

12-12-2025

Psychological Capital of Hospital Nurses in the United States During and After the COVID-19 Pandemic

Mary Jean Erschen-Cooke
Walden University

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Walden University

College of Psychology and Community Services

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Mary Jean Erschen-Cooke

has been found to be complete and satisfactory in all respects,
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the review committee have been made.

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Walden University
2025

Abstract

Psychological Capital of Hospital Nurses in the United States During and After the

COVID-19 Pandemic

by

Mary Jean Erschen-Cooke

MPhil, Walden University, 2025

MS, Colorado State University, 2015

BSN, Viterbo College, 1995

Dissertation Submitted in Fulfillment
of the Requirements for the Degree of

Doctor of Philosophy

Psychology

Walden University

February 2026

Abstract

This study was conducted to explore lived experiences, perceptions, and associated meanings reported by nurses during the COVID-19 pandemic to determine what protected their well-being. A plethora of research focused on the negative impact of exhaustion, compassion fatigue, moral distress, and burnout; however, there was a gap in information regarding supports for emotional, mental, spiritual, and physical health, particularly among U.S. nurses. The foundational theory of psychological capital (PsyCap), focusing on the positive psychological traits of hope, self-efficacy, resilience, and optimism, grounded this investigation. A basic qualitative research design yielded rich data from semistructured interviews with 16 nurses working full time in Arizona, California, Illinois, New York, Texas, and Washington hospitals. Data were transcribed, member-checked by participants to establish trustworthiness, then coded and iteratively analyzed to form common themes and patterns. All participants began by expressing the negative impact on their well-being, validating previous studies conducted globally after the pandemic. Understanding emerged from the 18 shared themes, including the negative impact of misinformation, lack of understanding of the disease process, fear, staffing shortages, and the impact of unprecedented death rates. Mutual protective factors included teamwork, supportive relationships, compassion, professional duty, connection to purpose, recognition of limits, cognitive choices, realization of agency, and prioritization of self-care. Positive social change can be achieved by integrating PsyCap skills into the nursing profession to promote protection and growth.

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Dedication

This study is dedicated to the 29.8 million nurses globally, estimated by the World Health Organization (2025), who dedicate their time, knowledge, experience, and talents to healing others. The findings of this study and the tremendous impact for future social change in the profession of nursing are dedicated to the sixteen nursing participants of this study, who told their story of working in a hospital setting through the unprecedented COVID-19 pandemic, and trusted me to be vulnerable in providing extensive details of the human endurance, tenacity, drive, honesty, and commitment in discussing not only the challenges they faced, but also their personal and professional constructs of hope, self-efficacy, resilience, and optimism that protected their emotional, spiritual, mental, and physical well-being. The telling of their lived experiences may shape the foundation of future work to change the paradigm for future nurses by incorporating the concepts of psychological capital into the profession and fostering hope, self-efficacy, resilience, and optimism within the narratives of academia and everyday practice. I dream that all nurses will support and protect each other, promoting personal and professional growth, encouraging each other to thrive and flourish, and lifting each other's spirits daily.

“You must be the change you want to see in the world.” Mahatma Gandhi

Acknowledgments

This study focused on the impact of psychological capital on individuals enduring the tremendous stressors of providing nursing care during the COVID-19 pandemic. I want to acknowledge Dr. Matthew Howren, Chair of my Walden University Research Committee and coursework faculty member, for your mentorship, guidance, and wisdom throughout the completion of this dissertation. As I have mentioned, no words are strong enough to thank you. Acknowledgement and gratitude are also extended to Dr. Lee Stadlander. My first introduction was through reading, highlighting, and outlining your book, *Finding Your Way to a Ph.D.* (2018). I am grateful for your dedication of time, effort, wisdom, and knowledge in reviewing, guiding, and directing me as my second Research Committee member.

Gratitude is also extended to my husband, Paul, our children and their spouses, and our grandchildren, who have endured the sacrifices of my time and attention to my studies and to completing this lofty academic and personal goal. Each of you has been part of this dissertation, inspiring me in many ways. You strive to be the best version of yourselves. There have been so many times that I have felt your love, support, and belief in me. I will forever be thankful.

This dissertation has changed me as a person. As a nurse who experienced the unimaginable stressors of the COVID-19 pandemic, I found solace in learning about peer-reviewed research in positive psychology. My passion for creating social change by integrating psychological capital into the healing professions grew stronger through the knowledge gained.

Table of Contents

List of Tables	iv
Chapter 1: Introduction to the Study.....	1
Background of the Study	3
Problem Statement.....	6
Purpose of the Study	7
Research Question	8
Theoretical and Conceptual Framework for the Study.....	8
Nature of Study.....	9
Definitions.....	10
Assumptions.....	11
Scope and Delimitations	11
Limitations	12
Significance of the Study	13
Summary and Transition.....	13
Chapter 2: Literature Review.....	15
Literature Search Strategy.....	16
Theoretical Foundation	17
Literature Review Related to Key Concepts.....	20
Impact of the Global Pandemic.....	20
Psychological Capital.....	24
Findings Protective of Nurse Well-Being.....	34

Identified Gaps in the Literature	35
Connection to the Qualitative Research Method	37
Summary and Conclusions	38
Chapter 3: Research Method.....	40
Research Question	41
Research Design and Rationale	42
Role of the Researcher	43
Methodology	45
Participant Selection Logic.....	46
Instrumentation	48
Data Analysis Plan.....	50
Issues of Trustworthiness.....	51
Ethical Procedures	53
Summary.....	54
Chapter 4: Results.....	56
Research Setting.....	56
Demographics	58
Data Collection	62
Data Analysis	64
COVID-19 Challenges to Well-Being	65
Psychological Capital Concept of Hope	72
Psychological Capital Concept of Self-Efficacy.....	95

Psychological Capital Concept of Resilience	109
Psychological Capital Concept of Optimism	121
Evidence of Trustworthiness.....	142
Credibility	142
Transferability.....	143
Dependability	144
Confirmability.....	144
Study Results	145
Discrepant Cases.....	149
Summary	149
Chapter 5: Discussion, Conclusions, and Recommendations	151
Interpretation of the Findings.....	157
Limitations of the Study.....	171
Recommendations.....	172
Implications.....	174
Conclusion	176
References.....	179
Appendix A: Recruitment Tool	188
Appendix B: Screening Questionnaire.....	189
Appendix C: Interview Guide With Questions.....	191
Appendix D: Emotional Support Resources	195

List of Tables

Table 1. Interview Participant Demographics 60

Table 2. Primary Themes of This Study 156

Chapter 1: Introduction to the Study

National nursing professional organizations, including the American Nurses Association (ANA, n.d.), have sought to understand the negative impact of emotional stress on nurse well-being. There is much academic research that has identified the negative impact upon personal well-being such as emotional and mental distress, compassion fatigue, and burnout of nurses; however, as the National Academy of Medicine (2021) recognized, there is a lack of knowledge related to systems that support nurses within the workforce, organizational constructs of prevention, and policies at all levels from the individual health care organization to nationally.

Before the COVID-19 pandemic, nurses were leaving the profession at high rates due to reported emotional exhaustion, moral distress, compassion fatigue, and burnout (ANA, n.d.; National Academy of Medicine, 2021; Shah et al., 2021). The global COVID-19 pandemic exacerbated the negative symptoms of emotional, mental, and physical health of nurses as novel, unprecedented stressors that existed for a sustained amount of time due to moral and ethical challenges, fear of the unknown, high acuity patients with the need to innovate for risk protection quickly, insufficient resources, rapid and frequent changes in expectations, and the need to provide palliative, end of life care for unparalleled numbers of patients and also serve as the patient's only social support person due to isolation requirements (ANA, n.d.; National Academy of Medicine, 2021; Shah et al., 2021). The need for patient isolation led to unanticipated levels of threats, aggression, and violence by patients and family members (National Academy of Medicine, 2021). The World Health Organization (2021) estimated 6.9 million deaths

globally, with a continued impact on health for an unknown number of years in the future. The World Health Organization also reported an estimated 115,000 healthcare workers lost to COVID-19 infection and complications; however, this figure is likely much higher due to underreporting.

While searching several literature databases, very few studies in the United States included qualitative research on the impact of the COVID-19 pandemic on nurse well-being. Most quantitative studies included nursing participants providing care in other countries. When reviewing abstracts using nurse-related search terms in conjunction with well-being, positive protective factors, psychological capital, and COVID-19 pandemic terms, most of the published literature had a focus on nurse performance upon patient care outcomes, nursing students, nursing assistants, nursing homes, and non-hospital settings, which are exclusions for this study. More research is needed on individual protective factors supportive of emotional, mental, moral, social, and physical health, along with systematic constructs to reduce the workplace burden such as use of technology, leadership development, workplace environmental improvements, organizational structures, education, and policies (National Academy of Medicine, 2021). The primary conceptual theory of this study examined the positive protective factors of psychological capital. The tenets of psychological capital are hope, self-efficacy, resilience, and optimism (Luthans & Youssef, 2004; Luthans et al., 2007; Luthans et al., 2015).

This study's social implications and benefits have been to further understand the protective factors that support nurse well-being, including hope, optimism, resilience, and

self-efficacy, and to increase psychological capital. There is a surplus of studies in the United States that focus on the negative impact of the COVID-19 pandemic on nurse well-being, such as depression, emotional exhaustion, compassion fatigue, moral distress, and burnout; however, there is an evident gap in knowledge related to the supportive factors of nurse well-being during situations of extreme distress. Further understanding of nursing experiences will be gained through qualitative methods of inquiry.

Throughout this chapter, background information gathered from the literature review creates a solid understanding of the need for the study. The identified problem, the study's purpose, and the specific research question will be described. The theoretical framework of psychological capital (PsyCap) and its relevance to the nursing profession are explained, along with the study's nature and definitions of terms. Assumptions, scope, and limitations are also described. The significance of the knowledge gained for the nursing profession is highlighted, and a summary provides the reader with an overall understanding of the chapter.

Background of the Study

Current research has identified the negative symptoms of chronic stress among nurses working in hospital systems (National Academy of Medicine, 2021). The gap in literature related to the lack of supportive factors for nurses who work in high stress environments has been recognized by various studies, including the National Academy of Medicine (2021), which identified the crisis healthcare systems have been faced with following the COVID-19 pandemic (ANA, n.d.; Andrews et al., 2020; Arcadia et al., 2021; Godfrey & Scott, 2020; González-Gil et al., 2021; Lotsy & Bailey, 2021; Martínez-

Marcos et al., 2021; Shah et al., 2021; Tan et al., 2020). Unprecedented attrition rates have been reported by 72% of a sample of 12,581 nurses surveyed by the ANA (n.d.), with 5.3 on a scale of 0 to 10 indicating their optimism about the profession's future. The COVID-19 pandemic may have had the most significant negative impact on the profession of nursing of all previous global disaster situations (Sandoval et al., 2024). The ANA also found that 68% of nurses identified negative emotions, including exhaustion and fatigue, feeling overwhelmed and anxious, experiencing moral distress and burnout (Andrews et al., 2020; Arcadia et al., 2021; Godfrey & Scott, 2020; González-Gil et al., 2021; Lotsy & Bailey, 2021; Martínez-Marcos et al., 2021; Shah et al., 2021; Tan et al., 2020).

There is a significant knowledge gap, especially in the United States, of the psychological capital of nurses and protective factors that support nurses throughout and post the COVID-19 pandemic (Cartwright-Stroupe & Shinnars, 2021; Che et al., 2023; Grubaugh et al., 2023; Guo et al., 2021; Hinkley, 2021; Jin et al., 2022; Liu et al., 2021; Orth & Evanson, 2024; Ren et al., 2021; Shuster et al., 2022; Yildirim et al., 2021; Xiao et al., 2022; Zang et al., 2023). There is a gap in the literature regarding the understanding of psychological capital protective factors that support nurses' professional development, well-being, work satisfaction, and engagement in work (Zang et al., 2023). Further gaps in the literature regarding psychological capital were identified through a systematic review of published research, including post-traumatic growth, generational differences, and interactions among nurses, patients, colleagues, and interdisciplinary teams (Cartwright-Stroupe & Shinnars, 2021). However, the impact of highly stressful

situations in providing care has been shown to significantly affect new nurses with the lowest levels of experience and self-efficacy. Levels of resilience, hope, and optimism are lacking (Cartwright-Stroupe & Shinnars, 2021). Published nursing studies have found that high levels of psychological capital result in stabilizing the negative mental, psychological, and physiological distress of nurses resulting from extremely distressing situations, which nurses encounter regularly in the workplace (Orth & Evanson, 2024; Schuster et al., 2022; Xiao et al., 2022; Zhang et al., 2023). PsyCap has been shown to provide protective factors for nursing that support teamwork, positively impact the constant changes in health care, promote professional growth and development, and enhance overall satisfaction in nursing work environments (Schuster et al., 2022; Xiao et al., 2022; Zhang et al., 2023).

