












RESEARCH ARTICLE

The Registered Nurses amid COVID-19 in Saudi Arabia: A descriptive phenomenological study

Jordan Tovera Salvador¹  | Friyal Mubarak Alqahtani²  |
 Mu'taman Khalil Mohmoud Jarrar³  | Maria Abigail Cabiades Trinidad⁴  |
 Marc Oneel Castillo Alvarez⁵  | Kathlynn Buenaobra Sanchez¹  |
 Ahrjaynes Balanag Rosario¹  | Lilibeth Dela Victoria Reyes¹  |
 Suzette Golez Cabonce⁵  | Darwin Damsani Agman⁵  | Sherien Ragab Dorgham¹ 

¹Department of Nursing Education, College of Nursing, Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia

²Department of Community Health Nursing, College of Nursing, Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia

³College of Medicine, Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia

⁴Department of Respiratory Care, College of Applied Medical Sciences, Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia

⁵Fundamentals of Nursing Department, College of Nursing, Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia

Correspondence

Jordan Tovera Salvador, Department of Nursing Education, College of Nursing, Imam Abdulrahman Bin Faisal University, Dammam, Saudi Arabia.
 Email: ogden_182003@yahoo.com

Abstract

Aim: To investigate the experiences of registered nurses' lived experiences in the Coronavirus Disease 2019 (COVID-19) pandemic crisis in a government hospital in the Eastern Region of Saudi Arabia.

Design: Qualitative descriptive phenomenology.

Methods: Utilizing in-depth interviews with twenty registered nurses with the use of purposive sampling from September to December 2020. Data was analyzed using Colaizzi methods, and a COREQ checklist was utilized to report the study's results.

Results: The participants' narratives generated three major themes, namely: 'one foot below the ground', 'the nightingale pledge'; and 'hope beyond COVID-19'. The lived experiences of Registered Nurses throughout the pandemic brought by the COVID-19 virus increase a person's understanding of the phenomenon under investigation and plan collective actions to improve the nurses' welfare. The unique challenges faced by Registered Nurses as they carry out their duties in a variety of healthcare settings can be better appreciated if their experiences are taken into account. Nursing administrations all around the world can use the findings of this research to create safeguards for their staff.

KEYWORDS

disease, Middle East, nurses, pandemics, qualitative research, Saudi Arabia

1 | INTRODUCTION

Coronaviruses spread rapidly in the country with periodic variations ranging widely in severity (Salam et al., 2022). Coronavirus disease 2019, COVID-19, is a new disease that attacks an individual's

respiratory system. It is also termed as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; Majumder & Minko, 2021). The disease was identified in the city of Wuhan, Hubei, China, in December 2019. The virus that causes COVID-19 had spread very quickly and sustainably between people. As of September

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4, 2022, the total worldwide reported cases to the World Health Organization (WHO) were 601,189,435 confirmed cases, with 6,475,346 deaths (World Health Organization, 2022a); 813,461 confirmed cases, with 9,295 deaths was reported in Saudi Arabia (World Health Organization, 2022b). The Kingdom of Saudi Arabia was one of the nations that acted quickly and were keen on pandemic consequences. Learning the harsh lessons from the Middle East Respiratory Syndrome (MERS) in 2012, Saudi Arabia has revolutionized its strategies for public health priorities during the pandemic, acting not only to its citizens' best interest, but also to its citizens responding to the world. In response to this early stage, a royal decree stipulates a specialized panel consisting of 24 governmental agencies and is headed by His Excellency the Minister of Health to look after and confront the outbreak. It was followed by the government's initiative holding an unprecedented virtual summit for G20 leaders to coordinate global efforts against Coronavirus with outcomes prioritizing the pandemic and its impacts on health, societies and economics. The summit has injected a total of \$5 trillion into the global economy, overcoming its impacts (UNDP Saudi Arabia, 2020). Government interventions can be seen and felt with the most significant decisions, which include interventions addressing socioeconomic, educational, food security, energy, agriculture, communications, business, jobs and industry issues (Chen et al., 2021).

On March 2, 2020, the Ministry of Health confirmed the first case of COVID-19 in the Kingdom (a Saudi national who travelled from Iran via Bahrain over the King Fahd Causeway [Arab News, retrieved September 4, 2020]). Eight months after the initially recorded COVID-19 case in the Kingdom, Coronavirus cases have totalled 353,918 cases with 5,692 deaths and 341,104 recorded recoveries. Due to their implementation of the World Health Organization's (WHO) guidelines for responding to COVID-19, which are based on nine pillars of public health preparedness and response, the number of cases in Saudi Arabia has been brought under control, and the country is now regarded as having an excellent response in eradicating the virus. The interventions Saudi Arabia did were assessed against these pillars (Khan et al., 2021). The royal decree had been made possible, enabling Saudi citizens or non-Saudi whether they are legal to access healthcare services if they are positive for COVID-19 free of charge. As the government continuously takes all precautionary measures to confront the COVID-19 pandemic, like mandatory vaccination, strict utilization of personal protective equipment, social distancing and establishment of mobile application called Tawakkalna, it has limited its effect and has protected the people of Saudi Arabia (Alharbi et al., 2022; Al-Zalfawi et al., 2021). However, it has been exhausting in the entire world healthcare system. COVID-19 is primarily transmitted through respiratory droplets and close contact (Javed et al., 2022). Therefore, frontline nurses have a higher chance of being infected with COVID-19. Nurses are key players in the healthcare system. Their occupational health and safety became more than a priority for policymakers. Moreover, nurses experiences during the previous outbreaks, namely N1H1, Ebola, Middle East Respiratory Syndrome (MERS) and severe acute respiratory syndrome (SARS), were reportedly suffering from stigmatization and

