



Original Article

Resources, stressors and coping strategies of nurses caring for patients with coronavirus from the perspective of Conservation of Resources Theory: A qualitative study

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Abstract

Objectives: To explore the resources, stress factors and coping strategies of nurses, who provide direct care to patients with coronavirus disease.

Methods: In this qualitative study, 20 registered nurses were interviewed, who have been working in the pandemic hospitals located in different parts of Turkey for at least two weeks. In-depth interviews were carried out individually and online. Interview data were analyzed with thematic analysis from the perspective of the Conservation of Resources Theory (COR).

Results: Three themes emerged from the analysis of the data according to the COR theory. First theme, resources are required to adapt to changing processes and to be motivated to maintain service. Nurses' personal resources were helping patients, professional responsibility, spirituality, hope and conscience. Money, knowledge, and experience were energy resources while being in a well-functioning working team, having a similar fate, and social support were condition resources and the personal protective equipment formed object resources. Second theme, perceived threats to their resources are the main stressors. The final theme is that strategies for coping with identified stressors are reactive rather than proactive.

Conclusion: This study contributed to the resources being noticed that nurses had and used during the pandemic, as well as into understanding which resources were under threat and a critical component of the stress process. The findings of the study can be used by psychiatric consultation-liaison nurses to strengthen their resources and support clinical nurses to effectively cope with the negative effects and consequences of the pandemic.

Keywords: Coping; COR Theory; coronavirus disease; resources; stressors.

Nurses play an important role in the coronavirus disease (COVID-19) prevention and response efforts. However, they are encountering hardships in carrying out their jobs that could affect their well-being and - performance. Globally, the working conditions and hours of clinic nurses have been aggravated due to COVID-19 circumstances: risks they face have increased, their social support systems and relationships with their families have been affected, and even their living environments and forms have altered.^[1-3] Psychological stress will continue to increase when skills and coping methods

are insufficient in the face of increasing stressors and when threatened or lost resources cannot be compensated.^[4] While job stress and nursing shortage were a serious problem worldwide before the pandemic,^[5] these problems can be expected to increase with the pandemic.

Current studies carried out in several countries and Turkey has consistently shown that nurses face undeniable physical and psychological burdens in outbreaks.^[2,3,6-10] The systematic review and meta-analysis studies has consistently reported mental health problems with frontline nurses such as stress or

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What is presently known on this subject?

- The psychological consequences of the COVID-19 pandemic in nurses have been widely studied, but little is known about protective factors or the sources that motivate them in this fight.

What does this article add to the existing knowledge?

- Personal, object, situation and energy resources owned and used by nurses during the pandemic were determined. In addition, it was understood which resources of nurses were under threat and coping methods they used.

What are the implications for practice?

- For the sustainability of the nursing workforce, it is critically important that personal, energy, object condition resources, and proactive coping should be strengthened. The findings of the study may be useful in the intervention of psychiatric consultation-liaison nurses, in making clinical nurses aware of their resources.

burnout, depression, and anxiety.^[6-8] COVID-19 fear has been found to increase turnover intention of nurses.^[9] It is essential to protect the psychological well-being of nurses to provide an effective service.

Although it is known that protective factors act as a buffer against psychosocial factors, it is striking that studies on this subject are limited regarding the COVID-19 pandemic. Luo et al.^[7] (2020) stated that some factors, such as having adequate medical resources, having up-to-date and accurate information, and taking precautions, can help reduce the psychological impact on society. Morley et al.^[11] (2020) highlighted the need to create support resources for nurses during this epidemic. The resources of nurses working at the forefront of this worldwide struggle and provide direct care to COVID-19 patients and how they use them are not fully understood.^[10,11] For these reasons, this study was needed and based on the Conservation of Resources Theory (COR) framework.

