

The emotional experience among nurses caring for COVID-19 patients in Hail Region, Saudi Arabia



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ABSTRACT

To assess and describe the emotional experience among nurses caring for COVID-19 patients in the Hail region, Saudi Arabia, a qualitative research design using a phenomenological approach in selected hospitals Hail Region was performed. The researcher identified 30 nurses who provided care for COVID-19 patients. The interview was conducted in person by following the precautionary guidelines or by WhatsApp Application system and the analysis done using Colaizzi's 7-step method. In the present study, the demographic data revealed that 87% of the nurses were females and the remaining participants were Saudi male nurses. Most of the participants (50%) were in the age group 24–29 years. About 66% were Indian, 17% were Filipina, and 17% were Saudi nurses. Moreover, 50% of those nurses have 5–9 years of experience and 37% are young nurses who have 1–4 years of experience. Thus, it is obvious that well-experienced staff are involved in this pandemic duty. Regarding the marital status of the nurses, 50% are married and 50% single. Among 63% of the nurses in this study either unmarried or married without children; 24% of them have a single child; and 13% have more than 2 children. For those who were living with family, the hospital administration arranged certain measures for isolating them during duty. The emotional experience among nurses caring for COVID-19 patients which were narrated by the staffs was transliterated, and the findings were shown based on 4 themes with subthemes as follows: enhancing the negative emotions and feelings at an initial phase, managing coping mechanism, changing anxiety to evolution, and developing positive emotions and at the same time gradually diminishing negative ones. The respondents able to recognize two sets of emotions: One positive and the other one negative. Self-coping styles, psychological well-being, and emotional stability has been developed. While comparing to the other studies the health care workers must be mandatory in crisis management and preparedness. These emotions will then form the foundation of the description and assessment of the overall emotional experiences of the nurses when the Ministry of Health (MOH) decides to enforce a mental wellness program for the country's nurses.

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1. Introduction

Health care professionals including nurses have been dared during the coronavirus disease 2019 (COVID-19) pandemic outbreak throughout the world. Frontline nursing staffs gradually appeared during previous outbreaks, including Severe Acute

Respiratory Syndrome (SARS), Hemagglutinin 1 Neuraminidase 1 (H1N1), Middle East Respiratory Syndrome (MERS)-related coronavirus (COV)1, and Ebola (Sun et al., 2020; Mukhtar, 2020; WHO, 2020). In hospitals around the world, doctors, nurses, and other health care workers were fighting against COVID-19 which has killed more than millions of people and over lakhs of total cases in Saudi Arabia (Shinde and Anjum, 2007). It also psychologically affected many of those who still survive. Many nurses are also psychologically distressed, anxious, and worried due to family circumstances, quarantine, feeding babies, and so on. They work through endless hours, shifts that do not seem to

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end, and staff shortages as some of their colleagues test positive and must be quarantined or refuse plainly to return to work, and they are sometimes forced to work with deficient supplies. Most of them are isolated from their families, which greatly affects them emotionally and physically (Alsaqri et al., 2020). All these negative feelings are now affecting the quality of the health service delivery and, worse, increasing morbidity and ill-health among the health care workers. These psychological health problems are already affecting the health care workers' clinical decision-making ability, judgment, attention, and understanding of the disease. There is no worry that it may have a lasting impact on their overall well-being (Kang et al., 2020). They call it moral injury, a word coming from the military which means psychological distress because of actions (or lack of them) violating someone's moral code. They usually experience negative thoughts about themselves or others (Greenberg et al., 2020).

