Workplace Experiences and Organisational Support among Nurses in Public Hospitals during COVID-19: A Pilot Thematic Analysis Study

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ABSTRACT

The COVID-19 pandemic placed nurses at the heart of crisis response, exposing them to intense psychological, professional, and organisational pressures. Understanding their workplace experiences is vital to improving support systems and crisis management practices. This pilot study explores nurses' experiences during the COVID-19 pandemic in Malaysian public hospitals, focusing on workplace challenges and organisational support. It also assesses the feasibility of conducting full-scale qualitative thematic study. Using a qualitative exploration design, five nurses participated in semi-structured interviews. Data were analysed thematically using Braun and Clarke's six-step framework. Three major themes emerged: emotional responses (fear, exhaustion, resilience), caregiving challenges (resource constraints, patient non-compliance), and adaptive strategies (teamwork, peer support, self-care). The findings highlight key issues in human resource management during health crises and affirm the value of organisational support and teamwork in sustaining nurses' performance.

Keywords: COVID-19, Nurses, Organisational Support, Workplace Challenges

INTRODUCTION

The COVID-19 pandemic has introduced unprecedented challenges to global healthcare systems, placing immense pressure on healthcare professionals. Nurses, as frontline responders, have been disproportionately affected, grappling with increased workloads, exposure risks, and heightened psychological stress [1], [2]. These challenges have underscored the critical importance of understanding their lived experiences to develop effective support mechanisms and inform policy decisions aimed at enhancing healthcare delivery during crises.

Nurses have consistently played a central role in managing patient care, often under strenuous and resource-limited conditions. The psychological toll on nursing professionals is well-documented, with studies highlighting significant levels of stress, anxiety, and burnout [2]. Pappa et al. [3] conducted a systematic review revealing that healthcare workers, particularly nurses, experienced high rates of depression, anxiety, and insomnia during the COVID-19 pandemic. Similarly, Shaukat et al. [4] emphasized the physical and mental health challenges faced by nurses, further advocating for structured interventions to address these issues.

The emotional strain experienced by nurses was exacerbated by fears of contracting the virus and the ethical dilemmas surrounding limited resources. Sun et al. [5] identified themes of emotional distress and professional challenges among nurses in China, highlighting the critical need for mental health support to maintain resilience. This aligns with findings from Singapore, where Goh et al. [6]. noted that despite the physical and psychological challenges faced by nurses during the pandemic's early stages, many demonstrated unwavering commitment to their professional roles, prioritizing patient care over personal concerns.

Thematic analysis approach research offers valuable insights into the lived experiences of nurses during health crises. By capturing personal narratives, such studies illuminate the complexities of nursing practice in unprecedented situations. For instance, a qualitative thematic analysis study by Galehdar et al. [7] examined Iranian nurses' experiences during the COVID-19 pandemic, identifying themes of fear, duty, and coping strategies. These insights are essential for informing policies that support nurses' well-being and professional practice.

In Malaysia, the pandemic has similarly strained healthcare services, with nurses confronting numerous challenges in public hospitals. However, there is a paucity of research focusing on Malaysian nurses' experiences during this period. Addressing this gap is vital for developing targeted interventions that enhance support systems and improve patient care outcomes. This pilot study aims to explore the experiences and responses of public hospital nurses in Malaysia during the COVID-19 pandemic. By employing a qualitative thematic approach, the study seeks to understand the emotional, professional, and adaptive challenges faced by nurses. The findings will contribute to the existing body of knowledge and inform strategies to bolster the healthcare system's resilience in future crises.

METHODOLOGY

Study Design

This study employed a descriptive qualitative thematic approach to explore the lived experiences of nurses working in public hospitals during the COVID-19 pandemic. The pilot study aimed to assess the feasibility of the research methodology, refine the interview guide, and identify preliminary themes for a more comprehensive main study. The qualitative thematic approach was selected for its ability to capture the depth and richness of participants' experiences during a global health crisis. Input from an expert at Universiti Sultan Zainal Abidin (UniSZA) was sought during the development of the interview guide, ensuring its relevance and clarity in addressing the research objectives.

