

Challenges and Coping Strategies of Emergency Room Nurses During the COVID - 19 Pandemic

NASUDI ROSE E. PARDIÑAS, RN
Urdaneta City, University (UCU)

Abstract — This study determined the challenges and coping strategies encountered by nurses in the emergency room during the COVID 19 pandemic. It dealt on the personal profile of the nurses which include their age, sex, civil status, highest educational attainment, number of years in the emergency room (ER) and relevant trainings attended related to emergency care for the past two years.

Descriptive research design was used in the study utilizing the different statistical tools like frequency and percentage, t-test, weighted mean, and analysis of variance (ANOVA).

The nurse respondents are young adults, female-dominated, no marital relationships, did not pursue higher degree of learning, been in the service at the emergency room for 11 years and above, earning an average monthly income and had undergone few number of trainings on emergency care. The challenges encountered by the respondents is highest on physical dimension, mental, social and lowest on spiritual dimension. The nurse respondents practiced variety of coping strategies and highest on doing proper documentation, practicing good hygiene and increasing their immunity for good body condition while on duty at the emergency room.

Insignificant findings were noted in the variables age, gender, civil status, highest educational attainment, number of years assigned in the emergency room, number of relevant trainings in emergency care. However, along monthly family income, there is a significant difference along physical dimension. The higher the monthly family income of the nurses, the higher they encountered challenges in the emergency room during the pandemic along physical, social, and spiritual dimensions of health.

The nurses must upgrade their qualifications to increase their knowledge, skills, and other competencies in the emergency room most particularly in dealing with COVID-19 patients. They must utilize other strategies to minimize the challenges encountered in the emergency room during the pandemic. They must consider other ways of coping to widen their perspective and accept that COVID-19 is just one of the cases handled. The nurse respondents must continue to perform their jobs and looking into their physical needs to minimize challenges encountered. Regardless of their monthly income, the nurses must continue their services to patients in the emergency room with or without pandemic.

Keywords — *Challengers, Coping Strategies, Emergency Room Nurses, COVID-19 Pandemic*

I. Introduction

Every health system has to have emergency care as a fundamental component. The increasing prevalence of traumatic, medical, and surgical crises worldwide emphasizes the significance of receiving top-notch emergency care. Unfortunately, compared to the developed world, low-resource countries have more significant responsibility for emergency care due to poor organizational planning, a shortage of trained health workers, and a lack of resources for treating

emergency conditions. More than 90% of injury-related deaths are thought to occur in low-resource countries, where the burden of injury is a substantial public health issue. Qualified medical staff is crucial in emergency departments (ED) to avert deaths.

The immediate management and stabilization of critically ill patients depend on emergency care. For a long time, emergency health services have been underestimated as a crucial component of healthcare in SSA, but they are now expanding in several countries. Within the field of professional nursing, emergency nursing is a specialization in which nurses care for patients who need urgent medical assistance to prevent permanent impairment or death. The emergency nurse prioritizes emergency treatment by triaging and performing resuscitation with appropriate management in a supportive healthcare environment. Nurses are critical in identifying and managing patients with life-threatening disorders. Due to a shortage of nursing staff, inadequate specialized training, a large patient population, and difficult working circumstances, the emergency nursing function, particularly in Africa, is difficult. In 2020, Afaya et al (James 2017).

It is essential to seek emergency medical assistance straight away. Nurses who work in emergency rooms must cope with difficulties such as crowding, growing admission rates, a shortage of resources, and operational inefficiencies. The number of requests for individual direct nursing care in an ED increase as the number of ED patients grows or patients with more severe conditions are admitted. As a result, the same number of nursing staff members frequently cannot meet the demands of the patients. The nursing staff is being compelled to minimize their contact time with patients. Providing practical nursing care to clients is compromised when patient engagement time is reduced. Concerns about leadership and inadequate training for ED roles exacerbate the difficulties that RGNs experience in the ED. In Africa, emergency nurses' area of practice is restricted, with no clearly defined advanced nurse practitioner professions. Despite the fact that the treatment given by nurse practitioners practicing in the ED necessitates a body of knowledge on acute sickness and injury, few institutions in Africa offer emergency nurse training. As a result, there are few emergency nurses accessible to give treatment in EDs. While physician emergency medicine training programs are expanding, there are few recognized training programs for emergency nurses. The majority of emergency department personnel in Africa are registered general nurses (RGNs) with no further professional training in emergency nursing. Historically, little thought has been given in Ghana, as in other poor and middle-income countries, to maximizing the movement of nursing personnel for the treatment of severely ill or injured patients.

Additionally, Ghana's emergency care system is subpar compared to that of developed nations, thus exacerbating the already dire issue of nurse shortages and congestion. Although RGNs in EDs face difficulties in providing clients with safe, high-quality treatment, ED nurses' experiences of problems in accident and emergency departments are rarely considered. To address challenges in the ED, RGNs must be aware of the difficulties they face. The study's aim was to look at the issues that RGNs face while working in EDs in selected hospitals in Ghana's Volta Region. (Atakro et al., 2016)

Inadequate human resources result in an unmanageable patient load and a discrepancy in the nurse-to-patient ratio. Nurse-to-patient balance must be carefully maintained since it has a significant impact on the patient care delivery system. Patient deaths, infections, injuries, or early release occur when nurses are obliged to care for patients at high nurse-to-patient ratios. Additionally, patients don't receive adequate teaching on how to treat their diseases or wounds. As a result, they frequently return to the hospital, often sicker than before. When nurses have fewer patients, they can provide them with better care. If there are sufficient nurses in a healthcare setting, nurses have more time to advocate with patients and their families about the patient care plan, and nurses can guarantee that the patient receives what they require.

If they don't take the suitable measures and attention, nurses run a significant chance of getting occupational health concerns. When doing their tasks, nurses are exposed to a number of biological, physical, and chemical risks. Essential factors in reducing adverse effects from occupational safety and health hazards that nurses face include the incorporation, application, and utilization of such training and resources with management support and leadership. (James, 2017)

Long hours have been one of nursing's most continuous obstacles. Nurses often have complex schedules because nursing is a 24-hour-a-day, seven-day-a-week employment. Working many consecutive 12-hour shifts, being on call, or working overtime are all examples of working extended hours. Nurses' workloads are challenging, with many working more than 40 hours weekly. This might leave nurses exhausted over time. Stress and weariness (both mental and physical) can provide additional obstacles in nursing, potentially leading to costly medical errors.