stereotyping, lack of PPE resources, understaffing, stress and anxiety (Islam & Alharti, 2022). Few phenomenological studies explored Registered Nurses with COVID-19. However, various studies were conducted at the early stage of the disease, while the clinical and therapeutic aspects of the COVID-19 outbreak were later tested (Bin Mahfoz et al., 2022). To the researchers' knowledge, the study delineated the first qualitative study of Registered Nurses' experience in Saudi Arabia in the second wave of COVID-19. The participants' experiences caring for patients with COVID-19 can provide insights to improve nursing care practices and fight future outbreaks.

This qualitative study looks on the COVID-19 participation of Registered Nurses in Saudi Arabia. The study seeks to answer the question, 'What were nurses' experiences caring for COVID-19 patients in Saudi Arabia?' Understanding the participants' experiences will help Registered Nurses better grasp the various challenges they face while carrying out their tasks and responsibilities in a variety of health-care settings, including hospitals, quarantine centres and home care. Furthermore, nurse leaders around the world may use this research to develop policies and procedures to preserve the well-being of nurses.

2 | METHODS

2.1 | Research design

Descriptive phenomenology in this article was selected subsequently from a lifeworld approach coming from Husserl's writing, and the lived experience would explain how people offer sense to encounters as regards to an inevitable occurrence and its applicability in comprehending the expressions of individuals (Creswell, 2013; Salvador, 2016a, 2016b).

2.2 | Data reporting

Consolidated Criteria for Reporting Qualitative Research (COREQ) list was used to report the study's actual results (Tong et al., 2007).

2.3 | Research team

The research team consisted of 11 faculty members from a government university in Dammam, Saudi Arabia. Five were assistant professors (two males and three females), five lecturers (two males and three females) and one male demonstrator. All members have attended various workshops and training on conducting research projects.

2.4 | Participants and sampling

Twenty participants were chosen using purposive-convenient sampling (six males and 14 females). Purposive sampling is the participant's expected choice, which often requires the participant with essential

information and experience about the topic of choice (Creswell, 2013; Salvador et al., 2022). Convenience is a sampling classification of non-probability that does not produce statistical data; however, it permits the phenomenon to exist. This sampling will define common or shared dimensions that slice a diversified representative while proposing the prospect to describe particular or various variations in detail. Registered Nurses are presently employed in a government healthcare facility situated in the Eastern Region. The inclusion criteria are as follows: (a) must have experience of 2 years as Registered Nurse inside the Kingdom; (b) may have or may not have exposure to COVID-19; (c) must be willing to share personal and professional experiences and (d) must speak in English. Individually, participants were expected to give out private experiences about the phenomena undergoing inquisition to give readers fresh perspectives (Salvador & Alqahtani, 2019). None of the participants refused to be part of the study. Table 1 displays the demographic profiling of the participants.

2.5 | Data collection

Via face-to-face and virtual meetings, data were collected from September to December 2020. An in-depth phenomenological interview between the researcher and the participant was used to explore attitudes, values, expectations and perceptions to understand the phenomenon clearly (Salvador et al. 2021; Salvador, 2022). Three researchers initially performed a "subject-object interview" with three random participants in the same research locale with the same

inclusion criteria. This piloting was used to establish the interview protocols and procedures, which involved probing questioning and removing the possible pre-conceived ideas about the phenomenon under investigation seen in Table 2 (Dikko, 2016). These Registered Nurses were excluded from participating in the initial interviews. Before conducting the actual interviews, all researchers attended workshops on appropriate approaches and strategies in the interview sessions, including peer debriefing, transferability, data triangulation and different data handling and analysis techniques. After 2 months, six researchers conducted the qualitative interviews. Interviewers conducted an initial dialogue with the participants and explained the goals and reason for conducting the research. Rapport was established before the actual data gathering to ensure that participants could verbalize their thoughts and feelings. Personal protective equipment was used, and social distancing protocols were strictly implemented. All interviews were audio-recorded, and field notes were used throughout. The interview schedule conforms to the nurses' off-duties and vacant hours, usually between 30 and 45 min, and not more than three interviews per participant, ensuring that data saturation is met (Salvador et al., 2016). Interviews were conducted in coffee shops, restaurants, vacant areas on the hospital premises and waiting areas.