Study Population

The target population consisted of nurses actively engaged in the care of COVID-19 patients in public hospitals in Malaysia. Purposive sampling was employed to recruit participants who met the inclusion criteria. Eligible participants included nurses with at least six months of clinical experience, currently employed in public hospitals, and directly involved in COVID-19 patient care. Nurses unwilling to provide informed consent or those with less than six months of experience were excluded. Five participants were selected for the pilot study, as this sample size was deemed sufficient to test the research methodology and data collection process.

Data Collection

Semi-structured interviews were conducted face-to-face in a private setting to ensure confidentiality. Each interview lasted approximately 30–45 minutes and was audio-recorded with participants' consent. The interview guide, developed with expert input, comprised open-ended questions designed to elicit detailed narratives on emotional responses, professional roles, challenges faced, and coping mechanisms during the pandemic. Anonymity was maintained using pseudonyms, and all data were securely stored. The interview guide included open-ended questions such as 'Can you describe how you felt during the peak of the pandemic?' and 'What strategies did you use to manage stress while caring for COVID-19 patients?

Data Collection

Data collection was conducted from May to December 2023 using a self-administered questionnaire comprising two sections: demographic information (9 items) and job satisfaction (36 items), with an estimated completion time of 30 to 40 minutes. A total of 623 nurses responded, yielding a response rate of 98.4 percent from 633 distributed questionnaires. Prior to participation, nurses were briefed on the study's objectives and provided informed consent. With approval from the Chief Matron, questionnaires were distributed directly by

the supervising sisters to nurses under their care. This face-to-face approach ensured clarity, allowed immediate clarification of doubts, and encouraged full participation. Engagement sessions with each sister in charge helped coordinate the process while upholding ethical standards and ensuring voluntary participation.

Data Analysis

Data analysis was conducted using ATLAS.ti, a qualitative data analysis software, to ensure systematic coding and thematic development. The use of ATLAS.ti facilitated a transparent and rigorous analysis process, providing rich insights into participants' experiences during the pandemic. The analysis process included the following steps:

1. Familiarization: Interview transcripts were read multiple times to gain a comprehensive understanding of the content.

2. Coding: Significant statements and phrases were identified and coded within ATLAS.ti to capture essential concepts and themes.

3. Thematic Development: Codes were grouped into categories, forming broader themes and subthemes that reflected the lived experiences of participants.

4. Network Mapping: Using the visualization tools in ATLAS.ti, thematic networks were developed to illustrate the relationships between themes.

5. Validation: Member checking was performed, whereby participants reviewed the findings to ensure accuracy and credibility in representing their experiences.

Ethical Considerations

Ethical This study strictly adhered to established ethical guidelines to ensure the safety, privacy, and rights of all participants. Ethical approval was initially obtained from the Nursing Services Division, followed by registration with the National Medical Research Register (NMRR) under RSCH ID-24-01185-XDU. Final approval was granted by the Malaysian Research Ethics Committee (MREC) under NMRR ID-24-02450-S2H. Official permissions were also secured from the Hospital Director to conduct the study within the hospital premises. Participants were fully informed about the study's objectives, procedures, and their rights, including the right to withdraw at any time without repercussions. Written informed consent was obtained from all participants before data collection began.
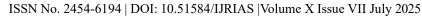
Feasibility Assessment

The pilot study evaluated the clarity of the interview questions, the practicality of the data collection process, and the effectiveness of ATLAS.ti in analysing the data. The findings from this pilot study were instrumental in refining the methodological framework for the main study, ensuring its feasibility and robustness.

RESULTS

Socio-Demographic Characteristics of Respondents

Table 1 summarizes the demographic details of the participants. The study involved five nurses from public hospitals in Malaysia, representing diverse ages, educational backgrounds, and work experiences. The participants' ages ranged from 31 to 38 years, with work experience varying between 10 to 20 years. Two participants held degrees, while the others had either diplomas or post-basic qualifications. Most participants (four out of five) did not receive formal COVID-19 training, underscoring a gap in preparedness for pandemic care. The participants worked in various departments, including general medicine, oncology, and medical wards, reflecting the widespread impact of the pandemic across specialties.