One of the many difficulties of nursing, in addition to the lengthy hours, is that the majority of those hours are spent standing. Lifting patients requires physical effort from nurses, therefore they must assist (from a wheelchair to a bed, for instance, or from the bed to the bathroom). They have access to tools like slide sheets and motorized lifts that can make these physical requirements less burdensome. However, work-related accidents happen often to nurses. Back injuries are among the most common occupational dangers.

In the modern world, bullying is a real issue, and nurses are not exempt. Bullying is described as "repeated, unwelcome unpleasant activities meant to humiliate, insult, and create anguish in the receiver" by the American Nurses Association (ANA). Additional forms of bullying include bullying and harassment committed by patients and their families. Other nurses or members of the medical profession may engage in such harassment. Unfortunately, experienced nurses are not always as hospitable or collaborative as they ought to be, and they may lose patience with novice nurses. While on the job, nurses may be subjected to physical or verbal abuse, which does not necessarily come from patients.

Technological innovations have had a good and exciting influence on the healthcare profession; nevertheless, technology has also generated one of the most recent obstacles in nursing. Because of the rapid advancement of technology, fresh breakthroughs may have an immediate

influence on how nurses conduct their work, necessitating the continual acquisition of new skills by nurses. With the difficulty of working long hours, how can a nurse keep up with all of the new data? Dealing with new software or equipment might seem overwhelming when added to an already heavy schedule, especially if one does not have a strong appreciation for technology. (2019, Spring Arbor University)

Sehularo et al. 2021 Emergency room nurses treat COVID - 19 suspicious or confirmed cases and they are subjected to psychological stress despite tight measures. They are more prone to be infected with COVID-19 than any healthcare personnel since they are in direct contact with patients. They also experience emotional and mental stress because of COVID-19 and become worried about transmitting COVID-19 to their family, friends, and colleagues. Emergency room nurses are highly distressed by observing social distance from the family since they are the people assisting them to cope during the COVID -19 pandemic. With the epidemic, nurses are more anxious about their friends and family, which causes them stress and anxiety, and they occasionally resort to inappropriate coping techniques. Social support from spouses, families, friends, coworkers, and the community can help nurses cope with the challenges of the COVID - 19 pandemic. It considerably aids to reduce the stress caused by the pandemic.

II. Methodology

Research Design

The descriptive research method was utilized in the study, with a questionnaire as the data collection tool, to ascertain the challenges and coping mechanisms encountered by emergency room nurses.

Best (2006) defines descriptive research as a process that transcends beyond data analysis and tabulation. It incorporates an interpretation of the meaning and relevance of what is described. As a result, description is typically paired with comparison and contrast, including measurements, classifications, understanding and assessment.

Population and Locale of the Study

The emergency room nurses at government hospitals in La Union were the subjects of this study. It comprised of 45 nurses (ER nurses, triage nurses, and nurse supervisors) from the hospitals' emergency rooms. Purposive sampling was utilized because the researcher wanted to include respondents who worked in hospital emergency departments.

Data Collection Instruments

Data collection for the study was conducted using a questionnaire. Based on prior research and published articles on the subject of the current study, the survey's questions were adjusted.

Part I discussed the nurses' profiles, their age, gender, civil status, highest educational attainment, number of years in the emergency room, monthly family income, and number of relevant emergency care training.

Part II focused on the physical, mental, social, and spiritual challenges nurses faced in the emergency room.

Part III focused on the nurses' coping strategies in the emergency room during the COVID-19 pandemic.

Table 1 Distribution of the Respondents in terms of their Profile Variables

Profile Variables	Frequency	Percentage
Age (in years)		
20 – 30	11	16.2
31 – 40	41	60.3
41 – 50	5	7.4
51 and above	11	16.2
Gender		
Male	21	30.9
Female	47	69.1
Civil Status		
Single	36	52.9
Married	30	44.1
Separated	2	2.9
Highest Educational Attainment		
Bachelor's Degree	53	77.9
With Masteral units	11	16.2
MA/MS graduate	4	5.9
Number of Years Assigned in the Emergency Room		
1 – 3	18	26.5
4 – 6	14	20.6
7 – 10	14	20.6
11 and above	22	32.4
Monthly Family Income		
Php10,000 and below	2	2.9
Php 10,001 – Php 20,000	18	26.5
Php 20,001 – Php 30,000	5	7.4
Php 30,001 – Php 40,000	28	41.2
Php 40,001 and above	15	22.1

Profile Variables	Frequency	Percentage
Relevant Trainings in Emergency Care for the past 2 years		
0 – 1	40	58.8
2 – 3	23	33.8
4 – 5	3	4.4
6 – 7	2	2.9

Table 1 shows the respondents' age, gender, civil status, highest educational attainment, years assigned in the emergency room, monthly family income, and the relevant number of emergency care training.

Age. The majority of the nurses who took part in the study are between the ages of 31 and 40, with a frequency of 41 or 60.3%, 20 to 30, and 51 and older, with a frequency of 11 or 16.2%, 41 to 50, and 5 or 7.4%. It suggests that the majority of respondents are young adults. Erickson (2009) characterizes young adulthood as being between the ages of 18 and 40. The central conflict at this stage is forming intimate, loving relationships with other people.

Gender. Females outnumber males by a margin of 47 to 69.1%, with males outnumbering females by a margin of 21 to 30.9%. It suggests that women continue to hold the majority of jobs in the nursing field.

Civil Status. Most respondents (36 or 52.9%) are single, followed by married (30 or 44.1%) and separated (2 or 2.9%). It implies that the respondents are not in marital relationships and have professional nursing experience.

The highest level of education. With a frequency of 22 or 32.4%, 1-3 years at 18 or 26.5%, 4-6 and 7-10 years at 14 or 20.6%, the majority of participants had at least 11 years of experience working in the emergency room. It implies that respondents did not pursue continuing professional development activities such as enrolling in a post-graduate program.

