

The strict protocols imposed during the pandemic led to significant physical and emotional distance between nurses and their families. One participant explained,

"… The way of working during the first wave was too strict, meaning that if you entered, you could not exit. Once you enter you must manage everything. //… We had to resist hunger, drinking, urination, and defecation when inside the patient's room" (Amanda, P.3).

Emotional distance was also prevalent, as another nurse described,

"… As a wife, I spend less time with my husband because of work 12 hours a day. There is no time to hang out watching television like before. //… My child is sent to the village as me and my husband were under quarantine. While I have not seen my daughter in two months, I saw death. I didn't expect the patient I attended that day to be positive. He dies but can't see his family. At that time, I thought if I was infected, I would not be able to see my family members, and I would die without seeing my daughter. Ahh, I'm not ready, I have not said goodbye to her properly." (Umaira, P.9).

Lived Other

Teamwork emerged as a key theme, with participants relying heavily on their colleagues for support. One participant stated,

"… We go in together... Doctors depend on us for donning and doffing PPE" (Umaira, P.9).

However, the high levels of stress also led to conflict, with one participant recalling,

"… When the COVID-19 ward was newly set up, some staff were angry, some did not want to take care of COVID-19 patients. There is stress, there are fights. If the PPE supplied was not adequate, the argument occurred among staff. Where to find it? The doctor was angry "why aren't all the items there?" (Laura, P.1).

In addition, the nature of patient care shifted significantly, with time management becoming crucial. Amanda (P.3) stated,

"… Time management is very crucial as we need to practice less contact hour with COVID-19 patient. we plan nursing care and prepare everything before entering to patient's room so less exposure to patient and optimize the usage of PPE."

DISCUSSION

The study focuses on the experience of ten registered nurses during the COVID-19 pandemic and post pandemic period.

Lived Body

During COVID-19 pandemic, nurses experienced significant fear and extreme physical strain due to long shifts combined with the demanding nature of patient care, which manifested in fatigue, muscle aches, and exhaustion. The constant use of personal protective equipment (PPE) for extended periods exacerbated physical discomfort, creating a barrier between their bodies and the world. This separation not only affected their physical well-being but also influenced their sense of self and interactions with others. These findings are consistent with previous studies conducted by (13-15).

The processes of physical and mental recovery may redefine nurses' relationships with their bodies, with a renewed focus on healing and resilience after pandemic (16). Some nurses may continue to experience long-term physical and psychological impacts as a result of the prolonged stress endured during the pandemic.

Lived Time

During COVID-19 pandemic, many nurses experienced a suspension of time. They are thrust from the past into the present reality of caring COVID-19 patients, where the present became the primary focus, and they projected their potential for future action. The introduction of 12-hour shifts, coupled with the physical and emotional demands of patient care, led to a distortion of time perception. Days often blended together, making time feel stretched and monotonous, with minimal distinction between workdays and personal time. This continuous cycle of long shifts and the uncertainty surrounding the duration and consequences of the pandemic heightened nurses' fatigue, anxiety, and altered temporal awareness, making the future feel both imminent and unpredictable while the present felt prolonged and exhausting. This phenomenon is supported by studies such as that of (14).

As the situation stabilizes after pandemic, nurses may regain a more normalized perception of time, with clearer boundaries between work and personal time (17). Some nurses may reflect on the pandemic period, leading to a complex relationship with past experiences and how they shape both their present and future.

Lived Space

For nurses, lived space encompasses the world or environment that is meaningful to them, including the home, workplace, hostel and healthcare system. The home provides a sense of Being, enabling nurses to identify and define their multiple roles as caregivers, whether as a mother, father, sibling, grandchild or advocate. It is also a lived space where nurses experience a multitude of feelings and emotions associated with caring for patients during the pandemic.

During COVID-19 pandemic, the homes of nurses were profoundly affected by the pandemic. Many nurses were forced to live apart from their families to prevent the spread of infection, disrupting the sense of home as a place of comfort. Hospitals became confined spaces characterized by danger and stress. Social distancing measures and isolation protocols created both physical and emotional distance from family and friends, intensifying feelings of loneliness. This phenomenon is consistent with the findings of (18).