2. Review of literature

2.1. Literature review related to the emotional experience

Sun et al. (2020) published a qualitative study on the psychological experience of caregivers of COVID-19 patients in the First Affiliated Hospital of Henan University of Science and Technology, China, from 01-01-2020 to 10-02-2020. The objective of this study was to explore the psychological experience of nurses caring for COVID-19 patients. COVID-19 was rapidly spreading, bringing pressure and challenges to caregivers. A phenomenological approach was used, and 20 nurses were registered who provided care for COVID-19 patients. A face-to-face interview was conducted in addition to a telephone interview if further details were required. The study was analyzed by Colaizzi's 7-step method. In the study, the researchers registered 3 males and 17 females aged between 25 and 49 years with an average age of 30.60 and a standard deviation of 6.12. The working experience ranged from 1 to 28 years with an average mean of 5.85 and a standard deviation of 6.43. All participants had a Bachelor of Nursing degree. Among them, 7 nurses were married with children, 5 were married without children, and 8 were unmarried without children. 17 were staff nurses and 3 head nurses. The results were based on four themes for summarizing the psychological experience of nurses caring for COVID-19 patients. At the beginning stage, 20 of them had negative feelings appear including discomfort, tiredness, and helplessness as a result of high intensity of work, fear and anxiety, and concern for patients and family members. At the second stage, 14 nurses start to adopt self-copying styles consisting of psychological and life adjustments, selfless acts, team support, and balanced perceptions. At the third stage, 70% find growth under pressure, which involved increased affection and gratefulness, development of professional responsibility, and self-reflection. Then

in the fourth stage, 70% of nurses arouse positive emotions mixed with negative emotions. This study differentiates the psychological feelings of the nurses which were transcribed and summed accordingly. The study concludes that the positive and negative emotions of the frontline nurses co-existed during the epidemic outbreak. The negative emotions were pre-dominant, and positive emotions occurred gradually. Self-coping styles, psychological well-being, and emotions played a principal role for nurses. This review study is concerned with the emotional experience among nurses in caring for COVID-19 patients (Sun et al., 2020).

2.2. Literature review related to the experience of nurses in COVID-19

Liu et al. (2020) conducted a qualitative study on the experiences of health care providers during the COVID-19 crisis from February 10 to February 15, 2020, in five designated hospitals in Hubei province, China. The aim of the study was to describe the experiences of those health care providers in the early stages of the outbreak. The nurses who were not exposed to infectious diseases were assigned to provide care for COVID-19 patients. An empirical phenomenological methodology was utilized by purposive and snowball sampling technique in a semi-structured, in-depth interview through telephone. The participants were nine nurses and four doctors. Interviews were recorded and transcribed verbatim and analyzed using Haase's adaptation of Colaizzi's method. The findings were classified into three themed categories. (1) The first category was "being fully responsible for patients' well-being: 'this is my duty'". Health care providers volunteered and tried their best to provide care for patients. Nurses had a vital role in providing intensive care and assisting with daily living activities. (2) The second category was "challenges of working on COVID-19 department". 68% of the nurses were challenged by working in a completely new area, exhaustion due to heavy workloads and protective equipment, the anxiety of becoming infected and infecting others, feeling powerless to handle patients' conditions, and managing relationships in this stressful situation. (3) The third category was "resilience amid challenges". Health care providers recognized many sources of social support and used self-management approaches to handle any situation. The working experience of the nurses was described separately, including thematic formulation as N₁ to N₉ in this study. Nurses achieved wholeness from this unique experience. The study interprets that the caregivers are emotionally and physically exhausted due to intense workload. However, they overcome the difficulties by spirit of professional dedication. Crisis management and preparedness might be necessary for all the health care workers to promote efficacy. The literature strongly supports the conducting research (Kang et al., 2020).

[Fernandez et al. \(2020\)](#) published a systematic review of nurses' experiences of working in acute care hospital settings during a respiratory pandemic at Joanna Briggs Institute, Australia. The objectives of the study were to present and synthesize the best available evidence on the experiences of nurses working during a pandemic. The data sources were done by a structured search using CINAHL, MEDLINE, EMBASE, PubMed, Google Scholar, Cochrane Library, MedNar, ProQuest, and SUMARI data extraction tool which helped in describing the study statement. Under this study review, thirteen qualitative studies were included, and out of 348 experienced nurses, a total of 116 nurses participated. The findings show three synthesized categories: 1. supportive nursing teams providing quality care; 2. acknowledging the physical and emotional impact; 3. responsiveness of systematized organizational reaction. The study concludes that the nurses possibly experience significant psychological issues which may lead to burnout during the pandemic. This reviewed study highlights that nurses require government; policymakers and nursing groups should be actively involved in supporting nurses both during and after pandemic or epidemic situations ([Fernandez et al., 2020](#)).