The length of time spent at the emergency service. The majority of respondents had worked in the emergency department for at least 11 years, with a frequency of 22 or 32.4% for the first three years, 18 or 26.5% for the following three to ten years, and 14.6% for the next three to ten years. It implies that most respondents had been assigned for long years in the emergency and have the expertise in giving emergency care to patients.

Monthly Family Income. Most respondents earn between P30,000 and P40,000 per month (28.2 or 41.2%), P10,000 and P20,000 (18.5 or 26.5%), P20,000 and P30,000 (5 or 7.4%), and P10,000 or less (2 or 2.9%). It implies that most respondents receive an average salary as staff nurses.

Relevant training for the past two years. Most respondents had little to no training in emergency care, with 0 -1 activity being the most common (40, or 58.8%), followed by 2 – 3

activities (23, or 33.8%), 4 - 5 activity (3, or 4.4%), and 6 - 7 activity (2, or 2.9%). It implies that the nurses only attended a few moves.

Table 2 Challenges Encountered by the Nurses in the Emergency Room during the COVID-19 Pandemic along the Physical Dimension of Health

Indicators	Weighted Mean	Descriptive Equivalent
1. prone to workplace health hazards	4.79	HE
2. faced acute shortage of masks, hand gloves, and personal protective equipment (PPE) to protect us from COVID-19 infection	4.26	E
3. lacking recognition from upper-level management and facing social stigmas from the public add to these stressors	4.34	E
4. lack of preparedness and delayed infection prevention and control (IPC) guidelines, and overworked personnel	4.22	E
5. worked extra hours or worked without having proper breaks, but also functioned in a state of alarm.	4.56	HE
6. suffered from sleep disturbance and low sleep quality	4.31	E
7. fear of transmission of infection from patients and other persons	4.54	HE
8. lacks COVID-19-specific training for nurses	4.31	E
9. Inadequate knowledge on technological advancement	3.93	E
10. overworked and working permanently on alert to face medical uncertainties and the critical conditions of patients	4.47	E
11. being overworked combined with a shortage or unavailability of staff, especially when personnel got sick, was a primary problem	4.54	HE
12. meal and breaktime schedule is not being followed	4.29	E
13. being overworked made us more vulnerable to getting infected with COVID-19	4.62	HE
14. my body suffered due to the intense nursing activities attending to patients with COVID 19 and other infectious diseases	4.47	E
15. High pressure nature of job in the emergency room	4.43	E
Average Weighted Mean	4.41	E

Legend:

Statistical Range	Descriptive Equivalent (DE)	Transmuted Rating
4.50 – 5.00	Always	Highly Encountered (HE)
3.50 – 4.49	Often	Encountered ®
2.50 – 3.49	Sometimes	Moderately Encountered (MI)
1.50 – 2.49	Seldom	Slightly Encountered (SE)
1.00 – 1.49	Never	Not Encountered (NE)

The following items received the highest ratings: "prone to workplace health hazards," "worked extra hours or without proper breaks, but also operated in a state of alarm," "fear of transmission of infection from patients and other persons," "being overworked combined with a shortage or unavailability of staff, especially when personnel became sick," and "being overworked made us more vulnerable to Covid - 19 infection." It was discovered that the nurse had encountered physiological concerns while working in the emergency department during the COVID - 19 outbreak. It showed that the respondents experienced such challenges because of the high incidence of the disease and the hospital's inadequate staff to attend to the increasing cases.

With a weighted mean of 4.22, 4.26, and 4.29, the least challenging issues were "acute shortage of masks, hand gloves, and personal protective equipment (PPE) to protect us from COVID -19 infection," "lack of preparedness and delayed infection prevention and control (IPC) guidelines, and overworked personnel," and "meal and break schedule is not being followed." It was found that there are difficulties experienced, but the nurses can readily adapt to them.

Overall, the challenges encountered along the physical aspect got an average weighted mean of 4.41. It showed that the nurses experienced physical problems in the emergency room. According to the WHO 2020, developing nations have problems with organizational planning, a lack of qualified healthcare workers, and insufficient resources to handle emergencies. Qualified healthcare personnel in the Emergency Department (ED) are needed to help avert preventable deaths.

Table 3 Challenges Encountered by the Nurses in the Emergency Room during the COVID-19 Pandemic along the Mental Dimension of Health

Indicators	Weighted Mean	Descriptive Equivalent
1. High degree of workplace mental violence	3.99	E
2. was not trained in palliative care, and dealing with the unpredictability of the disease added to being mentally overburdened.	3.97	E
3. fear leading to self-stigmatisation or avoidance behaviour such as sleeping in separate bedrooms or not kissing their partner/children	4.00	E
4. Insufficient protection and other factors that violate one's ethical principles (eg, not being able to provide good quality care due to being overworked) lead to negative self-perception	4.06	E
5. mental strains resulted from being overworked and working permanently on alert to face medical uncertainties and the critical conditions of patients	4.16	E
6. Anxiety about patients, the possibility of infecting family members and the financial impact of the pandemic	4.32	E

7. Nurses faces huge mental pressure as a result of workload, long hours and working in a high risk environment	4.51	HE
8. experienced depression, anxiety, stress, burnout or other mental health conditions relating to, or made worse by, the COVID-19 crisis	4.37	E
9. higher stress and psychological disturbance working in areas with a high incidence of infection	4.44	E
10. reported anxiety and fear and some preferred to resign from their jobs	4.06	E
11. experienced emotional disturbance and suffered from nervousness	4.10	E
12. being quarantined as a result of working in high-risk wards as another source of mental disorders [4.41	E
13. higher rate of morbidities among nurses as a result of COVID 19	4.16	E
14. Inadequate support for mental health of the healthcare professionals.	4.26	E
15. suffered from insomnia, loneliness, sleep disorder, and mental depression as a result of the workload and related stress	4.09	E
Average Weighted Mean	4.19	E

Legend:

Statistical Range	Descriptive Equivalent (DE)	Transmuted Rating
4.50 – 5.00	Always	Highly Encountered (HE)
3.50 – 4.49	Often	Encountered €
2.50 – 3.49	Sometimes	Moderately Encountered (ME)
1.50 – 2.49	Seldom	Slightly Encountered (SE)
1.00 – 1.49	Never	Not Encountered (NE)

Table 3 presents the Challenges Encountered by the Nurses in the Emergency Room during the COVID - 19 pandemic along the Mental Dimension of Health.