Background

Developed by Stevan E. Hobfoll in 1989, the COR theory emerged from resource and psychosocial theories of stress and human motivation.^[12] This theory has four principles: priority of loss, resource investment, gain paradox, and desperation.^[4]

In the COR theory, resources are categorized as objects, conditions, personal characteristics, and energies that directly or indirectly value themselves or serve as a way of accessing these resources for survival.^[13] Object resources refer to tangible and physical entities owned. House, clothes, telephone, etc. are among such sort of resources. Condition resources refer to circumstances such as stable employment, good health, status, marriage. Personal characteristics imply skills or personality attributes that enable an individual to withstand stressful conditions or improve the other owning resources. These may be optimism, social and professional skills, learned resourcefulness. Energy resources include resources such as time and money that can be used to obtain other resources.^[12,13]

COR theory proposes that stress, including those in the workplace; emerges if any of the three conditions occur as when people are faced with the threat of resource loss, the actual loss of resource, or fail to obtain sufficient resources despite spend-

ing the other resources.^[4,12,13] Studies to date have shown that the COR theory is an explanatory model for understanding the stress process and burnout at work and limiting the resource loss is key to interventions to prevent or reduce stress.^[14,15]

The resource investment principle of the COR theory also highlights the importance of proactive coping. According to this theory, individuals or groups cope proactively by striving to acquire and maintain resource reservoirs, taking action early when the first warning signs of an impending problem are proven, and choosing to position themselves in conditions appropriate to their resource^[13,16] reported that proactive coping directly reduces job stress, burnout, anger, and depression, and increases professional competence, work efficiency and life satisfaction.

To provide an insight into interventions to alleviate nurses' psychological stress, the aim of this study is to explore the resources, stressors and coping strategies of nurses who provide direct care for COVID-19 patients, and to analyze the data from the lens of COR.

Materials and Method**Design**

In this study, a qualitative research method called phenomenology approach is adopted with thematic analysis from the COR perspective. Qualitative research is a type of research that explores real-world problems and provides deeper insights into them. One of its strengths is the ability to explain human behavioral processes and patterns that can be difficult to measure.^[17] Phenomenology, one of the qualitative research methods, is defined as "study of the meaning of phenomena or the study of the particular". It mainly explores the 'lived experiences' of the participants.^[18] In this study, a descriptive phenomenological approach was followed in order to understand the stressors of nurses who have experienced caring for COVID-19 patients, how they cope with this process, especially what resources they have and use. The research was written using Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines.^[19]

Setting and Time

The data were collected through online individual interviews between 1 June and 1 September 2020. The nurses work in the pandemic hospitals of the Turkish Ministry of Health in the Marmara, Central Anatolia, Aegean, and Southeastern Anatolia regions.

Sample

The first researcher contacted a colleague working in the pandemic hospital and ensured the announcement of the study. Following the participation of a nurse who was inform of the study, other participants were reached by snowball sampling method. Registered nurses who have been providing direct

care to COVID-19 patients in pandemic hospitals in our country for at least two weeks and want to voluntarily participate in the study were included in the study. Nurses who survived the COVID-19 infection were excluded from the study. A total of 20 nurses were interviewed; the sample size was based on the saturation of information.^[17] The nurses interviewed were: 90% females; 10% males, average age of 28.25 ± 5.91 (23-43) years; 90% with bachelor's and 10% with a master's degree; professional experience of on average 6.71 ± 7.01 (5 months - 23 years); before starting to care for COVID-19 patients, 40% working in the emergency department, 15% intensive care unit (ICU), 10% operating room, 10% oncology service, 10% psychiatric clinic, 5% infectious disease service, 5% obstetrics service, 1% vaccination unit. The average duration of providing care to COVID-19 patients was 89.75 ± 38.19 (30-150) days and working in shifts for COVID-19 Emergency (45%), Inpatient Service (40%) and ICU (15%) (Table 1).

Data Collection Tools

Personal information form and semi-structured interview form were used in data collection. Personal information form included the demographic (age, gender etc.) and professional (duration of nursing experience, original department, assigned COVID-19 unit etc.) characteristics. The researcher obtained this information by asking "Would you introduce yourself a little, please" at the beginning of the interview and, when necessary, with additional questions. Semi-structured interview form included following questions:

Table 1. Characteristics of participants nurses (n=20)

Characteristics	n (%) or mean \pm SD (range)
Age (year)	28.25 \pm 5.91 (23-43)
Work Experience (year)	6.71 \pm 7.01 (5 months – 23 years)
Days Worked on COVID-19	
Unit Before the Interview (day)	89.75 \pm 38.19 (30-150)
Gender (Female)	18 (90)
Marital Status (Single)	15 (75)
Education (Bachelor's degree)	18 (90)
Original Department	
Emergency Service	8 (40)
Intensive Care Unit (ICU)	3 (15)
Operating Room	2 (10)
Oncology Service	2 (10)
Psychiatry Clinic	2 (10)
Infectious Diseases Service	1 (5)
Obstetrics Service	1 (5)
Vaccination Unit	1 (5)
Unit Assigned to	
COVID-19 Emergency	9 (45)
COVID-19 Inpatient Service	8 (40)
COVID-19 ICU	3 (15)

Initiation: Please tell us what has changed in your life with the coronavirus epidemic?