3. Methods

3.1. Aim of the study

The aim of the current study is to assess and describe the emotional experience among nurses while providing care for COVID-19 patients in the Hail Region, Saudi Arabia.

3.2. Study design/population

This study is a qualitative research design using a phenomenological approach in selected hospitals in the Hail Region. The total study population consists of 40 nurses handling COVID-19 patients.

3.3. Study sample size and technique

The researcher selected 30 nurses who provided care for COVID-19 patients. The interview was conducted in person following the precautionary guidelines or via WhatsApp application, and the analysis was performed by Colaizzi's 7-step method. A purposive sampling technique was utilized.

3.4. Research tools

The researcher used an open-ended interview which is adopted from the study conducted at Henan University of Science and Technology, China, from January 20 to February 10, 2020, ([Sun et al., 2020](#)). The interview questions are as follows: (1) What are the main feelings of nursing care providers for COVID-19 patients? (2) What are your coping strategies? (3) What are your insights in the face of

the epidemic? In addition, there are subquestions as follows: (1) How did you feel when accepting the anti-epidemic task? (2) How do you feel when you are working with COVID-19 patients? (3) What has changed in your life? (4) How do you cope with changes in your work and life? (5) What are your thoughts and feelings about this anti-epidemic task? ([Sun et al., 2020](#)).

3.5. Data collection and procedure

The researcher first identified 30 nurses for the interview and made sure that each nurse had at least taken care of one COVID-19 patient during this pandemic and was active in service during the pandemic at the selected hospitals such as King Khalid Hospital, Hail General Hospital, and King Salman Specialist Hospital. The researcher then set an appointment with each of the chosen respondents and conducted a face-to-face interview. For those who were not able to attend a face-to-face interview, an open-ended questionnaire was sent to them via WhatsApp application, and they returned it in a written format which was convenient for the chosen respondent. The researcher transliterated the interviewee's responses at the time of the face-to-face session. The WhatsApp responses were transliterated and formulated within 24 hours of data collection. The interview questions are pre-determined, and the researcher used follow-up questions when the interviewee gives ambiguous answers.

4. Statistical analysis

After conducting the interview, the demographics of the nurses were analyzed by the frequency with percentage using an Excel sheet, and the emotional feelings of the nurses were transliterated and analyzed through the use of Colaizzi's phenomenological method. The researcher used an open-ended interview which is adopted from the study conducted at Henan University of Science and Technology, China, from January 20 to February 10 ([Sun et al., 2020](#)). Three researchers autonomously reviewed the data, summarized and took out the expressive statements, and done thematic organization.

5. Results

5.1. Demographics

[Table 1](#) presents the frequency and percentage of demographic data of the nurses who are working among COVID-19 cases. 50% of those nurses were in the age group of 24–29 years, 30% were in the age group of 30–34 years, and nearly 20% were under the age group of 35–40 years. In this study for COVID duty, female nurses were dominant (87%) and only 13% of the participants were males. 66% of the participants were Indian, 17% were Filipina, and

17% were Saudi nurses. 50% of the nurses working in this department had a general experience of 5–9 years, 37% of young nurses had 1–4 years of experience, and the remaining 13% had more than 10 years of experience. Moreover, 80% were staff nurses, 13% were nurses in charge, and only 7% were in the head nurse position. Regarding the marital status of the nurses, 50% were married and 50% single. Among 63% of the nurses in this study either unmarried or married without children; 24% of them have a single child, and 13% have more than 2 children. A small number of nurses with children at home provisionally stayed in the hospital for accommodation to sustain self-isolation.