The highest indicators are item 7, “Nurses face huge mental pressure due to workload, long hours and working in a high-risk environment,” with a weighted mean of 4.51 or “Highly Encountered.” It revealed that this is the challenge they perceived in mental health in dealing with COVID - 19 patients in the emergency room. It is a fact that the respondents have no choice but to attend to all patients brought to the area since it is their responsibility to give immediate care.

According to Atakro et al. (2016), nurses are frontline employees in EDs who face issues such as overcrowding, increasing admission numbers, insufficient resources, and operational inefficiencies. Individual needs for direct nursing care grow when the number of ED patients increases or patients with more severe illnesses are admitted to an ED.

The lowest indicators are items 1 and 2, "High degree of workplace mental violence" and "was not trained in palliative care, and dealing with the unpredictability of the disease added to being mentally overburdened." with a weighted mean of 3.97, and 3.99 or "Encountered," which

revealed that this is a minor challenge they encountered along mental aspects, although each indicator affects them as well.

Overall, the challenges encountered by the respondents in the emergency room during the COVID - 19 pandemic got an average weighted mean of 4.39 or “Encountered.” It became clear that difficulties are experienced along the mental dimension.

Sehularo et al. 2021 even when taking strict safeguards, emergency room nurses care for COVID - 19 suspects or confirmed patients and are subject to psychological pressures. They are more prone to be infected with COVID - 19 than any healthcare personnel since they are in direct contact with patients. In addition to experiencing physical and mental stress due to COVID - 19, they also started to worry that they would infect their friends, family, and coworkers.

Table 4 Challenges Encountered by the Nurses in the Emergency Room during the COVID-19 Pandemic along the Social Dimension of Health

Indicators	Weighted Mean	Descriptive Equivalent
1. Hostility from family members, based on waiting times, or services not covered by the institution	4.00	Encountered
2. dealt with stigma and avoidance behaviour of community people, experienced stigma in private lives and observed avoidance behaviour in some colleagues.	3.93	Encountered
3. absence of an effective social support system	3.93	Encountered
4. high-risk contacts and faced stigma in social surroundings	4.01	Encountered
5. Children were not invited to their friends’ homes, and their personal appointments at a doctor’s office were rudely cancelled:	3.84	Encountered
6. Frequent exposure to serious injury and acute/severe cases	3.97	Encountered
7. Fear of transmission of infection from patients to other members of the community	4.13	Encountered
8. Lacks administrative support to address the difficulties faced by nurses is necessary for an overall improved health outcome during the pandemic	4.07	Encountered
9. Social stigma during the COVID-19 pandemic. The neighbors perceived us as a nuisance and usually avoided communication for fear of infection.	4.19	Encountered
10. landlords raised monthly house rents of the medical workers and evicted them from their property if they were tested COVID-positive	3.78	Encountered
11. Parents or husband or wife of nurses remained concerned about working in such a risky environment. They often tried to bargain with them to stay home,	4.28	Encountered
12. sudden death of colleagues created a feeling of helplessness leading to experience insomnia	3.68	Encountered
13. inadequate support from family members and colleagues	3.62	Encountered

14. Neighbors perceived nurses carry a higher risk of infection from my exposure to patients	4.24	Encountered
15. Encounter getting the history of a non-responsive patient to a hostile or toxic significant others while performing the necessary emergency intervention and following doctor's order, all at the same time	4.21	Encountered
Average Weighted Mean	3.99	Encountered

Legend:

Statistical Range	Descriptive Equivalent (DE)	Transmuted Rating
4.50 – 5.00	Always	Highly Encountered (HE)
3.50 – 4.49	Often	Encountered (E)
2.50 – 3.49	Sometimes	Moderately Encountered (ME)
1.50 – 2.49	Seldom	Slightly Encountered (SE)
1.00 – 1.49	Never	Not Encountered (NE)

Table 4 presents the Challenges Encountered by the Nurses in the Emergency Room during the COVID - 19 pandemic along the Social Dimension of Health.

The most important indicators are items 11, 14, and 15, which state that "Parents or husband or wife of nurses continued to be concerned about working in such a risky environment" and "Encounter getting the history of a non-responsive patient from a hostile or toxic significant other while performing the necessary emergency intervention and following doctor's order, all at the same time," respectively. With a weighted mean of 4.28, 4.2, and 4.21 or "Encountered," it was noticed that the respondents encountered these complexities the most at work. Instances included "They frequently tried to bargain with them to stay home," and "Neighbors perceived nurses carry a higher risk of infection from my exposure to patients."

The lowest indicators have weighted means of 3.62, 3.68, and 3.78, respectively, and are numbers 10, 12, and 13: "Encounter getting the history of a non-responsive patient from a hostile or toxic significant other while performing the necessary emergency intervention and following doctor's order, all at the same time," "sudden death of colleagues created a feeling of helplessness leading to experience insomnia," and "inadequate support from family members and colleagues."

Overall, the challenges encountered by the respondents along the social dimension got an average weighted mean of 3.99 or "Encountered." It revealed that the respondents equally experienced social challenges in the emergency room and social aspects. According to Jeff, the stigmatization of HCWs due to COVID - 19 is a global societal consequence of this pandemic in 2021. HCWs were shunned or humiliated in many nations, and they were subjected to assault or harassment.

The fact that HCWs respond to health emergencies to save lives while putting themselves at risk for infection makes this issue particularly difficult.