This study explored nursing lived experiences during the COVID-19 pandemic to understand positive protective factors, including hope, optimism, resilience, and the components of PsyCap as established by Luthans and Youssef (2004). PsyCap research has found that organizational benefits to promote human value and engagement in the workplace have been achieved through the acquisition of hope, optimism, resilience, and self-efficacy (Luthans & Youssef, 2024; Luthans et al., 2007; Luthans et al., 2015). Before the focus on the impact of positive human experiences, environments, and characteristics by Seligman and Csikszentmihalyi (2000), psychology concentrated on pathological concepts of behavior and actions. Luthans et al. (2015) recognized the importance of integrating PsyCap protective factors into the workplace to promote a positive environment where employees thrive.

Published research on nurses' psychological capital has typically used quantitative methods, including the reliable and validated psychological capital scale developed by Luthans and Youssef (2004). This study investigated the protective factors experienced by nurses throughout the COVID-19 pandemic and beyond, using qualitative interview methods grounded in the tenets of hope, optimism, resilience, and self-efficacy. Quantitative research methods, including the reliable and validated Psychological Capital measurement tool, formed the foundation for the interview questions for this study.

Problem Statement

The impact of the COVID-19 pandemic on nurses' mental, emotional, and physical well-being has been well recognized in published research documenting unprecedented levels of sustained anxiety, depression, moral distress, and burnout (American Nurses Foundation, 2023; National Academies of Medicine, 2024). The National Academies of Medicine (2024) recognized the factors contributing to the strain on maintaining health, including fear, barriers to safety, lack of clear identification of disease progression and means of prevention, and challenges to self-efficacy due to frequent changes in positions, workflows, and policies. The American Nurses Foundation (2023) further explained the strain experienced by the nursing profession post-COVID-19 pandemic, as reported by over 7,000 nurses, including record levels of attrition that have led to unprecedented staffing shortages of nurses caring for dramatically more medically complex patients. Due to the long-term impact of the global pandemic, the impact on nurses remains unclear; however, two-thirds of the nurses who responded indicated they were not receiving mental health support (American Nurses Foundation, 2023).

The research problem addressed in this study is the lack of understanding of protective factors that positively influence nurse well-being, particularly in the United States hospital setting during the COVID-19 pandemic. Boyden and Brisbois (2023) conducted an integrative review of the literature on resilience and healing from psychological trauma during the global pandemic; however, the 35 publications reviewed were from January through October 2020, which included the very early phase of the pandemic. Despite the study's limitations, including the lack of qualitative studies, Boyden and Brisbois found that the theme of nurses' healing and resilience in traumatic situations aligns with the tenets of psychological capital, including optimism, self-efficacy, and hope.

Luthans and Youssef (2004) described how self-efficacy, hope, optimism, and resilience contribute to positive PsyCap, a factor of demonstrated well-being in the work environment. Hinkley (2021) surveyed 1,167 nurses' psychological and social capital, along with second victim support levels through quantitative methods, with a finding that mirrors that of Luthans and Youssef in developing healthy practice work environments; however, the impact of social capital was more substantial in supporting nurses experiencing second victim syndrome. Nurse self-efficacy and collective agency were significant contributors to the development of positive psychological capital and healthy work environments; however, the current nursing culture is characterized by high levels of shame and blame (Hinkley, 2021).

Purpose of the Study

This generic qualitative study was conducted to explore the lived experiences of

hospital nurses in the United States to understand the problem and the connection between the protective factor of PsyCap and well-being throughout and since the COVID-19 pandemic. Themes were derived from in-depth interviews with nurses on strategies that support mental, emotional, and physical health. The National Academies of Medicine (2021) has recognized the need to develop and implement a work environment and culture where nurse well-being is supported, protected, and enhanced to mitigate the negative impact of work-related trauma and distress, such as pandemics and other disaster situations.

Research Question

How do nurses who have provided health care services in a hospital setting within the United States through and after the COVID-19 pandemic describe their experiences of the psychological capital tenets of self-efficacy, hope, optimism, and resilience?

Theoretical and Conceptual Framework for the Study

The theories and/or concepts that underpinned this study included PsyCap as the framework for qualitative interviews with nurses working in a hospital setting in the United States during the COVID-19 pandemic. Qualitative inquiry to explore lived experiences of nurses included the tenets of PsyCap, including hope, optimism, resilience, and self-efficacy (Luthans & Youssef, 2004). Self-efficacy exploration included confidence, motivation, cognitive recognition, and actions taken; hope examination comprised of goals, agency, innovation, drive, determination, grit, and energy; optimism evaluation consisted of self-esteem, self-compassion, morale, and attitude; and resiliency involved the consideration of navigating adversities, uncertainty,

overwhelming situations, and protective mechanisms experienced or established to thrive and grow (Luthans & Youssef, 2004).

The logical connections between the framework presented and the nature of my study included examining protective lived experiences of PsyCap, including self-efficacy, hope, optimism, and resilience, for hospital nurses during and after the COVID-19 pandemic. Grubaugh et al. (2023) noted the importance of examining PsyCap across experience levels and systematically determining protective factors over time. Additional considerations include organizational development of psychological capital and integration into the culture of healthcare organizations (Grubaugh et al., 2023). Focusing on positive aspects of human experiences, characteristics, and environments instead of pathology can support well-being (Seligman & Csikszentmihalyi, 2000). The principles of PsyCap were identified as key words when examining peer-reviewed academic literature related to nursing well-being and protective factors. Development of qualitative interview questions with connections to PsyCap tenets of self-efficacy, hope, optimism, and resilience contributed to learning from lived experiences of hospital nurses who provided health care services within the hospital since the beginning of COVID-19 in the United States and augmented what is known related to protective factors supporting nurse well-being through inductive theory exploration (Luthans & Youssef, 2004).

Nature of Study

To address the research questions in this qualitative study, the specific research design included a generic qualitative approach to explore the tenets of PsyCap and protective factors expressed by hospital nurses related to their experience throughout the

COVID-19 pandemic in the United States. Understanding nurses' protective factors through a qualitative method expands knowledge beyond published research using traditional quantitative survey methods to study psychological capital. The research design included recruiting nurses through social media platforms to volunteer as participants and be individually interviewed. An interview guide was developed to align with the study's problem and purpose, focusing on the tenets of psychological capital, including hope, optimism, resilience, and self-efficacy. This approach included a semistructured, in-depth interview data collection via the Zoom platform from sixteen nurse participants, who were audio-recorded. Inclusion criteria included nurses who worked full-time in a United States hospital setting during and after the COVID-19 pandemic. Exclusion criteria identified nurses who have been employed at less than full-time during the global pandemic due to the many variables associated with part-time and per diem employment status. Qualitative research allows nurses to describe their lived experiences, perceptions, and associated meanings to determine themes of protective factors that support their well-being (Burkholder et al., 2020).

Definitions

Efficacy: Confidence and belief in the ability to accomplish a given task relative to one's role (Grubaugh et al., 2023).

Hope: Seeking success despite impediments, barriers, and oppositions (Grubaugh et al., 2023).

Optimism: Encompassing an attitude of positive insight and hope related to events yet to come (Grubaugh et al., 2023).

Psychological capital (PsyCap): Acquisition of positive character psychological developmental assets of hope, optimism, resilience, and self-efficacy (Cartwright-Stroupe, & Shinnars, 2021).

Resilience: When encountering adverse, complex, and hazardous situations, encompassing adaptation and coping abilities to get through the occurrence (Grubaugh et al., 2023).

Assumptions

The assumptions related to this study include that each participant volunteered to provide answers according to their lived experiences as a nurse delivering care during the COVID-19 pandemic. It was assumed that participants reflected upon and understood the protective factors that contributed to their well-being, particularly related to hope, optimism, resilience, and self-efficacy, appreciating their experience of PsyCap. Finally, I assumed those who participated in the study met the qualifications of working in a United States hospital as a full-time registered nurse after March 1, 2020. The rationale for full-time work status is due to the many variables within nursing work scheduling. The participants were recruited through social media in nursing to gain various perspectives throughout the United States.

Scope and Delimitations

Study participants included only registered nurses who provided patient care within a hospital setting in the United States throughout the COVID-19 pandemic. The gaps in studying the protective factors of nurses, including the tenets of PsyCap within the United States during and after the global pandemic, have been well documented in

recent literature. Qualitative methods of interviewing nurses throughout the United States related to hope, self-efficacy, resilience, and optimism during and after the COVID-19 pandemic are lacking within current literature. Nurses working less than full time were excluded due to the many factors that could create bias within the study. Preconceived bias and conflict of interest were addressed throughout the study to the best of my ability. Walden University Internal Review Board (IRB) approval and the use of informed consent protected participants and contributed to the study's credibility. Including nurses across the United States with varied experiences of providing health care to patients throughout the COVID-19 pandemic contributed to the potential transferability across nursing disciplines.

Limitations

A potential challenge or barrier recognized was the recruitment of participants willing to be interviewed; however, I hoped to avert this challenge by using social media as a recruiting method. Consent to participate was clearly stated, identifying the ability to withdraw from the study at any time. Data remained confidential, including participants' identification by the sequence of interviews. The commitment of nurses who volunteered to participate and followed through to complete the interview was identified as a potential issue due to the many competing priorities for nurses within and outside the workplace. Due to the many contributing factors of part-time and per-diem nurses, they were excluded from this study, but their protective factors and experiences may differ from those of full-time nurses. Another limitation is that study participants included the nurses who worked in a hospital setting. Experiences of nurses who work in other settings,

including numerous positions that were transitioned to work from home during the pandemic, may express different protective factors. Bias management was required because I was a nurse who worked throughout the COVID-19 pandemic at an academic medical center and provided peer support for those working in the COVID Intensive Care Units and all hospital areas. Resources were provided for emotional support of participants if needed due to the potential development of triggering factors when expressing lived experiences throughout the past few years, including the pandemic.

Significance of the Study

This study is significant because it fills a gap in understanding a complex issue by providing qualitative data supporting nurses' well-being in the hospital setting. The results of this study provide insights from participant nurses regarding experiences that have been found to support their well-being, particularly in building psychological capital. The data can support the acknowledgement of protective factors experienced by nurses and contribute to future areas of study within the profession of nursing to support professional practice and contribute to individual and collective well-being. Knowledge gained from this study can create positive social change in identifying themes of protective nurse well-being strategies through exploring the lived experiences of hospital nurses' psychological capital. Many of the identified gaps in recent published literature supported this study and added to the knowledge base on facilitating nurse well-being.

Summary and Transition

When conducting a systematic integrative review of published literature on resilience and healing among nurses during the COVID-19 pandemic, Boyden and

Brisbois (2023) reported significant gaps in qualitative research exploring actual experiences. Shuster et al. (2022) suggested that a quantitative study design may limit the findings, particularly regarding causality, by using an online survey to examine psychological capital. Capturing the lived experiences of nurses was imperative to understanding what protects them, including the concept of psychological capital to support them during potential natural, man-made, and technological disasters.

Throughout Chapter 1, the background of the study, the identified problems, the research purpose, and the specific research question were established. The theoretical and conceptual framework, the nature of the study, the definition of terms, and the assumptions were explained. The scope and delimitations, limitations, and significance were provided along with this summary. Chapter 2 will present an exhaustive review of the literature, explaining what is known about nurse well-being and the factors that supported nurses throughout the COVID-19 pandemic, not only in the United States but also worldwide.