5.2. Identified themes through interview of nurses working in the covid-19 department

The findings were based on 4 themes (Table 2) as follows: Enhancing the negative emotions and feelings at an initial phase, managing coping mechanism, changing anxiety to evolution, and developing positive emotions and at the same time gradually diminishing negative ones.

Table 1: Demographics of the nurses working in the COVID-19 department

VARIABLES	F (PERCENTAGE)
AGE (years)	
1) 24-29	15 (50%)
2) 30-34	9 (30%)
3) 35-40	6 (20%)
GENDER	
a) Female	26 (87%)
b) Male	4 (13%)
NATIONALITY	
a) Saudi	5 (17%)
b) Indian	20 (66%)
c) Filipina	5 (17%)
YEAR OF EXPERIENCE AS A NURSE	
a) 1-4	11 (37%)
b) 5-9	15 (50%)
c) < 10	4 (13%)
NURSING POSITION	
a) Staff Nurse	24 (80%)
b) Charge Nurse	4 (13%)
c) Head Nurse	2 (7%)
MARITAL STATUS	
a) Married	15 (50%)
b) Single	15 (50%)
NUMBER OF CHILDREN	
a) One	7 (24%)
b) Two or More	4 (13%)
c) None	19 (63%)

Table-2: Narrated nurses emotional experience working in Covid-19 department based on theme and subtheme

Main Questions: (1) What are the main emotional feelings of nursing care providers for COVID-19 patients? (2) What are your coping strategies?(3) What are your insights in the face of the epidemic? **Sub questions:** (1) How did you feel when accepting the anti-epidemic task? (2) How do you feel when you are working with COVID-19 patients? (3) What has changed in your life? (4) How do you cope with changes in your work and life? (5) What are your thoughts and feelings about this anti-epidemic task?

THEME	SUBTHEME	QUOTATIONS
1. Enhancing the negative emotions and feelings at an initial phase.	a) Exhaustion, Separation, Fatigue discomfort, and helplessness due to work pressure and self-protection.	"The assigned working hours every day was 12 hours but sometimes extend unto 14 hours so that I feel very tired, body aches and sleepy while working also." "At first, I have exhaustion while wearing Personal Protective Equipment (PPE), can't able to breathe properly, Face Shield has clouded due to perspiration; so that the patient caring was difficult to perform and has to be worn for more than 8 hours without drinking water, eating food and toileting. More sacrificing myself to provide good care for the patient." "After the duty, I have a headache, chest tightness, mild sore throat, and palpitations." "The N-95 mask marks are present in the nasal bridge. Sometimes in the duty, I feel, to remove off all my PPE and take a long breath freely due to sweat and drowsiness."
	b) Fear and Anxiety about viral and cross-infection and also patient condition oriented.	"The patients are in a queue to admit in the COVID department; for nurses not only patient care, but also to take part in Information reporting, training, disinfecting after discharging a patient, and isolation maintenance. Sometimes, can't able to finish my charting in the time period. Really feels stress". "I feel; I don't have enough time to sleep before the next shift." "At the beginning of the duty, I face a difficult situation because my colleagues, friends, and other departmental co-workers avoiding me and completely showed separation through their activities and verbally. At that circumstance, I feel very bad and cried a lot." "I feel same as everyone was throwing stones at the COVID-19 patient and the Health worker who was dealing COVID patient. I have to say them your enemy is the virus, not the human being. Try to be humanity." "Even though I volunteered to work in the COVID Department, I am scared to fight the new disease because still there is no actual drug or vaccine for this virus". "I was anxious because I heard much medical staff's report is positive in nearby and own hospitals." "While I walk through the corridor or near the door of COVID Department, I felt terrified. Once I become used to it, I feel much better. "First time, I have anxiety when I open the door of the negative pressure room, but I mentally prepared at the next time." "I am always bothered about what to do if the patient's condition worsens. Though the availability of technology and equipment are in working condition, I am worried." "If the patient's condition deteriorates and CPR is required, due to insufficient manpower and lack of coordination among the team, what will I do?" I am worried about these always. I can't able to isolate sometimes because need to take care of children and worried that infection might be transmitted to my children" "My husband is very sad that I will be prone to be infected."
	c) Family-oriented concerns and adjustments.	"I am the only child working abroad to my parents, and they cry every day while calling and prays to come out from the pandemic situation, and I don't say anything more about the situation happening here." "About the work, I cannot tell my parents because they will frustrate and afraid of me." "I will call my children through the mobile phone whenever I get time, sometimes can't able to call due to busy schedule." "while alone I cry sometimes, can I go back home safely. I feel I am in between the beam balance scale of life and death simultaneously. Much worried about the family." "I always think when this COVID-19 pandemic will disappear and ask Please God stop this, it is very difficult for us to handle this situation." "Often I forget my personal thinking and well-being when I am busy." "It makes me feel proud that I am treating sick patients every day and helping them to regain their normal life." "I do small exercises to relax my body and mind." "I talk to my colleagues and friends after my work, so that I can relieve my stress." "During my off, I meditate, listen to music, watch movies, call home, cook and eat healthy foods, etc." Sometimes I feel lonely and cry thinking of my children and start praying. After a while, I feel relaxed and stress-free."
2. Managing Coping Mechanism	a) Adaptation to emotional changes	

