Nurse manager's perception of the nursing staff management in B and C Hospital, Birtamod, Nepal

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Master`s Thesis
Master in Community Development and Social Innovation

Word count: 24339
15 Nov, 2022

Executive summary

The COVID-19 pandemic being experienced by people recently is a significant risk to public health worldwide. As a result, a concerted international effort is required to get healthcare systems ready for this unprecedented task. Nurses' output and level of care may both rise with good human resource management. This study will look at the viewpoints of nurse supervisors to help comprehend how they managed the nursing staff during the COVID-19 outbreak. The literature hasn't given much thought to nursing supervisors' perspectives during the COVID-19 epidemic. What front-line nurses have experienced is widely recognized. The very first exploratory approach on the experiences and viewpoints of B and C medical college and hospital nurse supervisors that was reported in Nepal focused on the COVID-19 pandemic. Worldwide, the pandemic has posed problems for the provision of healthcare, and many nations have shown a lack of resilience and emergency management.

This research is both qualitative and topically structured. Five nurse managers were recruited for this study using the intentional sampling methodology. Data were gathered via extensive semi-structured interviews. Ethical considerations were taken into account during the whole examination. Data administration in this study was made easier by the use of digital technologies. An exploratory design was applied too.

It was discovered that nurse managers were aware of and had favorable sentiments about the organizational support of nursing professionals in the hospital. As indicated by greater accountability, autonomy, critical reflection, and advanced communication capabilities, they validated the beneficial effects of empowerment on their staff nurses, which ultimately improved overall safety and quality of patient care. The shifting demands regarding their management job and leadership style, however, resulted in nurse managers' experiences with these projects being inconsistent. Additionally, due to a focus on immediate patient care, a lack of communication, and closely planned projects, pressure was being felt by both staff nurses and nurse supervisors. The emotional support of nurses was a top priority for nurse managers throughout the pandemic, despite the fact that they were also stressed and exhausted. More consideration must be given to the psychological needs of nurse supervisors, implement measures to lessen their tiredness, and make arrangements for easily available assistance.

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1. Introduction

For many ages, the pandemic has been an unavoidable component of human existence. I'm writing my thesis during a pandemic which is covid-19 is happening right now. Because of the shift from explorer to agricultural civilizations, communicable diseases have become more prone to propagate amongst people (Roubík et al., 2022). Trade liberalization between communities has led to an increase in human-animal interactions and made it easier for zoonotic illnesses to spread. The development of urban areas, the opening of new transportation routes, increased travel, and the effects of a larger world population on environments hastened the development and dissemination of infectious diseases, raising the possibility of outbreaks, epidemics, and even pandemics. The terms endemic, outbreak, epidemic, and pandemic describe the frequency with which a health problem manifests in comparison to the frequency with which it is anticipated to occur, as well as the extent to which it spreads across a territory. When an outbreak spreads to a large geographical area, it is referred to as an epidemic, whereas when an epidemic spread worldwide, it is referred to as a pandemic (Sampath et al., 2021)

Some of the deadliest pandemics in human history are Antonine Plague, Black Death, Cholera, Influenza, and HIV/ AIDS. The Antonine plague occurred from 165 to 190 A.D also known as an ancient pandemic brought to the Roman Empires by troops that had symptoms including smallpox and measles (Sampath et al., 2021) An approximated 25 million people perished during the Black Death, also referred to as the devastating deadly disease, which was brought on by the bacterium Yersinia pestis. (Sánchez-Vallejo, 2021). The cholera pandemic outbreak in the year 1817 A.D to 1824 A.D originated from the Ganga River in India with an unknown death toll. A pathogen that lives in water is V. cholera which causes humans to become affected when they use polluted water to prepare food or drink. In addition, it is impossible to pinpoint the exact moment that the influenza virus started to infect people or spread a pandemic, although most historians concur that the first pandemic may have started about 1510. The influenza virus often results in 3 to 5 million instances of serious illness and around 500,000 fatalities globally (Graversen et al., 2020). Most common seasonal flu infections are undetectable or only result in moderate or classical influenza sickness, which lasts for four to five days and is characterized by symptoms of fever, coughing, chills, headache, muscular soreness, weakness, and occasionally signs of the upper respiratory tract.

In the late month of 2019, the country China reported the first patient suffering from the coronavirus in Wuhan, the capital of Hubei Province. In 2019, Wuhan had a population of about 15 million people and served as a major transportation hub for China (Pietro et al., 2021). After January 23, 2020, Wuhan residents were no longer as free to go to other places, and since then, everyone has been forced to stay in or leave the city. Inbound transit, such as flights, trains, and long-distance buses, have been suspended, while Wuhan has outlawed vehicle transportation such as municipal buses and subways (Nueangnong et al., 2020). Chinese New Year festivities and other events were postponed in numerous locations to spread out the people. In addition, Wuhan banned all international travel for tourism and prohibited the sale of airline tickets and hotel reservations. On January 30th, 2020, Covid-19 proclaimed an emergency for public health after the WHO and Emergency Committee discovered that the virus' effects and the serious belief were consistent. Following the 2 months, on march 11th, Covid-19 has declared a pandemic (Wu et al., 2020).

Scientists spent nearly ten years searching for the origin of a dangerous new virus in China's highest mountains and most remote caves. They were eventually located in the Shitou cave's bats. The pathogen in issue was indeed a coronavirus responsible for the SARS pandemic in 2003. A category of viruses known as coronaviruses was also coated in tiny protein spikes that resemble crowns (corona in Latin). Of the hundreds of coronaviruses that are known to exist, seven cause sickness by infecting individuals. The illness is brought on by the coronaviruses SARS-CoV, MERS-CoV, and SARS-CoV-2. Four of the seven human coronaviruses are responsible for colds, which are minor but extremely infectious illnesses of the throat and nose (Elgheznawy & Eltarabily, 2020). Two of these cause far more serious infections by infecting the lungs. COVID-19's seventh cause combines elements from all of them. It spreads quickly and hurts the lungs.

The virus-carrying droplets spew out when the infected individual coughs. When the droplets get in someone's mouth or nose, the virus can spread to that individual. When humans are close to one another in enclosed places, viruses spread more easily (Yamin, 2020). While UV radiation from sunshine may harm it, the cold temperature prevents the virus's fragile coating from drying up, allowing it to persist between hosts for longer (World Health Organization, 2020b).

For established viruses, these seasonal fluctuations are more significant. However, because there are so many possible hosts for a novel virus and no one is immune to it yet, it doesn't require

optimal circumstances to spread (Torales et al., 2020). By anchoring the polypeptide spiking in the recipient's tissues and combining with them inside, the virus may use the host cell's machinery to reproduce its genes. For infections, RNA acts as the hereditary repository. Therefore, whenever an RNA virus reproduces, it results in changes that have also contributed to the outbreaks of Zika, SARS, and Ebola (Independent Panel for Pandemic Preparedness and Response, 2020).

Eventually, lockdown laws were implemented all over the world to prevent or reduce hazards, enabling the government and Health Ministry to organize resources and a response strategy and enabling them to establish emergency preparation to effectively lessen the severity of the catastrophe (Osewe, 2021). Almost all sectors of the world were threatened by the COVID-19 pandemic. Especially, the public health sectors were majorly affected by the drastic pandemic having its origin in China. Having impacted the economy and society on a global scale, COVID-19 caused shocking deaths. Around half of the 3.3 billion people working in the world's workforce lost their jobs, posing an existential threat to millions of businesses. People are facing abject poverty with millions facing abject poverty (WHO, 2020). Lockdowns made it impossible for many people to earn an income, so they could not provide for their families. A number of restrictions on trade, and confinement measures hindered farmers' access to markets, making it difficult for them to purchase inputs and sell their produce (Abbasi et al., 2020). As a consequence, both the domestic and international food supply chains had been hampered, and there were fewer safe, wholesome diet options available. Every person's food and nutritional safety was at risk as breadwinners lost their jobs, were ill, or died recently, notably the most vulnerable populations in developing and underdeveloped countries. Issues over worker health and safety, public health, and issues with unemployment and labor all intertwined in the COVID-19 scenario. To take care of the human element Tolem, it was crucial to adhere to workplace safety and wellness policies, give access to rewarding employment opportunities, and uphold workers' rights throughout the entire economy. (Souza, 2020).

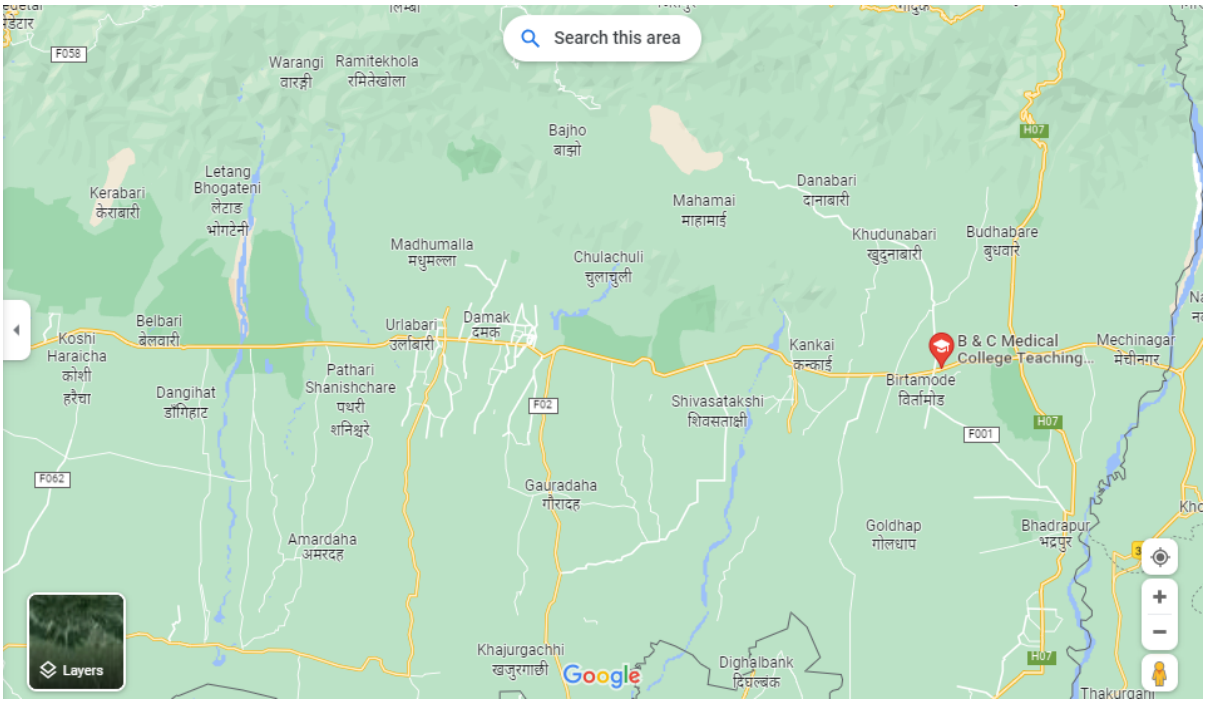
Nepal reported its first case of COVID-19 on January 23, 2020 and declared a national emergency from March 24 to March 31, and suspended all foreign flights starting on March 22. Everyone was restricted to stay indoors while all non-essential activities and production were shut down (WTO, 2022). However, people could travel outside of their dwellings to get food and medical care. However, as the days passed, the healthcare facilities were overburdened by the volume of patients admitted to hospitals (Yuvaraj, 2020). Following the imposition of lockdown all over the country,

the health ministry and other relevant institutions started warning Nepalese residents about typical symptoms that were comparable to pneumonia. The symptoms of pneumonia, a disease that is extremely infectious and may spread from person to person, were made known to the populace. Information concerning the Covid symptoms, which include a high temperature, chest discomfort that makes breathing difficult, and dry coughs, was extensively disseminated through a variety of communication mediums, including internet news, voicemail on phones, radio, and practically all prominent social media (Silva Junior et al., 2020). They were also instructed to take precautions to prevent the virus from spreading, such as frequently washing their hands with soap or alcohol-based hand sanitizers, covering their mouths and noses with tissues while coughing or sneezing, avoiding the reuse of face masks and tissues, and many others. To avoid the possible spread of the illness, several hotlines and toll-free numbers were made widely available so that the public may contact for emergency assistance before visiting a doctor or hospital. Alternatively, you may get advice if you're coughing up a lot of mucus, having trouble breathing, or suffering any other symptoms (Naeem & Bhatti, 2020).

Over the following months, a progressive rise in the number of covid-19 cases were seen, reaching its peak on October 21st with 5743 instances. The instances eventually fell to 60 cases on March 13th, 2021, the following year, nevertheless. Again, with the initiation of April month, the cases began to soar rapidly and there were 9238 new cases on the 12th of May (Shakya et al., 2021). The credit for the rapid rise in those cases directly goes to the fewer restrictions of the quarantine lockdown. As per the data, from the year 2020 Jan 23rd to 2022 Sep 22nd, Nepal accounted for about 999,000 covid cases where about 985895 recovered, and unfortunately, a total of 12,016 deaths were caused by the deadly virus. The recovery rate of 98.65% was extremely higher than the death rate of 1.20%. Also, the group aged from 21 to 40 was vigorously affected by this virus, while the age group from 0 to 10 and 80 plus were least infected in comparison. It is recorded that a total of 5926097 citizens had performed PCR tests to this date. Also, according to the national data, among the 7 provinces of Nepal, province no. 3, Bagmati was greatly affected in comparison to the others. Meanwhile, Humla and Mugu, two different districts, accounted for the least Covid cases at 161 and 142 respectively. Thus, in general, it can be argued that both urban and rural regions suffered greatly, with urban provinces suffering the most (Reliefweb, 2022).

The implementation of severe lockdown limitations at various levels influenced patients, nurses, and nursing supervisors everywhere (Mahato et al., 2020). It is well knowledge that nursing staffs serve as the cornerstone of the health system, hence both nurses and nurse managers are responsible for providing care for COVID-19 patients everywhere (International Labour Organization, 2021). Similar to this, Nepal's healthcare services prepared for the unheard-of problem through a concerted national reaction (Piryani et al., 2020). As a result of the limited knowledge available at the time regarding the new disease, nurse managers have constantly served as the medical system's rock and the first line of defense. As part of their healthcare facility management, they were also requests improve sustainability, productivity, and efficiency. Furthermore, it proved unable to regulate COVID-19's psycho-social impacts, which mostly affected nursing supervisors and made them more vulnerable to mental health problems by making them feel under pressure and concerned (Poudel & Subedi, 2020). The second wave, which hit virtually all provinces, most severely damaged Nepal's resource-constrained provinces (Kharel, 2022). Based on the findings from the second phase, it was concluded that the high mortality rate and a large number of medical workers contracted the virus because of the period's elevated infection rate (Neupane et al., 2021). In addition, when a medical expert died while providing care, it substantially impeded the availability of emergency care and services to the populace of the nation (Ministry of Health and Population, 2013).

The eastern region of Nepal is home to the B & C Teaching Hospital, which opened its doors on November 18, 2071. With the motto "commitment for education, health, and employment," the hospital is a multi-specialty facility of 300 beds that provides preventative and curative health care services. Every person receives high-quality medical care from B & C Teaching Hospital at a fair price. In a welcoming setting and with a kind attitude, they hope to provide patients with cheap treatment. This hospital employs personnel with a high level of training and expertise as well as medical profession are totally c to offering high-quality medical services.



The B & C Teaching Hospital is renowned for having a top-notch medical staff and cutting-edge tools to offer a broad variety of medical, surgical, pathological, and diagnostic services. Additionally, they are regarded as one of the most dependable healthcare organizations in the

nation, aiming to differentiate itself from the vast majority of other healthcare suppliers. The hospital provides various services for emergency, ICU, OPD, NICU, PICU, CCU, SDU, as well as hospital cafeteria (Moyo et al., 2021). The emergency room of a hospital offers rapid treatment to patients who enter without a consultation and focuses in medical technology, is its beating heart. The emergency department at B & C Hospital is uniquely outfitted with cutting-edge technology, an emergency life-saving treatment protocol, skilled staff, including specialists, and a team of trained medical professionals for rapid assessment and treatment. Additionally, the emergency department offers urgently required specialized consultants who can quickly diagnose any severe life-threatening acute illness or condition of the patient and make a treatment decision. Additionally, B & C Teaching Hospital Emergency offers services for NICU, PICU, ICU, SDU, emergency operations, emergency lab, CT-Scan, and ultrasonography 24 hours a day.

With 52 fully furnished beds, B & C offers the Intensive Care Unit (ICU) service for critically ill patients. The Step-Down Unit (SDU), which is well-equipped and staffed by highly skilled medical and paramedical personnel, is available at B & C Teaching Hospital for patients who require more specialized treatment than general patients but are not in life-threatening situations. There are 33 doctors in total, each with their area of expertise nurses in every 18 departments have a further categorization of nursing professionals into nurse manager, staff nurse, nurse ICU, nursing officer, public health nurse, senior anesthesia nurse, and hospital nurse inspector. B & C offers the Intensive Care Unit (ICU) service, with 52 fully furnished beds for critically ill patients. The Step-Down Unit (SDU), which is well-equipped and staffed by highly skilled medical and paramedical personnel, is available at B & C Teaching Hospital for patients who require more specialized treatment than general patients but are not in life-threatening situations. Through the nursing department, which serves as the hospital's management structure, nurses provide nursing care for patients inside the institution's boundaries. The nursing department seeks to provide thorough, secure, effective, and very well nursing home care through all the agency's workforce. Once more, head nurses, staff nurses, assistant nursing superintendents, and nursing superintendents make up the staff. The B & C hospital employs only nurse practitioners as all other staff members, including those in the medical service center, may be household helpers or auxiliary personnel who provide non-nursing services. The staff members are the principal or supervisor of nursing practice, the assistant and associate professors, the tutors, and the clinical instructors (U. K. Sharma et al., 2022).