Chapter 2: Literature Review

A plethora of research has identified negative emotional states of nurses during and after the COVID-19 pandemic (ANA, n.d.; Andrews et al., 2020; Arcadia et al., 2021; Godfrey & Scott, 2020; González-Gil et al., 2021; Lotsy & Bailey, 2021; Martínez-Marcos et al., 2021; Shah et al., 2021; Tan et al., 2020). The ANA (n.d.) sought to monitor the impact of the COVID-19 pandemic on nursing. The latest national survey of nurses across the United States, conducted after the COVID-19 pandemic, yielded a total response rate of 12,581 nurses between November 1 and November 25, 2022, representing respondents from all 50 states and the District of Columbia (ANA, n.d.). From this survey, 72% of hospital nurses reported feeling stressed within the past 2 weeks, along with identified negative emotions including frustration (68%), exhaustion (66%), overwhelmed (56%), undervalued (54%), overworked (53%), burned out (51%), and anxiety (48%).

A qualitative inquiry exploring the positive lived experiences of nurses, including the tenets of PsyCap (Luthans & Youssef, 2004), and measuring hope, optimism, resilience, and self-efficacy, is lacking. There is a need for further research related to the impact of PsyCap relative to the professional development of nurses, wellness, satisfaction, and engagement (Zhang et al., 2023). The current study's exploration of nurses' experiences of hope, optimism, resilience, and self-efficacy contributed to understanding nurses' wellness and positive constructs that support their work through future disasters, such as the COVID-19 pandemic.

Literature Search Strategy

When conducting the literature search, published studies included the years 2020 to 2025 with the rationale of reviewing knowledge gained from the COVID-19 pandemic; however, most findings within studies published in 2020 and 2021 included data collected pre-pandemic or during the early phases of the global public health crisis; therefore, they lacked a clear understanding of the impact. Key terms searched included *nurse or nurses or nursing; emotional; wellbeing or well-being; protective factors or resilience or promotive factors or buffers; health workers; work health; mental health; frontline healthcare worker; coping; Psychological Capital or PsyCap; COVID or COVID-19 or coronavirus or 2019-ncov or sars-cov-2; and qualitative*. Walden University and the University of Wisconsin Madison library resource search engines were utilized to search PsycINFO, CINAHL Plus, Medline, PubMed, and SAGE Journal databases.

The literature search was limited to peer-reviewed publications reporting results from a multitude of research articles; however, given the study's purpose, many were excluded due to a focus on patient situations, student nurses, or concentrations that did not align. An iterative process was utilized to identify gaps in understanding the protective factors of hope, optimism, self-efficacy, and resilience. Although published research on the emotional impact of the COVID-19 pandemic and nurse well-being has reported on samples from China, Italy, and other countries, exploration in the United States has been limited.

Theoretical Foundation

PsyCap originated as a theory grounded in positive psychology to achieve organizational success, recognizing the value of promoting human potential in the workplace (Luthans & Youssef, 2004; Luthans et al., 2007; Luthans et al., 2015). Traditional organizational frameworks focused on reacting to weaknesses, responding to dilemmas, and identifying what was wrong with issues (Luthans & Youssef, 2004; Luthans et al., 2007; Luthans et al., 2015). Historically, the field of psychological science has focused on mental illness, pathology, and a paradigm that highlighted negative states of human behavior and interactions (Luthans et al., 2015). Martin Seligman led psychological researchers to empirically study human potential, flourishing, strengths, and optimal functioning with rigorous scientific methods, which was the opposite of traditional scholarship (Luthans et al., 2015). This formulated the study of positive psychology tenets.

Luthans et al. (2007) initiated a paradigm shift in human resources research by studying constructs of human and social capital, such as flourishing, optimal functioning, and achieving a person's highest potential (Luthans & Youssef, 2004; Luthans et al., 2007; Luthans et al., 2015). PsyCap hypotheses and foundational knowledge have a strong theoretical and research basis defined by psychological constructs of confidence or self-efficacy, positive attribution of optimism, goal directives supportive of hope, and striving for sustained efforts to overcome adversities, thus resilience (Luthans & Youssef, 2004; Luthans et al., 2007; Luthans et al., 2015). Luthans et al. (2007) furthered the study of positive organizational scholarship and positive organizational behavior as the

foundation of PsyCap. The four domains of hope, self-efficacy, resilience, and optimism were formulated through conceptualization, scientific measurement, and reporting of outcomes using valid data-collection instruments (Luthans et al., 2015). Each domain is based on peer-reviewed academic literature explaining hope, self-efficacy, resilience, and optimism within POS and POB (Luthans et al., 2007). PsyCap is defined by Luthans et al. (2007) as a mental, emotional, spiritual, and physical framework consisting of hope, efficacy, resilience, and optimism. The foundational framework on which PsyCap was formulated included understanding organizational behavior, values, knowledge, skills, ability, and practices from a positive psychological perspective (Luthans et al., 2007; Luthans et al., 2015). Luthans et al. (2015) recognized the inclusion of human and social capital contributions to PsyCap, including personal identity, purpose, and passion.

Within this study, key statements and definitions that contributed to the framework of knowledge gained included exploring participating nurses' experiences with sustaining resilience, maintaining optimism, supporting self-efficacy, and preserving hope throughout the COVID-19 pandemic. Motivation, sense of agency, attitude, behavior, performance, integrity, trust, positive resources, and authentic leadership, as studied by Luthans et al. (2007), were included within interview questions that captured nursing experiences. Key concepts identified in recently published quantitative literature provided the foundation for this study, including the relationship between PsyCap and experiences throughout the COVID-19 pandemic, such as culture, peer support, social capital, modeling, satisfaction, engagement, coping, identity, compassion, spirituality, innovation, altruism, and overall well-being.

Current published literature with the key words of psychological capital or PsyCap utilized quantitative methods of study with the use of the validated PsyCap Questionnaire (PCQ) along with various demographic data variables (Cartwright-Stroupe & Shinnars, 2021; Guo et al., 2021; Hinkley, 2021; Jin et al., 2022; Liu et al, 2021; Luthans & Youssef, 2004; Luthans et al., 2007; Luthans et al., 2015; Ren et al, 2021; Yildirim et al., 2021; Zhang et al., 2023). Zhang et al. (2023) found a positive relationship between 318 general nurses from China who responded to quantitative research survey tools with higher levels of positive psychological capital and increased social engagement, higher levels of motivation, job satisfaction, and nurturing a supportive work environment during the pandemic; however, the relationship was stronger among the 372 nurses who identified as specialists with additional knowledge and experience when compared to those who defined as general nurses. Zhang et al. recognized the increased association with positive psychological capital as potentially relevant to nursing specialist roles prior to the pandemic, such as preparing for, planning, and educating other nurses to respond to emergencies and crises. Few studies have been published in the United States post-COVID-19 pandemic on the concepts of PsyCap; however, researchers have published multiple studies in various other countries, including Istanbul, Iran, Pakistan, Turkey, Australia, and numerous studies with Chinese nurse participants (Grubaugh et al., 2023; Schuster et al., 2022).

The theory and concepts grounded in this study included psychological capital as the framework; however, the method involved qualitative interviews with nurses working in a hospital in the United States during the COVID-19 pandemic. Qualitative inquiry

was used to explore the lived experiences of nurses through interview questions grounded in PCQ, including the tenets of hope, optimism, resilience, and self-efficacy (Luthans & Youssef, 2004; Luthans et al., 2007; Luthans et al., 2015). Self-efficacy exploration included the protective factors of confidence, motivation, cognitive recognition, and actions taken. Examination of hope comprised of goals, agency, innovation, drive, determination, grit, and energy (Luthans & Youssef, 2004; Luthans et al., 2007; Luthans et al., 2015). Optimism was evaluated using self-esteem, self-compassion, morale, and attitude (Luthans & Youssef, 2004; Luthans et al., 2007; Luthans et al., 2015). The study of nurse resiliency involved considering how to navigate adversity, uncertainty, and overwhelming situations, and the protective mechanisms experienced or established to thrive and grow (Luthans & Youssef, 2004; Luthans et al., 2007; Luthans et al., 2015). Qualitative interviewing methods used in this study provided further insight into how participants maintained hope, optimism, resilience, and self-efficacy as protective factors throughout the pandemic.

Literature Review Related to Key Concepts

Impact of the Global Pandemic

Prior to the global pandemic, nurses were experiencing tremendous amounts of occupational stress in response to work environment factors such as the length of workdays, working in specialized units with high exposure to patient morbidity and mortality, verbal and physical violence from patients, workplace bullying, interpersonal conflicts, high levels of patient acuity, complex family dynamics, demanding workload, aging population with chronic medical conditions, healthcare reform, witness of patient

suffering and grief, frequency of exposure to stressful events, and the number of shifts worked during the night (Che et al., 2023; Salminen-Tuomaala & Seppälä, 2022; Schuster et al., 2022; Shah et al., 2021; Xiao et al., 2022). Schuster et al. (2022) reported that one of the highest contributors of extreme distress for the 488 pediatric oncology nurses studied had been the death or critical medical conditions of infants, children, and adolescents. Shah et al. (2021) analyzed pre-pandemic secondary data from the United States National Sample Survey of Registered Nurses, including 50,273 respondents, to examine rates of nurse burnout in the United States. Results indicated that burnout was a contributing factor to the intention to leave, with workplace stress and staffing shortages as the primary causes of burnout (Shah et al., 2021). Rates of burnout, staffing shortages, and workplace stress were exponentially increased both during and post the COVID-19 pandemic (Che et al., 2023; Salminen-Tuomaala & Seppälä, 2022; Schuster et al., 2022; Shah et al., 2021; Xiao et al., 2022).

The COVID-19 pandemic led to an estimated 513 million persons tested and confirmed infected, resulting in over 6.24 million deaths (Zhang et al., 2023). The COVID-19 pandemic added to previous stressors including fear of the unknown, irregular schedules, being assigned to unfamiliar tasks, lack of personal protective equipment, limited resources, increased demand for medical care, concern for spread of contagion to family and friends, isolation from supportive activities, overwhelming stress of the healthcare system, and caring for unparalleled numbers of patients in which nurses were the only person present at the time of death (Che et al., 2023; Orth & Evanson, 2024; Salminen-Tuomaala & Seppälä, 2022; Shah et al., 2021; Xiao et al., 2022; Zhang et al.,

2023). These unprecedented stressors resulted in nurses reporting several symptoms of mental distress including generalized and social anxiety, depression, panic, mood disorders, lack of interest in everyday activities, self-blame due to decreased performance, abnormal physical disorders, attrition, insomnia, post-traumatic stress disorder, and suicidal intentions (Che et al., 2023; Orth & Evanson, 2024; Salminen-Tuomaala & Seppälä, 2022; Zhang et al., 2023). Nurse well-being during the COVID-19 pandemic has been explored by researching various concepts, including number of hours worked, mental workload, job satisfaction, work engagement, supportive leadership, and psychological capital, with similar results of the negative psychological impact both personally and professionally (Che et al., 2023; Salminen-Tuomaala & Seppälä, 2022; Schuster et al., 2022; Shan et al., 2021; Um-e-Rubbab et al., 2021; Xiao et al., 2022; Zhang et al., 2023).