		"I believe if eating a healthy diet and drinking 3 liters of water per day will provoke my resisting power. I am not losing weight because I found time to eat."
	b) Modification of lifestyle.	"I take a hot water shower soon after my duty so that I feel fresh" "I feel adequate sleep is the suitable method of stress reliever and I just want to sleep after my duty." "I am not doing exercise due to heavy workload and I have less time to sleep after washing and personal care." "The colleagues working with me are supportable, welcoming in nature, and friendly." "The senior staff will initiate me to work as per the patient preferences and taught the techniques to minimize the exposure."
	c) Emotional and moral support among the team members.	"All the staffs equally take part in work. So, that I don't feel I am working alone." If any of one us feels sick or overburdened, the co-working staff will help each other. These will bring out a moral satisfaction." "During difficult times we encourage each other. So, emotionally we can survive during these pandemics." "Comparing to other previous dreadful diseases like SARS, EBOLA, MERS, etc., these COVID-19 spreading quickly in out of control. We the medical professionals following the precautionary guidelines and participating in regular training programs by various means. Due to adequate knowledge about the disease, we our-self being safe at the maximum."
	d) Using Cognitive skills during this outbreak.	"I understand the young agers need not be worried much even they get infected." "I feel safe if I am working in a negative pressure room comparing to other setups." "Many counties were affected numerously and lost their lives. While seeing all these, I feel I am lucky and it's a grace of God to work in this hospital that at least trying to provide PPE all the time. By this, I am emotionally stable and fit to do further duty." "This new emotional feeling; I experienced during this pandemic. It is appreciable and I am thankful to my superiors who care for me when I feel sick."
3. Anxiety deviates into the evolution	a) Amplified love, affectionate and appreciative thoughts.	"I value this emotion which made me feel that life is precious. There is more to achieve in life. Love everyone." "I feel why god allow this to the world and came to know to help each other and cherish every moment these all happened" "I gained new knowledge and experience; able to manage any situation." Even though I am afraid, I didn't withdraw from my work responsibility." "I think which ever department I work that to getting a salary, as same as I started working in this covid department. Soon after I realized that not only for salary the more I should have professional responsibility than before."
	b) Professional accountability.	"I felt happy and job satisfaction when the patient cured and discharged home. My effort was not wasted." "I save lives; so, I love my profession." "There was no proper recognition for the nurses in many countries or in the society but still I am proud as a NURSE." "After my duty I am fatigued, feel like all energy drained, but still I am doing my best in the job." "Myself I think how I am strong enough to do the job?"
	c) Self-Perception	"I keep my mindset free of worries and no more what's if? Stay positive and trust the rest above all to god." "Nowadays I am not afraid of death." "I can able to challenge I can face any sort of problem and has the ability to overcome." "The Ministry of Health Saudi Arabia taken steps in prevention and control of the disease. I believe the severity of the disease will become to an end as soon as possible."
4. Develops Positive emotions at the same time gradually diminishing negative emotions.	a) Following the MOH Guidelines.	"All the public and professionals following the safety precautions like hand washing, wearing the mask, social distancing." "I am happy and proud to take part in this pandemic as a frontline warrior." "I voluntarily join to work for the sick and needy." "I don't have the intention to resign or quit the job due to this pandemic." "I feel the patient and the staffs are safe in the Negative Pressure Room." "Every day taking care of intubated patients, carrying out aerosol-generating procedures gives a negative feeling but still if the patient condition becomes ok; A positive energy develops." "Some oriented patients say thank you to me. It provides relaxation to the mind."
	b) Contentment through society.	"My family members respect me nowadays. They send wishes through mobile phone. These will make me happy." "The MOH has been announced overtime salary for us, also I expect that. It boosts us to work." "The hospital provides us a Thank-you certificate for our effort." "Everywhere morale supporting us. It gives encouragement and happiness." "In social media and other forms, we are getting sympathy until now. Many reviews online states that the Nurses are the real Heroes."