2.6 | Ethical considerations

Institutional review board approval was given by the Imam Abdulrahman Bin Faisal University (IRB-2020-04-122). The researchers also sought

Participant code	Pseudonym	Age	Sex	Marital status	Years of experience	Nationality
1	Pomelo	36	F	Married	12	Philippines
2	Mango	27	M	Single	4	Saudi Arabia
3	Grapes	26	F	Single	3	Saudi Arabia
4	Strawberry	42	F	Married	16	Philippines
5	Pomegranate	37	F	Married	13	Philippines
6	Banana	33	F	Married	7	India
7	Apple	28	F	Single	5	Philippines
8	Pineapple	30	M	Single	5	Saudi Arabia
9	Passion fruit	47	F	Married	19	Philippines
10	Kiwi	40	F	Married	14	India
11	Blueberry	27	M	Single	4	Saudi Arabia
12	Apricot	36	M	Married	10	India
13	Star apple	36	F	Married	10	Saudi Arabia
14	Lemon	35	F	Married	9	Jordan
15	Jack fruit	32	M	Married	7	Egypt
16	Raspberry	48	F	Married	21	Philippines
17	Avocado	31	M	Single	6	India
18	Cherry	30	F	Married	6	Saudi Arabia
19	Peach	44	F	Married	19	Philippines
20	Lychee	42	F	Married	17	India

TABLE 1 Demographic profile of the participants (N = 20)

TABLE 2 Semi-structured interview questions

Interview questions:	
<ul style="list-style-type: none"> • Can you tell me something about yourself? • How would you describe yourself as a registered nurse? • Can you tell me about your idea/s about the pandemic health crisis? • Have you experienced a pandemic situation? Can you please cite an example? • Can you tell me your understanding about the Coronavirus or COVID-19? • How would you describe your preparedness in this kind of situation? 	<ul style="list-style-type: none"> • How do you cope and handle stress and anxiety in this kind of situation? • Does your institution have protocols regarding this kind of phenomenon? • How would you describe your disaster and emergency plan in this kind of situation? • How does this experience change your personal and professional life/endeavor? • What are your plans and expectations for the future? What are your final thoughts regarding your experience?

permission to conduct the university hospital study with all requirements (e.g. IRB certification, study summary, informed consent and interview questions). Before data gathering, informed consent was signed that included permission to publish quotes. In addition, participants were given the freedom to verbalize their thoughts about the phenomenon under investigation (e.g. moral, standpoints and feelings). Participation is solely voluntary involvement in the study and no conflict of interest at any cost (Salvador et al., 2020).

2.7 | Data analysis

Colaizzi's method was applied in the data saturation process. Six of them conducted the data analysis. Reading and re-reading the individual conversations were done to develop the main gist of the dialogue (Alqahtani et al., 2022). All significant statements concerning the phenomenon were drawn out from the participants' narratives. Pre-conceived notions were suspended and put in brackets to only focus on the inductive process (Salvador et al., 2019). In coming up with the final synthesis, all researchers examined the excel spreadsheets and pertinent records to ensure that all themes that will be identified would be solely based on the narratives. The formulated meanings were grouped accordingly to theme clusters, and the significant themes emerged after the final deliberation. In case of disparity and disagreement, roundtable discussions were conducted to develop the final results; thus, the decision will be based on the group's consensus through voting. All significant themes were immersed into an 'exhaustive description' to expose the phenomenon's foundational organization. Finally, all enrolled Registered Nurses discussed all results for checking and validation (Colaizzi, 1978).

To guarantee this qualitative investigation's rigorously scientific nature, the researchers considered four concepts: conformability, credibility, dependability and transferability (Salvador et al., 2019). Three reviewers were invited to cross-examine the data's accuracy, conformability and relevancy. All interviews were recorded and transcribed verbatim on the same day. These files were kept in a properly enclosed file cabinet for keeping and probing. Participants were aware of the confidentiality, and data will be destroyed once no longer necessary, following what is stipulated in the university's information handling policy.

3 | RESULTS

The researchers generated three major themes, and 15 theme clusters from the narratives, which reflected the participants' experiences working amidst the pandemic crisis, namely: 'one foot below the ground', 'the nightingale pledge' and 'hope beyond COVID-19' (Table 3).

3.1 | Theme 1: One foot below the ground

This theme depicts the various challenges the Registered Nurses encounter in their day-by-day experience. Six theme clusters emerged:

1. *The unstoppable virus* refers to the innumerable impressions of nurses towards COVID-19:

The effects of COVID-19 had posed many changes in our society. When watching the news, victims of this virus have been increasing each day. It had been rampant across the globe. It is a serious matter that we must face and stop....

(P11)

2. *Anyone can be positive* involves the fact that any individual can infect with Coronavirus:

Symptomatic or asymptomatic? Anyone can be a victim of this bad virus...

(P2)

3. *The miracle vaccine* pertains to the hope of nurses for any medication to be discovered to eradicate Covid-19:

Until now, scientists and experts are pushing themselves so hard to come up with the vaccine for COVID-19. Hoping it would discover soon to stop this pandemic crisis and be back to our normal lifestyles...

(P7)

TABLE 3 Summary of the actual lived experiences of the participants, meanings, and significant statements (N = 20)