Table 5 Challenges Encountered by the Nurses in the Emergency Room during the COVID-19 Pandemic along the Spiritual Dimension of Health

Indicators	Weighted Mean	Descriptive Equivalent
1. I lose hope and had difficult time finding meaning and purpose in what's happening due to the pandemic	3.24	ME
2. My faith weakened after witnessing tragic events on dying COVID 19 patients	3.06	ME
3. I nearly reflect negative attitudes toward God	3.15	ME
4. My religious faith has been strengthened due to the pandemic	4.16	E
5. I found the peace that comes from spiritual grounding in the face of dying COVID 19 patients	4.01	E
6. compassion and empathy puts me at ease and provides much needed relief during periods of heightened stress, distress and anxiety	4.09	E
7. Covid-19 pandemic significantly altered the normal way of life and brought massive challenges to the nurses	4.24	E
8. dispense spiritual care to each other through purposeful communication anchored upon empathy	4.10	E
9. pandemic creates spiritual issues as one of the dimensions of holistic care which can increase satisfaction	4.16	E
10. I lack awareness of the spiritual needs due to fear of getting the disease,	3.69	E
11. Inadequate provision of peaceful death to patients in the hospital because of the high risk of transmission	3.85	E
12. I perceived lower levels of spiritual well-being and mental health than the pre-pandemic situation	3.69	E
13. cognitive and behavioral efforts to find or maintain meaning, purpose and connection in the face of difficult situations	3.88	E
14. experienced low level of spirituality, perceived a state of anxiety and greater emotional fatigue	3.81	E
15. spiritual distress is going through adverse situations, such as that caused by COVID-19	3.84	E
Average Weighted Mean	3.80	E

Legend:

Statistical Range	Descriptive Equivalent (DE)	Transmuted Rating
4.50 – 5.00	Always	Highly Encountered (HE)
3.50 – 4.49	Often	Encountered (E)
2.50 – 3.49	Sometimes	Moderately Encountered (ME)
1.50 – 2.49	Seldom	Slightly Encountered (SE)
1.00 – 1.49	Never	Not Encountered (NE)

Table 5 presents the Challenges Encountered by the Nurses in the Emergency Room during the COVID - 19 pandemic along the Spiritual Dimension of Health.

The most significant indicators have a weighted mean of 4.16 and 4.24 or "Encountered," and they are items 4, 7, and 9: "My religious faith strengthens due to the pandemic," "Covid - 19 pandemic significantly altered the normal way of life and brought massive challenges to the nurses," and "pandemic creates spiritual issues as one of the dimensions of holistic care which can increase satisfaction." It is discovered that the participants had these difficulties at the emergency room.

The responders' exposure to COVID - 19 patients at the emergency room - was found to have a substantial spiritual impact. The lowest indicators, with weighted means of 3.24, 3.06, and 3.15, or moderately encountered, are items 1, 2, and "I lose hope and had a difficult time finding meaning and purpose in what is happening due to the pandemic," "My faith weakened after witnessing tragic events on dying COVID 19 patients," and "I nearly reflect negative attitudes toward God."

Overall, the challenges encountered by the respondents on COVID - 19 patients in the emergency room got an average weighted mean of 3.80 or "Encountered." It revealed that the respondents were spiritually affected when caring for COVID - 19 patients in the emergency room.

The patient is delighted with their compassionate acts and smiling faces. Chuggani 2017, mentioned that nurses play an integral role in the healthcare industry, providing patient treatment and carrying out leadership roles in hospitals, health systems, and other organizations.

The nursing career may be rewarding, but it can also be quite tricky and requires a great degree of devotion and commitment.

Table 6 Challenges Encountered by the Nurses in the Emergency Room during the COVID-19 Pandemic along the Five Dimension of Health

Dimension of Health	Weighted Mean	Descriptive Equivalent
Physical	4.41	E
Mental	4.19	E
Social	3.99	E
Spiritual	3.80	E
Overall Weighted Mean	4.10	E

Legend:

Statistical Range	Descriptive Equivalent (DE)	Transmuted Rating
4.50 – 5.00	Always	Highly Encountered (9HR)
3.50 – 4.49	Often	Encountered (E)
2.50 – 3.49	Sometimes	Moderately Encountered (ME)
1.50 – 2.49	Seldom	Slightly Encountered (SE)
1.00 – 1.49	Never	Not Encountered (NE)

As shown in the table, the nurses encountered the physical dimension of health the most often while caring for COVID - 19 patients in the emergency room, with a weighted mean of 4.41 or "Encountered," followed by the mental and social dimensions with weighted means of 4.19, 3.99, and 3.80, respectively. Overall, the challenges encountered by the respondents during the COVID - 19 pandemic got an overall weighted mean of 4.10, or "Encountered." It reflects that the respondents experienced these challenges in all five dimensions of health.

In their study, Afaya et al., 2020 discovered that the emergency nursing job, particularly in Africa, is particularly difficult owing to a lack of nursing personnel, insufficient specialist training, excessive patient numbers, and stressful working circumstances. This is identical to the recent study, which demonstrates resource constraints at the majority of healthcare institutions.

According to Spring Arbor University 2019, nurses confront high threats of developing occupational health hazards if they do not take proper precautions and care. Biological, physical, and chemical risks are all things that nurses have to deal with when carrying out their jobs. How much training and resources are available to nurses in occupational safety and health.

Table 7 Coping Strategies Utilized by the Emergency Room Nurses during the COVID-19 Pandemic

Indicators	Weighted Mean	Descriptive Equivalent
1. Complete documentation	4.50	HP
2. Practice good hygiene	4.63	HP
3. have unwinding activities to release the stresses encountered with close friends	4.19	P
4. Take the time needed for relaxation with family members	4.28	P
5. Form positive relationship and collaboration with other personnel	4.41	P
6. Mastering technology to improve knowledge and skills	4.37	P
7. small gatherings after work where problems can be shared as well as participating in other recreational activities	4.10	P
8. meditation as well as music therapy helped to mitigate the daily stress.	4.41	P
9. familiarity with policies in the emergency room	4.47	P
10. increasing immunity by taking balance diet and multivitamins	4.50	HP
11. Limit intake of caffeine which can aggravate anxiety and trigger panic attacks	4.04	P
12. asks others to help or assist especially to restless or severe cases	4.38	P
13. maintain emotional composure in spite of the workload	4.29	P
14. problem solving and positive reappraisal	4.32	P
15. resort to spirituality like asking for God's guidance	4.47	P
Average Weighted Mean	4.36	P

Legend:

Statistical Range	Descriptive Equivalent (DE)	Transmuted Rating
4.50 – 5.00	Always	Highly Practiced (HP)
3.50 – 4.49	Often	Practiced (P)
2.50 – 3.49	Sometimes	Moderately Practiced (MP)
1.50 – 2.49	Seldom	Slightly Practiced (SP)
1.00 – 1.49	Never	Not Practiced (NP)

Table 7 shows the Emergency Room Nurse's Coping Strategies during the COVID - 19 pandemic. The highest indicators are items 1, 2, and 10, "Complete documentation," "Practice good hygiene," and "increasing immunity by taking a balanced diet and multivitamins," with weighted men of 4.50 and 4.63 or "Highly Practiced," implying that respondents practice documenting each patient to have complete information on the patient. Aside from that, getting enough nutrition and multivitamins will boost their immunity and prevent infection transmission.