Schuster et al. (2022) recognized that pediatric oncology nurses have reported experiencing higher levels of diagnostic mental health symptoms than other professions, and those who specialize in high-risk areas of health care, such as pediatric oncology, psychiatry, and the emergency department, have reported increased symptoms of post-traumatic stress disorder. Data collected by Schuster et al. through surveying a sample of 424 pediatric oncology nurses with questions related to the recognition of mental and distress symptoms from September through November 2020 was acknowledged as potentially having been influenced by the stressors of the global COVID-19 pandemic, as well as pre-pandemic situations; however, survey questions did not specifically request this timeline. Boyden and Brisbois (2024) recognized contributing factors to nurse

distress through the completion of an integrative review of thirty-five articles with a focus on psychological trauma during the COVID-19 pandemic. Boyden and Brisbois reported elements leading to nurse distress as fear of the unknown, initial lack of vaccine availability, expectation of roles beyond knowledge and abilities including serving as surrogate family members for critically ill and dying patients, meeting palliative care needs of patients without training, neglect of own needs with prioritization of patient needs, isolation from friends and family, experiences with colleague illness and death, and the excruciating toll of being witness to unimaginable human suffering. The cross-sectional study of 2,811 nurses in China, Che et al. (2023), found that inconsistent and long work shifts contributed to increased mental distress, including anxiety and depression, experienced by nurses. Inconsistency and sleep disruptions increased inflammatory markers as measured in laboratory testing (Che et al., 2023). Salminen-Tuomaala and Seppälä (2022) reported high levels of emotional exhaustion, moral distress, compassion fatigue, attrition, and burnout due to extremely high levels of emotional and physical stress during the global pandemic, based on a descriptive cross-sectional study of 192 intensive care and emergency department nurses from Finland. Shah et al. (2021), in an analysis of secondary data from the National Sample Survey of Registered Nurses in the United States, found that healthcare workers are at the highest risk of burnout due to the many emotional, psychological, and physical stresses of the workplace. Due to the duration of the COVID-19 pandemic, nurses endured unmatched prolonged stress, which contributed to a lack of focus, inconsistent decisions, and impacts to performance, which could potentially negatively affect patient safety (Salminen-

Tuomaala & Seppälä, 2022; Shah et al., 2021; Xiao et al., 2022; Zhang et al., 2023).

Psychological Capital

Luthans et al. (2007) published research on the concept structures of PsyCap within the domain of positive psychology. In their seminal publication, Luthans and Youssef (2004) recognized the benefits to both personnel and organizations of focusing on employees' investment in positive psychological needs. Human resource investment positively impacts competitive advantages, strategic initiatives, sustainability, organizational reputation, and profitability (Luthans et al., 2007; Luthans & Youssef, 2004). Luthans and Youssef studied both the human and social components of the work environment to develop the tenets of positive psychological capital, considering knowledge, skills, abilities, talents, culture, commitment, education, and experience related to job performance, retention, satisfaction, and sustainability.

The basic components of positive psychological capital that contribute to positive organizational behavior include self-efficacy, hope, optimism, and resilience (Luthans et al., 2007; Luthans & Youssef, 2004). Self-efficacy components are based upon Albert Bandura's theories and research, including developing confidence, motivation, cognitive choices and actions, performance, behavior, and attitudes (Luthans et al., 2007; Luthans & Youssef, 2004). The tenet of hope is based on the research of C. Rick Snyder, Ph.D., which comprises goals, agency, pathways, drive, determination, energy, education, satisfaction, and retention (Luthans et al., 2007; Luthans & Youssef, 2004). Optimism is a concept studied by Martin Seligman, Ph.D., related to positive events, intrinsic and extrinsic motivation, self-esteem, and morale (Luthans et al., 2007; Luthans & Youssef,

2004). Developing resiliency, as studied by Ann Masten, Ph.D., increases both individual and environmental protective mechanisms in the workplace to overcome adversity, overwhelming change, failure, and risks, thereby promoting growth, meaning, and value (Luthans et al., 2007; Luthans & Youssef, 2004).

Research on positive psychological constructs among nurses has found that psychological capital enhances both individual and collective nurse well-being (Schuster et al., 2022). PsyCap has been found to facilitate aspects of teamwork, accepting workplace change, growth, and development, contributions to futuristic aspirations, job satisfaction, career identity, intrinsic motivation, increased engagement, positive performance expectation of themselves and others, dedication and commitment to employer, recovery from stressful events, and overall well-being (Schuster et al., 2022; Xiao et al., 2022; Zhang et al., 2023). Nursing research has found that psychological capital counteracts negative workplace relationship stressors, including anxiety, intention to leave the position or profession, burnout, and cynicism (Orth & Evanson, 2024; Schuster et al., 2022; Xiao et al., 2022; Zhang et al., 2023). Xiao et al. (2022) reported the benefits of psychological capital for health care organization quality metrics, including decreased patient length of stay, increased adherence to quality-of-care standards, and decreased complication rates, based on a study of 4,865 nurses' intention to leave their positions in China.

Cartwright-Stroupe and Shinnars (2021) explored the psychological capital of Generation Z nurses entering the healthcare workforce, using secondary data from the Versant Competency Healthcare Solutions database, which examines nurses as they

transition into professional practice. Generation Z joins four previous generations, each with diverse factors influencing their perspectives (Cartwright-Stroupe & Shinnars, 2021). Compared to nurses from Generation X and Millennials, those from Generation Z reported the lowest levels of hope, optimism, resilience, and self-efficacy (Cartwright-Stroupe & Shinnars, 2021). Previous studies have shown that psychological capital can be developed; therefore, nursing professional development methods that foster hope, optimism, self-efficacy, and resilience, using innovative strategies, will be essential to the success of the Generation Z nursing workforce (Cartwright-Stroupe & Shinnars, 2021).

In contrast, Zhang et al. (2023) studied 317 experienced nurse specialists with advanced education and certifications. Compared with 318 general nurses, specialized nurses reported higher PsyCap, engagement, and job satisfaction (Zhang et al., 2023). Zhang et al. (2023) found that studying specialized nurses was associated with higher levels of focus and more supportive work environments; however, this may be explained by the role of the more experienced nurse, who is responsible for the response, planning, education, and preparation for crisis and pandemic situations. Mentoring and developing new-to-practice and less experienced nurses has been a role of the specialized nurse (Zhang et al., 2023).

Lu et al. (2023) developed and tested the validity and reliability of a psychological capital scale for Chinese nurses, using 619 participants from two tertiary hospitals in China from May to December 2021, after the peak of the COVID-19 pandemic in China, with results showing good reliability and validity. Xiao et al. (2022) measured the benefits of social support by including 4,865 nurses utilizing the

psychological capital scale developed and tested by Lu et al. The social support that developed from positive psychological capital contributed to positive peer-peer, group, leader, and community interactions. The mental health benefits of positive social interactions include reduced distress and anxiety, as well as positive professional growth, which are critical to overall nurse well-being (Lu et al., 2023; Xiao et al., 2022).

Hope

While conducting a literature search on nurses' hope during the pandemic, using keywords related to nurses, hope, and COVID-19, only 26 published, peer-reviewed articles were found. Of the twenty-six, only three focused on nurses. The only published article based on nurses in the United States included University nursing faculty as participants. Most were focused on providing hope for patients, family members, and the community. One peer-reviewed article focused on leadership in the workplace; however, it was not nursing-specific. This finding supports the need for further research in the United States to examine nurses' experiences of hope for themselves as professionals, as they support hope for their patients and families.

Orth and Evanson (2024), when examining the lived experience of nursing faculty recognized that the nursing profession comprises the largest sector of healthcare professionals; however, there is a lack of resources to support positive interventions such as hope and post-traumatic growth to combat anxiety, burnout, and other psychological and mental health impacts of the COVID-19 global pandemic, which was also found by Siami et al. (2023) who surveyed 623 nurses in Iran through a cross-sectional design study. Hope can be considered a motivational resource for nurses to navigate challenging

situations, anxiety, and burnout by utilizing a positive mental model (Orth & Evanson, 2024; Siami et al., 2023). Siami et al. explained that hope, along with resilience, is a concept that can predict recovery and psychological flourishing following adverse events, drawing on cognitive development, motivation, determination, self-efficacy, agency, and the ability to recognize alternatives.

Hope is achieved through a perception of one's ability to have a positive influence and to impact goals and outcomes (Orth & Evanson, 2024). Orth and Evanson (2024) stated that hope can be achieved by another person's or group's belief in one's ability; however, self-efficacy is complex and impacted by many individual factors. Nurses with high levels of hope demonstrate optimism, goal and future orientation, ability to cope with adversity, and motivation to focus on agency (Orth & Evanson, 2024; Siami et al., 2023). Jones-Schenk (2020) explained the critical necessity of maintaining focused, intentional leadership practice strategies to promote hope of achieving resilience within the nursing profession. Hope is a cognitive process that advocates, inspires passion, and analyzes situations, grounded in beliefs that foster self-efficacy and agency through positive change (Jones-Schenk, 2020). As a leader, developing and maintaining hope is as important as innovation, along with project and financial management (Jones-Schenk, 2020).

Self-Efficacy

Published literature on self-efficacy in nursing was abundant relative to the COVID-19 pandemic. This is likely due to the high degree of competence required within the nursing profession; therefore, research focused on either the gap in or achievement of

self-efficacy. Searching for literature published between 2021 and 2024, 180 total studies were published, with five conducted within the United States; however, self-efficacy studies were also completed in Australia, Belgium, Canada, China, Hong Kong, Jordan, Korea, the Netherlands, Pakistan, Taiwan, Turkey, and the United Kingdom. Many studies were excluded because they were unrelated to this study, such as those specific to patient clinical care, those collected pre-COVID-19, those focused on validating self-efficacy tools rather than COVID-19, those involving nursing students, and those focused on vaccines.

Acknowledging professional identity can positively or negatively impact self-efficacy in nursing (Orth & Evanson, 2024). Orth and Evanson (2024) recognized that frustration, feelings of powerlessness, embarrassment, shame, and negative attitudes toward the work environment contribute to fatigue and competence when publishing the experiences of nurse educators throughout the global pandemic. Throughout the COVID-19 pandemic, nurses developed an emotional state of low self-efficacy as they encountered isolation, fear, lack of physical protective equipment, continuous changes in facing the unknown virus, high numbers of patient morbidity and mortality, and lack of staffing and education to deal with novel experiences that were beyond their control (Orth & Evanson, 2024; Siami et al., 2023).

Wagner et al. (2022) recognized the value of education related to Bandura's theory of self-efficacy for achievement, focusing on the ability to control behavior and environmental influences, through a pre-test and post-test quasi-experimental design study of 108 nurses enrolled in a refresher skills course. Due to unprecedented shortages

of nurses available to care for patients throughout the pandemic, several states declared a state of emergency and reinstated the nursing licenses of retired and non-practicing nurses; therefore, there was a need for education to build self-efficacy (Wagner et al., 2022). DeFusco et al. (2023) identified the tremendous impact of decreased life expectancy among hospitalized patients due to the COVID-19 pandemic; however, online palliative care education increased the self-efficacy of 40 critical care nurses recruited via social media who completed online modules. Higher levels of self-efficacy were found to support nurse satisfaction and improved patient outcomes (DeFusco et al., 2023). Employer support of nursing education is essential to the development of self-efficacy, especially in caring for critically ill patients, as instruction during formal nursing training is lacking (DeFusco et al., 2023; Orth & Evanson, 2024; Siami et al., 2023; Wagner et al., 2022).

Most research on PsyCap focuses on the work environment; however, Garcia et al. (2021) evaluated the impact of balancing work and home stressors on the self-efficacy of 896 nurses in the United States, using a cross-sectional online survey. Family responsibilities for nurses created tremendous challenges, as childcare was limited or nonexistent, schools were closed, education transitioned to virtual at-home, and flexibility with nursing schedules was minimal due to staffing shortages (Garcia et al., 2021). Garcia et al. recognized that high levels of self-efficacy contributed to the use of protective coping strategies throughout the COVID-19 pandemic and fostered resilience.

Resilience

When searching the literature on resilience, COVID-19, the United States, and

nurse terms between 2021 and 2024, a total of 241 studies were identified; however, as in previous searches, the content was not related to this study. Resilience in nursing is commonly studied across various unrelated contexts, including long-term care facilities, students, various patient care situations, impacts of infectious diseases, clinical practice outcomes, and even the quarantine of infected nurses in hotels during the pandemic. Several studies included data from before the COVID pandemic or from the first months of the pandemic, which would not provide accurate resilience data on the pandemic's impact. Of those reviewed for this study, only four included nurses from the United States.

Siemi et al. (2023) acknowledged the need for leadership support to enhance personal safety, pro-social activities, resources, and resilience to overcome the challenges and stressors faced during the COVID-19 pandemic, as they studied 623 nurses in Iran. Positive change can require the same resilience as incidents of difficulty, uncertainty, and conflict were found in the study of Iranian nurses by Siemi et al. Factors that support resilience in nursing include healthy mental practices, well-being habits, self-efficacy, optimism, social support, ingenuity, and the ability to connect with resources (Garcia et al., 2021; Sandoval et al., 2024; Siemi et al., 2023).