The coronavirus posed a global danger to healthcare personnel, healthcare systems, and the general public's health (Poortaghi et al., 2021). Managers of nurses, who were in charge of planning the nurses' schedules and activities, had additional difficulties that are still not taken into consideration. The study's aim is to examine how nurse managers saw and responded to the coronavirus epidemic. Managing critical circumstances might present difficult problems for frontline managers, particularly nurse managers. These risks might, however, provide a chance to elevate the people and, in turn, the organizations involved, if crisis management is done well and adequate supporting methods are adopted. The effectiveness of the healthcare sector during a pandemic mostly rests on the accessibility, expertise, perspectives, abilities, and incentives of frontline healthcare employees. This study looks into the variables that may have affected how frontline nurse supervisors felt about working during the COVID-19 epidemic in Nepal (Pandey et al., 2022). In nations like Nepal having high inflation rates, there has been concern that the health systems are not strong enough to handle a catastrophe like COVID-19. Identification and characterization of reported incidents and case management are difficult due to resource limitations and a poor health system organization. Effective healthcare delivery requires evaluating and updating health workers' knowledge as well as enhancing their motivation and desire, which depend on several factors both at the individual and system levels. The B&C hospital's nursing managers' strategies and procedures for overseeing the staff during COVID-19 were examined in this study.

The study question is built on the knowledge and experiences of the nurses who hold leadership roles. The following list includes the main research issues this study tried to answer:

i. What do nursing managers think of the supervision of nurses taken place during COVID-19 in Nepal?
ii. How are nurse supervisors in a B & C hospital, Birtamod managing the nursing staff during COVID-19?

The main goal of the study is to investigate how nurse managers see the supervision of nursing staff at a B & C hospital during the COVID-19 epidemic.

Additionally, just one hospital was used for the research, which would have been preferable if it had been conducted nationwide. Only five nurse managers were interviewed, therefore the personality and attitude of the interviewer and interviewee will have a considerable impact on the findings. The interviewee's preferred word choice will only partially if at all, define their opinions.

Therefore, there is a considerable likelihood that crucial data may be collected negligently. Additionally, the statistical analysis chosen for the study is confined to simply correlation v/s causation and has a significant chance of sampling error.

The research gives information on what are the challenges as well as other helpful factors that have influenced the perspectives or experiences of the nurse managers during the covid-19 pandemic. The significance of this research is that it will help to reach certain conclusions, and make recommendations, and ideas helpful for any unprecedented catastrophe.

The chapters of this paper are divided into six main portions with each chapter having its topics and components separately allocated. The chapters provide a cogent development of the report from the theory, methodology, context, data analysis, and conclusion. The first chapter of the study which is the introduction shows the backdrop of the study, problem formulation, purpose, objectives, limitations, and significance. The second chapter—theory presents the pertinent theories on the topic. The third chapter discusses the methodology, which contains details on the theoretical underpinnings and data collection methods. The context and data interpretations are presented in the fourth chapter and last chapter respectively.

2. Theory

Theories of management are ideas around suggested management practices that aid managers and other professionals in understanding and approaching management more effectively (Abbasi et al., 2020). These ideas, which have been established over the previous four decades, also include implementable tools, including frameworks and guidelines that may be used in contemporary companies. Management concepts facilitate administrators' concentration, collaboration, and progress. Managers can focus on their main goals by applying organizational strategies at work. The primary objectives for any firm are automatically streamlined when a management plan or theory is put into reality. Additionally, the application of management theory improves interpersonal communication, which boosts productivity. By adopting core assumptions regarding company objectives and styles, a knowledge of management theory enables one to make prompt judgments throughout routine interactions and conferences within a company. Additionally, there is only so far that management concepts can be implemented. Professionals frequently combine ideas from various management theories that best suit their workforce and corporate culture rather than relying solely on one theory. Not every management theory will be effective for you. What might be appropriate for one business may not be for another. Numerous theoretical studies have been conducted in an effort to determine the best management philosophies for different workplace contexts. If used in the appropriate contexts, these concepts provide solid foundations for operating businesses. Additionally, they facilitate decision-making, boost productivity, and promote the participation of staff (Alligood, 2014).

In relation to health administration, cognitive perspective is a technique for assessing the successes and flaws of a healthcare system or program. (Marudhar, 2019). Applying attribution theory to hospital practitioners can open up several closed doors that are important to find substantial answers to difficult challenges. In accordance with the strategic management outlined by Peterson and Palmieri in 2009, cognitive perspective is one prospective hypothesis for healthcare management that could be applied as a theoretical model to support the creation of a positive and safeguard workplace environment for both patients and medical professionals. (Martinko & Mackey, 2019). The authors assume that healthcare management may be strengthened by realizing that errors in health care can occasionally happen, even though their theory is not yet completely formed. The health care system's cynicism and "organizational rigidity" create an unfavorable

work environment, but managers may combat this by comprehending where the sentiments come from and enhancing how employees react to mistakes (Martinko, 2018). Health care personnel, such as nurse managers, can offer a supportive environment for patient rehabilitation by embracing these mistakes as simply human defects and moving past them rather than concentrating on what they have not done properly. (Palmieri & Peterson, 2009).

The argument made is that health care organizations are intrinsically complex networks that adjust to changes and exhibit dynamic network features because different players constantly act and react to one another's behavior and activities. Managers must be aware that hospitals have a significant amount of distributed and decentralized organizational control (Sanders et al., 2020). The attribution theory offers experts well-defined and situational explanations for experiences that appear to be singular through the examination of common features across contexts and surroundings. It greatly contributes to improving the accuracy of causal attributions by enhancing constructive changes in corporate culture that enhance employee success. In addition to assisting managers and supervisors in striking a balance between promoting a safety culture and performance responsibility, it also helps them comprehend the reasons for mistakes in care delivery systems that result in consequential bad occurrences (Demirtaş-Madran, 2020). Mentally unbalanced organizational productivity frequently stems from supervisors' frequent discussions that emphasize extraversion identifications. The authors claim that managers exacerbate employee skepticism by continuously ignoring attempts by doctors to link operational problems to organizational work procedures. Managers also contribute to their staff's skepticism by coming across as indifferent and unengaged in work settings. (Serrano Archimi et al., 2018).

The nature of healthcare organizations like B & C hospitals is inherent complexity with dynamic network characteristics and the ability to adapt to change. To understand seemingly unique experiences, nurse managers need to investigate the common elements across situations and environments, resulting in an attribution theory that is well-defined and situational explanatory theory. Fostering positive organizational culture changes that encourage employee performance, significantly assists in improving the accuracy of causal attributions. In addition to assisting managers and supervisors in learning how to balance the promotion of a safety culture with performance accountability, it helps them understand the etiology of errors that lead to consequential adverse events within care delivery systems.

Healthcare organization nurse managers process the facts to create a mental picture that normalizes the situation when they come across unexpected happenings (Zaghini et al., 2020). When problems are vague and challenging to solve, supervisors of nurses might collectively use this idea to process their detached and isolated decisions to a flawless answer. When mistakes are made, nurse managers frequently concentrate on the work of their staff, whereas nurses and pharmacists concentrate on the surrounding circumstances (Warshawsky & Cramer, 2019). For instance, the nurse management may immediately blame terrible pharmacy practice if a drug is delivered to the nursing unit with the incorrect patient's name on the label. The pharmacist may, however, believe that inconsistent understaffing in the pharmacy and faulty labeling machines are to blame. The attributions in this theory assist nurse managers in identifying the contributing elements that result in undesirable incidents. Nurse Managers should actively cooperate with physicians to remove the repressive healthcare environment while also implementing process changes to enhance the clinical working atmosphere. Understanding the complexity of the delivery system, actively trying to improve the working conditions for healthcare professionals, and focusing on system causes rather than individual mistake are the first steps toward enhancing clinical results. (Abyu, 2022).

The scientific proof strategic management, which was introduced in 2001 by T.G., is a supplementary method for overseeing health care. K. Rundall and Walshe. Doctors, nurses, and other health professionals must choose their actions using the best available evidence when using this evidence-based method. There is a perception the scholars like Walshe and Rundall, that health care administrators' decisions should be subject to the same standard. The decision-making process will then become more standardized for health officials. The shift from evidence-based theory to practical factors like deadlines and time restrictions is frequent.

The second alternative of health administration presented by T.G. is evidence-based administration. K. Rundall and at Birmingham, Walshe The process of implementing the most current findings into organizational processes is known as real proof administration. In terms of healthcare administration and policy, there has been a significant gap between theory and practice. Additionally, in comparison to scientific proof medicine, evidence-based management has been given less attention in the mental wellbeing sector. (Ayati et al., 2020). This is attributable to the fact that due to pragmatic considerations like time constraints and deadlines, the transition from evidence-based theory to actual practice is frequently quite difficult. Doctors, nurses, and other healthcare professionals are required by this concrete proof methodology to base their decisions

on the most up-to-date information. As per the experts of this theory, the health care manager's decision-making has to be held to the same criteria (Wade, 2020) . The judgments made by health managers will become more standardized as a result, maintaining integrity as well as uniformity. In addition to that, the implementation of this theory also provides the best solutions with the use of appropriate evidence-based data (Dexter et al., 2020). Some individuals have begun to wonder how healthcare administrators and legislators make the decisions and what role information plays in the process as substantial proof nursing practice has gained favor within in the healthcare sector. There is evidence that the same issues—underusing efficient therapies and abusing those that are already available—arise in health care administration just as much as they do in clinical practice. Because doctor-manager cultures, research backgrounds, and decision-making processes differ significantly, evidence-based practice ideas must be adapted to management contexts instead of clinical ones (Greenhalgh, 2020). To increase the use of evidence in management decision-making, experience is used to look at methods to link managers and researchers. However, a larger and more focused effort is needed to build evidence-based management practice.

The theory of evidence-based management has surfaced in the healthcare sector and gained significance in many professions (Sohrabi et al., 2015). It also helps to promote the nursing managers to become experts so they may make decisions on the most recent research. The approach facilitates nursing managers, and hospital committees to function as both counselors and decision-makers in achieving hospital objectives (Saberi Isfeedvajani, 2018). To overcome these challenges and persuade hospital committees and managers to embrace evidence-based management and decision-making, the hospitals and the nursing managers can create a culture that is based on evidence, compile the collected evidence, and then, modify their processes of decision-making. The creation of an evidence-based culture is the first and most crucial step in establishing and promoting an environment of learning via research. This step will help the supply managers to work in a proper environment that is suitable for when they get overwhelmed with the overload of the finest available evidence (Martelli & Hayirli, 2018). Thus, the scientific evidence can be applied in health sectors that emphasize experimentation, innovation, data gathering, assessment, and presentation and foster and enhance management's critical appraisal abilities and competencies. The second step is the compilation of the evidence which will assist the nurse managers to sure that the appropriate findings are collected via carefully planned and crafted research questions. This step holds more significance as the results influence management actions

from research that addresses specific research issues. The ideal scenario for nursing managers to establish the research issue is a collaboration with their nursing team. Clearly defined operational questions are necessary for evidence-based decision-making, but strategic questions are more crucial since organizational viability increases the possibility that research will be used in decision-making (Moosavi et al., 2020). After these aforementioned, the decision-making plans should be modified to make the processes easier, and research processes and their end products should be modified (Scrumorg, 2020). There must be a match between the time at which the results are prepared and the time at which the choice is to be made. The research should not be used if nurse managers decide to act before the study is finished. Second, study findings should be condensed and made simple for managers to grasp. If a report is produced, a project's executive summary is more likely to be accepted by nurse managers than its detailed report (Shafaghat et al., 2021). Therefore, those who prepare the report and executive summary must take care to include the most current scientific research in their judgments. The study findings should be distributed widely inside the hospital. When the relevant authorities are making decisions, research findings are applied. To guarantee that research findings have been disseminated across the hospital and are in the possession of the appropriate directors, specific processes must be put in place (Walshe & Rundall, 2022). These systems include a website that offers a comprehensive, easily available resource for evidence-based decision-making, academic publications that publish the findings of research initiatives, and emails with study abstracts sent to the appropriate decision-makers (Rousseau et al., 2014).

Utilization management, presented by Peterson and Palmieri in 2009, is the following philosophy of healthcare management (Matthews, 2016). The idea proposes three different kinds of reviews: prospective, contemporaneous, and retrospective. It is analogous to this structure to the Donabedian model of healthcare quality developed by Avedis Donabedian in the mid-twentieth century. Various reviews could impact the process in a variety of ways. Compared to the more attribution- and substantial proof concepts, the third hospital management theory has received more support from the healthcare system. (Vuong et al., 2022). The hypothesis helps patients obtain less expensive, more efficient therapies as well as less frequently denied insurance claims. In addition, healthcare professionals can obtain better data, better resources, fewer claim denials, cheaper prices, and more effective treatments (Parties et al., 1989). In addition, the idea helps insurers acquire better data and assess the efficacy of novel therapies and regimens while spending

less money (Pyszczynski et al., 2020). By following predetermined rules, utilization management acts as a proactive solution to controlling access to healthcare. The idea aids in several number of usage misfiling activities that are crucial to a health care organization's successful management. To identify the organization's priorities, the theory is crucial. The next step is to study and determine which nurse managers will profit from the important choices that are made (Harrison-Raines, 2016). Nurse Managers utilize this information to choose what goals to set and how to do additional research. Following the collection and evaluation of data, policies, guidelines, and procedures may be developed and implemented. (Ghasemi et al., 2020).

3. Literature Review

3.1 Nurse Managers' opinions on managing the nursing staff during the COVID-19 epidemic:

According to the study report, the COVID-19 pandemic threatens public health globally. (Poortaghi et al., 2021). A concerted international effort is needed to prepare healthcare systems for this unanticipated challenge. With excellent human resource management, nurses' output and level of care may increase. While the sickness process went on, nursing managers had to take action to make up for a staff shortage. Both of these indicators are classified as recruitment for non-volunteer workers and volunteering, respectively. Calling volunteers from various wards, hospitals, cities, and even regions was one method of locating volunteer workforces. The author goes on to say that in order to recruit volunteers, nurses from other wards had to assist COVID wards, temporary and contractual workers had to be engaged and retained on staff, and the hiring procedure had to be accelerated for candidates who passed the selection exam. Before taking these steps, the hospital and the provincial nurse management office were contacted. After doing their investigation, the author discovered that the increase in patients was accompanied by the creation of new wards or their conversion to COVID wards.

The research paper was accompanied by additional study on the subject. The severity of the illness and the consequent spike in demand for intensive care beds, according to the research article, led to a greater than usual scarcity of competent nurses in the intensive care unit (ICU). Due to the introduction of new and temporary workers as well as occasionally certain staff at the same time, it was discovered during the nursing manager's research that nursing supervisors had to teach this people and introduce them to the ward's protocols and COVID-19 sickness and treatment. They had to reorganize the workforce so that each shift had a mixture of inexperienced and seasoned staff in order to provide patients with better care. Nutrition management, which included the delivery of snacks in the form of mineral water, fresh fruits and juices, and a range of drinks, was another step the nursing managers took to avoid staff to get infection. This outfitted the pavilion in this respect. Additionally, preparations were made to have access to all work equipment to keep nurses' energy levels up and minimize their contact with patients. The quick distribution of financial incentives may help nurses feel more motivated inside and make the difficult working conditions with Corona patients more bearable for them. (Kagan et al., 2021).

Along with lowering the danger of infection, other key motivators were reducing the number of shifts, granting per-case compensation, reducing the number of hours worked and allowing workers more time to relax in between. According to research, the most significant limiting factors in preventing the transmitting of infectious illnesses are an increased workload and labor scarcity. The COVID-19 issue has greatly increased each nurse's workload due to a lack of staff and an increase in patients, and these variables may be harmful to nurses' physical and emotional well-being (Lam et al., 2019). The WHO advises using additional staff, especially qualified individuals who can deliver critical care, in an emergency. Additional personnel may be sourced from retired hospital employees, academic staff, and students from institutions that specialize in medicine, nursing, and public health (World Health Organization, 2014). Participants in the current study did not, however, acknowledge the use of nursing students in patient care. To replace manpower gaps in the fight against the COVID-19 outbreak, nursing managers in Taiwan hired nurses. (Tsay et al., 2020). Another management tactic that should be employed is giving nurses with issues the option of relocating. Numerous studies have emphasized the importance of helping nurses and their families and ensuring their safety in numerous ways, such as the provision of PPE, medications, and immunizations during the fight against a variety of infectious diseases and epidemics. (Huang et al., 2020).

The option of delivering mental health and psychiatric counseling as well as discussion and close communication with staff members were found to be effective approaches to lessen staff stress. The increase in psychological stress among staff, which was proven to be preventable, may have an impact on the proper delivery of treatment. Studies highlight the need of providing employees with emotional support and safety for themselves and their families, as well as training on how to utilize personal protective equipment (PPE) (Lester et al., 2020).

According to additional studies on the subject, helping the staff before the pandemic usually involved making time for them or providing resources for them. However, this time, the focus of the role was on a different kind of assistance—emotional support. The managers gave the example of consoling their nursing staff when they were unable to lament the loss of a patient, they had cared for but who had passed away. To comfort nurses who regularly expressed feelings of defeat, managers looked for tiny gestures they might make (White, 2021).