Table 1: Demographic Characteristics Of Participants

Gender	Age (years)	Experience (years)	Education	Position	Department	COVID-19 Training
Male	38	20	Degree	Nurse U29	Medical	Yes
Female	31	10	Diploma	Nurse U29	Medical	No
Female	34	10	Post-basic	Nurse U29	General Medicine	No
Female	35	12	Diploma	Nurse U29	Oncology	No
Female	36	14	Degree	Nurse U32	General Medicine	No

Themes Identified

As shown in Table 2, the thematic analysis revealed three dominant themes. Nurses expressed emotional distress, including fear, sadness, and fatigue, but also demonstrated resilience through teamwork. Their caregiving roles were challenged by limited resources, patient resistance, and high workload, which led to burnout. Despite these pressures, nurses employed adaptive strategies such as mutual support, educating patients, and personal coping practices like prayer and maintaining family contact.

Table 2 Themes and Subthemes Identified From Thematic Analysis

Themes	Sub-themes	Quotation from respondent
Emotional Responses	Fear and Anxiety	"I was scared of bringing the virus home to my family." – Participant 1
	Sadness and Emotional Exhaustion	"Seeing patients die without their families was heartbreaking." – Participant 5
	Resilience	"We worked as a team without focusing on ranks." – Participant 4
Caregiving Challenges	Resource Shortages	"Managing critical patients with limited resources was exhausting." – Participant 3
	Patient Non-Compliance	"Patients would argue about quarantine measures." – Participant 5
	Workload and Burnout	"I was so physically exhausted that I couldn't think straight." – Participant 2
Adaptive Strategies	Teamwork	"Treating patients as family helped us build morale." – Participant 4
	Health Education	"We used simple explanations to ensure patients understood." – Participant 5
	Personal Coping Mechanisms	"Praying gave me peace." – Participant 1

DISCUSSION

This study explored the lived experiences of public hospital nurses during the COVID-19 pandemic, focusing on emotional responses, caregiving challenges, and adaptive strategies. The findings align with and diverge

from existing literature, offering valuable insights into the unique challenges faced by nurses in Malaysia during this unprecedented crisis.

Emotional Responses

Nurses in this study reported a range of emotional responses, including fear, anxiety, sadness, and resilience. Fear of transmitting the virus to family members was a predominant emotion, as highlighted by Participant 1: *"I was scared of bringing the virus home to my family."* The predominant fear was the potential transmission of the virus to family members, leading to heightened anxiety. This aligns with a qualitative study conducted in Iran, where nurses expressed fear of infecting their families and experienced significant psychological distress. [7], [8]. Similarly, a study in Malaysia found that primary healthcare workers experienced substantial psychological stress, including anxiety and fear, due to the risk of infection and concerns about family safety [9].

Sadness and emotional exhaustion were also prevalent among participants, stemming from witnessing patient suffering and death. This finding is consistent with research conducted in Ghana, where nurses reported trauma from numerous patient deaths and the fear of contracting the virus [8]. Despite these negative emotions, participants demonstrated remarkable resilience, driven by their professional responsibility and commitment to patient care. Participant 4 noted, *"We worked as a team without focusing on ranks to manage the workload."* This is echoed in studies from Singapore and the Netherlands, where nurses exhibited high levels of resilience, leveraging teamwork and dedication to overcome challenges [6], [10]. These findings underscore the dual burden of emotional distress and professional duty experienced by nurses during the pandemic.

Caregiving Challenges

The study identified several caregiving challenges, notably resource shortages, patient non-compliance, and overwhelming workloads. Participants reported significant stress due to inadequate personal protective equipment (PPE), which hindered effective care delivery and increased anxiety. Participant 3 shared, "Managing critical patients with limited resources was exhausting." These findings are consistent with previous studies; for example, nurses in Iran also faced PPE shortages that impacted patient management [11], while healthcare workers in Malaysia similarly reported that inadequate PPE compromised safety and care performance [9].