The COVID-19 pandemic highlighted many health disparities, including the unique needs of underrepresented populations in the United States, as evidenced by a study of 100 nurses, including 20 self-identified Latinx nurses (Sandoval et al., 2024). During my literature search, only one study included data on high-risk, specific groups of nurses based on their ethnic heritage. Sandoval et al. (2024) examined the lived

experiences of resilience and coping strategies of Latinx nurses throughout the COVID-19 pandemic through qualitative interviews. Connection to other Latinx nurses, patients, family, and friends was found to promote resilience and coping strategies, including prioritizing faith, self-care, and food, which were found to be supportive (Sandoval et al., 2024). Maladaptive coping experiences expressed by Latinx nurses included anxiety, insomnia, smoking habits, and alcohol consumption (Sandoval et al., 2024).

Boyden and Brisbois (2024) found that mitigating interventions to counteract the allostatic load of stress and promote resilience fell into four major themes: self-care strategies, approaches to personal and organizational adjustment, the promotion of social connections, and tactics to find meaning in work. Responses supporting self-care included awareness of basic mental and physical health needs and participation in healthy activities that provide distractions (Boyden & Brisbois, 2024). Adjustment strategies included organizational promotion of resilience initiatives, collaborative approaches that support harmony between work and home life, and programs that support emotional, psychological, and physical safety (Boyden & Brisbois, 2024). Boyden and Brisbois found that social connection could be achieved through supportive relationships, promoting buddy systems, and providing space for nurses to be vulnerable in expressing their experiences with others. Finding meaning in work was supported through activities that identified reasons for gratitude through reflection, connected with spirituality, and developed a growth mindset for learning and future opportunities (Boyden & Brisbois, 2024).

Optimism

As with the other tenets of Psychological Capital, studies that include optimism are very limited, yielding only four articles in the United States with the search term optimism included, along with nursing and COVID-19-related terms. Several articles were excluded because they included non-healthcare-provider participants, students, and specific patient populations. Research on optimism in the United States during the COVID-19 pandemic was found to be a factor in resilience; however, no articles focused solely on optimism. As a component of psychological capital, further research related to nursing optimism in the United States would substantially contribute to the well-being literature.

In a cross-sectional study of 2,008 healthcare providers in India, K.M. et al. (2021) found higher levels of optimism among physicians than among nurses. Intrusive thoughts, avoidance coping strategies, and triggering events impacted the emotions and moods of healthcare providers in India (K.M. et al., 2021). K.M. et al. reported that their findings were consistent with other studies conducted throughout the pandemic, highlighting a lack of supportive interventions for the mental health of healthcare providers.

Köse et al. (2022) studied the impact of optimism by sending motivational messages to 87 nurses working with COVID patients in Turkey at four times throughout their working day for 21 days during the pandemic. Results of the Köse et al. study found a significant increase in nurses' self-reported optimism and life satisfaction, and a decrease in hopelessness compared with a randomized control group. Although the study

results cannot be generalized to all nurses, further research could positively affect nurses' levels of optimism and satisfaction through simple motivational interventions, such as group text messages (Köse et al., 2022).

Findings Protective of Nurse Well-Being

Schuster et al. (2022) explained that positive social connections, supported by leadership and peers, have been found to positively influence the physical, psychological, and emotional health of 424 nurses included in their study. Supporting nurse well-being, specifically psychological capital, has been shown to positively impact on the quality of care delivered, increase self-care, and enhance the ability to face stressful situations (Schuster et al., 2022; Zhang et al., 2023). Salminen-Tuomaala and Seppälä (2022) studied the protective factors of compassionate leadership during the COVID-19 pandemic through a quantitative cross-sectional study of 50 emergency department and intensive care nurses from Finland with a focus on service and altruism, empathetic listening, creating a culture of understanding, offering support, promoting constructive communication, and maintaining humility while developing a human-centered environment valuing the expression of emotions. Developing compassionate cultures, including emotional intelligence, recognizing employee strengths, promoting personal growth, and supportive professional development, can contribute to nurses' commitment, retention, and well-being (Salminen-Tuomaala & Seppälä, 2022). Cartwright-Stroupe and Shinnars (2021) suggest nurturing strong and engaging relationships, building trust through transparent communication, promoting psychological safety, the development and achievement of realistic goals, monitoring mental health needs and well-being, and

providing resources and support through education, leadership, and connection with other nurses will contribute to the development of positive psychological capital. Orth and Evanson (2024) found that personal identity, including perception of worth, quality of relationships, positive influences, commitment to values and norms, clear purpose, and role clarity, contributes to hope, optimism, self-efficacy, and resilience in nursing.

Identified Gaps in the Literature

Exhaustive literature searches were conducted at least monthly to identify new peer-reviewed studies. They identified 85 studies that included search terms related to this study's concepts, including nurses, COVID-19, and the tenets of psychological capital. Most of those studies were conducted in China, the first country to recognize the international public health emergency caused by the pandemic. Research was also completed in the countries of Australia, Austria, Belgium, Canada, Greece, Hong Kong, India, Iran, Jordan, Korea, Kuwait, the Netherlands, Pakistan, Portugal, Taiwan, Thailand, Turkey, and the United Kingdom; however, only eleven studies included participants who practiced nursing in the United States.

Che et al. (2023) found there to be a tremendous gap in published studies of the actual mental health impact upon nurses throughout and after the COVID-19 pandemic. Schuster et al. (2022) found that although the published literature substantiates the mental, physical, psychological, and emotional toll on nurses, there are research gaps regarding both interpersonal and intrapersonal factors that support this toll. Sustaining psychological, physical, and emotional health is crucial to nurses' overall well-being; however, studies focusing on maintaining positive outcomes are lacking (Schuster et al.,

2022; Zhang et al., 2023). Although psychological capital is protective of well-being and offers many benefits for the nursing profession, studies on the successful development of psychological capital in health care across various experience levels are lacking (Schuster et al., 2022; Zhang et al., 2023). Shah et al. (2021) recognized the lack of studies in the United States that examine the impact of the COVID-19 pandemic on nurses, especially new-to-practice nurses and nurses with diverse cultural and ethnic perspectives. Xiao et al. (2022) recognized that research has focused on organizational and workplace factors related to the current negative factors influencing the nursing profession; however, there is a gap in what is known about the influence of family, friends, and community impacts outside of the work environment.

A tremendous area of future research is needed related to the development of sustainable psychological capital and social resources, environmental factors, professional development programs for nurses and leaders at all levels, seminars, targeted micro-interventions, and system enhancements that are shown to be supportive of health care providers (Xiao et al., 2022). Seminal research on short-term human resource development interventions was conducted by Russo and Stoykova (2015) and is included in the Psychological Capital Intervention Model; however, Xiao et al. (2022) recognized the need to incorporate lessons learned to develop knowledge and skills within nursing. Orth and Evanson (2024) recognized the limited studies to guide care of nurses due to the professional patient-centric expectations and demands of their role. Care of self has traditionally been considered a weakness, leading to guilt and decreased perceptions of self-efficacy (Orth & Evanson, 2024). Orth and Evanson recommended further research

on increasing agency, supporting conduits to relevance in daily work, engagement strategies, and daily purposeful activities that motivate nurses, including yoga, nature, reflection, reading, and innovative methods to promote self-care. Siami et al. (2023) recognized that there is a gap in research related to the relationship between personal hope and resilience in nursing, especially what contributes to the development of resilience, as their research did not find a positive significant relationship between supportive leadership and resilience; however, there was a significant relationship between supportive leadership and hope. Boyden and Brisbois (2023) identified the need for research related to nursing mental health after the tremendous intensity and length of traumatic experiences related to the COVID-19 pandemic.

Sandoval et al. (2024) were the only researchers who learned from the experiences of communities of color. The research related to coping behaviors of underrepresented ethnic groups of nurses, including health disparities is almost non-existent (Sandoval et al., 2024). Boyden and Brisbois (2023) recognized a significant gap in scientific knowledge regarding global support for nurse mental health, trauma reduction, and resilience policies and strategies, not only in the United States but also globally. Boyden and Brisbois identified contributing factors to the sparsity of empirical and theoretical knowledge related to trauma responses and coping strategies of nurses is due to lack of funding along with the limited numbers of nurse researchers.

Connection to the Qualitative Research Method

Incorporating tools to explore nurses' psychological well-being during the interview process contributed to recruitment and retention methods to support the nursing

workforce (Xiao et al., 2022). Xiao et al. (2022) recognized the limitations of quantitative self-reporting studies and the potential for bias arising from individual circumstances when completing data collection tools. Lochmiller (2023) established the under-utilization of qualitative research methods to understand human resource development practices. Understanding experiences of those studied through qualitative research will provide connections between exploring meaningful solutions through design thinking (Lochmiller, 2023). This study explored the protective factors that supported nurses throughout the COVID-19 pandemic, relative to the psychological capital tenets of hope, self-efficacy, resilience, and optimism, through qualitative interviews with nurses who worked full-time in a hospital in the United States.

Summary and Conclusions

Nurses' intent to leave their position and their profession due to the tremendous mental health impacts of the health care profession, national divisive social factors, and stressed financial constraints has been exponentially increased since the COVID-19 global pandemic; however, developing psychological capital is consistently protective of individual and collective stressors (Xiao et al., 2022). Xiao et al. (2022) recognized the positive and protective impact of nursing leadership in promoting nurses' psychological health. Incorporating humanistic management approaches to support and foster protective factors such as psychological capital and social support will improve the well-being of those who work in health care, thereby directly impacting individual, peer, leadership, and organizational efficiency (Xiao et al., 2022). Orth and Evanson (2024) recognized the need to find joy in nursing to counter the profession's intense stressors. Siami et al.

(2023) identified that one of the most important protective factors for nurses is active engagement by leaders in involving nurses in resolving difficult situations through relationship building and the provision of resources. Engagement and commitment to nurses' psychological health, involvement in stress reduction, and participation in safety initiatives contribute to hope, resilience, and a prosocial, safe work environment (Siami et al., 2023). Sandoval et al. (2024) found that, when exploring the experiences of Latinx nurses, resilience, defined as a connection to personal values such as faith, family, patients, and nurses, and to everyday ethnic experiences, was protective throughout the pandemic.

Chapter 2 examined the current literature on this study's key concepts, including the emotional, mental, and physical impacts of stressors reported by nurses during the COVID-19 pandemic. The majority used a quantitative research method, including survey responses from participants. Lochmiller (2023) recognized the value of qualitative interviews in creating understanding when studying organizational experiences of individuals or groups. Chapter 3 will include a thorough explanation of qualitative design methods implemented for this study to create a connection with nurses who worked in United States hospitals, their lived experiences throughout the COVID-19 pandemic, and focus on the concepts of psychological capital as the theoretical background, including hope, self-efficacy, resilience, and optimism (Luthans et al., 2004).

Chapter 3: Research Method

This investigation was conducted to explore the experiences of nurses who worked in United States hospitals throughout the COVID-19 pandemic to develop an understanding of the protective psychological capital factors that have previously been demonstrated to support well-being, including hope, optimism, resilience, and self-efficacy in workplace settings. Generic qualitative research methods of interviewing nurse participants were used to collect data and create themes supportive of the wholistic health of nurses including the protective factors of confidence, motivation, cognitive recognition, goals, agency, innovation, drive, determination, grit, energy, self-esteem, self-compassion, morale, attitude, and navigating adversities and obstacles to thrive and grow (Luthans & Youssef, 2004; Luthans et al., 2007; Luthans et al., 2015). The well-being of nurses should be protected, supported, and enhanced to develop a work environment and culture that reduces the impact of exposure to trauma and moral distress during pandemics and disasters (National Academies of Medicine, 2021).