The study report offers more evidence in support of the subject. In order to make sure that nurses' concerns are addressed and taken into account, the author of the study paper rejects the notion that nurse supervisors should select volunteers and extend invitations to join such task teams. As the COVID-19 outbreak progresses, nurses on the front lines may provide useful insight when developing oncology-specific care plans and algorithms to ensure that patients needing immediate and ongoing cancer treatment are prioritized to improve patient outcomes. For patients' needs to be properly met during the epidemic, nurse supervisors should support nurses' advocacy on their behalf. Since they might be reluctant to remain with their current regimen, patients should be aware of the advantages and disadvantages of delaying medication during a pandemic as well as the dangers of doing so (Marshall et al., 2021). The outbreak was not foreseen, and its ramifications have had a wide-ranging impact on both domestic and global health care. When it comes to personal protective equipment (PPE), handling large patient influxes, abandoning their areas of specialty to help with the care of COVID-19 positive patients, and experiencing issues with staffing allocations, for example, nurses from different countries have discussed similar experiences. (Jimenez et al., 2021).

Nurse Manager's perception of the nursing staff management in B and C Hospital:

The obstacles that nurse managers are facing are in charge of planning all nurse's schedules and activities in a medical center which are considerably greater. It is evident that they are frequently forgotten. The scenario can be seen likewise in the B and C hospital of Birtamod, Nepal. When there is a crisis, as the COVID-19 outbreak, nurse managers in hospitals labor under additional stress. It was discovered that nurse managers faced difficulties with human resources throughout COVID-19. The fact that open positions were frozen made it worse. Additionally, it became apparent that there was a material resource constraint that had an impact on patient treatment. A lot of administrative tasks were added by COVID-19, in addition to an extra responsibility for clinical outcomes, according to nurse managers. Nurse supervisors who had undergone extensive wave of COVID-19 also faced persecution and humiliation.

The prevalence of COVID-19 and its effects exposed nurses to workplace hazards when caring for patients in outpatient care and intensive care units because of the well-known nature of the nursing profession. Along with physical risks, they also had to deal with mental difficulties like worry,

depression, terror, and exhaustion from their jobs. Above all, nurse managers who were in charge of planning the nurses' activities, maintaining composure and encouraging others to do the same, managing within and between coordination, and exercising critical thinking while facing ever greater obstacles. Additionally, they had to deal with the psychological toll of receiving poor treatment. The nurse managers' observations suggested that exposure to the pandemic's different critical scenarios put their staff members' mental and psychological well-being at danger. They were unable to absorb what they were seeing in those circumstances, which made it difficult for them to manage juniors. On top of that, in a place like Nepal with constrained capacity, due to the inadequate availability of protective equipment, they faced additional difficulties including an excessive workload for nurse supervisors, extensive media exposure of unreliable information, a lack of specialized counseling, and a sense of inadequacy. Nurse supervisors had a lot of additional emotional burdens to bear in regard to supervising and delegating tasks to the staff nurses.

How are nurse managers in a B & C HOSPITAL, Birtamod managing the nursing staff during COVID-19?

Being actively involved in patient diagnosis, treatment, and care puts healthcare personnel at a higher risk for infection. Additionally, it involves front-line personnel like doctors, nurse managers, staff nurses, and other employees in direct involvement. Additionally, providing patient safety as a nursing line job makes the already chaotic situation even worse. Additionally, it was considerably more difficult for nurse managers to organize the nurses in the unit according to their level of comfort and the needs of the patients during the pandemic. However, B and C had also made the decisions to supervise the nurses during the COVID19, just like other hospitals.

Although the pandemic had brought about a number of difficult situations for nurse managers and nurses, it had also opened up chances to create stable and long-term-focused health workers. Because nurses make up the majority of front-line employees at B and C Hospital, there is a greater need for nurses there. Being one of the most well-known institutions in Nepal, the hospital's nurse managers were responsible for supervising the employees. They were aware of their weaknesses. The emotional burden they were carrying was the main factor that made them feel heavier. It was discovered that nurse managers provided consolation to their nursing staff when those caregivers were unable to grieve for a patient who had passed away which was a lot more emotional burden

again. Managers searched for simple gestures they could make to console nurses who frequently reported sentiments of defeat. Due to the entrance of new and seasonal workers as well as occasionally certain staff at the same time, it is also evident that nursing administrators had to instruct this staff and introduce them to the ward's protocols and COVID-19 sickness and treatments. They had to reorganize the crew so that every shift had a mixture of inexperienced and seasoned staff in order to provide customers with better care. The nurse managers employed a variety of techniques to help their staff members deal with emotional stress. One of the earlier methods involved open discussion and conversation with the personnel as well as the potential of receiving mental wellbeing and psychological therapy. It was discovered that these techniques could prevent the proper provision of care that were impacted by the rise in psychological stress among staff. Only then they were able to carry on with their profession in such a stressful situation during pandemic.

3.2 The COVID-19 Pandemic: Nurse Managers' and Nurses' Experiences South Africa:

The South African study revealed that when healthcare institutions become overburdened as a result of an increase in workload brought on by an excess of admissions, the second wave of the coronavirus infection (COVID-19) struck nurse managers and negatively impacted the South African healthcare system. This research set out to analyze and evaluate the nurse managers' COVID-19 experiences to identify gaps and learn any lessons that may be used going ahead. The treatment of COVID-19 patients must be provided internationally by nurses and nurse managers. Professionals should administer health facilities while increasing performance, profitability, durability, and minimizing risks. South Africa’s provinces with few resources, like Limpopo, were most badly impacted by the second wave. A significant mortality rate and a large number of medical personnel perished from the virus as a result of the elevated infection rate during this time. According to local and worldwide media reports, the supply of healthcare services to a country's population is severely hampered when a healthcare professional passes away. Nurse Managers are responsible for overseeing the delivery of nursing care and performing other management tasks to ensure the smooth running of the healthcare system. They are in charge of managing the nursing workforce. Most people agree that nurses are the backbone of the healthcare system. (Moyo et al., 2021).

The author primarily focuses on the issues and challenges that nurses and nurse supervisors encountered during the COVID outbreak in South Africa. Stress brought on by a lack of staff members adversely affected the health of several nurse supervisors and other employees. Due to a lack of nurses and general personnel, the ward environment was unfavorable for patient care. Furthermore, there weren't enough drivers. The hospital was running low on linen at the time, therefore the nurse managers suggested that nurses reuse dirty linen from patients who were at danger of infection. By allowing the patient to use the dirty bedding, the nurse supervisors violated the ward's infection control policies. The nurse managers admitted that there was a lack of water in the wards as well, which made it difficult for them to serve and wash patients. The hospital in South Africa occasionally ran out of water, and in those situations, I was supposed to give patients their meals and baths. The water for drinking needed to be brought from home by the nurse managers. This alone was insufficient. The lack of water also hampered the hospital's bathing facilities, making the environment intolerable for both patients and medical employees. One issue mentioned by nurse supervisors who worked on COVID-19 wards and after positive tests for COVID-19 was stigma and prejudice. The author adds that nurse managers demonstrated that when they returned to work following quarantine, nobody desired to sit beside them, even to the point of chasing them out of management meetings. As it was conducted by their coworkers, these encounters traumatized nurse supervisors (Gab Allah, 2021).

The South African healthcare system was already extremely stressed before the 2019 novel coronavirus SARS-CoV2 (COVID-19) epidemic because of, among other things, a small disease burden, a loss of fit workforce, poor governance and control, and unequal resource distribution among provinces and between the private and non-private healthcare sectors. Thus, even before the COVID-19 pandemic, stress and burnout were problems for South African nurses. The COVID-19 burden, which includes working on the front lines, caring for infected patients while dealing with exhaustion, difficult triage decisions, separation from families, stigma, the pain of losing their patients and colleagues, as well as issues with the healthcare system, ongoing stress, and burnout, has put nurses in a precarious position. Regarding this, the South African Minister of Health announced that as of December 31, 2020, there were 439 fatalities and 43,124 verified COVID-19 cases among healthcare workers in the public sector. The table below shows the COVID-19 perception as mentioned by the author.

Characteristics	*n*	%
Preparedness to care for COVID-19 patients		
Unprepared	43	15.0
Somewhat unprepared	29	10.1
Unsure	40	14.0
Somewhat prepared	64	22.4
Prepared	110	38.5
Concerned about contracting COVID-19 at work		
Not concerned at all	13	4.5
Moderately concerned	123	43.0
Highly concerned	150	52.4
Risks for COVID-19		
Profession as HCW	219	76.6
General public do not adhere to prevention guidelines	206	72.0
Inadequate personal protective equipment (PPE)	70	24.5
Workplace not equipped for COVID-19	59	20.6
Underlying health conditions	68	23.8
Lack of staff	121	42.3
Long working hours	62	21.7
Public transport to come to work	42	14.7
Family members do not adhere to prevention guidelines	13	4.5

Table: COVID-19 risk awareness

As per the author, Self-reported factors that increased one's chance of getting COVID-19 included working as a health care professional and interacting with people who disregarded COVID-19 infection prevention recommendations. Health issues, avoidant coping, and a lack of training in handling COVID-19 patients were all associated with PTSD. The nursing team asked the managers for their compassion and support.

Singapore:

The author of the research condemns that, in Singapore, 45,140 COVID-19 instances had been reported as of July 7th, 2020, with 26 deaths (Ministry of Health 2020). Due to its unexplained mode of transmission and unknown incubation period, the COVID-19 virus poses a significant risk to those who live in confined quarters (Gao & Tan, 2021). It should be no surprise that even the contamination risk for COVID-19 in an outpatient mental hospital could be greater than that in a standard medical hospital given the living arrangements in the ward and the method of coronavirus transmission. He continues by saying that the COVID-19 outbreak has been documented in psychiatric hospitals all across the world. Nurse leaders were essential throughout the COVID-19 epidemic, despite occasionally having few resources and supporting data. The study, the author continues, "Confirms the importance of nurse leaders in creating a climate that

encourages organizational learning and supporting the ways by which it occurs." The Organizational Learning in Hospitals approach provides nurse leaders with an evidence-based framework for fostering organizational learning even in highly complex situations like a worldwide pandemic.

The subsequent study provided more evidence in favor of the study (Wong et al., 2020) . The prevention of social isolation and maintaining excellent personal hygiene are recommended as key measures. The nurses in the psychiatric facility saw that many of the patients ignored these precautions despite their best efforts to inform and urge them to do so because they lacked the cognitive ability to understand the hazards.

According to the research article, nurses have identified nursing leaders at all levels of hospital management as a critical element in lowering their anxiety (Goh et al., 2021). The nursing managers have attended to our needs; all of the requests, from food to extra air coolers to housing, have been met, according to one nurse. Another nurse said the Ward Nurse Clinician's instructions were current, simple, and understandable. Nursing leaders, in the opinion of nurses, were "extremely supportive, constantly checking up on us, making sure I are all well, and asking if I have any problems to reach out to them," according to nurses.

Healthcare professionals typically have a sense of professional obligation, especially during emergencies. Additionally, it has been found that the motivation of healthcare personnel is increased by working in challenging and unfamiliar environments. The self-determination hypothesis states that performance is appreciated higher when it is driven by internal meaning (intrinsic motivation) than external successes (extrinsic motivation). Given that healthcare workers are said to be particularly intrinsically driven. Working in dangerous settings might be viewed as a distinctive contribution that increases their drive and dedication to give their patients high-quality treatment and helps them recognize their ability significantly impact their patients' lives (Lim et al., 2021).

Australia:

This study emphasizes the experiences of nurses and nurse supervisors in Australia. The author argues that in order to handle specific pandemic scenarios and provide patients with high-quality

care, nurses must have the requisite knowledge, skills, and physical and psychological preparedness. Self-compassion lessened overall associations but exacerbated the relationship between subjective well-being and pandemic-related anxiety and despair. Posttraumatic growth diminished the negative association between both the pandemic's distress and the effects of psychosocial functioning. By examining how overwhelmed nurses felt during the early stages of the epidemic, it is crucial to comprehend the nature of nurses' experiences and potential actions healthcare providers may take to reduce nurses' stress. In order to keep nurses safe and allay their anxiety about getting sick, it is practical to outfit them with the proper personal protective equipment. The opportunity for nurses to discuss their stress during this pandemic, provide one another support, and suggest improvements to the workplace should be made available. Healthcare organizations and nurse management must be aware of these stress-related factors to develop organizational solutions to safeguard nurses' health, safety, and well-being (Aggar et al., 2022).

The research backs up the study. In response to the spread of COVID-19, the Australian government adopted social distancing, restricted social occasions, and imposed a staged lockdown on individual and collective activities. Due to these actions, it was hard to respond to the pandemic and preserve the continuation of PHC services to satisfy the population's ongoing medical needs. The government began funding the delivery of PHC specialists' telemedicine services as the frequency of in-person appointments fell. Initially, the provision of nursing services was not covered by this funding. This sometimes led to fewer in-person consultations and the termination of particular health projects, raising concerns about the viability of different PHC healthcare service from a budgetary standpoint. (Halcomb, McInnes, et al., 2020).

735 responses were received for the study overall, however 98 were ignored because they either had more than 50% missing data or the respondents did not meet the inclusion criteria. The study therefore included 637 responses. Even though it is hard to calculate a response rate because the number of nurses employed in PHC in Australia is unclear, this is one of the leading research persons Australian PHC nursing that has ever been published.

	n	%		*n*	%
Gender			Professional designation		
Female	613	96.2	Registered nurse	555	87.1
Male	21	3.3	Enrolled nurse	56	8.8
Missing	3	0.5	Nurse practitioner	22	3.5
Age, years (mean 47.6 years, *SD* 11, range 21–73 years)			Other	4	0.6
20–29	43	6.8	Employment status		
30–39	114	17.9	Full-time	241	37.8
40–49	162	25.4	Part-Time	282	44.3
50–59	212	33.3	Casual	92	14.4
≥60	97	15.3	Other	18	2.8
Missing	9	1.3	Missing	4	0.6
Years worked as a nurse (mean 22.6, *SD* 13.45, range 0–56)			Years worked in PHC nursing (mean 10.7, *SD* 8.61, range 0–50)		
≤5	90	14.1	≤5	224	35.1
6–10	70	11.0	6–10	151	23.7

	n	%		*n*	%
6–10	70	11.0	6–10	151	23.7
11–15	66	10.4	11–15	99	15.5
16–20	70	11.0	16–20	79	12.4
≥21	338	53.1	≥21	74	11.6
Missing	3	0.4	Missing	10	1.7
Location of employment			Employment setting		
New South Wales	233	36.6	General practice	351	55.1
Queensland	145	22.8	Community	106	16.6
Victoria	119	18.7	Other	180	28.3
South Australia	57	8.9			
Western Australia	41	6.4			
ACT	16	2.5			
Tasmania	13	2.0			
Northern Territory	11	1.7			
Missing	2	0.3			

The study on the same topic was done by the author of the research paper (Halcomb, Williams, et al., 2020) According to the finding of the research paper, it was found that the money needed to support the delivery of high-quality PHC nursing care was the subject of 138 (11.0%) statements. The most often mentioned requirement for financing was nurse-delivered telehealth. Government incentives for providing telehealth services were deemed essential to preserve patient care and improve nurse retention. A total of 38 responses (3.1%) emphasized how participants thought that increased recognition of their importance and contributions to the epidemic would enhance their profession. Participants wanted to be acknowledged for their "nurse role in teaching, reassurance, and chronic illness care," for their "job as primary health nurses during pandemics," and for "the fact that I truly do have skills and do our bit." According to one participant, "I need to be appreciated to provide treatment," while others noted that GPs should "slow down and appreciate their nurses" and that PHC nurses should "not be addressed condescendingly."

Additional research on the subject confirms that the knowledge, preparedness, and experiences of critical care nurses in Australian hospital settings during the COVID-19 pandemic were examined in this study. According to their findings, the study's critical care nurses had access to several local, national, and worldwide sources of information regarding COVID-19. Since the beginning of the COVID-19 pandemic, ACCCN has been actively involved in supporting critical care nurses as one of the key clinical craft groups leading Australia's defense against the pandemic and assisting with their knowledge development. A nationwide set of recommendations for the management of patients needing intensive care during the COVID-19 epidemic were created as a result of the ACCCN's partnership with ANZICS.

Nepal:

The research author served the Koshi Hospital in Biratnagar as the site of this qualitative investigation. With a population of 242,548 and a location in the Terai area, Biratnagar is Province One's largest city. Previously a zonal hospital, Koshi Hospital is now a tertiary level referral hospital and is located and functioning in Province One. This is because Nepal adopted a three-tiered government system. There are 17 departments and 350 beds there. It offers the general public services for prevention, promotion, and treatment. With 100 maternity beds available, it serves as Province One's primary referral hospital for maternity care (Basnet Id et al., 2022).

Social and demographic information about the responders in the study:

Characteristics		Frequency
Age	25–34	4
	35–44	3
	≥45	3
Sex	Female	10
Work experience	5–9	2
	10–14	6
	≥15	2
Qualifications	Vocational qualifications	3
	Graduate qualifications	3
	Postgraduate qualifications	4
Lives with family	Yes	7
	No	3
Designation	Floor Nurses	7
	Unit in charges	3
COVID Status	Ever positive (and recovered)	4
	Never positive	6

The majority of nurses, according to the author, reported feeling acute anxiety during the early stages, when COVID-19-related activities, their rate of spread, and their overall impacts were unclear. This concern was exacerbated by the possibility of transmitting to family members, particularly among the young and elderly populations. Health professionals who reported having a chronic disease that had been diagnosed and those with family members who had such disorders were more likely to experience worry. One recurrent worry mentioned by multiple individuals was social exclusion. It was also claimed that frequent exposure to news that may be contradictory or inaccurate on various media websites raised anxiety rather than decreased it. Most nurses were against visitor control. Despite an increase in staff, security guard numbers were thought to be insufficient. According to participants, the security staff and visitors' behavior management within the healthcare environment reportedly lacked cooperation. Participants stated that guests had misbehaved, intimidated, and even spat on personnel. Insensitive guests were reported by respondents. One COVID-19 patient and their guests disappeared after being directed to the local COVID-19 hospital. Nothing else could be found about the case (Semaan et al., 2020).