Theme cluster	Meaning	Major theme	Definition
The unstoppable virus	Innumerable impressions of nurses towards Covid-19	One foot below the ground	The various challenges of registered nurses in their day-by-day plight in rendering their healthcare services during pandemic crisis.
Anyone can be positive	Any individual can be infected with Coronavirus		
The miracle vaccine?	Hope of nurses for any medication to be discovered to eradicate Covid-19		
Are we ready to fight?	The question each nurse have in their minds embarking this pandemic situation		
Emotional turbulence	Stress, anxiety, and depression nurses' encounter during this pandemic crisis		
Battery drained	Tired body of nurses working more than the usual duty hours	The Nightingale's Pledge	The foundation of registered nurses in striving their healthcare responsibilities in pursuit to provide excellent quality care for their patients during pandemic crisis.
A dose of heroic act	Heroism of every nurse in saving the lives of Covid-19 patients		
With TLC (tender loving care)	Passion of nurses in taking care of their patients.		
Still alive and kicking	Steadfastness of nurses to a standstill despite different circumstances they face in embarking on this pandemic crisis		
Practicing resilience	Idea that being resilient in this pandemic crisis would provide possible solutions on how to fight this crisis effectively and efficiently		
Education is the key	Education plays an essential role in solving and surviving Covid-19.		
Light in the darkness	Personal and professional uptake of nurses in rising above the problems brought by Coronavirus		
The new normal	New lifestyle every individual will be having as an outcome of this pandemic crisis		
What's next for us?	Future of the society after being devastated with Covid-19		
Dear future pandemic crisis	Preventive measures that registered nurses think on how to deal with the same crisis in the future		

4. *Are we ready to fight* denotes to question each nurse have in their minds embarking on this pandemic situation:

This pandemic battle is somewhat impossible to fight. We cannot see it nor touch it. Can we fight and stop it... (P19)

5. *Emotional turbulence* embraces the anxiety, depression, and stress nurses' encounter during this pandemic crisis:

The aftermath of this virus makes me have mixed emotions. Worried about our family back home and so afraid that they may infect with this virus. Scared and worried what could happen next... (P13)

6. *Battery drained* refers to the tired body of nurses working more than the usual duty hours:

My body is exhausted. I have been working so hard the past couple of days. I just to have a good rest and sleep to recharge myself... (P9)

3.2 | Theme 2: The nightingale's pledge

This theme illustrates how nurses have shown their competency (knowledge, skills and attitude) in fighting this pandemic regardless of their personal and professional undertaking. Five theme clusters will generate:

1. *A dose of heroic act* refers to the heroism of every nurse in saving the lives of COVID-19 patients:

Nursing is one of the noblest jobs I know. And this is the only way I could help the society. To provide the best quality of care I can provide for my patients... (P20)

2. *With TLC (tender loving care)* embraces the passion of registered nurses acting out their roles with patients:

With or without COVID-19, I have to show my patients that I care for them no matter what kind of disease they may have. Nursing is human caring... (P17)

3. *Still alive and kicking* pertains to the steadfastness of nurses to a standstill despite different circumstances they face in embarking on this pandemic crisis:

At this point, as nurses have no choice but to fight this pandemic crisis with positivity even though we already feel the tiredness in our bodies. We will survive this together...

(P10)

4. *Practicing resilience* denotes the idea that being resilient in this pandemic crisis would provide possible solutions on how to fight this crisis effectively and efficiently:

I believe that the only way out in this pandemic situation is to be resilient. We have to learn to adapt in every situation whether it is good or bad. We have to strive to survive...

(P6)

5. *Education is the key* refers to the notion that education plays an essential role in solving and surviving COVID-19:

Much wrong information had been spreading. As a nurse, we should teach not only our patients but other people about COVID-19 for them to know what to do properly...

(P4)

3.3 | Theme 3: Hope beyond COVID-19

This theme portrays the Registered Nurses' perceptions about the aftermath of COVID-19. Four theme clusters emerged from this theme:

1. *Light in the darkness* refers to the personal and professional uptake of nurses in rising above the problems brought by Coronavirus:

This pandemic crisis has killed people all over the world. We cannot just lose this battle. We have to stand and keep our heads high and go back to our normal lives. We have no choice but to rise above...

(P14)

2. *The new normal* pertains to the new lifestyle every individual will be having as an outcome of this pandemic crisis:

We need to accept the new normal. We cannot do what we once do in the past. We should learn from our mistakes and start to embrace the new normal....

(P8)

3. *What is next for us* embraces the future of society after being devastated with COVID-19:

Seeing the changes in the society makes me wonder, what will be in store for us in the coming days, weeks, months and years. I am worried and excited at the same time. But I am more of optimistic...

(P5)

4. *Dear future pandemic crisis* refers to preventive measures that registered nurses think on how to fight in the same situation in the coming days:

I think we have to learn many things in this crisis. We have to be all responsible for whatever action we do. We have to start building our plan to deal with this kind of pandemic crisis. Prevention is better than cure...

(P16)

4 | DISCUSSION

The occurrence of the COVID-19 outbreak that recently happened in the early months of this 2020 led people throughout the world to extreme devastation, which included the healthcare systems of Saudi Arabia to come up with effective strategies, use evidence-based practice and consequently sustain successful strategic management (Alonazi & Altuwajiri, 2022). The so-called SARS-CoV-2 outbreak became a global widespread with the enormous, massive increase in mortality and morbidity rate of patient status that entails the world to be declared a 'COVID-19 state of the global pandemic'. For this reason, the roles of healthcare providers who are also known as 'frontliners' became indispensable and given more emphasis on providing primary patient care and critical management in response to the increasing prevalence rate of people infected by a coronavirus. In order to maintain and uphold the pace of their oath to professional practice, nurses have been retrained to adapt to the needs of patients, their families and the hospital's COVID-19 guidelines, procedures and protocols for communicating with patients and preventing the spread of the disease without diminishing the importance of their physical, mental and psychological well-being (Ayat & Sami, 2022). Newly distressing symptomatic factors causing depression, anxiety, traumatic stress, avoidance and possible burnout that may lead to mental health problems for most frontliners in the medical health care, where the majority of nurses are also under noticeable psychological pressure, have emerged as the world adapts to the new standard transformation in health-care settings against the COVID-19 pandemic (Aruta et al., 2022). This emotional turmoil seemingly manifests within the bounds of the pandemic. The aggressive information with huge impact from various media broadcast platforms, such as watching and listening to news headlines, reading the newspaper of the front-page

broadsheets and Internet, attempts to noticeably increase the apprehension and anxiety of nurses, healthcare staff and society at large (Al-Amer et al., 2022).