5.2.1. Theme I: Enhancing the negative emotions and feelings at an initial phase

At the beginning stage, all the participants experienced a similar type of negative emotions and feelings, and the researcher made them verbalize their feelings freely. For 30 nurses, most of the days, the working hours of the nurses extended up to 14 hours. Adapting to this timing was a serious challenge for the nurses due to fatigue, exhaustion due to wearing personal protective equipment (PPE), discomfort, and being unable to walk due to pain in calf muscles. However, after they take rest and sleep, all of this disappears. Despite the short supply of personal protective equipment, nurses were also trying to preserve the clothing which leads to drowsiness, dehydration, and hunger due to prolonged usage. Fear and anxiety played a main role in this pandemic. All the participants were afraid of entering the negative pressure room at first, but then they adapted to it. They also expressed their concern for their family members. Most of the nurses

working in Saudi Arabia are expatriates, so they were feeling homesick. 22 of them also had difficulty in breathing after wearing the PPE and had marked in the nasal bridge due to wearing the N95 mask, but then this gradually reduced, and they made themselves comfortable. Only 9 of them also faced emotional harassment by others and reported those incidents to the superiors.

5.2.2. Theme II: Managing coping mechanism

Moreover, 30 nurses followed the defense mechanism to maintain their mental well-being, through mingling with their colleagues by following social distancing, doing self-activities for diversion such as exercise, sleep, listening to music, reading, and calling home. These 25 nurses get emotional and moral support from the hospital management to survive in this situation. Some systems encourage them to work without stress like seven days off duty, reduction of paperwork, and computerization of patients' files so that patient care can be

concentrated. Some of the 19 nurses expressed that overcrowding of patients makes it very difficult to handle the situation. They also believe that soon there will be an end. Some of the 10 nurses used cognitive skills for gathering information about the pandemics and kept themselves updated. They often discuss ways of treatment and prevention with each other.

5.2.3. Theme III: Changing anxiety to evolution

All the 30 nurses had professional accountability, job satisfaction, and dedication play a major role in such a situation. Most of the 28 nurses still not alleviate complete anxiety. But they gain new knowledge and experience. Emotional stability can pertain to this. Positive energy and self-confidence developed, and they had the ability to face challenges. The 13 nurses said extra caring, love, and affection grew from all zones such as work area, family, and social media. They believe that in the future everyone would come to know that nursing is a superlative profession.