Nurses may reclaim and reinterpret their personal and professional spaces, restoring them to places of healing and normalcy after pandemic (17). However, the emotional weight of the pandemic may continue to influence how nurses feel and interact within these spaces. The home, for many, transformed into an environment of constant cleaning and heightened alertness, blurring the boundaries between work and personal life.

Lived Other

The bonds among nurses and other healthcare professionals were reinforced during the pandemic, as they relied on one another for both practical and emotional support while facing stressful workloads and emotional strain (19). Nurses spent the majority of their time together in the hospital, often working 12 hours shift. They shared similar experiences, such as living in dormitories within the hospital compound, being quarantined after exposure to patients, and working overtime as a team. However, the high levels of stress also led to tensions, which fueled arguments and team member burnout, similar with a study by Noviana, Hasinuddin (20). Emotional fatigue and the constant pressure, fear of infection, and ethical dilemmas further strained relationships among healthcare practitioners. The nature of patient care also changed significantly, with limited contact and heightened emotional stakes.

Relationships with colleagues and patients may evolve, potentially deepening due to shared experiences or new challenges in a changed healthcare environment after the pandemic. The experiences gained during the pandemic may foster a stronger sense of community and support networks among nurses.

Recommendation

The contribution of nurses in combating the pandemic in Malaysia underscores the vital role of the nursing profession. Every nurse has applied their expertise and skills in advocating for the protection and improvement of patient health, as well as the health of general public during this outbreak. Nurses must continually demonstrate their ability to share ideas and suggestions for profession's continuous improvement, which was in line with (21). They should be prepared to work collaboratively, accepting evidence-based recommendations in health management and patient

care, especially in addressing the COVID-19 pandemic. The ongoing contributions of nurses reflect the importance of this profession and its role in maintaining public health, emphasizing the need for their work to be recognized and valued by both healthcare institutions and society at large.

Nurses need to strengthen their role to enable society to fully recognise the significance of this profession in healthcare. Hospital systems should involve nurses in leadership planning, strategizing and operational decision-making. Given their integrated roles in the healthcare, clinical nurses are ideally positioned to quickly produce evidence related to care-delivery and workforce needs. Their familiarity with key stakeholders and operations of healthcare systems enables them to serve as principal investigators in a nursing research, actively conducting retrospective and prospective studies (22). By empowering nurses in this capacity, hospital systems can ensure the production of high-quality evidence to guide care delivery and workforce decisions.

The perseverance of nurses in performing their duties on the frontlines, facing danger and uncertainty to save the lives of COVID-19 patients, adds value to society's perception of the nursing profession. This perception can be further improved if nurses enhance their knowledge and skills by pursuing higher education, including doctoral degrees. According to data from 2016, Malaysia has 193,000 nurses, with 10 to 20 percent holding degrees and a small proportion receiving master's or PhDs (23). The majority of nurses are diploma holders, indicating the need for further education to advance the profession and increase its societal value.

Creating a safe and supportive work environment is critical to increasing the nursing workforce and retaining nurses within the Malaysian healthcare system. Supportive supervision, which can reduce stress and enhance job satisfaction, is essential to minimise nurse turnover and address shortage (24). Training nurse supervisors in effective communication, emotional intelligence, and providing practical support (such as ensuring adequate PPE and psychological support) is crucial. Healthcare institutions must prioritize adequate staffing levels and equitable workload distribution to prevent burnout and ensure high-quality patient care.
Nursing institutions should cultivate environments that promote peer networks, which can be achieved through mentorship programs (25), support groups, and team-building activities. Leaders should adopt evidence-based strategies to promote teamwork (26, 27). During the pandemic, nurses were often tasked with additional responsibilities, such as cleaning and sanitizing patient rooms or delivering and removing patient trays, due to infection prevention and staffing shortages (28). These tasks, which do not require skilled nursing care, can be reassigned to appropriate staff members to allow nurses to focus on their specialized roles.