Resources: What are the resources motivating you that get you to work when you wake up in the morning? What keeps you at work and gives you strength in the process?

Stressors: What kind of problems do you experience in this process? What obstacles do you often face when caring for COVID-19 patients?

Coping strategies: Would you explain what methods you are using to cope with the <<stressor>>? <<Stressor>> is a placeholder for the stressor's questions above.

The flexibility of the semi-structured interview format was taken as an advantage and the questions were deepened according to the answers generated during the interview.

Data Collection Process

Semi-structured, individual, in-depth interviews were conducted. Nurses meeting the research criteria were accessed by contacting employees in hospitals designated as pandemic hospitals. First, each participating nurse was contacted by phone and informed about the purpose, importance and process of the study, and their questions were answered. The date and time of the interview with the nurses who volunteered to participate in the study were determined. Then online interviews (via Skype) were conducted individually by researchers of wide experience in qualitative research interview techniques and specialization in psychiatric nursing. Each interview was conducted in a quiet and suitable home environment where only the researcher(s) and the participant were present. Verbal and non-verbal communication techniques were used to ensure cooperation to increase the authenticity of the data. The interviews lasted approximately 35-50 minutes and one interview was sufficient. All online recordings were transcribed by the interviewer within 24 hours after each interview.

Data Analysis

Thematic analysis method was used to identify, analyze, and report the patterns in the data from the interviews. In the analysis of the data made by the researchers, six stages specified by Braun and Clark^[20] were followed. The steps were as follows: 1) Familiarizing yourself with your data; the transcripts were read repeatedly by the researchers independently and the data was familiarized. 2) Generating initial codes; the remarkable features of the data and the expressions directly related to the research questions were encoded systematically. Coding was done according to both the 'data-driven' and 'theory-based' approach to avoid missing important data. 3) Searching for themes; the codes were re-analyzed and grouped under potential themes. The focus was on creating more inclusive themes from different codes and sub-themes associated with them. 4) Reviewing themes; it was examined whether the possible themes and sub-themes coincide with the encoded content, whether they reflect the data set fully

and accurately; then the codes and expressions were reevaluated when needed. The researchers then formulated the meanings by discussing them until they come to a consensus. Simplifications were made and the themes were provided to represent the data set in the best possible way. 5) Defining and naming themes; each theme is defined by matching with the COR theory to be consistent with its sub-themes. The place of the themes within the theoretical approach of the research was determined and each theme was named with the most appropriate words to reflect its content. 6) Producing the report; the result of the analysis was associated with the research questions, relevant literature and the theoretical framework adopted, and striking quotations were presented to prove the validity of themes and sub-themes.

As regards the trustworthiness of this study,^[17,18] both researchers were involved in the data collection and analysis process. The researchers made a critical assessment of their personal assumptions, biases, and theoretical positions that could affect the study. They took care to be impartial and objective. Researchers and participants made an appointment before the interview and allocated sufficient time for the interview. In the interview, they were treated empathetically and at the end of the interview, the participants stated that they were understood and were pleased to participate in the study. The fact that the researchers had similar sociocultural backgrounds with the participants also contributed to obtaining in-depth data. Explanations are detailed enough to allow readers to draw conclusions and interpret the data for themselves, and participants' own statements are included. Direct quotations were presented frequently.

Ethical Responsibilities

The study was initiated after being approved by the Bolu Abant İzzet Baysal University Human Research Ethics Committee (in-

stitution numbered 2020/109) and the Scientific Research Evaluation Commission of the General Directorate of Health Services of the Ministry of Health (2020-05-08T21-20-03). Informed consent from the participants was obtained both when an appointment being taken and at the beginning of the interview and was recorded online. Confidentiality is ensured by using numbers (e.g., Nurse1, Nurse2...) instead of names.

Results

Three themes have been identified: resources are required to adapt to changing processes and to be motivated to maintain service; perceived threats to their resources are the main stressors; strategies for coping with identified stressors are reactive rather than proactive. Resulting three themes and ten sub-themes are presented in Table 2.