5.2.4. Theme IV: Developing positive emotions and at the same time gradually diminishing negative ones

Slowly all the 30 nurses diminished negative feelings such as fear of infection and death after handling several patients. All participants followed MOH guidelines. The hospital management and nursing administration arranged rewards and certification which helped in emotional sublimation. Most 25 nurses expressed that they became more comfortable working in the negative pressure room than the other setup. Most of them adapted and were happy doing anti-epidemic tasks. Maximum 8 were the front liners. Very few staff only volunteered in doing COVID duty due to family issues and self-care. Now, family, team, and social support bring contentment to all the nurses.

6. Discussion

The frontline nurses have close contact with the infected patients, consume greater efforts, and are occasionally a carrier from one to another (Mukhtar, 2020). The nurse should be up to date in knowledge and skills regarding the prevention of this communicable disease (Harb et al., 2020).

The current study describes the emotional experience of nurses caring for COVID-19 patients represented by a qualitative approach using a phenomenological method, and the findings are based on 4 themes: Enhancing the negative emotions and feelings at an initial phase, managing coping mechanism, changing anxiety to evolution, and developing positive emotions and at the same time gradually diminishing negative ones. Here the researcher narrates the emotional experience of the nurses who were taking care of COVID-positive

cases. Based on the 4 themes, subthemes are also formulated and categorized. Both negative and positive emotions were considered equally, and nurses were encouraged to express these feelings freely. This finding creates what is identified about the experiences of nurses working during an epidemic. The previous study reported that this pandemic has a huge amount of negative emotions about the fatigue of nurses, a psychological weakness, health hazards, deficient knowledge, and interpersonal exoticism under the menace such as fear, anxiety, and powerlessness (Kang et al., 2020; Sun et al., 2020).

In comparison to a similar literature review, this study reveals that, at the initial stage, all the participants experienced a similar type of negative emotions and feelings, and the researcher made them verbalize their feelings freely. 30 participants had opinions under the subtheme of exhaustion, separation, fatigue, discomfort, and helplessness due to work pressure and self-protection. Most of the days, the working hours of the nurses extended up to 14 hours. Wearing PPE posed a serious challenge for the nurses. Fear and anxiety about viral and cross-infection and patients' condition were oriented (Alsaqri et al., 2020). All the participants were afraid of entering the negative pressure room at first and then they adapted to it. They also expressed their worry about the family members. Most of the nurses working in Saudi Arabia are expatriates, so they were feeling homesick. Among 22 of them had difficulty in breathing after wearing the PPE and had marked in the nasal bridge due to wearing the N95 mask, but then this gradually reduced, and they made themselves comfortable. Also, 9 nurses faced emotional harassment by others and reported those incidents to the superiors. In order to manage the coping strategy, All the 30 were adapting to emotional changes by following defense mechanisms. 25 nurses were adjusted to lifestyle modifications from the hospital management. Gradually 19 of them got emotional and moral support from the teammates. Some of the 10 nurses used cognitive skills for gathering information about the pandemics and kept themselves updated. In the part of changing anxiety to evolution, All the 30 nurses expressed abundantly their feelings had professional accountability. About 28 of them, self-perception enumerates positive energy, self-confidence, and ability to face challenges. 13 nurses felt that amplified love, affections, and appreciative thoughts grew from other sources such as work area, family, and social media. The nurses believe that nursing will be a superlative profession among society in the future. In the final theme of developing positive emotions and at the same time gradually diminishing negative ones, 30 participants followed MOH guidelines. The hospital management and nursing administration arranged rewards and certification which helped in emotional sublimation. 25 nurses expressed positive emotions. A maximum of 8 were the front liners, and very few staff only volunteered in this pandemic. Furthermore,

contentment through society helped in promoting the nurses' role. Hereby, the outcome shows the reality of positive feelings among the nurses such as self-confidence, quietness, relaxation, and cheerfulness, which simultaneously or deliberately appeared through negative feelings (Sun et al., 2020).