A generic qualitative study design helped examine the psychological processes of nurses' descriptions of their social experiences during and after the COVID-19 pandemic. A semistructured interview method was used to develop a deeper understanding. Investigation of personal experiences, perceptions, and explanations of the key questions related to the impact of psychological capital on creating health and well-being through the practice of hope, self-efficacy, resilience, and optimism will contribute to increased knowledge of protective factors (Ellis & Hart, 2023; Merriam & Tisdell, 2016; Patton, 2015; Percy et al., 2015). In completing a literature review, quantitative research was

plentiful related to the psychological distress nurses experienced relative to the global pandemic; however, a well-recognized gap exists in understanding nurses' actual description of their personal experiences and explanations of their understanding of the meanings constructed throughout and after the COVID-19 pandemic, specifically as it pertains to the positive psychological tenets that supported their daily work and promoted health and well-being.

This chapter will explore the study's research methods and design, including the rationale for choosing a qualitative approach rather than traditional quantitative methods for studying psychological capital. Explanations of the target population of hospital nurses, including sampling methods, data collection processes, and data analysis, are provided. Researcher bias and ethical considerations have been addressed, along with participant inclusion and exclusion criteria and measures taken to increase the protection of all participants. Interview procedures are explained, and the interview is aligned with the Walden University IRB standards. Data analysis techniques will be described to achieve trustworthiness and maintain ethical standards.

Research Question

The benefits of a generic qualitative approach in designing research questions include flexibility, understanding of real-life situations that have been experienced, and exploring personal psychological meaning related to perceptions and understanding that has been constructed (Ellis & Hart, 2023; Merriam & Tisdell, 2016; Patton, 2015; Percy et al., 2015). Ellis and Hart (2023) recognized that a generic qualitative approach to research differentiates the depth of inquiry, including ideas, beliefs, and understanding of

lived experiences. The specific investigation of this study is “How do nurses who have provided health care services in a hospital setting within the United States, through and after the COVID-19 pandemic, describe their experiences of the psychological capital tenets of self-efficacy, hope, optimism, and resilience?” In researching this question, sensitivity to emotional responses and confidentiality were essential. Appendix E includes a list of emotional support resources sent by email to each participant after completing the interview.

Research Design and Rationale

A generic or basic qualitative approach was chosen with the focus of exploring data collected through an applied research method to create insight and an understanding of the interpretive experiences of nurses, how they construct their work environment through the COVID pandemic, and what meaning is understood by nurses through supportive experiences (Ellis & Hart, 2023; Merriam & Tisdell, 2016; Patton, 2015; Percy et al., 2015). Merriam and Tisdell (2016) explained that the value of creating meaning through the interpretation of human appreciative inquiry, utilizing generic qualitative research, is to articulate and utilize an interpretive study to create understanding and meaning of the holistic story of the social phenomenon. Ellis and Hart (2023) stated that the strengths of generic qualitative research include exploring the realistic experiences participants have lived through and the perceptions, increased knowledge, and understanding that are created. The real-world, naturalistic inquiry into nurses’ experiences will contribute to a naturalistic understanding of what is protective in the work environment during traumatic situations such as the COVID-19 pandemic (Ellis

& Hart, 2023; Merriam & Tisdell, 2016; Patton, 2015; Percy et al., 2015).

Perspectives of PsyCap are traditionally studied with the use of quantitative research utilizing the validated PCQ measuring the tenets of hope, optimism, self-efficacy, and resilience (Luthans & Youssef, 2004; Luthans et al., 2007; Luthans et al., 2015). Lochmiller (2023) recognized that using qualitative research methods creates greater understanding of human resource development practices and behavior that contribute to design thinking and creating meaningful solutions. The COVID-19 pandemic created unprecedented challenges that have negatively impacted the mental, emotional, and physical health of nurses throughout the United States and the world; therefore, current research has identified numerous gaps in understanding what is protective of nurse well-being (ANA, n.d.; Shah et al., 2021; National Academy of Medicine, 2021).

This study explored the psychosocial dynamics of hospital nurses' experiences during the COVID-19 pandemic across the United States, contributing to a deeper understanding of how they perceived and interpreted what was supportive of their health and well-being. The comprehensive knowledge gained will contribute to the discipline of nursing and to health care providers using a generic qualitative design with in-depth interviews. Open-ended, semistructured questions were used to gather experiential data. Reducing bias as much as possible was necessary throughout this study due to the researcher's experiences and preconceptions during the global pandemic.

Role of the Researcher

Qualitative research methods differ significantly in creating meaning from

collected data from the statistical approach to quantitative data (Ellis & Hart, 2023; Merriam & Tisdell, 2016; Patton, 2015; Percy et al., 2015). As the primary researcher, my role was to interview participants and collect in-depth and detailed data on reported personal experience inquiry related to the protective factors that contributed to each of the tenets of psychological capital, including hope, optimism, resilience, and self-efficacy, throughout the COVID-19 pandemic. The focus of this study was to translate nurses' life experiences through interactive virtual interviews, resulting in data that has been analyzed and studied. Throughout the systematic process of recruiting participants, correspondence, gathering qualitative data, conducting semistructured interviews, data entry and coding, analysis, and recording results, maintaining an awareness of any bias was essential (Ellis & Hart, 2023; Merriam & Tisdell, 2016; Patton, 2015; Percy et al., 2015). Techniques of qualitative interviewing included development of an interview guide (Appendix C), asking high-quality and probing questions, maintaining the purpose throughout the study, recording and transcribing the data, analyzing responses, and interacting with participants to verify validity (Ellis & Hart, 2023; Merriam & Tisdell, 2016; Patton, 2015; Percy et al., 2015).

Participants were limited to those without personal or professional relationships or experience with me, the researcher, to maintain the trustworthiness of the results. Recruitment was completed through online nursing groups within social media platforms to prevent conflict of interest. Participants volunteered to contribute to the study, with the right to withdraw. The number of contributors to the study was estimated to include ten to fifteen; however, sixteen participants were interviewed before data saturation was

reached.

As the primary researcher, I maintained transparency by writing daily reflections to identify potential biases that could affect the study's credibility. Thoughts were recorded within a research journal to address issues reflected upon and contribute to the integrity of the results. With my experience working through the COVID-19 pandemic and providing peer-to-peer support with other nurses during and after this time, my goal was to focus solely on participant interviews and their experiences to reduce preconceptions. Maintaining trustworthiness through the ethical study of nursing experiences during the global pandemic is essential to the integrity and credibility of interpretive and analytical events (Ellis & Hart, 2023; Merriam & Tisdell, 2016; Patton, 2015; Percy et al., 2015). Maintaining the worth of the study, affirming the rigor through auditing processes, upholding transparency, strict review of credibility, and telling the story of nursing experiences to create meaning within the literature were essential to achieving success throughout this study (Ellis & Hart, 2023; Merriam & Tisdell, 2016; Patton, 2015; Percy et al., 2015).

Methodology

A basic qualitative design was chosen to explore, discover, and understand the protective factors that have supported nurses who provided direct care throughout the COVID-19 pandemic. This interpretive inquiry design aimed to understand nurses' experiences by describing their perceptions of lived involvement through semistructured interviews (Ellis & Hart, 2023; Merriam & Tisdell, 2016; Patton, 2015; Percy et al., 2015). Data was analyzed to create meaning of nurse experiences related to the

psychological capital tenets of hope, self-efficacy, resilience, and optimism (Luthans & Youssef, 2004; Luthans et al., 2007; Luthans et al., 2015). Sixteen participants were interviewed until saturation was reached.

Participant Selection Logic

A humanistic approach of on-line recruitment, which focused on the personalized experience of qualitative research as explained by Patton (2015), was utilized with nursing social media groups provided with a recruitment flyer outlining the focus of the study, an overview of psychological capital, context of the study explained in detail, inclusion and exclusion criteria, and specifics of the study including the use of recorded Zoom technology for the interview process. Appendix A provides details of the recruitment tool, including a descriptive narrative related to the study purpose, the planned duration of the interview, inclusion and exclusion criteria, researcher phone and e-mail contact information, voluntary participation information, and the need for informed consent. Participants were asked to email if they were interested in volunteering for the study. This led to my email response, which included a confidential screening survey created in Microsoft Forms, with inclusion and exclusion criteria and demographic data for potential participants (Appendix B). Inclusion criteria will include nurses currently employed at a full-time status in a hospital setting located within the United States and employed for at least 72 hours per pay period throughout the COVID-19 pandemic. Exclusion criteria will include nurses employed at less than full-time due to the many variables associated with part-time and per diem employment status. Participants were assigned a number using a numbering system as they met the inclusion

criteria and completed the informed consent form. I then communicated with participants, in the order of completion, by email to coordinate a date and time to meet via Zoom, which provided a secure connection and a voice recording device as backup for accurate transcription. Those who did not meet the inclusion criteria received an email acknowledging their response and expressing gratitude for their desire to participate. Snowball recruiting methods were used until 16 participants were recruited to achieve an adequate sample size and reach saturation (Creswell, 2007). Merriam and Tisdell (2016) explained that snowball recruiting involves interviewing participants and asking them to refer others who might volunteer to participate in the study. Saturation was reached when participant interviews no longer generated new knowledge or insights related to the research question (Ellis & Hart, 2023; Merriam & Tisdell, 2016; Patton, 2015; Percy et al., 2015). Consent was obtained following the confidentiality requirements and guidelines approved by the Walden University IRB criteria.

A potential recruitment barrier was identified as nurses' past and current stress; however, I hoped to address this challenge by using social media as a recruitment tool. The original recruitment flyer was revised to include more detailed information about the study, reduce interview time, and offer a gift card to appreciate the time dedicated to the interviews. Consent to participate was clearly stated, identifying the ability to withdraw from the study at any time. Data will remain confidential and stored securely within the password-protected dedoose.com (n.d.) online system, with access only to me as the researcher and my committee members. The commitment of nurses who volunteered to participate and follow through to complete the interview was recognized as a potential

challenge, given the many competing priorities within and outside the workplace.

Due to the many contributing factors affecting part-time and per diem nurses, they were excluded from this study; therefore, their protective factor experiences may differ from those of full-time nurses, which could potentially limit transferability. Another limitation is that the study participants are nurses working in a hospital setting. The experiences of nurses who work in other settings, including numerous positions that transitioned to work from home during the pandemic, may vary widely. Bias management was required due to my position as a nurse who worked throughout the COVID-19 pandemic at an academic medical center and provided peer support to those working in the COVID Intensive Care Units. Walden University Committee Chair and the Research Methodology member of my Dissertation Committee reviewed for integrity. Participants were provided with resources for emotional support if needed, given the potential for triggering factors when expressing lived experiences over the past five years, including the pandemic. As the primary researcher, I served as a resource for participants, facilitating open dialogue about the study, answering any questions they had, and encouraging their involvement.

Instrumentation

Patton (2015) eloquently described the rationale for interview methods as capturing the diverse human experiences of fears, values, stories, viewpoints, feelings, ideas, convictions, and influences as data. As interviews were conducted, observations provided additional data through interaction and the development of relationships with participants (Ellis & Hart, 2023; Merriam & Tisdell, 2016; Patton, 2015; Percy et al.,

2015). Qualitative interviewing research tools within Dedoose.com (n.d.) allowed this researcher to analyze lived experiences, perceptions, and associated meanings expressed by nurses to determine themes of protective factors that supported their well-being (Burkholder et al., 2020).

The development of carefully constructed qualitative open-ended interview questions provided connections to the psychological capital tenets of self-efficacy, hope, optimism, and resilience. The qualitative semistructured interview process contributed to learning from the lived experiences of hospital nurses who provided health care services within the hospital since the beginning of COVID-19 in the United States. The data gathered will augment what is known about protective factors supporting nurse well-being through the exploration of inductive theory (Luthans & Youssef, 2004). The interview guide aligned with the problem and purpose of the study and created triangulation as questions were asked to validate answers to other interview questions (Ellis & Hart, 2023; Merriam & Tisdell, 2016; Patton, 2015; Percy et al., 2015). This approach included semistructured, in-depth interview data collection from sixteen nurse participants who met the inclusion criteria, recorded on the Zoom platform and via backup voice recordings until saturation was reached. The specifics of the interview guide can be found in Appendix C. Due to the sensitivity of nurses' experiences related to the COVID-19 pandemic and potential emotional triggers, the interview process concluded with a short debriefing for participants, including appreciation for their participation and options for further assistance if emotional resources are needed for sharing lived experiences during and after the COVID-19 pandemic (Appendix D).