Theme 1- Resources Are Required to Adapt to the Changing Process and to Be Motivated to Maintain Service

1.1 Personal Resources

Personal resources were found to be the most prominent among the resources owned by the participants. Personal resources included helping/being useful, professional responsibility, spirituality, hope, and conscience. The most important resource identified was the willingness of the participants in helping patients and the belief of being useful to their patients.

"There are people who need a lot of help in this process. It makes me happy to know that I am helping them. On the other hand, my own job, I feel useful." Nurse 20

"... When the patient comes, I can see that he has noticeably recovered in the process, and this motivates me a lot. That's why I like working there the most." Nurse 12

Table 2. Themes and subthemes

Themes	Subthemes
1. Resources required to adapt to changing processes and to be motivated to maintain service	1.1. Personal resources <i>Helping/ Being Useful, Professional Responsibility, Spirituality, Hope, and Conscience</i> 1.2. Energy resources <i>Knowledge and Experience, Money</i> 1.3. Condition resources <i>Team, Having a similar fate, Social Support (family, friend, social media)</i> 1.4. Object resources <i>Personal Protective Equipment</i>
2. The perceived threats to their resources are the main stressors	2.1. Contamination and the fear of contagion. 2.2. In-team relationship problems 2.3. Lack of knowledge on COVID-19, inexperience and discontinuing formal education 2.4. Difficulty of working with protective equipment
3. Strategies for coping with identified stressors are reactive rather than proactive	3.1. Using maladaptive coping methods 3.2. Using adaptive coping methods

This was followed by the awareness that the nursing profession should fulfill its roles and responsibilities.

"We continued working with the power of being a part of a sacred profession, not being a profession that everyone can do, and people needing us..." Nurse 16

"I received training on this subject, I am confident. I thought I should take care of my patients and stay in this process." Nurse 13

It was determined that the participants were encouraged by their spiritual resources, hopes for the future and conscientious personality traits while fulfilling these responsibilities.

"...as I felt morally satisfied because it was a job I loved, and even because I was able to help someone when real help was most needed, this frankly encouraged me a little more." Nurse 18

"Everyone was telling each other: this will also pass over; this will be done ..." Nurse 16

"If you feel relieved when you face your conscience at night before going to sleep, I will say the rest is not important..." Nurse 17

1.2 Energy Resources

Knowledge and skills, and money as energy sources were found to be deemed valuable by the participants. Nurses stated that they consider having the right knowledge and professional experience as a power.

"We have been strengthened by the articles we have read, our comparisons with other countries, and our experiences." Nurse 15

In addition, the fact that they have a source of money in return for their work was determined as motivator.

"The biggest factor is money. Why money? Because if they don't pay me, I won't do this job..." Nurse 2

1.3 Condition Resources

Another resource for the participants was those provided by their current conditions. Nurses stated that the most important factors that facilitated working during the pandemic process were being part of a well-functioning team with good relations and harmony within the team.

"I can say this very clearly. My teammates with whom I work on the COVID service... After that, we found a very good harmony with them, we worked in very good cooperation. I can tell they are motivated and empowering, so I started going willingly to my workplace." Nurse 10

It was understood that having teammates, whom they defined as "people having similar fate" and sharing the same conditions with them, is a source giving them emotional strength that made them not feel alone.

"... we only shared with people who understand this job and experience the responsibility for this job together. You know, everyone understands their own experience. We shared it with people who knew your problems and had the same common problem. We tried to give each other positive suggestions." Nurse 14

In addition, their families, friends, and social media were identified as important sources of social support.

"If I can continue this process right now, it depends not only on my professional satisfaction, courage and self-confidence but also on my social support ... Whether my friends or my family, I am lucky they exist. Because you can't really get through this process alone." Nurse 4

"...So social media has been very good for me in terms of social support." Nurse 2

1.4 Object Resources

It was determined that the only object resources that nurses had during the pandemic process were personal protective equipment. Nurses stated that having personal protective equipment made them feel safe and protected when caring for COVID-19 patients.

"... I've felt relieved after using protective equipment at work, seeing that we were not contaminated, and I was not infecting others." Nurse 15

Theme 2- The Perceived Threats to Their Resources Are the Main Stressors

COVID-19 brought many adverse factors for the working conditions of nurses. These factors perceived by nurses as a threat to their resources.