The items 3, 7, and 11 ("have relaxing activities to release the stresses encountered with close friends"), "small gatherings after work where problems can be shared as well as participating in other recreational activities," and "Limit intake of caffeine which can aggravate anxiety and

trigger panic attacks" all have weighted means of 4.04, 4.10, and 4.19 or "Practiced," making them the least effective coping strategies.

Overall, the respondents' coping strategies received an average weighted mean of 4.36 or "Practiced," indicating that the respondents used a variety of coping strategies while on duty with COVID - 19 patients.

Spring Arbor University 2019 confirmed that technological advancements had a positive and exciting impact on the healthcare profession, but technology has also created one of nursing's newest challenges. Technology is developing at a quickly and recent advancements may directly affect how nurses perform their jobs, demanding ongoing skill development.

Table 8 ANOVA Results on the Difference in Challenges Encountered by the Nurses in the Emergency Room during the COVID-19 Pandemic across Age

Dimension of Health	Source of Variation	Sum of Squares	df	Mean Squares	F-value	Sig	Remarks
Physical	Between Groups	0.319	3	0.106	0.311	0.817	Not Significant
	Within Groups	21.885	64	0.342			
	Total	22.205	67				
Mental	Between Groups	2.951	3	0.984	1.764	0.163	Not Significant
	Within Groups	35.686	64	0.558			
	Total	38.637	67				
Social	Between Groups	0.763	3	0.254	0.385	0.764	Not Significant
	Within Groups	42.235	64	0.660			
	Total	42.998	67				
Spiritual	Between Groups	0.867	3	0.289	0.397	0.756	Not Significant
	Within Groups	46.644	64	0.729			
	Total	47.512	67				
Overall	Between Groups	0.912	3	0.304	0.615	0.608	Not Significant
	Within Groups	31.600	64	0.494			
	Total	32.512	67				

Table 8 shows the results of an analysis of variance to determine the age differences in the challenges faced by nurses in the emergency room during the COVID - 19 pandemic. According to the computed F-values with significance values, all greater than .05, there is no significant difference in the challenges nurses face along the four dimensions of health, namely physical, mental, social, and spiritual, when grouped by age.

Therefore, experienced and new nurses encountered the same difficulty in the emergency room during the COVID - 19 pandemic.

Table 9 t-Test Results on the Difference in the Challenges Encountered by the Nurses in the Emergency Room during the COVID-19 Pandemic across Gender

Dimension of Health	Sex	N	Mean	Mean Difference	Standard Error Difference	df	t-value	Sig	Remarks
Physical	Male	21	4.36	-0.073	0.152	66	-0.479	0.634	Not Significant
	Female	47	4.43						
Mental	Male	21	4.24	0.072	0.201	66	0.357	0.722	Not Significant
	Female	47	4.17						
Social	Male	21	4.05	0.086	0.212	66	0.404	0.687	Not Significant
	Female	47	3.96						
Spiritual	Male	21	3.82	0.038	0.223	66	0.172	0.864	Not Significant
	Female	47	3.79						
Overall	Male	21	4.12	0.031	0.184	66	0.170	0.865	Not Significant

Table 9 displays the t-test results for the difference in challenges faced by nurses during the COVID - 19 pandemic by gender. The table shows that the computed t - values produced significance values more significant than the 0.05 level of significance.

The findings indicate that the results are not statistically significant, implying that male and female nurses had comparable experiences in the emergency room during the COVID - 19 pandemic.

Table 10 ANOVA Results on the Difference in Challenges Encountered by the Nurses in the Emergency Room during the COVID-19 Pandemic across Civil Status

Dimension of Health	Source of Variation	Sum of Squares	df	Mean Squares	F-value	Sig	Remarks
Physical	Between Groups	0.034	2	0.017	0.050	0.951	Not Significant
	Within Groups	22.170	65	0.341			
	Total	22.205	67				
Mental	Between Groups	0.907	2	0.454	0.782	0.462	Not Significant
	Within Groups	37.730	65	0.580			
	Total	38.637	67				
Social	Between Groups	1.363	2	0.681	1.064	0.351	Not Significant
	Within Groups	41.635	65	0.641			
	Total	42.998	67				
Spiritual	Between Groups	2.684	2	1.342	1.946	0.151	Not Significant
	Within Groups	44.828	65	0.690			
	Total	47.512	67				
Overall	Between Groups	0.668	2	0.334	0.682	0.509	Not Significant
	Within Groups	31.844	65	0.490			
	Total	32.512	67				

Table 10 illustrates the results of the comparison test of the challenges posed by emergency room nurses during the COVID - 19 pandemic when they are divided into groups based on their civil status. The obstacles nurses encounter in the physical, mental, social, and spiritual dimensions of health are not significantly different, mainly when categorized according to their civil status, according to computed F-values with significance values more significant than the established 0.05 threshold of significance.