In the light of the current study, it is obvious that the health care providers are exposed to boundless strength and pliability. They used coping mechanisms and self-adaptation skills to relieve fear, anxiety, and stress in order to focus on their duties to save numerous lives from this pandemic. However, in the situation of an outbreak, self-confidence in safety, initial in-service training, confidence in professional skills are all the features that promote the nurse's preparedness to participate dynamically in anti-epidemic tasks (Fernandez et al., 2020). The nurses in this study also expressed positive versus negative emotions and a strong sense of exhaustion (Sun et al., 2020). In the face of several challenges, the nurses exhibited great strength and pliability. They used various techniques of self-adjustment skills to castoff stress and focused on their duties in order to save more lives. Moreover, the nurses in this study also expressed grief and a strong sense of hopelessness about the patient's illness and suffering; sudden arrest, and loss of lives. Fortunately, there was a lack of literature review related to emotional experience among nurses caring for COVID-19 patients. This conducted study has been compared to similar studies related to the psychological experience of caregivers of COVID-19 patients and the experience of health care providers during the COVID-19 pandemic (Harb et al., 2020). Although participants in this study thought that this pandemic will end up soon, this seems to be evolving. So, they might be able to deal with their emotions and anxiety with professional support, lifestyle adjustments, using cognitive skills for taking care of patients, and attractive incentives which may help them to work. The hospital administration should provide professional psychological counseling to the nurses at times.

7. Conclusion

The respondents will be able to identify two sets of emotions: one positive and the other negative. These emotions will then form the foundation of the description and assessment of the overall emotional experiences of the nurses when the MOH decides to enforce a mental wellness program for the country's nurses.

8. Recommendations

This study will assist the Saudi Arabia Ministry of Health in instituting mental health wellness programs concentrating on handling emotions, especially to their hospital staff caring for COVID-19 patients. These programs can be part of the MOH's outreach program in order to ensure that the

country's health workers' mental health is being taken care of.

This study will be helpful for hospital administrators in Saudi Arabia to institute mental wellness programs among their hospital staff, including their nurses, especially through working on alleviating the negative emotions felt by the nurses and encouraging the identified positive emotions.

Finally, this study will be an effective reflection tool for nurses in Saudi Arabia as it will allow them to acknowledge their emotions, whether they might be positive or negative, especially when they are handling dangerous cases like COVID-19 patients.

Authors' contribution

All authors participated in conducting the tools and writing the manuscript. NA conceived the idea and the study design. RR was responsible for data analysis and interpretation. NA, RR, and NM participated in developing the data collection tool. All authors critically revised and approved the final version of the manuscript.

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Compliance with ethical standards

Ethics approval and consent to participate

The concept of the present study was reviewed and approved by the Regional Bioethics Committee of the General Directorate of Health Affairs, Hail Region, with the approval number 2020/25 dated July 9, 2020. Informed consent was obtained verbally from all participants with full disclosure and explanation of the purpose and procedures of the study. Participants were guaranteed anonymity and confidentiality of the responses and voluntary participation as they can withdraw consent for any reason and any time.

Conflict of interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

List of abbreviations

COVID-19	Coronavirus Disease
MOH	Ministry of Health
SARS	Severe Acute Respiratory Syndrome
H1N1	Hemagglutinin 1 Neuraminidase 1
MERS	Middle East Respiratory Syndrome
COV1	Corona Virus 1

CINAHL	<i>Cumulative Index of Nursing and Allied Health Literature</i>
MEDLINE	<i>Medical Literature Analysis and Retrieval System Online</i>
EMBASE	<i>Excerpta Medica database</i>
SUMARI	<i>System for the Unified Management, Assessment, and Review of Information</i>
PPE	<i>Personal Protective Equipment</i>
N95	<i>Not Resistant to Oil</i>
CPR	<i>Cardiopulmonary Resuscitation</i>
IRB	<i>Institutional Review Board</i>

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