The common notion of anyone in this present situation, especially the frontliners like nurses exposed and continue to expose to this virus daily, is the first central theme, 'one foot below the ground'. There is no guarantee that a nurse's physical strength and ability to regain their life and effort will remain constant or improve under any circumstance, increasing the risk of serious injury or death (Moghimian et al., 2022). Living in a world where the lethal presence of an invisible and unavoidable virus is always present increases the likelihood that nurses will face a number of obstacles, erode their resolve and leave them unable to effectively care for infected patients and see them through to recovery. Furthermore, nurses need to be able to mask their anxiety with an air of confidence and professionalism in order to make it through a shift. First, making sure you are safe so you do not end up a statistic (Aydin & Bulut, 2022).

In this study, nurses manifested how they capitalized on their knowledge, skills and attitude in surviving and thriving the significant challenges of the COVID-19 on their personal and professional undertaking, reflecting the second major theme, *the nightingale pledge*. Nurses' heroic response painted a picture of them serving the public despite facing high danger, inadequate facilities and high levels of stress and anxiety in the course of their work (Akkus et al., 2022; Popoola et al., 2022). As if making a selfless sacrifice, nurses tackled the COVID-19 outbreak head-on, taking full responsibility for their actions and putting aside any guilt or worry they may have felt about potentially infecting their own loved ones. Nightingale's model of nursing was re-enacted in the selfless act of a mother caring for her children at the cost of her own life. The term 'altruism' is used to describe this kind of behaviour, which involves doing something for someone else without expecting anything in return other than the satisfaction of one's own faith and personal will born of genuine caring and concern (Shahoei et al., 2022).

Healthcare workers, especially Registered Nurses, face significant threats to their bodily and mental health during the COVID-19 crisis (Hassan et al., 2022). Because of the increase in patients, the already overburdened nursing staff is now physically unable and unwilling to carry out their normal care procedures due to the increased workload. Hospital preventative health measures, such as personal protective equipment (PPE) use, post-patient interaction, self-disinfection and returning home, can be a source of irritation. Both need a lot of the nurses' time and effort. Anxiety and frustration about their patients' suffering and death could pose a risk to their mental health. Many nurses experience anxiety due to concerns about their families, loneliness at work and a lack of understanding of their roles (Hasan & Waggas, 2022). In Australia, nurses in the primary health care considered resigning from their jobs for their 'physical safety ($n = 74$; 52.9%) and psychological safety ($n = 61$; 43.6%), lack of job security or reduced hours ($n = 71$; 50.7%) and family safety ($n = 60$; 42.9%)' (Halcomb et al., 2020). Some nurses were motivated to keep their composure and carry on with the important

work they were called to do in spite of this terrible crisis. You have shown a remarkable amount of resilience. Critical care nurses kept showing up to work, and they did it with enthusiasm and dedication (Mhawish & Rasheed, 2022).

Drastic modifications have put society to the test in the span of 2–3 months. The COVID-19's global effects caused the most detrimental health emergency in a century. It has caused a socioeconomic recession not seen since the 1930s Great Depression (OECD Employment Outlook, 2020). The participants claimed that the third and last theme, called 'hope beyond COVID-19', was expressed in this phenomenon. Survival of the fittest, a term popularized by Charles Darwin, where natural selection is based on process, drives organisms' evolution. For survival, species with genes best adapted to the environment are chosen and passed on to the next generation. As a result, the process of natural selection gets underway on a global scale as a hitherto unseen virus emerges (individuals, cultures and the most successful social institutions, in the context of COVID-19). While we are still in the midst of this pandemic crisis, other countries have resumed their routine daily activities (Shin & Yoo, 2022).

Nevertheless, is it necessary to set minimum standard of practice in times of crisis? (Kyranou, 2022). It is not the first time there has been a global pandemic, and this would not be the last. Coronavirus crisis is different from any other crisis. It is like being diagnosed with cancer. The year or years that follow the lifting of stay-at-home orders will not be considered full recovery, but rather adaptive recovery or the new normal, in which we learn to live with the virus while hoping for medical progress towards eradication (Stanton et al., 2022). Handwashing, rigorous social distancing, wearing mask and face shield, self-isolation or self-quarantine, wearing PPE, stay-at-home measures including work-from-home, and closures of schools, companies and public places had all been used by citizens around the world during this pandemic crisis. To make it through the arrival of the new normal is to swim with the tide. After the global COVID-19 pandemic in 2020, it will be impossible for individuals to return to their pre-pandemic lifestyles. Negative effects from COVID-19 persist today. Numerous researchers from many fields have been working together to find a cure for the coronavirus (Hassine, 2022).