2.1 Contamination and the Fear of Contagion

Contamination risk was identified as the greatest perceived threat to its resources. We understood that this risk threatens both the family and friend support condition resource and the personal resource of being useful to the patient.

"We are always at risk of getting sick, but now the risk was slightly higher, our worry was if I got infected too, would my family infected too, would they be affected?" Nurse 1

2.2 In-Team Relationship Problems

Nurses also stated that having problems in-team relationships weakens the functionality of the team. Thus, we realized that some resources provided by the current conditions are under threat.

"... this is how the whole team gets into trouble when a person doesn't do his/ her job... There are some difficulties like this in the team." Nurse 3

2.3 Lack of Knowledge on COVID-19, Inexperience and Discontinuing Formal Education

Nurses continuing their postgraduate education stated that problems related to attending classes and preparing their thesis are stress factors. They stated that there is a lack of in-service training and experienced staff for COVID-19. We de-

terminated that these adverse conditions threaten the energy resources of nurses.

"... My expectations about the school were very high, I had many goals such as planning research or working on this... I could not go to any class... So, the school was a serious source of stress for me." Nurse 9

2.4 Difficulty of Working with Protective Equipment

Nurses expressed that they had difficulty in providing care with protective equipment and were concerned about not being able to provide the optimum care to their patients. The difficulty of working with protective equipment threatened both the nurses' object resources and the personal resource of being useful to the patient.

"... It is actually a big obstacle for me to put on the equipment every time we enter the patient's room..." Nurse 3

"It was very difficult to make my voice heard, especially to the elderly patient, through that face shield and mask N95 and this effort was very tiring for me." Nurse 10

Theme 3- Strategies for Coping with Identified Stressors Are Reactive Rather Than Proactive

3.1 Using Maladaptive Coping Methods

Some of the nurses were found to use maladaptive coping methods such as avoidance and alcohol use.

"Do you know the method I do best? avoidance. I escape and destroy it." Nurse 2

"I tried not to think, to think of other things. I diverted my attention and I think, I forgot it when I thought about other issues." Nurse 19

"I had a very serious alcohol consumption. How may I say, when my shift was over that day, I would start drinking until my next shift. Yes, I drank alcohol every night at that time." Nurse 5

3.2 Using Adaptive Coping Methods

Some of the nurses were found to use adaptive methods such as pursuing hobbies, practicing arts, physical activity and seeking support.

"I chose to deal with my own hobbies at home, so I was trying to keep myself busy with them like doing handicrafts, like coloring a book. In addition, I was occupied with folk dancing in my social life. I was trying to cope like this." Nurse 16

"I kept myself busy with doing something at home. For a while, I was interested in reading or doing handicrafts." Nurse 8

"I started sports at home, furnished a gym room at home for myself, I have a treadmill, I was exercising regularly every day." Nurse 6

"I read, watched things, mostly relaxed in this way. For the most part, the whole family was spending time together. Frankly, being in the same house with them relieved my stress." Nurse 12

Discussion

Findings in this qualitative study conducted from the perspective of the Conservation of Resources Theory showed that the personal resources of nurses stand out in adapting to the changing process and to be motivated to maintain service. It has revealed that their resources are protective as well as the perceived threats to these resources constitute the main stressors and that their coping strategies are not proactive.

Professional responsibility, helping patients, which were determined as personal resources in our study, were also reported in other studies conducted during the COVID-19 period.^[2,21,22] However, the emergence of conscience and spirituality as a resource for nurses is a new finding. They may have realized this aspect of their profession more during the pandemic process. It can also be influenced by individual and sociocultural factors. Nurses have a long history of trust with their patients. But nurses are faced with more difficult and complex decisions that threaten their personal resources in caring for COVID-19 patients. Ethic challenges^[23] and moral injury^[24] are some of the consequences of this situation for nurses. Although they define the epidemic as a period we are going through and try to maintain their hopes and get strength from themselves first, the personal resources of nurses are not infinite, they need to be supported. Mental health and psychiatry specialists, particularly consultation-liaison psychiatry team, can contribute to the awareness, protection, and empowerment of their personal resources for nurses caring for COVID-19 patients during this pandemic. They can help them evaluate the process as gaining new experiences, personal and professional development, and making sense.