The report's author blames the fact that it was very challenging for nurses to manage the extra hospital visits. There are additional security personnel on duty right now. The guests angrily harassed the security guards and threatened to assault them if they attempted to prevent them from reaching the hospital, thus this tactic also failed. The nurse continues, "I was unable to assist since

compliance was weak because the visitors didn't seem to take COVID seriously." The nurses discussed how the maternity service continued to face pressures during the epidemic. However, more patients were being referred to this hospital for even routine treatments like blood pressure checks as referrals from private hospitals and other outlying healthcare institutions increased. Despite these difficulties, nurses indicated they tried to handle them. (Adhikari et al., 2021).

In research conducted outside of Nepal, the feeling of dread during the pandemic has been related to a lack of knowledge about the disease, the danger of catching the disease for oneself and one's family, a lack of equipment, and information provided by the media. Our results concur with these accounts. The effects of these anxieties might include altered behavior as well as signs of anxiety, sadness, and sleeplessness. An earlier study done in Nepal found that health care workers were more worried about COVID transmission since they lacked the required PPE. Healthcare workers acquire the ability to control these concerns with time. Examples of mitigating efforts include education, hands-on clinical experience, peer and management support, and institutional psychological support.

There have been reports of heavier workloads caused by a lack of workers in China as a result of staff relocation to newly constructed facilities. Additionally, their findings support assertions that staffing shortages brought on by COVID-19 symptoms, self-isolation, and the inability to travel to one's place of employment owing to restrictions impacted maternity care in many countries. Despite knowing that doing so puts student safety and security at risk, some nations, including Australia, have used students in contact tracking and screening. Our investigation also found a problem that was consistent with prior reports: work was made difficult by swiftly altering standards (Eftekhar Ardebili et al., 2021).

Nurses and managers in this study described various stigmatizing interactions with family, neighbors, coworkers, and administrators. These results align with recent research from Nepal that indicated significant stigma among health care professionals. Another Nepal research said landlords ordered health professionals to leave the property out of concern that they would spread COVID. The study, which was conducted in Nepal, illustrates the challenges experienced by healthcare personnel in locating housing and food. Most of the nurses in this research reported fewer prenatal visits, choosing to deliver at home and arriving at the hospital later in the event of

problems. They discovered a rise in intrauterine fetal mortality and stillbirth during maternal and perinatal death analyses. Among the effects of the pandemic crisis identified by participants was the reason for maternal deaths during the lockdown. A rise in anemic pregnancies, a rise in low birth weight, and a decline in the use of Kangaroo Mother Care were all reported in their experience. These findings are consistent with a UK study that looked at the maternity system nationally during the COVID-19 epidemic and found a drop in prenatal and postnatal consultations. (Jardine et al., 2021).

The author of this research further adds the discrimination nurses had experienced from their kin, neighbors, and the institution. They acknowledged that maintaining their resolve in the face of difficulties required strong internal drive. Participants described a variety of coping mechanisms they used, and many expressed regrets about the reduced level of care and elevated infant death. These results are important for individuals who plan and choose maternity services in low-income communities where the health system relies more on patients and families to offer supportive care and when the majority of treatment costs are paid for privately. (A. A. Khan et al., 2021).

3.3 Nurse in Nepal: COVID-19 and its effects; qualitative research among nurses and policymakers

In this investigation, preparedness is highlighted, and the effects of the COVID-19 pandemic in Nepal's early stages are examined for healthcare personnel. Despite Nepal having enough opportunity and time for proactive planning, the country's poor foresight and weak oversight caused delays in building the necessary resources, separating tasks, and distributing resources. Even though the stimulation of the Incident Command System, the emergence of testing capabilities to the regional scale, the creation of a few centers devoted explicitly to the diagnosis of COVID-19, the advancement of protocols and guidelines, and the show that it is significant lockdown were all recognized as substantial developments, both policymakers and frontline HCWs conceded that these efforts were ineffectual as this preparation progressively deteriorated, mainly as a result of poor institutional collaboration between the three levels of government (N. Shrestha et al., 2021).

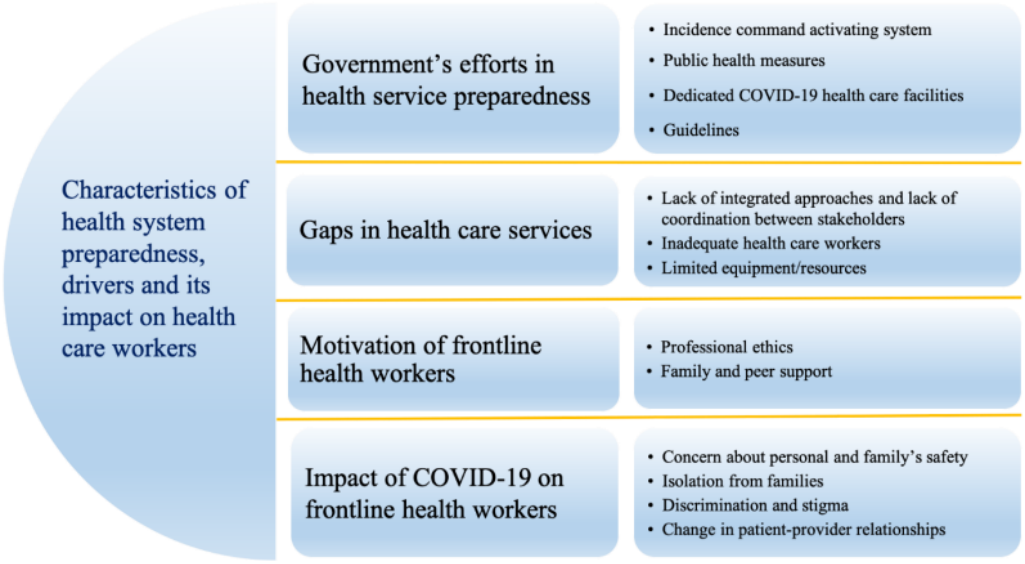


Fig: Health system preparedness to tackle COVID-19 in Nepal

The author claims that one of the critical factors affecting Nepal's preparations and response was the lack of communication between the federal administration's framework's central, regional, and community-level health systems. It was inferred that there was a lack of transparency about the allocation of responsibilities, inadequate logistical supply chain management, and difficulties finding qualified employees at the municipal and municipal levels. The government's disillusionment in continuing to work with the personal health insurance industry and the non-health segment during this urgent situation appeared even more harmful, despite the fact that healthcare facilities' ability to provide the least common denominator society with outstanding support was already constricted by a lack of funds well before the COVID-19 pandemic. (Singh et al., 2020).

Frontline Health care workers in this study, who had a high level of enthusiasm to serve in such a disaster, still revealed dread and apprehension mostly due to a lack of proper safety equipment, notably PPEs. The usage of makeshift personal protective equipment (PPE) including scarves, visors, and raincoats constructed from translucent sheaths alluded to the vulnerability of frontline health workers in Nepal. The budget has continued to disregard the need for greater chances for specialized training, professional supervision, and health human resources. However, it is praiseworthy to invest money in the construction of 300-bed hospitals at the federal level and 50-

bed hospitals in each province for handling infectious disease epidemics. Nepal's persistent yet persistently ignored issue has been a lack of qualified medical personnel. With 0.17 physicians and 0.5 registered nurses for every 1,000 people, Nepal falls well short of the minimal WHO standard of 2.3 physicians, registered nurses, and midwives for every 1,000 people. This study brought to light how the lack of HCWs in the background suddenly became a significant foreground impediment to the preparation during the current epidemic (Billings et al., 2021).

A prior study conducted in Nepal also demonstrated how personal willpower, the feeling of civic duty, and professional obligation among HCWs were driving forces to assist during the crisis. Additionally, it's difficult to understand the sacrifices made by HCWs to preserve their social distance from their relatives, especially in Kathmandu where they share a small apartment or room. These sacrifices might have an adverse psychological and social impact. But tragically, there are numerous problems affecting HCWs in Nepal on many different levels. The main causes of the deficiencies in Nepal's medical preparedness against COVID-19 noted in this study were a severe lack of resources (both human and nonhuman) to confront the pandemic at all levels and insufficient systemic coordination within the governance system. Particularly, it seemed that a lack of human resources, subpar logistical chain management, and inadequate COVID-19 testing lab facilities had hampered the preparation of Nepal's health system and aggravated the outbreak there. Despite concerns about their health and safety, HCWs have shown incredible perseverance and a strong desire to perform to the best of their ability. (R. M. Shrestha & Kunwar, 2020).

3.4 BPKIHS and the COVID-19 Pandemic: Situation and efforts

According to the author of the research paper, an educational hospital must include both nurses and nursing faculty (Shakya et al., 2020). Many of us experienced a sense of emptiness and perplexity after the teaching and learning activities of the institution were put on hold until further notice. Since I was used to face-to-face instruction and classroom contact with students, it took time for us to become used to the new activities. From on-site to online education was gradually transitioned. Not surprisingly, there were mistakes along the way. It was also seen as a chance to experiment with new educational approaches and virtual teaching sessions to supplement classroom interactions. As suspected cases had already begun to be admitted to the hospital's isolation ward, the nursing staff was likewise in a panicky situation. Nursing professors met with the college's chief, the matron, and other participants in several sessions. Additionally, the lack of

masks and PPE alarmed the nursing personnel. Nurses received masks and other PPE from a variety of organizations, groups, and helping hands; this helped the nurses' morale stay high. For the benefit of the nursing staff's ability to provide high-quality care, linked departments scheduled training courses on IPC, PPE, donning and doffing.

The author continues, "A research of the nursing workforce deficiencies while coping with an epidemic problem was discovered and started by a group of nursing academics from the community nursing department and the mental nursing department." A "Psychosocial Support Program" was created and is currently being used to meet the needs of the staff nurses in their dread, anxiety, and feeling of uncertainty when performing in this environment. In order to fix the problems, this encouraged staff involvement and dialogue with registered nurse administration. The College of Dental Surgery is currently included to this, and nurses working in different Biratnagar hospitals as well as HCW working in specific Dharan sites are all using Zoom Meeting.

In Nepal, BPKIHS has been a pioneer in study, patient care, and education. A third of the country's biology and medicine, according to reports, is contributed by BPKIHS. The COVID-19 epidemic has had a tremendous influence on the institute's entire daily agenda. Majority of academic and administrative operations were suspended, and the hospital primarily offered emergency treatment. 5, 9 Not only was it done out of dread of the epidemic, but it was also done to better be ready for the fight against the virus (Chaudhary, 2022).

3.5. Health Sector Emergency Response Plan during COVID 19

According to the report, the first incident occurred in Nepal on January 23, 2020, when a 32-year-old Nepali man was returning from Wuhan.(World Health Organization, 2020a). The contacts displayed no symptoms, and the patient fully recovered. The health desks at Tribhuvan International Airport were strengthened immediately, and later, other airports did the same. The Nepal-China and Nepal-India borders' Points of Entry (PoE) have been strengthened with the addition of health desks. On each side of the limits, there are restrictions on vehicular access. The Nepal-China official border crossing sites have been closed since January 21, 2020. The Nepalese government announced the suspension of all international flights on March 23, 2020, followed by a total lockdown of the whole country. The author also states that there are 26,930 hospital beds available nationwide in both public and private facilities. In addition, 840 ventilators and 1595

ICU beds are available in 194 institutions. 28 hospitals have been chosen by MoHP to handle COVID-19 patients, while 111 hospitals will operate COVID clinics. I estimate that just one-third of these facilities may be accessible for COVID-19 patients since the rest of the time, especially inpatient beds and ventilators, are being used for other illnesses or inpatient care services.

Description	Total (No.)
Hospital beds	26,930
ICU beds	1,595
Ventilators	840
Hospitals with ICU facility	194
Hospitals who run COVID Clinics	111
Level – I COVID Hospitals	13
Level – II COVID Hospitals	12
Level – III COVID Hospitals	3
Isolation beds	3,076

Table: Capacity of Nepal

This strategy anticipates four scenarios that will direct the response to COVID-19, taking into account the health systems' capacity to manage active COVID-19 patients. The present health systems can address Levels I and II, according to empirical evidence. However, once COVID-19 cases reach level III, health services will be so overburdened that outside humanitarian aid would be needed.

As per the research paper, it has been found that the classification of circumstances depending on the availability of resources at the time looks this like:

Level	Possible Number of Positive Cases (max)	Maximum no. of person who need general treatment at hospital with isolation wards/beds (80%)	Maximum no. of persons who need hospitalization with Oxygen Support (15%)	Maximum no. of persons who need hospitalization for intensive care Service (5%)
I	0 – 2000	1600	300	100
II	2000 – 5000	4000	750	250
III	5000 -10,000	8,000	1500	500
IV	> 10000	> 8,000	> 1500	> 500
Note: Based on the scenario, the existing policy/strategy will be amended accordingly.				

The country's available infrastructure, including schools, campuses, hostels, hotels, and other lodging options, will be mobilized to set up adequate institutional quarantine facilities, with a special emphasis on the Kathmandu valley and neighboring regions. A quarantine period of at least 14 days will be required for the next three target groups. They are those who violate home-based quarantine as determined by the local government. They include foreign travelers by air, international travelers by ground, and those for whom home-based quarantine is not practical.

Institution		Requirement	Total
Provincial government	7	2000 beds per province	14,000 beds
Metropolitan Cities	6	2000 beds per Metro	12,000 beds
Sub Metropolitan Cities	11	1000 beds per Sub Metro	11,000 beds
Municipalities	276	500-1000 beds/per Municipality	138,000 – 276,000 beds
Rural Municipalities	460	500 beds/per Municipality	230,000 beds
Kathmandu valley	1	3 districts	5000 beds

To prepare for and respond to COVID-19, various committees and task teams will be established. To facilitate decision-making based on the best available evidence, MoHP will ensure that technical experts (such as public health experts, virologists, immunologists, epidemiologists, infectious disease specialists, pulmonologists, emergency medicine specialists, critical care specialists, researchers, etc.) are appropriately represented in management and oversight committees.

The author has presented the total budget as:

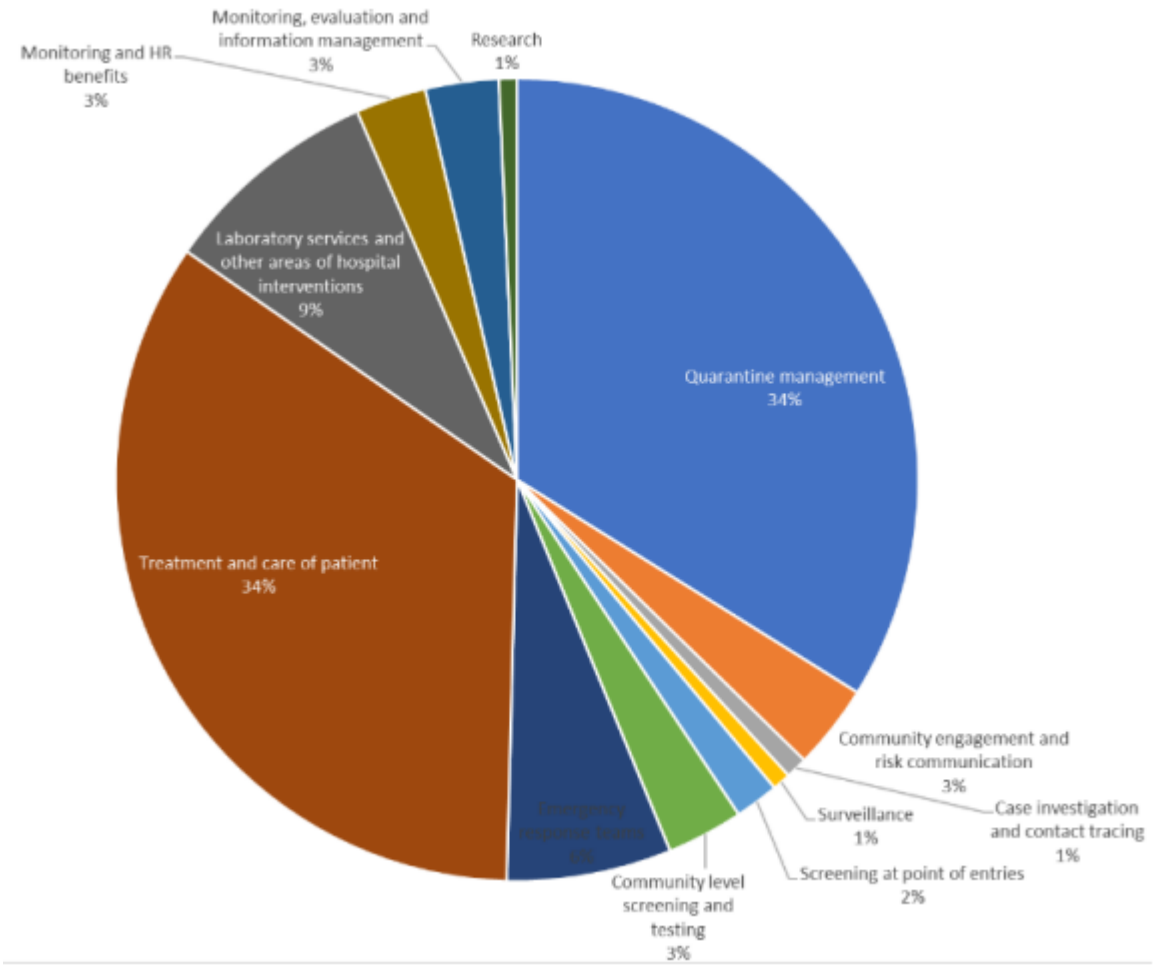


Fig: Estimated budget allocation by intervention regions

I have found that the health and economic specialists' per-unit costing exercise, which was based on data linked to finances, human resources, supply, utilities, housing, transportation, information management, and waste management, was also utilized in the budget calculation. Costs are determined mostly using data from current government financial and procurement records. Fixed costs like infrastructure and opportunity costs like maintaining current services are not covered in the study.