Table 11 ANOVA Results on the Difference in Challenges Encountered by the Nurses in the Emergency Room during the COVID-19 Pandemic across Highest Educational Attainment

Dimension of Health	Source of Variation	Sum of Squares	Df	Mean Squares	F-value	Sig	Remarks
Physical	Between Groups	0.003	2	0.001	0.004	0.996	Not Significant
	Within Groups	22.202	65	0.342			
	Total	22.205	67				
Mental	Between Groups	1.139	2	0.570	0.987	0.378	Not Significant
	Within Groups	37.498	65	0.577			
	Total	38.637	67				
Social	Between Groups	0.503	2	0.252	0.385	0.682	Not Significant
	Within Groups	42.495	65	0.654			
	Total	42.998	67				
Spiritual	Between Groups	1.984	2	0.992	1.416	0.250	Not Significant
	Within Groups	45.528	65	0.700			
	Total	47.512	67				
Overall	Between Groups	0.532	2	0.266	0.541	0.585	Not Significant
	Within Groups	31.980	65	0.492			

Table 11 shows the results of a test of differences in the challenges faced by nurses in the emergency room during the COVID - 19 pandemic based on the highest educational attainment.

The computed values produced significance values that were all greater than the 0.05 levels. According to the results, there is no discernible difference in the obstacles nurses face in the physical, emotional, social, and spiritual facets of health when they to categories according to educational level. It means that the nurses' educational backgrounds did not affect their challenges during the COVID - 19 pandemic.

Table 12 ANOVA Results on the Difference in Challenges Encountered by the Nurses in the Emergency Room during the COVID-19 Pandemic across Number of Years Assigned in the Emergency Room

Dimension of Health	Source of Variation	Sum of Squares	Df	Mean Squares	F-value	Sig	Remarks
Physical	Between Groups	1.858	3	0.619	1.949	0.131	Not Significant
	Within Groups	20.346	64	0.318			
	Total	22.205	67				
Mental	Between Groups	0.957	3	0.319	0.542	0.655	Not Significant
	Within Groups	37.680	64	0.589			
	Total	38.637	67				
Social	Between Groups	1.513	3	0.504	0.778	0.510	Not Significant
	Within Groups	41.485	64	0.648			
	Total	42.998	67				
Spiritual	Between Groups	2.667	3	0.889	1.269	0.293	Not Significant
	Within Groups	44.844	64	0.701			
	Total	47.512	67				
Overall	Between Groups	1.308	3	0.436	0.894	0.449	Not Significant
	Within Groups	31.204	64	0.488			
	Total	32.512	67				

Table 12 shows the results of a comparison of the challenges faced by nurses in the emergency room during the COVID - 19 Pandemic across the number of years they are assigned in the emergency room. The computed values show insignificant results because all F - values have significance values more significant than the set 0.05 level of significance. It means indicating the difficulties the nurses encountered during the COVID - 19 pandemic was unaffected by the length of their stays in the emergency room.

Table 13 ANOVA Results on the Difference in Challenges Encountered by the Nurses in the Emergency Room during the COVID-19 Pandemic across Monthly Family Income

Dimension of Health	Source of Variation	Sum of Squares	df	Mean Squares	F-value	Sig	Remarks
Physical	Between Groups	3.568	4	0.892	3.016	0.024	Significant
	Within Groups	18.636	63	0.296			
	Total	22.205	67				
Mental	Between Groups	1.908	4	0.477	0.818	0.518	Not Significant
	Within Groups	36.729	63	0.583			
	Total	38.637	67				
Social	Between Groups	2.903	4	0.726	1.140	0.346	Not Significant
	Within Groups	40.095	63	0.636			
	Total	42.998	67				
Spiritual	Between Groups	5.361	4	1.340	2.003	0.105	Not Significant
	Within Groups	42.151	63	0.669			
	Total	47.512	67				
Overall	Between Groups	2.873	4	0.718	1.527	0.205	Not Significant
	Within Groups	29.639	63	0.470			
	Total	32.512	67				

Table 13 shows the results of an analysis of variance on the differences in the challenges nurses face in the emergency room during the COVID - 19 pandemic based on monthly family income.

The findings indicate that, other from physical stature, there is no noticeable difference in the difficulties experienced by nurses in relation to the mental, social, and spiritual facets of health.

Therefore, regardless of their monthly income, nurses affected by the epidemic encountered equivalent emotional, social, and spiritual difficulties.

It is important to note that a significant difference detects along the physical dimension of health.

Table 14 Scheffe Test Results on the Significant Difference in the Challenges Encountered by the Nurses in the Emergency Room during the COVID-19 Pandemic across Monthly Family Income

Dimension of Health	Compared Groups	Mean Difference	Sig. Value
Physical	10K & below vs 10K-20K	-.348	.946
	10K & below vs 20K-30K	-.322	.973
	10K & below vs 30K-40K	-.784	.431
	10 & below vs above 40K	-.759	.493
	10K-20K vs 20K-30K	.026	1.000
	10K-20K vs 30K-40K	-.435	.149
	10K-20K vs above 40K	-.411	.333
	20K-30K vs 30K-40K	-.462	.553
	20K-30K vs above 40K	-.437	.660
	30K-40K vs above 40K	.024	1.000

The Scheffe test results are presented in the following table to check on the groups that have shown significant differences.

The results of the Scheffe Test on the significant difference in the difficulties faced by nurses along the physical aspect across their monthly income are shown in Table 14.

The previous table revealed that monthly family income influences the challenges faced by nurses along the physical dimension of health. However, as shown in the table, a closer examination revealed no significant difference between the compared groups. It may be due to the unequal distribution of nurses across income brackets, as shown in Table 1.

Table 15 ANOVA Results on the Difference in Challenges Encountered by the Nurses in the Emergency Room during the COVID-19 Pandemic across Relevant Trainings Related to Emergency Care

Dimension of Health	Source of Variation	Sum of Squares	df	Mean Squares	F-value	Sig	Remarks
Physical	Between Groups	0.322	3	0.107	0.314	0.815	Not Significant
	Within Groups	21.882	64	0.342			
	Total	22.205	67				
Mental	Between Groups	0.337	3	0.112	0.188	0.904	Not Significant
	Within Groups	38.300	64	0.598			
	Total	38.637	67				
Social	Between Groups	0.069	3	0.023	0.034	0.991	Not Significant
	Within Groups	42.929	64	0.671			
	Total	42.998	67				
Spiritual	Between Groups	0.925	3	0.308	0.423	0.737	Not Significant
	Within Groups	46.587	64	0.728			
	Total	47.512	67				
Overall	Between Groups	0.123	3	0.041	0.081	0.970	Not Significant
	Within Groups	32.389	64	0.506			
	Total	32.512	67				

Table 15 shows the results of a test of differences in the challenges faced by nurses in the emergency room during the COVID - 19 pandemic across relevant emergency care training.