In many studies, it has been reported that social support is protective for nurses against the adverse conditions of the pandemic.^[2,6,9] Constituting the condition resource according to the COR theory, social support revealed also in our study. The nurses emphasized that being in a similar condition with their colleagues in this extraordinary period gave them strength and the importance of camaraderie and supportive relations with those they work with. On the other hand, the threat of these resources can also be a stress factor. Another source of support and/or stressor is social media. In the study of Munawar and Choudhry^[22] media exposure by nurses and frequent news about COVID-19 was determined as a stress factor and reducing media exposure was seen as a coping strategy. In our study, however, the internet and social media were defined as a source of support, and nurses were motivated to communicate with other colleagues and the outside world in this way and did not feel lonely.

Personal protective equipment was found as an important need in other studies,^[25] and it was seen as an object source in our study. However, it is also known that working with personal protective equipment is challenging. Money has been a motivating energy resource for nurses to continue their work. Although this result was emphasized by male nurses, the other nurses also stated that they did not find the wages

paid to be satisfactory. Lack of knowledge and inexperience, determined as stress factors in studies,^[1] has appeared both as a stressor and a strengthening resource in the presence of knowledge and experience. During this period of uncertainty and sudden decisions, difficulties have been determined in accessing up-to-date information on COVID-19, crisis management and continuing postgraduate education.

As can be seen, especially the condition, energy and object resources of nurses can be both protective and stressful factors. This fact shows the value of nurses' continuing to protect their individual resources that fall under their sphere of influence during the pandemic process. In addition, effective strategies to be implemented by institution managers and policymakers to strengthen external resources are gaining importance. Considering that nurses have been struggling with the epidemic for a year, if the gains to compensate for the deterioration are not obtained, according to COR it will be inevitable to run out of resources as long as the resources are interrelated. As the depletion rate of resources is faster than the renewal of resources, a vicious circle will occur.^[14] To offset this, coping strategies become important.

It has been reported that coping strategies used by nurses caring for COVID-19 patients include normalization,^[22] resorting to social and in-team support,^[1,2] limiting media exposure, limited sharing of COVID-19 mission details, and religious coping methods.^[22] Similarly, support-seeking strategies emerged in our study. In addition, nurses also used adaptive coping methods such as hobbies, arts, exercise, and maladaptive coping methods such as alcohol use. Considering the nurses were caught unprepared to such an extraordinary process, it is not surprising to see reactive coping strategies used frequently, especially in the first months. On the other hand, it is not sufficient for resource gain.^[16] Although the pandemic poses a threat to resources, it is necessary to focus on what can be done under these conditions and act proactively. Schwarzer and Taubert^[26] define proactive coping as an effort to create general resources for challenging goals and personal development. It can be said that nurses should see the pandemic crisis as an opportunity to further self-development, to become aware of existing internal resources, to develop self-efficacy and optimism^[27] and autonomy. The proactive approach is to change from the inside out. It is time to act in line with their values, knowing that they have the freedom to choose between action and reaction.

Limitations

This study has some limitations. Face-to-face meetings could not be held in the field for data collection due to the COVID-19 outbreak safety measures. The sample size is limited, nine nurses who were likely to participate did not prefer online interviews and some were unable to use Skype. The number of men is low among the participating nurses. As noted by Collins and Stockton,^[28] using a theoretical framework to analyze data can have advantages as well as disadvantages.

Conclusion

The results of this study revealed that both the resources nurses have and use in adapting to the changing process in the pandemic, and the threat to which resources create stress. It has been understood that nurses' personal resources are an important for them to overcome serious difficulties. It has been observed that condition, energy, and object resources can be both a protective and stressor. It has been determined that the resources of nurses are threatened by the fear of caring for an infectious disease, the difficulties of working with protective equipment, and the lack of knowledge and inexperience that comes with being caught unprepared for the pandemic.

There are many studies focusing on stress factors of nurses and the psychological consequences of COVID-19. Moreover, the epidemic is not over yet, and even if it ends today, its marks left on health professionals may continue for many years. The results obtained from the COR theory lens emphasizing the role of the resource investment and resource gain in this study may contribute to stress interventions in healthcare institutions. Mental health nurses - especially consultation liaison psychiatry nurses - can benefit from this work in helping clinical nurses conserve resources, empower and cope effectively. It can help clinical nurses caring for COVID-19 patients become aware of their own resources. Institution's managers can intervene by knowing which resources nurses have and which are under threat.

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