This COVID-19 response plan will cost a total of 6.9 billion dollars to implement. According to estimation and analysis, hospital-based interventions will account for the majority (43%) of the planned budget, followed by management (primarily monitoring evaluation and information

management), oversight, and research activities (4%). The remaining 4% will go toward hospital-based interventions.

It has been concluded that domestic resources already available will be prioritized and redistributed for the COVID response. For the COVID response, donor mapping will be done and then channeled as needed to close any gaps. A method for utilizing external donor financing support, such as the WB's USD 29 million, will be devised as well as an examination of global emergency funding support. Private COVID hospitals and COVID clinics that are recognized will get the necessary financing to react to COVID-19. The hospitals will get case-based compensation. According to their current financial Acts and Regulations, hospitals are required to maintain a record of their costs. Make that the proper personal protective equipment is available by the procedure. Each approved hospital's security system will be enhanced with enough security staff. To make appropriate arrangements, hospitals will frequently work with the regional administrative offices. The local government and security system shall coordinate CCITT and any other community mobilization and involvement.

Health workers participating in the COVID-19 response process will be monitored for any stigma, discrimination, violence, and harassment. The state will take the necessary precautions to prevent this from happening, and if it does, the necessary legal actions will be taken with ZERO TOLERANCE for violence. The required arrangements will be made to adopt a work-from-home modality based on the need assessment of the specific institutions, to alleviate crowding at the healthcare facilities. At every healthcare institution, a system will be put in place to evaluate the staff's health, and people of vulnerable or high-risk groups will be called upon to do auxiliary duties in the hospitals.

As per the author of the research paper, 10,000 current instances have been taken into account by the ministry for planning the preparation and reaction based on the analysis mentioned above. Due to the dynamic nature of this plan, regular evaluations of the situation and new evidence will help determine when it is time to update it, with the budget section and any new actions in particular. An experiment in policy-based costing was conducted while taking into account the expected situation indicated above. The costing exercise was based on the data that was already available in the areas of finance, human resources, supply, utilities, lodging, transportation, information

management, and waste management. Resources were mostly sourced from the government's current finances.

3.6. Review of some related research

According to research, the workload is the primary cause of stress in the workplace. During the early phases of the COVID-19 pandemic, the Chinese government put in place a robust mass preventive and control mechanism that caused a rapid decline in the number of COVID-19 cases. At this time, the Ministry of Civil Affairs issued various directives that were put into practice by China's nursing homes. Guidelines for Senior Care Facilities in the Prevention and Control of the Novel Coronavirus-Related Pneumonia Epidemic. Between January and April 2020, 14 nursing homes in the province of Hunan were closed, preventing visitors and postponing social events while keeping residents confined to their rooms. Nursing staff had a heavy burden during this period because they had to adhere to lockdown procedures, complete training, and provide residents more support so they could connect with their families digitally (Zhao et al., 2021).

It has been demonstrated that managers found it difficult to motivate employees to prevent and control COVID-19 when they had few resources and scant support from their company or the government. Two of the five individuals who expressed concern about COVID-19 infections in hospital patients reported having unpleasant sensations and sleeping poorly. Four nurse managers voiced their worry that staff employees could have caught the sickness while making Chinese New Year visits to relatives and friends. It seems that management recognized that nursing assistants' low levels of education put them at significant risk of struggling. The majority of managers said that they had work-related stress, but that they were able to handle it by thinking kindly about COVID-19. This illustration demonstrated how optimistic beliefs were based on knowledge and research to forecast the end of the crisis. All of the managers said that they could turn to their loved ones, friends, and their company for support while they were going through trying times at work. The family was their biggest source of assistance (Faramawy & Kader, 2022).

According to the study, due to fewer registered nurses being employed in nursing homes, there was a challenge during COVID. In addition to managing nursing assistants, they provided direct care for residents. They were crucial in putting the COVID-19 prevention and control mechanisms into place. Their main difficulties were the burden that came along with it and a lack of suitable

professional experience in COVID-19 pandemic prevention and control. To handle the increased workload during the outbreak, nursing homes did not add any additional staff. Registered nurses must put in more effort to prevent and treat COVID-19. The greater effort had a negative effect on their moods. (Vázquez-Calatayud et al., 2022).

The study largely focuses on nursing assistants' primary responsibilities, which include assisting senior citizens with daily activities. They believed that interactions with residents and their families were the main challenge. They were worried about how easily the inhabitants could contract COVID-19 and about how inadequate their existing preventative and control measures were. Nursing assistants claimed that numerous residents, especially those who were restless and terrified, had unpleasant emotions during the closing of the nursing homes as a result of restrictions on outside activities and the absence of family visits. Residents disobeyed preventative and control measures because they wanted to go outdoors, and have family members visit them, and they also did not follow them. Nursing aides experienced stress because of such circumstances and felt guilty for not being aggressive. Five nursing assistants were concerned about the poor prevention and control measures that increased the risk of infections for residents and themselves. Before the facilities were shut down, their main concern was if the residents' relatives had introduced the virus into the residence. (Middleton et al., 2021).

The study's results are in line with earlier studies that demonstrate that healthcare workers, especially those who work in nursing homes, are more likely to contract infections and experience mental health problems. The study found that every member of the workforce, including nurse supervisors, registered nurses, and nursing assistants, was impacted by COVID-19-related stress and unexpectedly high workloads. Nevertheless, throughout the COVID-19 outbreak, numerous groups faced various types of stress and employed varied coping strategies to carry out their jobs and responsibilities. Because of their numerous responsibilities to residents and staff, nurse supervisors in their study reported feeling higher stress than registered nurses and nursing assistants. They were quite prone to having sleep issues and mental health issues. Studies showed that nurse managers felt overburdened by their dual duty as managers and clinical leaders, suggesting that the job is now erroneously and unreasonably designed. They found that a positive outlook and strong self-control were key to reducing stress. Understanding a nurse's capacity for self-control may help them proactively spot or avoid possible issues, encouraging positively

related variables and, in the end, attaining personal and professional success. Nurse Managers must assist nurses in setting suitable, measurable, and demanding job objectives and arrange training sessions to support their achievement to increase work performance and boost morale. Cognitive behavioral therapy (CBT) given over the internet, which creates new mental models based on cognitive behavioral frameworks, may help nurse leaders spread optimism (Jackson & Nowell, 2021).

According to the study, practically all nursing assistants expressed concern for both their own and the residents' safety. The findings are in line with other studies on the SARS and Middle East Respiratory Syndrome Coronavirus outbreaks, which showed that staff members prioritized safety above anything else. The main strategies for lowering the stress that the virus caused the nursing assistants were training and education. The nursing assistants in our study diligently practiced infection control and personal safety precautions like cleanliness and hygiene to reduce the risk of illness. Other research has shown similar results. To strengthen the nursing staff's capacity to adopt preventative and control measures, nursing homes must first design instructional programs, especially for nursing assistants. Nurses require opportunities to participate in planning, mock exercises, education, and training that simulate pandemic scenarios in order to develop the abilities required to handle a future pandemic. Additionally, the study suggests that methods like cognitive behavioral therapy may be helpful in promoting self-regulation to minimize stress. (Cho et al., 2021).

The public health agency's recommendation to stay at home if you are sick is generally followed by both students and faculty at both elementary and upper secondary schools, according to the school nurses. According to the school nurses, many students stayed home during the first week after the advice was made, but after that, absences began to decline. Some school nurses who, in response to the COVID-19 pandemic, had produced instructional movies about health to reach out to the students proposed another strategy that might continue post-pandemic. Prerecorded films gave students the chance to review what was stated regarding, for example, sleep, rather than only hearing it once, the nurses who participated in the focus groups observed. It was also mentioned that since kids already use digital platforms, school health service providers might reach out to them there. The government's decision to permit upper secondary schools to operate remotely, according to the school nurses, had a variety of impacts on the students, with occasionally

unexpected results. Some schools noticed an increase in student attendance when students worked from home, and for some students, teaching method was successful. They "have greater attendance and have been able to focus better while they have been at home." According to the school nurses' observations, several students found it challenging to complete distance learning assignments on home computers. When it came time for distant learning again in December, the school management and school health services used a lesson they had learned during the spring (Martinsson et al., 2021).

By looking at staff nurses' opinions on particular NMs, it may be feasible to better understand the relationship between the independence of staff nurses and their leadership traits. The results of this investigation showed that there is a statistically significant, primarily positive link between TL and structural independence. The findings are from an earlier study by Spence Laschinger, whose findings showed a connection between management support among frontline managers and TL behaviors of top-ranking nurse leaders. Although no studies have made the connection between staff nurses' opinions of their NMs' leadership style and their structural empowerment, this study was the first to do so. An intriguing result was a weaker but still substantially favorable link between structural empowerment in staff nurses and how staff nurses perceived their NMs' transactional leadership practices. The association between staff nurses' assessments of the transformational or transactional leadership behaviors of their NMs and staff nurses' perceptions of their structural empowerment has not been studied before. However, it has been demonstrated that transactional leadership traits are positively correlated with work satisfaction. It was discovered that structural empowerment and staff nurses' opinions of their NMs' apathetic leadership had a somewhat unfavorable link. Lower structural empowerment was associated with more laissez-faire leadership behaviors, which may reflect the leader's lack of engagement in this leadership style (B. P. Khan et al., 2018).

4. Methodology

4.1 Introduction

The methodology is a vital topic included in a research paper. The methodology can be simply referred to as the methods or steps which are appropriate for the research that has been chosen and implemented while a variety of information was being sought and collected for research completion. I'll be talking about the many methods or phases used in the technique here; I run into a lot of different subjects. The strategy to the study, the planning process used, the structure involved, the methodologies and the researcher's thought behind these techniques used are the themes that are most frequently mentioned among those that are chosen to be used in the research paper. Additionally, several methods of data access and collection for the purpose, as well as a thorough analysis of all details and information obtained from the resources used, will be demonstrated (Snyder, 2019). At frequent times, the credibility of an entire research paper is judged by the methodology chosen. This is one of the reasons the methodology chosen in the research must be appropriate for the context. An appropriate methodology was introduced for this research too. This highly influenced the significance of the research itself (Gupta, 2022). The methodology I obtained briefly discussed the strategies, philosophy of the methods, approach taken by the researcher, ways involved in designing, sampling, and ethical consideration. A further discussion on how each of these topics was in was introduced as theology is described.

4.2 Research Strategy

Research strategy in research can be identified as the plan of action followed in the due course of the research completion which is a step-by-step plan. This particular planning is what is often referred to as the strategy for conducting research and documenting it by writing a research paper on the research conducted (Oliva, 2019). Research strategy is what gives the plan of action to the ideas and efforts of an individual. This helps the researcher to conduct the research in a structured method also contributing significantly to the quality of the research results and helps in time management for the research (Skinner et al., 2015). In this thesis paper, we have mainly used qualitative research strategy and exploratory research design.

For this particular research, I have chosen the qualitative approach of research design assuming the data I need is not more complicated. A qualitative research strategy can be simply understood

as the strategy that obtains the required data and information with the aid of an open conversation. This research is also doing the same for data collection. The involvement of interviews with the different nursing managers who managed the availability of nurses in their respective wards in the hospital is what brings the qualitative strategy into action. The specific reason to choose to interview the nurses and work with the qualitative strategy is due to the fact because in research brings in more reliable data as compared to other strategies which ultimately contributes to the quality of the research conducted with the information received being more descriptive.

4.3 Research Philosophy

Research philosophy is the belief of an individual regarding how research is approached. The assumption made like data and the different ways information can be collected, analyzed, and utilized is what research philosophy is all about. It primarily focuses on the way of generating data for the research. Multiple different research philosophies are practiced, but this particular research has strictly followed the interpretivism type of research philosophy (Быханова et al., 2015). Interpretivism can be termed as the perception that the reality about a thing is always subjective and a collection of multiple different ideas about the same thing (Ryan, 2018). This philosophy tends to indicate that if research is about a certain subject, then the information for the research must be conducted from the subject itself. Any other forms of information gathering cannot be termed credible which are obtained without the direct involvement of the subject or without having to disturb its environment. In this research the philosophy of interpretivism can be seen as the prime source of data collection is by having a direct conversation with the nursing managers of the hospitals. Since the research was about nursing managers managing nurses in the hospital during the outbreak of covid-19. The core principles of this approach are that participation experiences are at the center of research, and that researchers actively engage in interpretative engagement with the participant's account. The techniques of this study provide the proper analysis. The subject was the nursing managers themselves and having a direct conversation with them was what created subjective information on the topic. The nurses were asked different sets of questions each and their answers got us credible sources of information regarding this research topic.

4.4 Research Approach

Research approach can be generally understood as the technique, procedure, and planning involved in research which focuses on the methods of data collection, ways, and steps followed in the

analysis of the data, and also the different procedures that the researcher followed for interpreting the information that was collected through the sources of choice. When it comes to the research approach there are two different ways which are used evidently. These approaches are the inductive approach and the deductive approach. Each of these approaches has its significance for the type of research they are used in (Tuffour, 2017).

The inductive research approach is the most suitable for this specific research paper, according to the whole examination of this study. The inductive approach was used in the research because of this. The researcher may choose which of the various analyses completed as part of the induction technique. In these collections of observations, a certain informational pattern is discerned, which finally culminates in a broad generalization about the subject. Additionally, this is what transpired during my research (Teherani et al., 2015). I received a variety of information from the interview with the nurse managers from each ward of the hospital. I became aware of a common pattern in the management techniques each of the nurse supervisors used after taking a close look at how they were able to control the nurses throughout the covid-19 epidemic. This similarity among the nurse managers aided us to jump to a general conclusion which also answered the research question I were to answer with this general conclusion derived from the similarity in management of nurses in each ward.

4.5 Research Design

The plan of action researcher chooses to associate each of the various components of research in the right way to help the researcher address the issue that the research was intended to address is known as the research design. Research design gives an overall idea of how information gets collected, quantified, and analyzed for the research purpose (Akhtar, 2016). There are several different study designs that are now used by researchers, comprising experimental, correlational, diagnostic, descriptive, and explanatory designs.

The explanatory research design is the one that I have discovered to be suitable for my study out of all of these. Explanatory research looks at the causes of events using the limited knowledge that is currently accessible. It can help people comprehend a subject more fully, understand how or why a certain occurrence is occurring, and make future forecasts. There are clearly few sources I can consult since I am examining the position of nurse managers in the B and C hospital in Pandemic. I chose the explanatory research approach as a result. Explanatory study starts with a

prediction or concept and afterwards collects data to support or refute the idea. The majority of explanatory research employs to collect data from a group of participants. Following that, the findings will reveal details on the target demographic as a whole. In this research too, I have interviewed the nurse managers as a part of the qualitative research design in a limited source which explains the explanatory method. Instead of turning attention to the sole reason why nurses were managed in that particular fashion, I have largely concentrated on what the management of nurses was and how it occurred. This was done because I made sure to answer the related study questions by using this research design.

4.6 Research Method

The research method is simply the approach followed in the due course of accessing the required information for the research and the authentication for the analysis of collected data and information which as a whole contribute to gathering new findings and create an understanding of the research topic for any individual going through the research paper (Beins, 2017). As mentioned previously, I have used the qualitative method of strategy for this research. There are a handful of ways I can apply the qualitative research method in this research. These include the use of appropriate qualitative tools including observations, interviews, document analysis, and focus groups. The interview procedure is the one I have used the most in my research out of all of these. In order to conduct an interview with the nursing professionals in each hospital ward, I had prepared a list of questions. I made the decision to begin my research interviews with nurse managers because that was the only thing, I could get my hand around. The answer to these questions which will be seen at the later part of the research report is what the primary data was utilized after the brief analysis of information I received in my research (Browne et al., 2019). Furthermore, the techniques of observation are also used in the qualitative generation of the information. I also conducted a brief conversation with a few hospital nurses in their different wards, which was very helpful in confirming the validity of the data I had learned previously from the managers of the nursing units' questionnaire items. I also looked over some of the hospital records, including the shift schedule from the Covid-19 pandemic. Along with it, I was granted unique access to the planes. All of these techniques backed up the existence of solid and reliable data that could be applied to the study.