Data Analysis Plan

Data collected from the semistructured in-depth interviews with participants included their stories, descriptions, and perceptions of lived experiences throughout the COVID-19 pandemic, related to the psychological tenets of hope, self-efficacy, resilience, and optimism. Each interview file was uploaded to the Dedoose.com (n.d.) qualitative research platform, which is securely encrypted. Tools within the Dedoose.com (n.d.) software program assisted in transcribing data to develop trends and patterns. Coding included analytic generalizations of words that express the theoretical protective factors of psychological capital, utilizing the tenets of Luthans and Youssef (2004), with psychological capital as the foundation, including hope, optimism, resilience, and self-efficacy, to gain understanding and meaning from the experiences shared by participants. Themes were derived from recurring patterns and themes in the collected data that identified shared experiences of protective factors (Burkholder et al., 2020; Creswell & Creswell, 018; Kostere & Kostere, 2022; Merriam & Tisdell, 2016; Patton, 2015).

Participants' confidentiality was maintained through alphanumeric identification, assigned according to the date the completed screening questionnaire and informed consent were received. Data were managed to prevent potential bias by transcribing interview data verbatim and using Dedoose.com (n.d.) data analysis tools, with a focus on participants' experiences and beliefs. The transcript was compared with the audio recording to assess the credibility and accuracy of responses. Field notes were maintained throughout the study using a research journal. Data analysis will include a comprehensive, iterative review of recorded interviews, memos, and field notes

(Burkholder et al., 2020; Creswell & Creswell, 2018; Merriam & Tisdell, 2016; Patton, 2015). The data's accuracy was validated through triangulation, and validity was established through member checking by participants, as the transcriptions were emailed to all participants for accuracy validation (Kostere & Kostere, 2022). Kostere and Kostere (2022) recognized that additional data could be collected through member checking to support the study.

Interview files are stored on a secure hard drive in my home to maintain confidentiality. Dedoose.com (n.d.) is inclusive of an encrypted, secure cloud-based platform that is accessible to myself and those directly involved with this study, including committee members to check the validity and reliability of the categories, patterns, and themes developed through analysis of word frequencies (Ellis & Hart, 2023; Merriam & Tisdell, 2016; Patton, 2015; Percy et al., 2015). Upon completion of this study, the data files will be destroyed in accordance with the requirements of the American Psychological Association (2020).

Issues of Trustworthiness

Incentives were not initially provided for nurses to be interviewed; however, recruitment efforts were enhanced by offering an Amazon gift card in appreciation for nurses' time after discussion with my Committee Chair and obtaining Walden University IRB approval (approval no. 12-09-24-0259615). Consent to participate was sent to participants by email and verbally read during the interview to validate consent. A conflict of interest was avoided by excluding participants with potential relationships between participants and researchers. Recruitment was completed through social media

nursing groups to avoid power imbalances inherent in an employment relationship. An interview guide, including semistructured questions (Appendix C), was utilized throughout the interview process. An independent review of the interview data transcription by participants established validity before completing a coding scheme analysis. All participants agreed that the transcription of their interview data matched what was discussed. There were no disagreements, with 100% of participants validating the accuracy of the interview transcription. Dedoose.com (n.d.) provides electronic tools for testing reliability and other measures of trustworthiness.

Ellis and Hart (2023) explained that trustworthiness or rigor is achieved in generic qualitative research through analysis, congruence, and alignment with the research question, methodology, and theory. Patton (2015) described trustworthiness as achieved through systematic processes and the authenticity of human experiences and understanding. Trustworthiness in this study was achieved through data accuracy verification through triangulation, member checking, and saturation to determine credibility and internal validity (Ellis & Hart, 2023; Merriam & Tisdell, 2016; Patton, 2015). Member checking was conducted to validate the findings by sending the themes developed from each interview transcript to participants for review and accuracy (Kostere & Kostere, 2022). Patton (2015) explained that triangulation can be achieved by gathering data from participants and comparing the consistency of the data. This was completed by asking demographic data questions verbally during the interview. Participants of this study had different experiences during the pandemic, depending on their role within the hospital. Consistencies occurred when exploring nurses' experience

related to each of the tenets of Psychological Capital. Saturation was achieved when interview data from participants' experiences no longer revealed differences in meaning or perceptions of experiences throughout the COVID-19 pandemic (Ellis & Hart, 2023; Kostere & Kostere, 2022; Merriam & Tisdell, 2016; Patton, 2015). This data was captured and included within the results of this study. Patton (2015) described the quality of knowledge gained in qualitative research using triangulation. Detailed descriptions of the study process, interviewing methods, data collection, and analysis will create transferability or external validity as other researchers would have the ability to replicate the research (Burkholder et al., 2020; Creswell & Creswell, 018; Ellis & Hart, 2023; Kostere & Kostere, 2022; Merriam & Tisdell, 2016; Patton, 2015). Journaling throughout the study with dates and time stamps, along with capturing reflections, reduced researcher bias and influence (Burkholder et al., 2020; Creswell & Creswell, 018; Ellis & Hart, 2023; Kostere & Kostere, 2022; Merriam & Tisdell, 2016; Patton, 2015).

Ethical Procedures

Participants volunteered by sending an email of consent, using the standardized Walden University research-informed consent form, before scheduling interview dates and times, which included rights and responsibilities, as well as potential risks and benefits. No medical data was collected through the interview process. This study followed the Walden University IRB process to maintain ethical research standards. It complied with all federal Health Information Privacy and Protection Act regulations, if participants discussed specific patient information. Confidentiality was critical to maintaining ethical standards due to the study's sensitive topic area and purpose to

protect and support the emotional, mental, psychosocial, and physical well-being of nurses. All identifying information was removed to maintain confidentiality, and codes were applied to reduce researcher bias. Emotional support resources were provided for all participants who completed the interview (Appendix D). Actual interview tools, consent forms, and supporting documents are included in the appendices of the study and reviewed by the Walden University Research Committee for professional integrity. Data is protected in a digital format by Dedoose.com encrypted software, and interview documents will be stored on an external hard drive in a locked area within my home. According to the American Psychological Association and Walden University requirements, all digital data will be securely stored for five years and then destroyed (APA, 2020). All components of the Walden University IRB application and approval were strictly adhered to protect the confidentiality and well-being of all human participants involved with the study.

Summary

Chapter 3 provided an explanation of the generic qualitative research process and the design methods of this study. The generic qualitative research method was chosen to understand what has been protective of hospital nurses' well-being throughout and after the COVID-19 pandemic through exploring lived experiences. This chapter has explained the researcher's role, methodology, population of nurse participants, sampling procedures, inclusion and exclusion criteria, and instrumentation. Recruitment, participation, data collection, and analysis procedures have been described. Ethical considerations and trustworthiness were clarified.

Throughout Chapter 4, an introduction to the study will be provided, along with a description of the study setting, participant demographics, the participant recruitment process, and data collection methods. All variances from the planned study described in Chapter 3 will be explained to maintain the research's trustworthiness. A description of the data analysis, including the actual data, codes, categories, and themes, will be discussed, along with quotations from participants to augment the qualitative understanding and meaning. Evidence of trustworthiness will be highlighted, along with a presentation of the results in relation to the research question and a summary of the knowledge gained throughout the study.

Chapter 4: Results

This generic qualitative study was conducted to explore hospital nurses' experiences throughout the COVID-19 pandemic to understand what was protective and supportive of their well-being. The foundational theory upon which interviews were focused was PsyCap, including the tenets of hope, self-efficacy, resilience, and optimism (Luthans & Youssef, 2004; Luthans et al., 2007; Luthans et al., 2015) in U.S. hospital workplace settings. Published research on nurses' experiences has included negative impacts on well-being, including emotional distress, compassion fatigue, moral distress, and burnout (ANA, n.d.; Shah et al., 2021; National Academy of Medicine, 2021). The literature review conducted before this study identified a knowledge gap in the use of qualitative analysis methods in PsyCap. While PsyCap has conventionally been examined through quantitative approaches, this study sought to gain insights from the lived experiences of nurses and address the adverse effects of work-related trauma and distress encountered within their workplace environment and culture (National Academies of Medicine, 2021). The following was the research question that guided the study: How do nurses who have provided health care services in a hospital setting within the United States through and after the COVID-19 pandemic describe their experiences of the psychological capital tenets of self-efficacy, hope, optimism, and resilience?

Research Setting

Recruitment of participants was completed through the Walden University online Participant Pool, nursing social media groups that allowed me to post the recruitment flyer, and through private Facebook, Instagram, and LinkedIn nursing communities. With

the initial posting of the IRB approved recruitment flyer, only two potential interview participants responded to the Walden University online participant pool listing of my study details. The snowball recruitment technique was used, with nurses distributing the flyer to the nursing groups they participated in. Responses from nurses included testimony such as “This area has been hit hard with the loss of two healthcare systems, so our nurses, physicians, and healthcare staff are extremely overwhelmed and may not take the time to respond or even share the information.” Using an entirely electronic recruitment strategy was evaluated and discussed with my committee chair as a potential limitation; however, nurses typically have computer literacy using electronic medical record systems in their daily work. Hospital systems typically have designated areas, such as break rooms, libraries, and study lounges, to support professional development; therefore, using an electronic recruitment strategy may increase nurse participation.

After a month with no additional volunteer participants, I collaborated with my committee chair to revise the recruitment flyer, which was resubmitted to the IRB for approval. Updates included reducing the interview time commitment from 45-60 minutes to 30-45 minutes, providing additional details to explain the study’s aim, and adding a \$40 Amazon gift card as compensation for the time required to participate. The Walden University IRB approved the revision request. I updated the original recruitment flyer and distributed it across numerous nursing social media channels.

With these modifications, recruitment was highly successful, yielding 93 email responses from interested participants. Potential participants were then sent an email via my secure Walden University account, including an electronic QR code and a link to the

demographic survey developed in Microsoft Forms, which collected anonymous responses (Appendix B). A copy of the IRB approval and consent form was attached to each email. Completed demographic surveys were reviewed for completeness of data and evaluated against the inclusion criteria. The first 20 participants who completed the demographic survey in its entirety and met the study's inclusion criteria were sent a secure Doodle scheduling link of available days and times to secure an interview appointment, with acknowledgement that interviews would be completed on a first-come, first-served basis and would be discontinued after data saturation was reached.

A paid Zoom subscription was used to conduct interviews and ensure the security of recorded data, meeting the commitment required for the interviews. Of the 20 participants who scheduled an interview, two did not connect at the scheduled time, and two did not speak English; therefore, 16 participants completed interviews. The interview completion time consisted of 30-45 minutes for all participants. Once scheduled, most interviews were completed relatively smoothly within two weeks. Consent was initially provided through an email agreement to participate in the study, which was verified by reading the consent form during the recorded interview. The sample included nurse participants from 10 states across the United States.

Demographics

Sixteen nurse participants were full-time employees of a hospital in the United States, from March 2020 to the present, and agreed to participate in the study. All participants completed the interview process, and member-checked the transcription of the recorded interview for accuracy. Exclusion criteria included working in a hospital

outside the United States as a part-time employee. Demographic data were collected through a password-protected Microsoft Forms survey asking participants their gender, age range, and years of experience as a nurse in 5-year increments, nursing education achieved, area of practice during the COVID-19 pandemic, and open-ended questions, including the city and state where they worked and hospital name for verification purposes (Appendix B). The study included only nurses who worked full-time throughout the pandemic, as Shah et al. (2021) noted that multiple variables related to part-time employment in nursing were a limitation of their research. Participant demographic data are identified in Table 1.