Patient non-compliance with quarantine measures was another major challenge. Participant 5 shared, *"Patients would argue about quarantine measures. It made our jobs even harder."* Similar issues were documented in China, where nurses struggled to ensure adherence to infection control protocols, often encountering resistance from patients [12]. Furthermore, the overwhelming workload, characterized by long shifts and increased patient numbers, led to significant burnout among participants. This mirrors findings from the UK, where nurses reported severe physical and emotional exhaustion during the pandemic [13].

Adaptive Strategies

Despite these challenges, nurses employed various adaptive strategies to cope with the demands of the pandemic. Teamwork emerged as a critical mechanism for maintaining morale and ensuring care quality. Participant 4 emphasized, *"Treating patients as family helped us build morale."* This is consistent with Watson's Caring Theory, which underscores the importance of mutual support and teamwork in healthcare settings (Watson, 2008). Research from Singapore further supports this finding, highlighting that nurses who worked collaboratively were better able to manage stress and maintain resilience [6]. This is consistent with findings from the Netherlands, where nurses reshaped their work environment through teamwork to sustain care quality [14]. In Iran, nurses created an empathetic atmosphere in the workplace, enhancing teamwork and support [15].

Health education also played a vital role in overcoming caregiving challenges. Nurses educated patients about the risks of COVID-19 and the importance of adhering to health protocols. This aligns with findings from China, where health education was identified as a key strategy to enhance patient compliance and cooperation

[12]. Additionally, personal coping mechanisms such as prayer, family support, and mindfulness were instrumental in maintaining mental well-being. Participant 1 stated, *"Praying gave me peace and helped me feel protected."* Similar strategies were reported in Ghana and Iran, where religious activities and family connections were essential components of nurses' coping mechanisms [8], [15]

Implications For Nursing

This study has significant implications for the nursing profession, particularly in strengthening support systems and improving working conditions for nurses during health crises such as the COVID-19 pandemic. The findings highlight the critical need for crisis-specific training programs that integrate clinical skill enhancement with psychological resilience-building. Such programs should be embedded within nursing education and continuous professional development to better prepare nurses for complex challenges. Additionally, the study underscores the importance of accessible mental health support services, including counselling and peer support networks, to alleviate emotional stress and combat burnout commonly experienced by nurses. Ensuring adequate resource availability, particularly personal protective equipment (PPE), is another essential consideration for safeguarding nurses' safety and enabling effective patient care. Addressing these issues will enhance nursing practice, create safer working environments, support the well-being of nurses, and ultimately improve the quality of patient care delivered during future health crises.

CONCLUSION

This pilot study provided critical insights into the lived experiences of nurses working in public hospitals during the COVID-19 pandemic, focusing on their emotional responses, caregiving challenges, and adaptive strategies. Nurses faced significant emotional strain, including fear and anxiety, primarily driven by the risk of infection and its impact on their families. Despite these challenges, they demonstrated resilience through teamwork, professional dedication, and personal coping mechanisms such as prayer and family support. Caregiving challenges were magnified by resource shortages, including inadequate PPE, patient non-compliance, and overwhelming workloads, which often resulted in burnout. These findings align with global literature, highlighting shared challenges faced by healthcare workers worldwide. However, this study also emphasizes the importance of culturally specific coping strategies, such as familial connections and community support, in enhancing resilience among Malaysian nurses.

While this study provides valuable insights, its small sample size limits the generalizability of the findings. Future research should involve larger, more diverse samples to capture a broader range of experiences. Longitudinal studies could also explore the long-term impact of the pandemic on nurses' well-being and professional practice. Furthermore, comparative studies across different healthcare systems could provide a deeper understanding of how cultural and systemic factors influence nurses' experiences during crises.

Conflict Of Interest

The authors declare no conflict of interest. This study was conducted independently, and no external financial support or influence from any organization or individual impacted the research design, data collection, analysis, or interpretation of the findings

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