Data such as shift planners are a crucial component of contemporary workforce management that supports and enhances an institution's operational effectiveness. Shift scheduling, on the other

hand, entails developing and upholding these work plans in order to more effectively manage the resources, boost efficiency, improve customer satisfaction, and boost profits. But here in this research that I have done, profits indicated only when I could find the evidence for nurse managers' work and management in the B and C hospital. Shift planners are a great helping hand for nurse managers. Similar to how they did in the B and C hospital, nurse managers were required to handle the schedules for other staff nurses with the utmost accuracy. These kind of shift planners gave the nurses access to care around the clock both for their patients and themselves. During the COVID-19 outbreak in Nepal, nurses were invited to work so that there wouldn't be any shortage of nurses at the time of treatment. For these, nurse managers were needed to prepare schedule which distinguished the nurse's working time so that they could work in a round without getting much exhausted. Data planners are examples of tools that use strong analytics to sort and filter the provided data so that users can burrow down to the level of detail required for efficient managing and judgment call.

4.7 Data collection method

Data Collection can be simply understood as the systematic process of having to gather and collect information regarding a specific subject of choice often the research topic or subtopics. Similarly, the data collection method is simply the method one choses to collect this information (Palinkas et al., 2013). The methods one follow for data collection must ensure the completion of the data within the collection phase and it must also make sure that the data they have collected has no hindrance from the legal side or any ethics followed. Any miscommunication or a faulty data collection method could cost you a high price often leading to profound consequences. Generally, there are two forms of data collected based on the sources of these data are received. Both primary and secondary data are presented here. Primary data are those that are gathered directly from the source or from the users themselves. Likewise, secondary data are those data which is collected from a source and shared by the collector for others to utilize.

I used a distinct procedure for gathering primary and secondary data in the aforementioned research. The primary data was collected by interviewing the nurses in each ward who were responsible for managing the available nursing staff resource during the covid-19 outbreak (Sarkies et al., 2015). However, I have used most of the data from the secondary sources like study

papers, not only relying on my own research. This did help in the authenticity if the method and data I chose earlier.

Some of the data were collected through conversations with nurses employed in the wards themselves. There was proper consent taken from each of the nurses and the nursing managers before the collection of the data. The duration of each session of the interviews was between 30 and 50 minutes. Data were gathered over the course of one month. Personal safety precautions were used during in-person interviews at their place of employment. To ensure that the interview's information was fully absorbed, probes were employed. This made sure that the data was being collected ethically and legally. An extensive, semi-structured interview was done in order data and obtain accurate and trustworthy information. General inquiries concerning demographic details were first covered in the interview before more detailed, open-ended inquiries regarding the study's goal were made using the interview guide. In response to expert advice, interview guide questions were created. 30 minutes was the very least and 50 minutes was the absolute maximum for an interview. Similarly, I chose to conduct a literature study as my method for gathering secondary data. I thoroughly examined a number of other studies and articles on related subjects in order to gain a clear knowledge of the objectives of the research. This concluded the data gathering techniques I used for the study.

4.8 Participants and Sampling

Since I was going through the nurse managers of the B and C hospital and how did they manage tasks in the COVID-19 pandemic, the data I needed was and wasn't countable. This was because when I reached for the sample collection, nurses being devoted to their profession as per their nature, were busy in their wards and they could not be available in the time I wanted them, however I reached to them as the nurse managers were countable there. But for those whose information I could not gather due to the lack of resource, time and situation, sampling was the only method I could use. This was why I introduced sampling in my research methodology (Taherdoost, 2016). Along with that, there are several other hospitals in Nepal who were busy dealing with the covid-19 patients during that time. That is why I had access to limited resources so, I had to opt for the sampling process. The best way to understand sampling in the context of research is to think of it as the process of choosing a group of individuals or things from a larger population who act as a representative of the entire population so that the results from the sample can be applied to the full

population. Any research endeavor must utilize both a strategy for assessing the data and information, as well as an effective sampling process. By selecting a certain sample size of the population being studied, the research questions may be answered using an appropriate sampling approach.

The sampling method that I used in my research is the purposive sample method. The purposive sampling method is the type of sampling procedure where only the samples are chosen with the desired traits in them required for the research. I also did a similar thing for my sample selection in my research. For this, I have selected about eight wards of different specialties from a hospital of my choice. For deciding the participants of the interview process, suggestions were taken from the head of nursing managers in each ward. The physicians' COVID-19 histories and the different elements of the nursing department were also explicitly taken into account while selecting participants. Purposive sampling was also employed (Ames et al., 2019). The participants had a range of traits that were appropriate for their positions in the nursing department. Due to the saturation of the data, the sample size was chosen. All participants were all thoroughly questioned. I wanted to make sure that the nurses I ultimately chose to interview had a substantial amount of variation. I made the decision to choose nurses for this particular task based on a variety of factors, including age, professional experience, managerial aptitude, training, and length of service. This improved the findings I found using the interview as my main strategy for gathering data. For the nurse managers who were willing to share their experience with us, I even ensured written permission from them so that I would not have to run into any future consequences for whatever data I were collecting from the questions I asked in the interview process. This overall process helped us choose the nurses in the field of experience who could provide us with the most detailed managerial experience during the Covid-19 outbreak.

4.9 Data analysis

Data analysis in research methodology is defined as the procedure used by the researchers during the data gathering for the research where they deduce the entire set of data to derive the necessary knowledge and insights about the research topic by analysis of the raw data collected (Wickham, 2016). Thematic analysis was the form of data analysis I discovered to be most compatible with my research strategies. Because quantitative data gathering served as the main method of data collecting for our research, this particular data analysis was the one I was most qualified to choose.

Thematic analysis can be understood as the type of data analysis that is used in the appropriate analysis of qualitative data. This is usually applicable to a set of written data which may include methods like interviews and transcripts. For the data analysis, there were a few steps that I followed. These steps included getting familiar with the data, generating preliminary codes, finding similar data, reviewing those data, and finally writing down the result. The primary analysis was done by recognizing the specific data that had the most repetition from the data that was collected through the interview (Smith, 2022). After getting familiar with the topic data that was received, all the information that was close to the research topic got selected manually.

All the pertinent bits of information relating to the study topic were manually recognized as codes after becoming familiar with the content, and information pertinent to each code was then further compiled. At this stage, the list of codes was created; it was then divided into probable themes. To further categorize the codes into each topic, a table was created. To answer the study question, codes, sub-codes, and topics were developed. I looked more closely at the connection between codes, themes, and various degrees of themes. In a further analysis, the motifs were divided into distinct themes and some were collapsed. To determine the validity of each topic, the link between the themes and the data was examined. The significance of each theme was determined at this phase. To move on to the next round, the dialogue that best reflected the topic was chosen. The subject was crafted to be as succinct and insightful as feasible. All scholars contributed to the production of themes and sub-themes during the coding process. Five themes in all were produced. Each data-based concept was explored in detail. These explanations were presented in an argumentative manner, taking into account the research topic, and the best quotes for the theme were chosen. Now, a common pattern was searched among the data information. After I finally find the data with the specific pattern of repetition, that specific data was reviewed once again before finalizing it. In this way, the data analysis was carried out.

4.10 Ethical consideration

There were significant ethical considerations I had to undergo during the research. In this research, the approval for ethics was done by the Norwegian Centre for Research Data (NSD). First of all, formal permission was taken from the head of nurses in the hospital to allow us to conduct research with the nursing managers (NGOZWANA, 2018). All the participants of the interviews were provided with a consent form and approval was taken from each of them individually. The consent

was planned to be sent and received through email. Alongside this, the interview was also scheduled as per the time mentioned by the participants themselves in their feasible time. The participants were understood to be the nursing managers from different wards of the same hospital. The time allocated for each interview was around 45 minutes considering the busy schedule of nursing managers. The participant might choose to forego the interview at any point if they were uncomfortable or resent it. (Hammersley, 2014). The participants had a full right to know, access, delete, and edit any information that had been processed and recorded about them. The participants if want to access the information could ask through an email which would have been responded as soon as possible within 30 days. The email was then responded to with CTO copy of all the personal data and information. The participants were also allowed to send a complaint via email to the data protection officer or the respective authority. This could be done whenever they felt that their data was being misinterpreted or misused in any way possible. In all of these ways the appropriate ethics gets considered in the primary data collection for the research.

4.11 Conclusion

By using the appropriate techniques and procedures throughout the investigation, the entire research approach was finished in the allotted time. The methodology was mostly based on data collecting and processing so that I could receive the precise information I needed, which might be a response to the study questions. The research approach involved a number of steps. The ideal approach was picked for each phase to guarantee better process outcomes. In order to gather in-depth information for the research paper, I used a research methodology that included a brief description of the research strategy, research philosophy, research approach, research design, research method, data collection method, participants and sampling, data analysis, and ethical considerations for the research. I followed qualitative analysis for the strategy that I undertook for the research. The research design also supported this. The qualitative information for the study came from a semi-structured interview with hospital nursing managers. The interview yields the primary data, but a literature review of several publications and journals from various internet sources was done to collect secondary data for the study. The philosophy of the research was interpretivism which best described the qualitative strategy and exploratory design of the research. Similarly, for the selection of the hospital wards and the nursing managers that were to be

interviewed, the purpose sampling method was followed, and finally, thematic analysis was performed to bring out the research result from the analysis of data that was received.

5. Findings

5.1 Description of participants

Qualitative analysis was done for the study. For qualitative analysis of the data, 5 nurse managers were interviewed with different 7 questions (Sandelowski, 1995). They were asked general questions regarding the management and COVID. They were asked about their experience in managing the nursing staff during COVID-19. They were asked about their understanding of the management of nursing staff in the hospital during COVID. In the interview, they were asked about the challenges they faced while managing the nursing staff during COVID. The policy they used was also asked about during the interview. Along with that, many secondary data collection methods were also used so that the situation of the nurse managers in the hospital becomes clearer.

5.2 Themes

The six main themes and the corresponding subthemes from which they developed are illustrated, together with verbatim instances to support them. Examples of the supporting material from the participant transcripts are used to describe each of the subthemes that make up the main topic. With just 5 participants, each sentence presented here does not include demographic information such as the respondents' ages or units of assignment to preserve as much anonymity as possible.

Theme 1: Being available

Participants in this theme thought about what it meant to be managers and how they interacted with front-line or direct care nurses. Nursing supervisors had to take action to make up for a lack of staff while the illness process dragged on. These metrics fall under the volunteer and non-volunteer worker recruiting categories, respectively. The task force and management of the participants' organizations did make them feel supported, and they were pleased with the news and information they got.

1.1 Team of volunteering and non-volunteering nurses

Recruiting participants from different wards, hospitals, cities, and even regions was one method of recruiting volunteer workforces. Employing and keeping contract and temporary workers, relocating nurses from some other wards to assist COVID wards, and speeding up the hiring procedure for candidates who passed the selection exam were all examples of non-volunteer

workforce recruitment tactics. Coordination between the hospital and the provincial nursing management company allowed for the successful implementation of these initiatives. According to the interview, it was found that volunteering nurses were added which made the circumstances easier.

One of the nurse managers shared her experience:

"*COVID-19 has put the health system under huge pressure. It was very difficult in managing the nursing staff since there were about 40 nurses, it was so hectic due to a lack of physical exercise where I only get fewer hours to sleep because of day and night shift*"

The volunteering and non-volunteering staff were added for smooth operations in the hospital. One of the nurse managers would like to say:

"I had experienced many negative health effects on nurses due to the pandemic of COVID-19. I also found that nurses had to worsen physical and mental health in the workplace"

Theme 2: Concerns expressed by nurses

According to the secondary data, a recent study revealed that while providing medical care, with COVID-19, nurses are especially susceptible to experiencing symptoms of melancholy, anxiety, and sleeplessness (Peters et al., 2018). Nurses at the mental hospital where the initial instance of COVID-19 was discovered were astonished, and they became even more so when they realized that many additional patients in the same ward had tested positive for COVID-19 (Jabbi & Nemeroff, 2019).

One nurse manager admitted, "When I initially learned and moved sensitive patients to isolation, I felt overwhelmed." It was understandable that they were worried about becoming sick and unintentionally infecting their family members, and this made them feel quite powerless. To lessen the chance of cross-infection, some nurses placed self-imposed limitations upon themselves by locking themselves in a room after work. While adjusting to uncertainty, they had to deal with the loneliness of solitude and the humiliation of not being able to care for or spend time with their family members. "I cannot go anyplace but the hotel, not knowing whether my wife would be able to handle two children alone," said one of them.

One nurse manager said, "*I always used to wear a mask and sanitizer since there was a danger of a virus. It was also a heartbreaking and difficult task for me to manage the overall task*".

Theme 3: Management of nurse staff arrangement

The structure and organization of the workforce had to be altered and moved if there were enough staff members in the ward. Two subcategories of management of workforce arrangement are flexible work schedules and workforce reorganization (Boyle, 2022).

3.1 Flexible schedule

Due to conditions like childbirth, milk production, immunomodulatory medication use, the existence of fundamental illnesses like MS (Multiple Sclerosis), myasthenia gravis, and asthma, or needing severe issues like cancer or chemotherapy throughout family members, it gave the chance to move a number of the staff to non-COVID wards (Rizk et al., 2020) . The nurse manager said:

"By allocating day and night shifts with equal working hours should also be sure that the one who works 12-hour shifts does not regularly work overtime"

Due to the dynamic nature of the sickness process, the transitory increase or decrease in patient numbers, and the regular opening and closing of the wards, one of the biggest administrative challenges was planning for the unpredictable nature of the situation. By monitoring the admission statistics on a weekly and daily basis and scheduling several meetings between the head nurses and the officials, once-month plans were developed in response to the circumstances and demands of the time. This schedule was then revised at less frequent intervals.

3.2 Rearrangement of nurses

Other studies showed that, Nurse Managers, unit-in charges, and bedside nursing care use employee-focused leadership strategies to enable nurses to carry out their responsibilities as effectively as possible in the fight against the epidemic. Teamwork is a crucial idea in this situation thus, managers must provide accurate and current information to all team members, be available and present, and demonstrate interest in local events. Alongside the increase in patients, new wards were built or existing ones were transformed into COVID units. There was a greater than usual

scarcity of nursing staff in the intensive-care unit because of the severity of the sickness and the resulting spike in demand for intense care beds. (ICU). Using physicians from routine wards in the ICU with more experienced staff helped to partially meet the need to restructure the number and makeup of something like the staff required for every shift (Chang et al., 2021). The nurse manager in the hospital presented that:

"*By providing equal opportunity with less than 8 hours of working time. I have also allocated the timing of day and night shift with the allocation of different roles and responsibilities."*

Due to the entrance of new and temporary employees as well as occasionally some staff at the same time, nursing supervisors had to train these personnel and expose them to the ward's processes as well as COVID-19 sickness and treatment. They had to reorganize the workforce so that each shift had a mixture of inexperienced and seasoned staff in order to provide patients with better care.

Theme 4: Challenges faced by nurses during COVID

The therapeutic connection between nurses and patients is crucial in a psychiatric context. But when wearing complete PPE, it was extremely difficult for nurses to interact with patients successfully. When wearing the N95 mask, it was nearly impossible for the patient to understand me when I spoke softly and emphatically from a distance. Some patients did not recognize me when I was wearing full PPE because they thought I all looked alike. I believe this affected our ability to connect with patients. The suggested important steps to stop the spread of COVID-19 include good personal cleanliness and social isolation. Nurses noted that many patients in the mental hospital disregarded these precautions because they lacked the cognitive capacity to understand the hazards, despite their efforts to inform and persuade them to wear masks and keep a safe distance. According to the study, nurses said that "patients continued to ambulate and engage without masks or incorrectly wore the masks, and several patients insisted on lying on the floor or wandering around barefoot despite repeated cautions from nurses."

The nurse managers increased reliance by saying:

"There were many challenges to working with different mindsets of people. There may also be changes in getting negative effects on their health due to the COVID-19 pandemic."

“It was more pressure in managing the task. It was also heartbreaking since all the patience and nurse are suffering from the pandemic”

Patients were understandably inclined to feel angry and frustrated due to quarantine, and they could feel more distressed as a result of the extended isolation than the general public does. While they had been told that the COVID-19 swab result was negative, "few patients asked me several times about it, and few patients requested to run comprehensive tests to double-check that they were not sick." Owing to the quarantine, patients were presumably more likely to feel irate and upset than the general population does. They could even feel more disturbed due to the prolonged seclusion. "Few patients questioned me numerous times about the COVID-19 swab result, and few patients wanted to perform thorough testing to double-check that they were not ill," even though they had been informed of the test's negative outcome. Along with that, the secondary data showed that, the COVID-19 crisis management center was first established on March 1, 2020, as a high-level coordination group for COVID-19 detection and prevention. Along with a stay-at-home order for all people on March 24, 2020, the government also enacted a nationwide lockdown that mandated a 14-day quarantine for individuals who were infected and those who had recently arrived from overseas. The hospital hired more employees to maintain high-quality treatment, including 26 temporary nurses for the ICU and COVID-19 unit and the employment of three anesthesiologists for the ICU.

4.1 Nurses Performing Their Duties While Being COVID-19 Tested and Awaiting the Results

The other concern was ensuring that sick nurses who were COVID-19 tested continued to work until they received their results. One nurse continued to work in the unit despite her COVID-19 results being positive.

"I also tested, but nobody came to free me. There simply was no one I could leave to run the ward, so I had to stay here till I received my findings. There is a staffing shortage here.”

4.2 Oxygen Shortage

Nurse managers reported that there was a dearth of oxygen and that CPAP machines made medical experience increasingly problematic, especially when a steady supply of oxygen was required, as in the case of COVID-19-positive patients who had breathing problems, for example. (Mehdiratta

& Bajwa, 2021). Nurse supervisors were forced to search the other wards for oxygen cylinders to help patients as a result, which caused chaos. The following quotations helped to support the subtheme.