Improve monitoring and reporting of anxiety, depression, self-harm, suicide, and other mental health issues among healthcare staff is necessary to facilitate timely interventions (29). New interventions to protect mental wellbeing should help healthcare workers and their families understand the psychological (e.g. coping), physiological (e.g. sleep and nutrition), and structural (e.g. work routines) factors that protect or negatively impact mental health (29). One of the eight strategies under Malaysia's National Mental Health Strategic Plan 2020-2025 emphasizes strengthening mental health preparedness and services during emergencies, crisis and disasters (30).

The Ministry of Health (MOH) has implemented several Mental Health and Psychosocial Support Services (MHPSS) to offer emotional and psychological support to frontline workers. These initiatives include Psychosocial Support Helpline, Psychological First Aid (PFA) sessions, Pre and post-deployment and Mental Health Alert Card, an increased in the number of counsellors at district-level health clinics, "*Let's Talk Minda Sihat*" mental health awareness campaign, i.First-line responders training in handling suicidal behaviour cases, and i.Inter-agencies mental health promotion activities and advocacy (30). Frontline workers are provided with pre- and post-deployment mental health cards to monitor their mental health status. Supervisors are also encouraged to regularly observe staff for signs of burnout and ensure that interventions, whether digital or in-person, are accessible through various means, including QR codes and helplines such as Befrienders.

Despite the challenges, nurses in this study highlighted the importance of working together, which is consistent with that of (31). Nursing curricula should be designed to incorporate comprehensive training in teamwork and psychological resilience from an early stage (32). This could include simulation-based learning, interdisciplinary exercises, and collaborative problem-solving scenarios to prepare nursing students for real-world challenges. Teaching coping strategies and stress management techniques will better equip future nurses to handle crises like the COVID-19 pandemic (33, 34). Moreover, training on managing infectious disease outbreaks and other health emergencies can improve preparedness. Practical skills such as the correct use of PPE, handling biohazardous materials, and infection control protocols should be emphasized to ensure readiness in dealing with future health threats.

Engagement with the community and public health initiatives can help mitigate the stresses faced by healthcare workers. Community-based counselling services and public appreciation campaigns can boost morale. Furthermore, enhanced communication strategies that utilize media and social platforms to share

the experiences and stories of healthcare workers can foster greater empathy and support from the community. This engagement not only elevates public understanding of the healthcare workers' roles but also builds a sense of unity in tackling health crises.

CONCLUSION

This study provides a deep insight into the lived experiences of nurses during and after the COVID-19 pandemic, highlighting the challenges faced within Van Manen's structures of lived body, time, space, and others. Nurses experienced significant physical and emotional strain, affecting their sense of self, relationships, environments, and connections. The pandemic intensified physical exhaustion, emotional distress, and altered perceptions of time and space, as workdays blurred with personal time, and hospitals became high-stress zones.

In the post-pandemic period, recovery entails not only physical and psychological healing but also redefining personal and professional roles. The study calls for institutional support, including better recognition, a safer work environment, and enhanced training in resilience and crisis management. Emphasizing nurses' mental health, empowering them in leadership, and ensuring time for personal and family life are essential for a resilient workforce. Addressing these needs will strengthen the nursing profession and prepare it for future challenges.

Limitation

The recruitment methods employed in this study resulted in a relatively small sample of ten nurses from a single ward. While their experiences provide rich and detailed insights, the findings may not be fully generalizable to nurses or healthcare workers in different hospitals or regions. To enhance representativeness, future research should incorporate more targeted and diverse recruitment strategies. Additionally, future studies should investigate the long-term impacts on nurses, including the evolving psychological and professional consequences that may continue to develop over time.

ACKNOWLEDGEMENT

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors. We thank the nurses who participated in the interview and express high respect for nurses' hard work during COVID-19 pandemic.

Ethics approval and consent to participate

The study was registered under the National Medical Research Registry (NMRR-21-127-58279 (IIR) and approved by Sarawak State Health Department. The participant was provided with oral and written informed consent prior to interview.

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