4.1 | Limitations

Research focused solely on nurses, not nursing managers or directors.

5 | CONCLUSION

The global spread of the COVID-19 pandemic has real-world consequences for anyone working in health care, especially frontline nurses. Nursing leaders around the world should push for and take action to improve the lives of healthcare workers amid the current

COVID-19 pandemic, as has been the case in the Saudi Arabian kingdom. Nurse leaders and managers can learn from the first-hand narratives of those infected with COVID-19, allowing them to develop interventions that are targeted, measurable, achievable, realistic and time-bound in the face of the worsening pandemic.

6 | RELEVANCE TO CLINICAL RELEVANCE

A well-maintained pandemic disaster plan can guide nurses before, during and after a health crisis. Nurses should be prioritized in every healthcare staffing plan since they are the backbone of the healthcare system and play a pivotal role in patient care. Additionally, it will aid in the development of compassionate leadership and culture in healthcare settings, which will improve patient outcomes, caregiver well-being and the quality of care provided to patients. Additional suggestions for clinical practice include: (a) ensuring that all nursing staff receives the direction, feedback, professional development and supervision they need to succeed in their roles; (b) maintaining effective systems, frameworks and processes for the education and training of nurses throughout the pandemic and (c) recognizing and valuing health care not only as an essential component of the health sector during crises, but also as a necessary component of society in general. Finally, in the face of any pandemic disaster, a four R's plan of action is essential to establish a more powerful and comprehensive labour market, beginning with feedback and reconstruction and progressing to resilience and cooperation.

AUTHOR CONTRIBUTIONS

JS, FA, MJ and MT designed the study. JS, AR, LR, KS, SC and DA collected the data. JS, FA, MJ, MT, SD and MA analysed the data. JS supervised the study. JS, FA, MJ, MT, SD, MA, AR, LR, KS, SC and DA wrote the manuscript. JS, FA and KS critically revised for important intellectual content.

All authors have agreed on the final version and meet at least one of the following criteria [recommended by the ICMJE (<http://www.icmje.org/recommendations/>)]:

- substantial contributions to conception and design, acquisition of data or analysis and interpretation of data;
- drafting the article or revising it critically for important intellectual content.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHICS STATEMENT

Ethical Considerations Institutional Review Board approval was given by Imam Abdulrahman Bin Faisal University (IRB-2020-04-122).

ORCID

Jordan Tovera Salvador  <https://orcid.org/0000-0001-7792-0428>

Friyal Mubarak Alqahtani  <https://orcid.org/0000-0002-4087-3776>

Mu'taman Khalil Mohmoud Jarrar  <https://orcid.org/0000-0001-7748-2069>

Maria Abigail Cabiades Trinidad  <https://orcid.org/0000-0003-3847-2057>

Marc Oneel Castillo Alvarez  <https://orcid.org/0000-0001-7865-3819>

Kathlynn Buenaobra Sanchez  <https://orcid.org/0000-0002-4399-8670>

Ahrjaynes Balanag Rosario  <https://orcid.org/0000-0001-7551-3618>

Lilibeth Dela Victoria Reyes  <https://orcid.org/0000-0001-5953-489X>

Suzette Golez Cabonce  <https://orcid.org/0000-0002-8505-0976>

Darwin Damsani Agman  <https://orcid.org/0000-0002-1984-5973>

Sherien Ragab Dorgham  <https://orcid.org/0000-0002-7740-6856>

REFERENCES

- Akkus, Y., Karacan, Y., Guney, R., & Kurt, B. (2022). Experiences of nurses working with COVID-19 patients: A qualitative study. *Journal of Clinical Nursing*, 31(9-10), 1243-1257. <https://doi.org/10.1111/jocn.15979>
- Al-Amer, R., Darwish, M., Malak, M., Alonazi, W., & Fahlevi, M. (2022). Nurses experience of caring for patients with COVID-19: A phenomenological study. *Front Psychiatry*, 13, 922410. <https://doi.org/10.3389/fpsy.2022.922410>
- Alharbi, N. S., Alsubki, N., Altamimi, S. R., Alonazi, W., & Fahlevi, M. (2022). COVID-19 mobile apps in Saudi Arabia: Systematic identification, evaluation, and features assessment. *Front Public Health*, 10, 803677. <https://doi.org/10.3389/fpubh.2022.803677>
- Alonazi, W. B., & Altuwajjiri, E. A. (2022). Health Policy Development During COVID-19 in Saudi Arabia: Mixed Methods Analysis. *Front Public Health*, 9, 801273. <https://doi.org/10.3389/fpubh.2021.801273>
- Alqahtani, F. M., Salvador, J. T., Dorgham, S. R., Al-Garni, R., Alvarez, M. O. C., Rosario, A. B., Easow, R. J., Reyes, L. D., Cabonce, S. G., & Sanchez, K. B. (2022). A phenomenological exploration of nurse educators' roles in Saudi Arabia's Vision 2030. *Journal of Nursing Management*, 1-11. <https://doi.org/10.1111/jonm.13718>
- Al-Zalfawi, S., Rabbani, S. I., Asdaq, S. M., Alamri, A. S., Alsanie, W. F., Alhomrani, M., Mohzari, Y., Alrashed, A. A., AlRifdah, A. H., & Almagrabe, T. (2021). Public knowledge, attitude, and perception towards COVID-19 vaccination in Saudi Arabia. *International Journal of Environmental Research and Public Health*, 18(19), 10081. <https://doi.org/10.3390/ijerph181910081>
- Arab News. (2020). Saudi Arabia announces first case of Coronavirus. Arab News [Internet] <https://www.arabnews.com/node/1635781/saudi-arabia>
- Aruta, J. J. B. R., Almazan, J. U., Alamri, M. S., Adolfo, C. S., & Gonzales, F. (2022). Measuring mental well-being among frontline nurses