"There was no oxygen around. Patients were given oxygen at a high flow since there was no CPAP equipment available. Remember that patients need constant oxygen because of respiratory problems brought on by COVID-19. Since you don't have a sufficient supply of oxygen, how can you possibly save a patient who requires it? It was quite challenging."

4.3 Mental Health issues

Nurses caring for patients with coronavirus disease have experienced significant stress due to rising workloads, poor patient outcomes, and limited access to social help services. Having access to data on early identification, stress reduction, and treatments for mental illnesses such as depression and anxiety should be made available to nurses. Disorders of the mind need to be addressed as quickly as possible because, in the worst cases, they can result in inefficiency, internal pain, and even death. (Mazza et al., 2020).

"It has made an impact on the negative mental health issues of essential nurses. Many of the nurses felt stress during their work time."

"It was more pressure in managing the task. It was also heartbreaking since all the patience and nurse are suffering from a pandemic."

When providing care for COVID-19 patients, nurses should concentrate on strengthening their moral fortitude. When a person is morally resilient, they can face difficult and uncertain circumstances with courage and assurance by putting their faith in a solid set of morals and beliefs. By enabling the mind to interpret a situation and recognize when circumstances are beyond one's control, moral resilience helps keep people in check. Moral resilience must be gradually developed by an individual and calls for perseverance and life experience.

4.4 PPE shortage

Nurse Managers, unit-in charges, and bedside nursing care noted several issues, including a lack of PPE. There was a lack of gowns as a result, and pregnancy garments were provided to general

wards alternatively. The list emphasized countermeasures. As a result, the paucity of PPE led the ward nurses to criticize the nurse managers (Panthy et al., 2020). The subtheme is backed up by the following quotes. 25% of workers said that their place of employment lacked the necessary PPE. Depression, anxiety, and post-traumatic stress disorder symptoms were more frequently reported by nurses without access to PPE. The number of interactions nurses had with COVID victims directly correlated with the severity of their mental health problems. On the other hand, the stated incidence of mental health issues is less the better PPE is provided. As the epidemic persists, healthcare organizations should be mindful of the severity of mental health issues among nurses and cautious in equipping them with proper PPE.

"I had a problem with our PPE inventory, and there was a severe lack of gowns. PPE was occasionally not provided to regular wards; instead, it was exclusively given to the COVID19 and maternity units. To safeguard ourselves, I had to rush about seeking things like gowns. Being unable to even attempt to touch a body without protective equipment made it more difficult when I experienced death."

Theme 5: Processes of flexibility and exultation

Adding skilled employees was a must for expanding the spaces, which presented yet another difficulty for the nurse managers. They had to use volunteers from other wards or hospitals to join COVID-19 wards to lessen the workload on their staff. The new staff, however, had no training or expertise in using ventilators or monitoring equipment. The nurse supervisors made significant modifications to the staff's shift patterns to address the issue; specifically, they divided the experienced staff throughout various hospital shifts, observed how the less experienced ones performed, and gradually gave them the required training. The managers referred to their employees as "soldiers of the health frontline" and used the words "devotion" and "sacrifice" to characterize the services they offered.

5.1 Religious perseverance

The managers, unit-in charges, and bedside nursing care thought that by encouraging their staff to rely on God and ask for his assistance when things became difficult, many of them could keep their spirits up and continue serving on the front lines. This led them to feel dread and worry, but

also to hope that the challenging times *would pass, to value their work, and to try their best to assist the patients. Eight-year veteran head nurse: "I watched my staff who could soothe themselves and feel revitalized by faith in God. By doing this, they could better withstand the difficult circumstances and would not grumble as they had in the past. I thus urged others to employ the same techniques."*

5.2 Compassion and unity

Companionship and teamwork among the employees were two other desirable behaviors encouraged by the nurse supervisors (Chiang et al., 2021). These characteristics assisted them in enduring and managing the weariness brought on by long shifts, difficult tasks requiring the use of personal safety kits for extended periods, as well as the worry and anxiety of the less-experienced staff. One of the participants commented, *"I see a unique level of unity among my family members amid the crisis. Even though all having have, a hard appears as though they have learned that they need to work hard. They make an effort to both defend themselves and assist others."*

Theme 6: Policy for nurse staff management

Most participants agreed that there was some kind of COVID-19 working group that disseminated information on COVID-19 and associated policy and procedure changes. The working groups were frequently the organization's information hub, disseminating information via email, virtual town halls, or websites dedicated to the organization. Doctors and infectious disease doctors were frequently included in task teams together with hospital administration. A participant was able to list the hospital's task force's members and duties in detail:

"The team that prevents and controls infections is here. A medical and nursing staff is present. For any inquiries, worries, or other issues, they have a command center set up. It is open twenty-four hours a day. A minimum number of nurses work there. You would dial the hotline if you thought you were exhibiting symptoms and felt the need to learn whether you need to get checked or not."

6.1 Nurses' opinions of the pandemic management plans and tactics

The study revealed that, on the whole, nurses were accepting, happy with, and confident in the hospital guidelines put in place during the epidemic. Even though they imposed certain limitations, nurses thought that the regulations were in place to safeguard them and their patients. With the right rules and plans in place, they were sure they could get through this trying time. Based on the COVID-19 pandemic, which brought attention to the need for this knowledge, healthcare practitioners must be knowledgeable about delivering mental health treatment and well-prepared to handle a rapid epidemic in the ward. For more appealing therapies, nurses need to be creative and compassionate. It has been shown that the healthcare system cannot function effectively without nurses' capacity to adapt to changes in how things are done. Nurses were able to overcome their stress and paranoia when sufficient assistance was provided, accept new responsibilities, and retrain for front-line positions like surface cleaning or re-deploy to help in institutions. Nurses stressed the significance of nursing leaders from all levels of healthcare administration as a crucial element in lowering their anxiety. One nurse said, "The nursing supervisors have taken care of our well-being; all our requests from snacks to more air coolers to lodging — have been granted." Another nurse believed that the Ward Nurse Clinician's directions were up-to-date, straightforward, and clear. Nursing leaders, in the opinion of nurses, were "extremely supportive, constantly checking up on us, making sure I are all well, and asking if I have any problems to reach out to them," according to nurses.

Some of the policies as said by the nurse managers are:

“Proper wearing of PPE, Nurses are not allowed to talk with patients during the time of treatment.”

“Proper rules and regulations, hospital procedures. They should also be in proper safety way by wearing masks and sanitizers.”

“Proper silence & should be hardworking with equal effort and dedication”

Secondary data:

COVID-19 Pandemic and BPKIHS:

This report states that 1.32 million confirmed cases and 532 thousand fatalities have been reported for COVID-19 globally, compared to 15,784 cases reported and 34 fatalities in Nepal as of July 7th, 2020. Numerous steps are being taken to ensure public safety in response to the coronavirus illness of 2019 (COVID-19), which is spreading throughout the world. Due to their official responsibilities, nurses and nurse managers are typically left with the most of the responsibility in instances like this. Furthermore, they assert that within a month of its initial appearance in China in December 2019, the COVID-19 disease—which affected all facets of life and culture, including education and health—arrived in Nepal. People, physicians, nurses, and other frontline workers were unprepared for this new hazard when well-developed setups with cutting-edge research and equipment also looked to be drowning, with various surprising findings and worries.

Experiences of nurses providing maternity care in a public hospital during the COVID-19 pandemic in Nepal

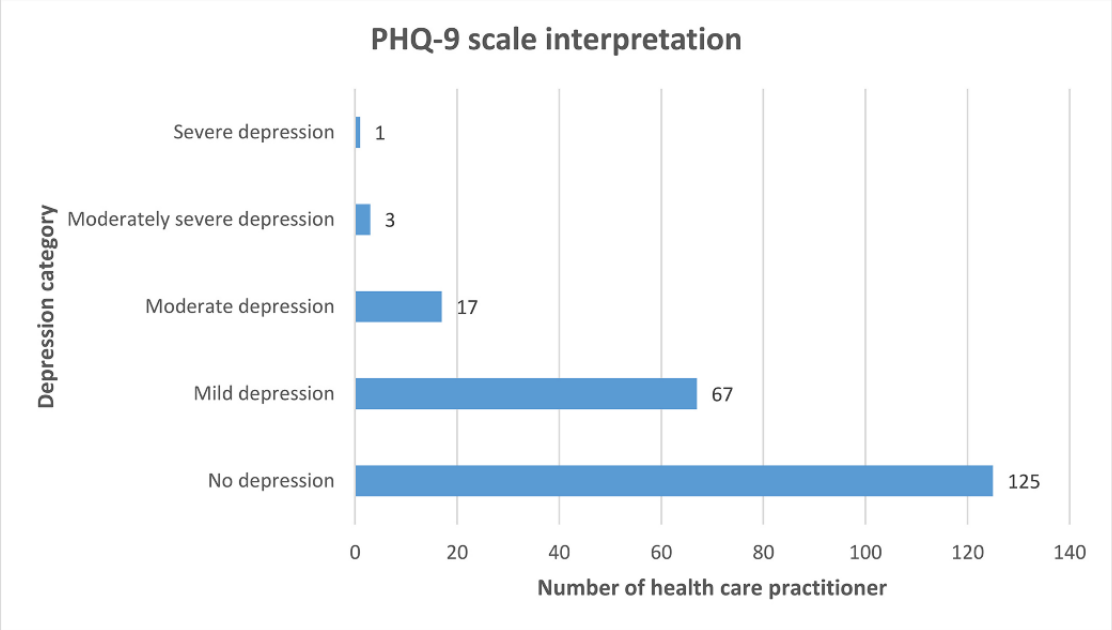
The maternity and child care during the COVID-19 epidemic was also stated in the aforementioned publication. Along with caring for the pandemic victims, they also had to tend to the patients in other departments. Typically, these responsibilities were delegated to nurses and nurse managers. Nations found it incredibly challenging to continue providing essential, advanced therapies for mother and infant health in the wake of the COVID-19 epidemic. Pregnancy-related changes to a

woman's anatomy, physiology, and immune system also provide additional health risks.

Characteristics		Frequency
Age	25–34	4
	35–44	3
	≥45	3
Sex	Female	10
Work experience	5–9	2
	10–14	6
	≥15	2
Qualifications	Vocational qualifications	3
	Graduate qualifications	3
	Postgraduate qualifications	4
Lives with family	Yes	7
	No	3
Designation	Floor Nurses	7
	Unit in charges	3
COVID Status	Ever positive (and recovered)	4
	Never positive	6

Prevalence of Anxiety, Depression, and Perceived Stigma in Healthcare Workers in Nepal during Later Phase of First Wave of COVID-19 Pandemic: A Web-Based Cross-Sectional Survey

This is the second study that examined the mental wellbeing of nurses in Nepal during the later stages of the first wave of the Covid-19 pandemic. There isn't much information available on how the COVID-19 outbreak has affected nurse supervisors' as well as other nurses' mental health in Nepal. However, some researchers did conduct a few studies in the early phases of the epidemic, enabling them to understand how the pandemic affected mental health. Research teams conducted a thorough survey to find out the prevalence of anxiety, depression, and stigma among Nepalese workers, including doctors, nurses, health assistants, community health workers, health assistants, and other support staff, during the last stages of the first wave of the COVID-19 pandemic, claims the research.



Mental health impacts among health workers during COVID-19 in a low resource setting: a cross-sectional survey from Nepal

In the early phases of the COVID19 epidemic, this study also examined the prevalence of symptoms of worry, melancholy, and restlessness among Nepali healthcare personnel. In contrast to a recent survey of the general public done in Nepal during the COVID-19 pandemic, which found that 31% of respondents reported anxiety and 34% indicated anxiety, the prevalence of anxiety (41.9%) and depressive symptoms (37.5%) among healthcare workers in this study was higher. The study suggests that this might be due to the challenging and demanding nature of the work, as well as the fact that healthcare professionals are more likely than the general population to become infected with COVID-19. Along with the other front-line employees, this also applied to the nurse managers.

Variables	Category	Depression N (%)	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
Age (years)	20–40	165 (92.7)	0.40 (0.17–0.95)*	0.33 (0.12–0.91)*
	> 40	13 (7.3)	Ref	Ref
Ethnicity	Brahmin/Chhetri	107 (60.1)	Ref	Ref
	Janajati	51 (28.7)	1.51 (0.98–2.33)	1.19 (0.74–1.93)
	Madheshi	9 (5.1)	0.87 (0.38–1.97)	1.03 (0.43–2.49)
	Others	11 (6.2)	3.53 (1.27–9.81)*	2.18 (0.73–6.57)
Profession	Doctor	40 (22.5)	0.47 (0.29–0.76)*	0.57 (0.33–0.99)*
	Nurses	78 (43.8)	1.26 (0.80–1.97)	1.25 (0.76–2.06)
	Others	60 (33.7)	Ref	Ref
Education	Intermediate and below	51 (28.7)	Ref	Ref
	Bachelor	95 (53.4)	0.44 (0.27–0.71)*	0.69 (0.41–1.16)
	Masters and above	32 (18.0)	0.38 (0.21–0.67)*	0.70 (0.35–1.40)
Living with child	Yes	53 (29.8)	1.48 (0.97–2.26)	1.19 (0.74–1.92)
	No	125 (70.2)	Ref	Ref
Precautionary measures in the workplace	Sufficient	28 (15.7)	1	Ref
	Not sufficient	150 (84.3)	1.71 (1.06–2.78)*	1.97 (1.16–3.37)*
Faced stigma	Yes	116 (65.2)	2.13 (1.45–3.12)*	2.05 (1.34–3.11)*
	No	57 (34.8)	1	Ref
Aware about government incentive	Yes	82 (46.1)	0.50 (0.34–0.72)*	0.51 (0.34–0.78)*
	No	96 (53.9)	1	Ref
History of medication	Yes	14 (7.9)	3.08 (1.27–7.51)*	3.83 (1.45–10.14)*
	No	164 (92.1)	1	Ref

6. Discussion

According to the study's findings, nurse supervisors saw management differently during the COVID-19 crisis than they did during prior crises. According to them, management under these challenging situations is highly complicated and calls for managers, unit-in charges, and bedside nursing care to be more flexible. It also has to be based on depending the circumstances. According to the respondents, a number of factors, including the heavy workload that COVID patients require, the difficulty of working with PPE and visibility prevention, and the slight reduction in staff work time due to the risks of enmity between and within hospital staff, contributed to the scarcity in this global recession. Health care systems all across the world are challenged by the issue of a nurse shortage, and B and C Medical College is no exception. Since nurses have always been the foundation of the healthcare system, their duties in providing care and ensuring patient safety are even more important now (Sapkota et al., 2014). Understanding nurses' responses to COVID-19 and how they recognize their absorption of changes in the method required for the treatment of COVID-19 in an inpatient psychiatric ward is the first step in ensuring that nurses remain steadfast in their vocation. Strong nursing leadership and practical assistance from non-nursing colleagues are both essential in the fight against the COVID-19 outbreak in the B and C medical college. Public acknowledgement could give the profession significance and purpose.

The anxiety and uncertainty among nurses were lessened through a fast, transparent, and unambiguous exchange of information. It has been demonstrated that maintaining enough resources and offering psychological support have an impact on enhancing nurses' self-assurance and stress-coping skills. Nursing leaders significantly contributed to help nurses deal with difficulties during this trying time. There is little doubt that nurses' initiatives and nursing leaders' effective control of the COVID epidemic is credited to support as well as nurses' tenacity (Xiang et al., 2021). As they gradually develop the confidence and abilities to handle the COVID-19 situation in the ward, nurses can take action to enhance patient care and comprehension of local, national, and international COVID-19 circumstances. When talking with patients in the hospital, good nonverbal communication strategies, such as maintaining an attentive posture, making eye contact, and demonstrating interest in what the patient is saying, can be helpful because communicating vocally is challenging when wearing full PPE. To counteract the increase in patients, nurses may think about speaking in a softer tone, and loudness, using notepads and mini-whiteboards, to enhance the conversation. Nurses must take proactive steps (Brubaker et al., 2009).

As perceived by the nurse managers, the interview showed an inadequate number of nurses working in the services under analysis. They did, however, believe that the nurses' abilities are sufficient, which is crucial for the provision of secure and superior nursing care. The risk of deterioration and/or complications owing to insufficient supervision or poor clinical judgment is generally minimal since nursing teams can identify clinical changes in a timely way, maintaining patient surveillance. The anxiety and uncertainty among nurses were lessened through a fast, transparent, and unambiguous exchange of information. It has been demonstrated that maintaining enough resources and offering psychological support have an impact on enhancing nurses' self-assurance and stress-coping skills. It is clear that the effective treatment of the COVID epidemic was made possible by nurses' efforts, supported by nursing leaders, and nurses' tenacity.

Nursing management must address one of the most crucial concerns. The prominent presence of managers, authorities and seasoned professionals as an example in the field was acknowledged for stimulating the workers. The wards received a lot of visitors. It remained there, especially in the early months of the epidemic, not just throughout the morning shift but also during the evening shift, certain hours of the night shift, as well as on weekends and holidays. A few follow-ups were also conducted outside of the hospital. In this study, nursing supervisors admitted that observing the nurses' exhaustion in this circumstance helped them better understand their staff members and increase their level of collaboration. They were more flexible with their personnel and performed their management tasks by the circumstances. They suggested that in this scenario, management and leadership work better together (Swansburg, 2022).