The computed F-values with significance values are more significant than the set 0.05 level of significance, indicating that the results are not statistically significant. It suggests that the nurses' struggles with their physical, mental, social, and spiritual health throughout the pandemic were unaffected by the amount of training they had.

Table 16 Relationship Between the Challenges Encountered by the Nurses in the Emergency Room during the COVID-19 Pandemic and their Profile variables

Profile Variable	Physical		Mental		Social		Spiritual	
	r-value	Sig	r-value	Sig	r-value	Sig	r-value	sig
Age	-0.032	0.798	-0.183	0.134	-0.119	0.333	-0.124	0.313
Sex	0.059	0.634	-0.044	0.722	-0.050	0.687	-0.021	0.864
Civil Status	0.017	0.898	-0.056	0.652	-0.079	0.520	-0.237	0.051
Highest Educational Attainment	0.009	0.940	-0.172	0.161	-0.073	0.555	-0.155	0.206
Number of Years In the ER	0.238	0.050	0.097	0.431	0.153	0.213	0.225	0.066
Monthly Family Income	0.362*	0.002	0.191	0.118	0.254*	0.036	0.287*	0.018
Relevant Trainings	-0.010	0.937	-0.073	0.552	-0.009	0.941	-0.072	0.562

***Significant at .05 level**

Table 16 shows the relationship between the traits of emergency department nurses' profiles and their challenges during the COVID - 19 pandemic.

There is no significant relationship between the challenges nurses face and their age, gender, civil status, highest educational attainment, number of years in the emergency room, and relevant training, as revealed by the computed R-values and corresponding significance values.

Meanwhile, a significant relationship been discovered between monthly family income and health challenges in the physical, social, and spiritual dimensions.

The significant positive R-values indicate that the higher the monthly family income of nurses, the more challenges they faced in the emergency room during the pandemic in terms of physical, social, and spiritual health.

According to the computed R-values and corresponding significance values, there is no significant relationship between the challenges nurses face and their age, gender, civil status, highest educational attainment, number of years in the emergency room, and relevant training.

It is also demonstrating that difficulties with one's bodily, social, and spiritual health are significantly correlated with family income monthly. The effective positive R-values indicate that the higher the monthly family income of the nurse, the more challenges they encountered in the emergency room during the pandemic in the physical, social, and spiritual dimensions of health.

III. Conclusion

The results of the investigation led to the following conclusions.

The nurses who took part in the survey were primarily female, young adults without children, unmarried and had no higher education.

They have worked in the emergency room for at least 11 years, make an average monthly wage, and have acquired a small number of emergency care training.

The respondents indicated that the physical, mental, and social dimensions presented the highest challenges, while the spiritual dimension presented the least.

The nurse respondents used a variety of coping strategies, with the highest priority placed on proper documentation, good hygiene, and increasing their immunity to good body condition while on duty at the emergency room.

Age, gender, civil status, the most incredible level of education attained, number of relevant emergency care training courses, years spent working in the emergency room—all these factors produced unimpressive results.

However, there is a significant difference in physical dimensions and monthly family income.

The higher the nurses' monthly family income, the more challenges they faced in the emergency room during the pandemic in the physical, social, and spiritual dimensions of health.

IV. Recommendations

Following are some recommendations made in light of the conclusion:

The nurses' credentials must be improved to strengthen their expertise in the emergency room, mainly while dealing with COVID-19 patients.

Nurses must use different strategies to reduce the challenges encountered in the emergency room during the pandemic.

They must consider alternative coping strategies to broaden their perspective and accept that COVID-19 is only one of the cases handled.

To minimize challenges, nurse respondents must continue to perform their jobs while looking into their physical needs.

Regardless of their monthly income, nurses must continue to serve patients in the emergency room, pandemic or not.

A larger - scale investigation can be carried out in the future.

**PROPOSED PLAN OF ACTION TO MINIMIZE THE CHALLENGES ENCOUNTERED
BY NURSES**

Area	Objectives	Activities	Persons Involved	Budget	Expected Output
1. Physical	prone to workplace health hazards	Proper use of PPE Observe health protocols	Nurses patients	P1000.00	Workplace hazard prevented
	being overworked made us more vulnerable to getting infected with COVID-19	Request for additional staff Taking multivitamins for immunity Balance diet and adequate sleep	Nurses Nursing attendants	P1,500.00	Safeguard against COVID-19
	worked extra hours or worked without having proper breaks, but also functioned in a state of alarm.	Proper scheduling Requests for relievers Having full diet before duty	Nurses patients	P1000.00	More energy and less stress
2.Mental	Nurses faces huge mental pressure as a result of workload, long hours and working in a high risk environment	Proper mental conditioning Enjoy the work Observe safety health protocols Balance diet	Nurses patients	P1,500.00	Mental stress relieved
	higher stress and psychological disturbance working in areas with a high incidence of infection	Have positive outlook Adequate rest and sleep Taking multivitamins for immunity	Nurses patients	P2,000.00	Less stress and psychological disturbance
3. Social	Neighbors perceived nurses carry a higher risk of infection from my exposure to patients	Proper explanation about COVID-19 Observe safety protocols Being nice to neighbors	Nurses Community people	-	People will understand the situation
	Encounter getting the history of a non-responsive patient to a hostile or toxic significant others while performing the necessary emergency intervention and following doctor's order, all at the same time	Proper explanation to significant others Observe high tolerance Prioritizing patients' condition	Nurses Patients doctors	-	Significant others will understand the situation

4. Spiritual	My religious faith has been strengthened due to the pandemic	Continue to ask for God's blessings and guidance Being more attentive to patients Understand the conditions of patients	Nurses patients	-	More faith in God
	pandemic creates spiritual issues as one of the dimensions of holistic care which can increase satisfaction	Showing respect and attentiveness to patients Treating patients equally regardless of condition	Nurses patients	-	Patient/family members satisfaction

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