- during the COVID-19 crisis: Evidence from Saudi Arabia. *Current Psychology*, 1–11. Online ahead of print. <https://doi.org/10.1007/s12144-022-02828-2>
- Ayat, Z., & Sami, A. H. (2022). Infection prevention and control practices among primary healthcare nurses regarding COVID-19 in Saudi Arabia: A cross-sectional study. *Annals of Medicine and Surgery*, 77, 103298. <https://doi.org/10.1016/j.amsu.2022.103298>
- Aydin, R., & Bulut, E. (2022). Experiences of nurses diagnosed with COVID-19 in Turkey: A qualitative study. *International Nursing Review*, 69(3), 294–304. <https://doi.org/10.1111/inr.12735>
- Bin Mahfoz, T. M., Shaik, R. A., Ahmad, M. S., Alzerwi, N. A. N., & Almutairi, R. (2022). A nationwide survey to assess COVID-19's impact on health and lifestyle in Saudi Arabia. *European Review for Medical and Pharmacological Sciences*, 26(11), 4092–4101. https://doi.org/10.26355/eurrev.202206_28979
- Chen, Y., Klein, S. L., Garibaldi, B. T., Li, H., Wu, C., Osevala, N. M., Li, T., Margolick, J. B., Pawelec, G., & Leng, S. X. (2021). Aging in COVID-19: Vulnerability, immunity and intervention. *Ageing Research Reviews*, 65, 101205. <https://doi.org/10.1016/j.arr.2020.101205>
- Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. S. Valle & M. King (Eds.), *Existential phenomenological alternatives for psychology* (pp. 48–71). Oxford University Press.
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Sage Publications, Ltd.
- Dikko, M. (2016). Establishing construct validity and reliability: pilot testing of a qualitative interview for research in Takaful (Islamic insurance). *The Qualitative Report*, 21(3), 521–528. nsuworks.nova.edu/tqr/vol21/iss3/6.
- Halcomb, E., McInnes, S., Williams, A., Ashley, C., James, S., Fernandez, R., Stephen, C., & Calma, K. (2020). The experiences of primary healthcare nurses during the COVID-19 pandemic in Australia. *Journal of Nursing Scholarship*, 52(5), 553–563. <https://doi.org/10.1111/jnu.12589>
- Hasan, A. A., & Waggas, D. (2022). Psychological wellbeing and associated factors among nurses exposed to COVID 19: Findings from a cross sectional study. *International Journal of Disaster Risk Reduction*, 76, 103025. <https://doi.org/10.1016/j.ijdrr.2022.103025>
- Hassan, M., De Vries, K., & Rutty, J. (2022). Emergency trauma care during the COVID-19 pandemic: A phenomenological study of nurses' experiences. *International Emergency Nursing*, 61, 101147. <https://doi.org/10.1016/j.ienj.2022.101147>
- Hassine, I. H. (2022). Covid-19 vaccines and variants of concern: A review. *Reviews in Medical Virology*, 32(4), e2313. <https://doi.org/10.1002/rmv.2313>
- Islam, M. M., & Alharti, M. (2022). Impact of COVID-19 on the quality of life of households in Saudi Arabia. *International Journal of Environmental Research and Public Health*, 19(3), 1538. <https://doi.org/10.3390/ijerph19031538>
- Javed, N., Zuber, M., Amin, S., Bugis, B., & al-Mohaithef, M. (2022). COVID-19 cases and deaths after implementation of prevention strategies, Saudi Arabia. *Eastern Mediterranean Health Journal*, 28(2), 95–107. <https://doi.org/10.26719/emhj.21.067>
- Khan, A., Alsoffayan, Y., Alahmari, A., Alowais, J., Algwizani, A., Alserahi, H., Assiri, A., & Jokhdar, H. (2021). COVID-19 in Saudi Arabia: the national health response. *Eastern Mediterranean Health Journal*, 27(11), 1114–1124. <https://doi.org/10.26719/emhj.21.048>
- Kyranou, M. (2022). Setting minimum standards of practice in times of crisis. *Journal of Nursing Management*, 30(2), 357–358. <https://doi.org/10.1111/jonm.13374>
- Majumder, J., & Minko, T. (2021). Recent developments on therapeutic and diagnostic approaches for COVID-19. *AAPS*, 23(1), 14. <https://doi.org/10.1208/s12248-020-00532-2>
- Monghimian, M., Farzi, K., Farzi, S., Moladoost, A., & Safiri, S. (2022). Exploring the experiences of nurses and physicians infected with COVID-19. *Journal of Education Health Promotion*, 11, 35. https://doi.org/10.4103/jehp.jehp_604_21
- Mhawish, H., & Rasheed, A. M. (2022). Staffing critical care with nurses amid the COVID-19 crisis: Strategies and plans. *Int Nurs Rev*, 69(3), 369–374. <https://doi.org/10.1111/inr.12738>
- OECD Employment Outlook. (2020). *Worker Security and the COVID-19 Crisis*. OECD Library. https://www.oecd-ilibrary.org/employment/oecd-employment-outlook-2020_8945571b-en