Employing non-specialized volunteer troops for this goal was one of the management techniques. Employing non-specialist nurse assistants might be one of the strategies for managing the nursing workforce deficit in the typical circumstance. The most significant limiting factors in preventing the spread of infectious illnesses, per research, have been identified as increased workload and a labor shortage. The limited patient population, as well as the workforce, have the amount of work that each nurse in the facility had to do these elements, as well as the COVID-19 situation, might harm the state of nurses' physical and mental wellbeing (Hawker, 2012). There were adjustments to the personnel structure during the pandemic by the decision taken to address the worker shortage. Combining novice and amateur workers was one of these crucial methods. Due to the significant number of new hires, experienced staff is working in shifts. This study's blend of inexperienced and experienced individuals working in shifts was one of its key aspects in this

regard. Before making any judgments on staffing levels during the COVID-19 pandemic shifts, nursing management should objectively evaluate the abilities and productivity of nurses. Additional staff members, including volunteers, must also be given permission for specific tasks in terms of their individual competency, accountability, on-the-job training, illness surveillance, and prevention.

The substantial involvement of managers, unit-in charges, and bedside nursing care in the departments and established close relationships with the employees were among the things that study participants cited as major motivators.

Patients needed help with daily tasks, such as taking care of their basic requirements, since visitors are not permitted in the ward owing to the transmission of illness. Elderly adults with substantial challenges and underlying diseases are more likely to have this condition. Because of this, nurses' workload grew as they provided primary care for clinical therapy. One of the problems was a lack of auxiliary labor. The challenges that nursing management encountered led to an increase in nursing staff responsibilities and job-related stress.

The closer contact between managers and nurses was recognized as a key element in this study to boost motivation. Participants mentioned that a variety of strategies can be used to reduce staff pressure, including conversation and close communication with workers as well as the availability of psychiatric and mental health mentoring, in light of the rise in mental anxiety among employees, which may impact the appropriate care they receive (Das et al., 2020). Nurses may take action to enhance patient care and increase awareness of regional, societal, and global COVID-19 challenges as they develop the assurance and knowledge necessary to handle the COVID-19 scenario on the ward. Because normal communication methods are constrained when wearing full PPE, excellent nonverbal communication skills, such as maintaining an alert posture with good eye contact and demonstrating interest in what the patient was saying, can be helpful when interacting with patients in the mental ward. Nurses may consider using notebooks and small whiteboards to facilitate communication by compensating for the increase in noise with a lower tone of voice. Between the staff and the officials, a close relationship developed during the crisis, and the officials experienced increased accountability and responsibility. More than anything else, the current issue is made worse by the dearth of nurses who are trained to work in intensive care units and have prior experience doing so. Several studies have suggested that the government

should support nurses in acquiring the essential skills for ICU nursing and recruit additional ICU nurses on its dime.

To identify any potential cases and lower the risk of transmission, nurses must take proactive measures. Patients who are unable to adhere to infection control procedures are cared for in a separate portion of the ward. Nurses should call families frequently to update them on the patient's status, the findings of the COVID-19 test, and other pertinent information. Patients can use secure Zoom meetings or phone video chats to communicate with their loved ones. Assigning patients to a distinct ward space with the appropriate resources for self-recreational activities allows nurses to designate more individual periods of activities. In reality, according to the nurse managers' perceptions and the results of the route analysis, the lack of nurses tends to lower the standard of nursing care. This is in line with earlier research since the nurse deficit is linked to higher rates of adverse events (AEs), including health services infections, injuries, and pressure sores, which in turn leads to longer hospital stays, readmission rates, and death rates. Additionally, it affects the efficacy, efficiency, and standard of treatment, raising expenses for patients, medical personnel, the health system, and society at large.

From the thematic analysis, it has been found that during the COVID-19 epidemic, nurse leaders played a critical role, sometimes with little resources and data to back up their efforts (Castleberry & Nolen, 2018). The significance of nurse leaders in establishing an environment that supports organizational learning and supporting the methods by which it occurs is reaffirmed by this study. Numerous published studies on direct care nurses have emphasized the importance of ongoing communication on the ambiguity of nursing treatments in light of constantly evolving guidelines. Managers, unit-in charges, and bedside nursing care in the current study emphasized the value of top-down communication, particularly in easing nurses' concerns. Fear and anxiety were impacted by direct care nurses' concerns about methods for treating patients with COVID-19 in numerous published studies. According to some published research findings, direct care nurses' worries and anxieties about having enough supplies and equipment predominated their experiences, particularly when it came to their fear of spreading illness.

Through organizational elements such as internal hospital governance structures and policies, educational and training programs, and specific change efforts and projects, nurse managers who took part in this study gave their thoughts regarding the structural empowerment of staff nurses (A. Sharma et al., 2021). Joint decision-making methods including the staff nurses promoted

participation, accountability, independence, critical thought, and communication (Marahatta & Paudel, 2020). The initiatives and procedures, according to the nurse managers, have a good effect on the standard of care and patient safety. According to their findings, the majority of staff nurses felt interested and active in initiatives like the productive ward program.

The study also found negative effects of empowerment, most of which had to do with how projects were managed and supported as well as how the nursing staff was trained for fresh initiatives at the hospital under review. Additionally, due to a combination of misunderstanding, time constraints, and direct patient care priorities, the pressure was being felt by both staff nurses and nurse supervisors. The authors advocated for nursing administrators to consider the value of social support, job control, employment incentives, and over-commitment in addition to monitoring and balancing nurses' workloads and efforts to lessen job stress. Despite increasing their management of COVID-19-specific resources, the manager study participants did not consider a shortage of protective gear to be a significant concern. One published study on workplace variables affecting nurses' mental health reported participants' negative perceptions of organizational components that increased mental health difficulties. Two of the difficulties mentioned were safety and access to supplies. However, in the current study, nurse managers gave no indication that there was a shortage of resources or that getting supplies was problematic.

Participants in the study claimed to have conflicting views regarding their position and management style. The majority favored a transformative, participatory leadership approach over a command-and-control type of leadership. Additionally, they claimed to be skeptical of the notion that their functions would be less important in the new organizational structure. They believed that the nurse management position would continue to be crucial to ensuring the unit's smooth functioning, both through the coordination of projects and via the education and engagement of staff nurses in a unit atmosphere that gave them authority. It is clear that nurse managers, unit-in charges, and bedside nursing care play a crucial leadership role since, by empowering their employees, they may simultaneously secure the health and well-being of the nurses as well as the caliber of patient care as complementary goals (Bianchi et al., 2018).

A small group of participants was carefully chosen for the current study, which was carried out using a qualitative methodology. So, it is impossible to extrapolate its findings to the entire nursing managers' group. Due to the possibility of illness from contamination, it was not practical to interview every participant in person. Consequently, it was difficult to obtain the participants' non-

verbal indications. Furthermore, it was difficult to determine how much trust respondents had in the interviewer. The researcher made an effort to explain the objectives of the interview and reassure the participants that their personal information would be kept completely confidential and used only for scientific purposes in order to gain as much trust from them as possible.

Despite these drawbacks, the study's findings are significant since they helped to explain the relationship between nursing personnel and care quality while underlining the significance of the steps taken to enhance nursing care outcomes. According to the prior theoretical framework, route analysis enables the examination of the combined variation of the S-P-R components. To promote health policies and practices that are supported by scientific data, it is necessary to have a deeper understanding of the setting of the B and C medical college and hospital as well as its outcomes.

Given that this study was conducted at a single hospital, it is advised that the findings be taken with care. Because the participants were chosen in this way (i.e., nurse administrators from either the medical or surgical units), I also don't know how nurse managers perceive and experience staff nursing power in specialty client care units like critical care and the emergency room. The study hospital was still conducting relatively new transformation efforts at the time of our research, but because to time restrictions, we were unable to fully understand how these initiatives will affect nurse managers, staff nurses, and the care they provide. It is critical to reconsider human resources management practices in the present nursing shortage situation. To reduce the risk involved with care delivery and raise the standard of that care, it was crucial to better identify possible vulnerabilities and strengths given the complexity of health systems. Because it informs managers about the variables that affect the caliber of nursing care, this study is very pertinent to managers. The model backs up the relationship between nursing personnel and care quality, however, it's important noting how the process of providing care mediates quality enhancement.

The study's findings suggest that a number of intricate issues arise during natural disasters like the COVID-19 pandemic. Nurse supervisors need additional organizational support in terms of providing structural and emotional support, assisting with problem-solving, and ensuring the safety of healthcare personnel. Clinical nurse leaders should have specialized roles since they are uniquely able to integrate research information into clinical practice. This could lessen the uncertainties nursing managers, unit-in charges, and bed nursing care had during the COVID-19 epidemic. Regulations governing the ethics of resource use during times of scarcity are also necessary because the majority of managers are unclear of how to allocate scarce resources.

Collaboration and trust must be reestablished at the hospital. More psychological and financial support for nursing staff is needed. (Asmundson et al., 2021). They have to shout loud enough to be heard over the clamor for government aid. The researcher suggests developing a morale body that is equipped to act quickly and purposefully to lessen anxiety and stress that surface after severe health crises. With improved training that focuses on crisis management, moral decision-making, leadership in challenging situations, and maintaining wellness and resilience, managers, unit-in charges, and bedside nursing care will be able to lead their teams and organizations more effectively. Plans must be made to protect against unpredictability and a shortage of available nurses. Future research should look at how the COVD-19 pandemic affected various healthcare workers over time and how well medical facilities handled patients after the epidemic. (Vargas & Servillo, 2020).

7. Conclusion

The ward nurses' experiences show that, with the assistance of strong nursing leaders and useful strategies/policies, COVID situations may be successfully managed in an inpatient psychiatric context. Infection control requirements, patient psychosocial needs, and other nursing considerations provided significant problems for nurses. With the help of nursing leaders and their commitment to their profession, nurses were able to survive this trying time. It appears that the COVID-19 epidemic will likely continue for some time, and there will likely continue to be significant demands on nurses' and patients' mental health. To address patients' mental health requirements, facilitate their rehabilitation, and sustain their resilience, nurses working in inpatient psychiatric wards must create a therapeutic and favorable atmosphere. In this difficult period of the pandemic, it will be helpful to study how psychiatric nurses throughout the world respond to fulfill the requirements of mental inpatients. The study's conclusions revealed that concerns regarding resident and staff safety, as well as the study's demanding workloads, were the biggest sources of stress for the personnel. The management's approachability, peer support, and teamwork were among the successful coping mechanisms that staff members recognized. Nursing assistants required further hands-on training for the prevention and control of COVID-19 as well as for building relationships with individuals and their families. Important repercussions stem from our results. First and foremost, nursing homes must create educational initiatives that will enhance the nursing staff's capacity to conduct preventative and control measures, particularly for nursing assistants.

Staff safety and infection risk, stress, worry, anxiety, and job overload were the three difficulties that the majority of managers most frequently mentioned. Beyond the pandemic, most managers expect to face the following three challenges: safety and infection risk, managing conflict, and handling unforeseen crises. Most managers, unit-in charges, and bedside nursing care reported feeling very supported by their organizations. A highly statistically significant negative link was also found between managers' perceptions of organizational assistance and the difficulty they were now encountering. During and after the COVID-19 pandemic, this correlation served as a stand-alone predictor for both current and future challenges. This emphasizes the importance of organizational support, especially in times of need. This study was carried out to address a gap in the academic literature about the experiences of nurse managers during the COVID-19 epidemic.

In this study, nurse managers, unit-in-charges, and bedside nursing care reported having a high sense of responsibility for their staff members' welfare, especially in easing their worries and anxiety. The participants' new roles centered on the necessity of ongoing contact with direct care nurses, particularly with the necessity of calming nurses' concerns over these evolving interventions and the need to address the patient care guidelines that are always changing. The physical and psychological toll that managers endured from lengthy workdays and little downtime was brought to light by this inquiry.

I discovered that the proper hiring, retaining, replacing, and relocating of staff members were all part of the administration of the nursing staff throughout this crisis. Additionally, to improve the standard of nursing care and patient safety, new hires must first be evaluated for their scientific and practical knowledge, skills, and talents before being properly and effectively paired with existing personnel in various areas. Managers, unit-in charges, and bedside nursing care should take action to boost employee enthusiasm and lower the risk of stress and illness because this team faces many hurdles. Managers, unit-in charges, and bedside nursing care dynamically applied the situational management and flexibility concepts in this scenario. Despite their issues, nursing supervisors who were active in the field set a good example for other employees.

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Attachments:

Information letter

"Nurse Manager's perception of the Nursing staff management in a selected hospital in Nepal during COVID-19"?

This is an inquiry about participation in a research project where the main purpose is to find out how nurse managers perceived the management of nursing staffs in a selected hospital in Nepal during the outbreak of COVID-19. In this letter I will give you information about the purpose of the project and what your participation will involve.

Purpose of the project

My name is Sajina Aryal, a Masters student in VID Specialized University, Norway, and I am doing my Master's thesis project on "Nurse Manager's perception of the Nursing staff management in a selected hospital in Nepal during COVID-19". The purpose of this research is to look at how the nurse managers a selected hospital perceives nursing staff management during the corona pandemic. I am interested in looking at nurse managers' perception and experience on the management of staffs in their wards during the corona crisis.

Who is responsible for the research project?

Sajina Aryal, a Masters student in VID Specialized University, Norway is responsible for the research project to pursue her Master's degree.

Why are you being asked to participate?

As you are a nurse manager of a ward and currently managing your designated ward in a selected hospital. The research questions are on the nursing managers' self-knowledge, experiences, challenges and measures taken to tackle those challenges. The study sample involves nurse managers of different departments in a selected hospital of Nepal. This information would benefit educators in researching the concept of nurse management and developing programs and curriculum to assist nurses in developing management skills.

What does participation involve for you?

The research question is researchable through a qualitative study plan with an individual semi-structured interview with a purposive sample of 8 participants. To complete my study, I would like to ask you few questions regarding your experience as a nursing manager, what you think about the management, your own experiences as a manager, and with others. This is not a quiz or a check of your knowledge. My questions will be about your experiences as a Nurse Manager, whether positive or negative, thorough or superficial. The interview will last around 45 minutes. Please note that there are no right or wrong answers, and I would like to understand what you think as a Nurse Manager.

Participation is voluntary

Participation in the project is voluntary. If you chose to participate, you can withdraw your consent at any time without giving a reason. All information about you will then be made anonymous. There will be no negative consequences for you if you chose not to participate or later decide to withdraw. Moreover, I want to assure you that the information you provide will be treated with confidentiality and will only be used for this research process only. Choosing to participate or not participate in the study will not have any negative consequences. You are entirely free to decline any part of the research, choose not to answer any questions asked by me, ask to have the audio recording turned off, or withdraw from the study at any time without penalty.

Your personal privacy – how we will store and use your personal data

We will only use your personal data for the purpose(s) specified in this information letter. We will process your personal data confidentially and in accordance with data protection legislation (the General Data Protection Regulation and Personal Data Act). In this research process Interview transcripts, audio recordings, and interview notes will remain with the researcher until her return to Norway, where they are kept in a locked location only accessible by the researcher. Both the audio recording and the information obtained from the interview in the form of transcribed texts or notes will remain completely confidential. Audio recordings will be destroyed upon completion of the research; identification numbers and pseudonyms will be

assigned for each participant and will keep in a locked file in a very safe cabinet. Data will be saved in a password-protected computer and will be destroyed after finishing the final research project. The participants will not be recognizable in publications.

What will happen to your personal data at the end of the research project?

The project is scheduled to end within December 2022. All the personal data, including any digital recordings will be destroyed after finishing the final project.

Your rights

So long as you can be identified in the collected data, you have the right to:

- access the personal data that is being processed about you
- request that your personal data is deleted
- request that incorrect personal data about you is corrected/rectified
- receive a copy of your personal data (data portability), and
- send a complaint to the Data Protection Officer or The Norwegian Data Protection Authority regarding the processing of your personal data

What gives us the right to process your personal data?

We will process your personal data based on your consent.

Based on an agreement with VID Specialized University, Data Protection Services has assessed that the processing of personal data in this project is in accordance with data protection legislation.

Where can I find out more?

If you have questions, concerns, or complaints regarding your participation in this research study, or if you have any questions about your rights as a research subject, you should contact by mobile at +47-45504147, Email: sajina.aryal@yahoo.com before or after participating in the study. Alternatively, you can contact

If you have questions about the project, or want to exercise your rights, contact:

- VID Specialized University via the project supervisor Chukwuemeka Echebiri. Phone number +47 22451786 or email: chukwuemeka.echebiri@vid.no.
- Our Data Protection Officer of VID Specialized University by email: personvernombud@vid.no
- Data Protection Services, by email: (personverntjenester@sikt.no) or by telephone: +47 53 21 15 00.

Yours sincerely,

Chukwuemeka Echebiri — Sajina Aryal

(Project supervisor) — (Researcher)

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Consent form

I have received and understood information about the project "Nurse Manager's perception of the Nursing staff management in a selected hospital in Nepal during COVID-19" and have been given the opportunity to ask questions. I give consent:

☐ Do you agree to participate in this interview? Yes – continue; No – terminate the interview.	☐ Do you understand the purpose of the interview? Yes – continue; No – try and explain again
☐ Do you agree for me to record this interview?	☐ Do you have any questions?

Yes – switch on recorder No – do not record the interview. Take notes instead.	Yes – try and explain again; No – continue

I give consent for my personal data to be processed until the end date of the project, approx. December 2022.

(Signed by participant, date)

Interview Guide:

- What are your experiences in managing the nursing staffs during COVID-19?
- How do you understand the management of nursing staff in the hospital setting during the outbreak of COVID-19?
- How do you manage the different shifts of duty hours for the staffs?
- How the nursing staffs react with the schedule you have made for them?
- What are the challenges you have faced in managing the nursing staff during the COVID-19?
- What are your expectations in managing schedules during the COVID-19 pandemic?
- What policies do you apply to manage the nursing staff?