- Popoola, T., Popoola, V., & Nelson, K. (2022). Nurses' lived experiences of caring for patients with COVID-19 in Nigeria. *SAGE Open Nursing*, 8, 23779608221117384. <https://doi.org/10.1177/23779608221117384>
- Salam, A. A., Al-Khrai, R. M., & Elsegaey, I. (2022). COVID-19 in Saudi Arabia: An overview. *Front Public Health*, 9, 736942. <https://doi.org/10.3389/fpubh.2021.736942>
- Salvador, J. T. (2016a). Exploring quantitative and qualitative methodologies: A guide to novice nursing researchers. *European Scientific Journal*, 12(18), 107–122. <https://doi.org/10.19044/esj.2016.v12n18p107>
- Salvador, J. T. (2016b). Revisiting the philosophical underpinnings of qualitative research. *International Education and Research Journal*, 2(6), 4–6. <https://archive.org/details/02Dr.JordanTove raSalvador>
- Salvador, J. T., Al-Madani, M. M., Al-Hussien, A. M., Alqahtani, F. M., Alvarez, M. O. C., Hammad, S. S., Sudqi, A. I., Cabonce, S. G., Reyes, L. D. V., Sanchez, K. B., Rosario, A. B., Agman, D. D., & Al-Mousa, A. A. (2022). Revisiting the roles of neonatal intensive care unit nurses towards vision 2030 of Saudi Arabia: A descriptive phenomenological study. *Journal of Nursing Management*, 1–9. <https://doi.org/10.1111/jonm.13637>
- Salvador, J. T., & Alqahtani, F. M. (2019). The phenomenon of aging: The adaptation of Filipino elderly. *Activities, Adaptation and Aging*, 44(4), 309–326. <https://doi.org/10.1080/01924788.2019.1692466>
- Salvador, J. T. (2022). 'Triple-A: Acquaint, analyse and act': The insights of nurse educators towards a better understanding of workplace violence in Saudi Arabia. *J Nurs Manag*, 30(6), 1811–1822. <https://doi.org/10.1111/jonm.13799>
- Salvador, J. T., Alqahtani, F. M., & Al-Garni, R. S. (2019). Development of Filipino nurse educator's well-being survey (FNEWS): An exploratory sequential mixed-methods study. *The Open Nursing Journal*, 13, 139–152. <https://doi.org/10.2174/18744334601913010139>
- Salvador, J. T., Alqahtani, F. M., Al-Madani, M. M., Jarrar, M. K., Dorgham, S. R., Reyes, L. D. V., & Alzaid, M. (2021). Workplace violence among Registered Nurses in Saudi Arabia: A qualitative study. *Nursing Open*, 8(2), 766–775. <https://doi.org/10.1002/nop2.679>
- Salvador, J. T., Alqahtani, F. M., Sauce, B. J., Alvarez, M. C., Rosario, A. B., Reyes, L. D., Mohamed, E. R., Awadh, L. A., Sanchez, K. K. B., Alzaid, M., Agman, D. D., & Schonenwill, M. A. P. (2020). Development of student survey on writing nursing care plan (SSW-NCP): An exploratory sequential mixed-methods study. *Journal of Nursing Management*, 30(5), 23–36. <https://doi.org/10.1111/jonm.12996>
- Salvador, J. T., Sauce, B. R., Alvarez, M. C., & Rosario, A. B. (2016). The phenomenon of teenage pregnancy in The Philippines. *European Scientific Journal*, 12(32), 173–192. <https://doi.org/10.19044/esj.2016.v12n32p173>
- UNDP Saudi Arabia. (2020). *Corona virus disease 2019 (COVID-19)*. UNDP Saudi Arabia [Internet]. <https://www.moh.gov.sa/en/awarenesssp/lateform/VariousTopics/Documents/%20الوقاية%20-%20الانجليزى%20من%20كورونا.pdf>
- Shahoei, R., Mona, S., & Valiee, S. (2022). Exploring the experience of nurses in providing care to patients with COVID-19: A qualitative study. *The Journal of Nursing Research*, 30(4), e217. <https://doi.org/10.1097/jnr.0000000000000498>
- Shin, S., & Yoo, H. J. (2022). Frontline nurses' caring experiences in COVID-19 units: A qualitative study. *Journal of Nursing Management*, 30(5), 1087–1095. <https://doi.org/10.1111/jonm.13607>

- Stanton, E., Maxwell, M., Casados, S., Sweeney, M., Vannice, S., Smith, J., & Rider, B. (2022). Developing nursing care guidelines for patients with COVID-19. *Journal for Nurses in Professional Development*, 38(1), 49–61. <https://doi.org/10.1097/NND.0000000000000766>
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349–357. <https://doi.org/10.1093/intqhc/mzm042>
- World Health Organization. (2022a). WHO Coronavirus (COVID-19) dashboard. <https://covid19.who.int>
- World Health Organization. (2022b). Coronavirus Disease (COVID-19) Dashboard. <https://covid19.who.int/region/emro/country/sa>

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