Table 1*Interview Participant Demographics*

Participant	Age	Years of RN experience	Highest education	Area of practice	State	Hours/week
1	30-35	6-10	Associate degree	COVID unit	Arizona	100
2	30-35	1-5	PhD	COVID unit	Texas	40
3	36-41	11-16	BSN	Adult intensive care unit	Illinois	60
4	30-35	6-10	BSN	COVID unit Emergency department	Texas	40
5	30-35	6-10	BSN	Adult intensive care unit	New York Texas California	40
6	46-50	1-5	Associate degree	Adult intensive care unit	Illinois	40
7	30-35	6-10	BSN	Emergency department	Texas	65
8	30-35	6-10	BSN	Emergency department	Washington	72
9	30-35	6-10	BSN	Emergency department	New York	40
10	30-35	6-10	BSN	Pediatric intensive care unit	Arizona	40
11	30-35	6-10	Associate degree	COVID unit Medical/surgical	Ohio	56
12	30-35	6-10	Master's degree	Adult intensive care unit	New York	80
13	24-29	6-10	BSN	Pediatric intensive care unit Adult intensive care unit COVID Unit	Illinois	55
14	30-35	6-10	Master's degree	Pediatric intensive care unit Adult intensive care unit	Michigan	80
15	30-35	6-10	BSN	Emergency department	Colorado	50
16	30-35	6-10	BSN	Emergency department/ COVID unit	Florida	45

Nine male participants and seven female participants completed the interview and member-checking process. This finding emphasizes the need for future gender-specific research on the impact of the COVID-19 pandemic on nursing. Ages ranged from 30 to 50 years old. Since 5-year age ranges were used in the demographic data collection tool, calculating an average (mean) age would not be accurate. This could be seen as a limitation of the study, given the absence of a precise average age for participants. Nurse participants may not reflect the median age of the nursing population in the United States. The same demographic data also indicate less experience as a nurse, with responses ranging from one to 16 years of service. During the interviews, I asked about years of experience and found that participants had between 5 and 12 years.

When asked an open-ended question in the demographic survey about area of practice, six nurses indicated working in the COVID unit, the Adult Intensive Care Unit, or the Emergency Department during the pandemic. One participant also worked in their hospital's Medical-surgical Department, and three reported working in the Pediatric Intensive Care Unit. Six participants reported working across multiple care areas during the COVID-19 pandemic.

Nurses reported working in 10 states across the United States. Participant P5 indicated working in three states, which does not align with a factor included in this study, such as nurses' psychological capital in travel nursing positions. Participant P2 was a new graduate nurse entering the hospital environment during the pandemic as a novice healthcare provider, facing not only the typical stressors of new practice but also additional pressures from the global COVID-19 crisis. Hours worked full-time during the

pandemic ranged from the standard forty-hour week to a maximum of one hundred hours per week. The average was reported at 56.44 hours per week, which could contribute to factors negatively affecting nurses' well-being.

Data Collection

The generic qualitative approach to research design included 16 nurse participants who completed all components of this study, including consenting to participate, completing the demographic survey, meeting all inclusion criteria, scheduling an interview time, participating in the semistructured open-ended interview to explore their experiences, and member-checking the transcription of data collected to offer trustworthiness. All participants were identified by their interview sequence for reporting purposes to maintain their confidentiality, P1 through P16. Using the snowball recruitment method, participants were encouraged to share the study recruitment flyer with colleagues who would be interested in the study. Four potential participants agreed to be interviewed; however, two were eliminated because they did not join the Zoom meeting at their scheduled time, and two did not speak English.

Interviews were conducted within 2 weeks, with an average of four interviews per day. Appointments were scheduled using a paid, secure version of Doodle.com, which allowed reminder communication with participants. Appointments were scheduled for 45-minute increments, with 15-minute intervals between interviews. Interviews were conducted in my home office, and data were collected confidentially.

Data collection consistency was achieved using an interview guide with eight open-ended, semistructured questions that were IRB approved. Probing questions were

used to explain further each participant's experience, perceptions, or thoughts related to their story of providing care during the COVID-19 pandemic (Jacob & Furgeson, 2012; Patton, 2015; Rubin & Rubin, 2012). Member-checking was conducted by sending transcripts to all participants via email, and all participants confirmed the accuracy of the data.

Interviews were scheduled with participants via a secure Doodle.com application, which enabled email communication after they chose a date and time for their interview. A link was sent to participants based on the date and time the Microsoft Teams demographic survey was completed. All survey responses were evaluated for completeness and to ensure each participant met the study's inclusion criteria. Interviews began with gratitude for volunteer participation, a review of demographic data was submitted to verify accuracy, and then, the IRB-approved consent form that had previously been sent to each participant by e-mail was read, verifying consent to participate. The Psychological Capital Interview Guide (Appendix C) was followed, with participants sharing their stories of working as nurses in a hospital in the United States during the COVID-19 pandemic. Interviews were audio-recorded via a paid and secure Zoom platform to ensure participants' confidentiality. Files were maintained on my password-protected laptop and an external, secure hard drive.

The only variation from the original data collection plan was revisions to the recruitment flyer to provide more in-depth information about the study, shorten the interview commitment time, and offer an incentive, such as an Amazon gift card. These modifications successfully recruited the required number of volunteer nurses to complete

data collection. Data saturation was achieved when responses yielded no new thematic insights.

Data Analysis

My study's initial data analysis involved learning the Dedoose software application, as indicated in the data analysis plan for this study. This was completed by viewing the tutorial videos on Dedoose and references in Salmons et al. (2020). As Salmons et al. explained, qualitative data analysis involves an iterative process of identifying significant data themes that answer the research question's focus. This process encompasses reflection and methods that create credibility with social science research practices (Patton, 2015; Salmons et al., 2020).

The initial activity was to upload the transcripts of the 16 participant interviews into my identified Dedoose dissertation project file. Participant confidentiality was maintained by labeling them in the order in which the interviews were conducted. As I read through each transcript, codes were applied to excerpts according to the research question of this study, including the theoretical concepts of PsyCap, embracing hope, self-efficacy, resilience, and optimism as protective factors throughout the lived experiences of providing care within a hospital setting during and after the COVID-19 pandemic. When reviewing the excerpts within each of the four primary codes, 46 child codes were incorporated, comprising the primary concepts within each of the four primary tenets of PsyCap and creating further meaning for the data.

As participants told their stories of working as nurses in the hospital setting during and after the global pandemic, they began by discussing the difficulties,

challenges, and frustrations that impacted their psychological, emotional, mental, physical, and spiritual well-being. A problem statement code was added in Dedoose to capture experiences that narratively confirmed those reported by nurses in peer-reviewed published studies included in my literature review. This data contributes to the trustworthiness and credibility of this study's qualitative design (Schwandt, 2015).

Memorable moments were added as codes to identify encounters that nurse participants recognized as impacting their lived experiences in professional roles during the unprecedented COVID-19 pandemic. The situations and protective interventions identified further strengthened the credibility of the interviews, which were conducted five years post-pandemic; however, the incidents described were encapsulated in the participants' memories. The memories further supported the protective lens of nurse participants and the impact on their work.

COVID-19 Challenges to Well-Being

Consistent data were obtained from nurse participants in this study regarding the many challenges and frustrations experienced during the COVID-19 pandemic. Excerpts were captured from 16 participants' semistructured open-ended interview transcripts. Through a qualitative exploration of nurses' real-life experiences, additional knowledge was gained about the holistic story of the social phenomenon under study (Merriam & Tisdell, 2016). Two hundred and one excerpts were coded as narratives describing the problem statement of this study.

When nursing participants were asked to describe their experience working in a hospital during the COVID-19 pandemic, they all began their stories with the challenges

they faced. The first common theme was the United States government and health care systems failing to take the COVID-19 pandemic seriously, as news of the virus's identification in China emerged. Many participants were negatively affected by misinformation circulated through news reports and by public conspiracy theories. P4 explained, "There was a lack of planning for the COVID-19 pandemic, which impacted the whole world."

The second common theme among all participants was the fear of contracting COVID-19 and bringing it home to their families. Some nurses described the emotional stress caused by isolation and staying at their hospital instead of going home to their families to protect them from the virus. One participant recognized the perilous situations caused by the pandemic, including limited face-to-face interaction due to isolation precautions, the use of personal protective equipment (PPE), and social distancing. Limitations of PPE and the lack of workflow efficiencies in providing it to those who worked closely with infected individuals were described. One participant discussed how they questioned the efficacy of PPE and had a sense of false security because of constantly using masks and gowns. P9 nurse participant recalled, "We lost one of our staff members, a nurse, a doctor, and four patients on the same night due to the lack of PPE available."

Multiple participants recognized the lack of understanding of the disease process, leading to frequent changes in processes, protocols, and policies related to treatment modalities, which was the third common theme. Nurses reported being overwhelmed by the influx of critically ill patients and the need to prioritize care. Several mentioned

burdens due to staffing shortages and reassignments to unfamiliar departments requiring specialty care, and the patient-to-nurse ratio became overwhelming as the number of patients with the virus increased, as the fourth common theme. Participants reported that the number of patients diagnosed with positive disease states inundated some health care systems. Due to the complexity of patients' conditions, nurses found that the constant alarms from monitors contributed to ongoing stress. One participant felt as though she had lost her ability to voice her concerns, another recognized not feeling supported by the hospital or leadership, and another reported that he did not feel as though he belonged to either the department he was working in or the nursing profession due to the constant stressors of the work environment. P1 nurse participant described the situation as, "It was hard to cope with the lockdowns and closures. I had vehicle issues, and no service stations or bus transportation were open. I had to borrow a car, which was frustrating as I tried to get to work daily."

Several participants expressed that nurses would not go to work due to fear of the unknown virus, limitations on movement to unfamiliar care environments, and the inability to maintain social distancing when caring for patients infected by the virus. Some participants reported that patients did not receive appropriate care due to a shortage of nurses. Nurse participant P3 recognized,

The ICU was overflowing. We were stretched beyond our limits with multiple critical patients, and one was declining rapidly. This brought intense stress. Morale was up and down. Burnout and a sense of urgency to adapt to constant changes were also present. Coping was tough.

Regarding the shortage of nurses, participant P16 stated,

Nurses were quitting when needed. It was so frustrating that they lost the courage to do what it takes. Nurses were moved to different positions. I did not get attached to patients because I lost most of them during that time, and the fact that they took part of me with them. I was really affected by that and had to protect myself. It was tough and too much.

Fear was the primary emotion that was reported to contribute to the negative impacts of working as a nurse in a United States hospital during the COVID-19 pandemic. “Nurses resigned due to fear, emotional stress, and the impact on their mental and physical health, in that they could not handle it any longer,” nurse participant P11 explained. Fear was identified as an overwhelming influence by participants due to the uncertainty of the disease, lack of treatment knowledge, and questioning role identification due to rapid changes in patient condition. Fear was experienced as nurses were witnesses to colleagues and family members who were lost because of the COVID-19 virus. Nurse participant P8 remembered the fear experienced when, “I had to watch the only granny that I had left die. I felt like I was in a trance, but I had to work regardless. I had to provide the best care possible to help people survive.”

The number of deaths witnessed each day was the fifth common theme of emotional distress highlighted through the real-life experiences nurses encountered.

Nurse participant P11, who was a new graduate nurse at that time, explained,

With each new death, we felt so horrible. When patients were not making progress, we put in a lot of effort to save them, and sometimes the medical team

seemed to give up because nothing worked. I can now say that I have been through one of the most challenging times in the history of healthcare.

Other participants described the physical and emotional pain experienced by patients and family members. Participant P6 described,

There seemed to be no patterns to indicate whether a patient would live or die, as experienced by nurses as they reported leaving their shift and returning to find that their patient had passed through the night when they believed that they were beginning to recover from the virus.

Participant P14 provided information about exhaustion as he described, “There was not enough time to rest, regain energy, and go again with the longer shifts worked and lack of time for myself.” Nurse participants provided testimony of witnessing the emotional toll of isolation precautions on patient condition, struggling to breathe, and transitioning to ventilators. Nurse participant P7 supported,

The ER became like a swarm of patients, and we did not have enough beds.

People were dying faster than we could intervene, and families were devastated.

No matter how hard we worked to save our patients, it was never enough.

The story told by participant P10 included,

You held a heart moments ago, and then they are gone. Your perspective of passion was a stronghold; however, it was traumatizing. I would leave my shift and return the next day, and the patient was gone. I would sit with the emotions and deal with them. It was an expense to my own health. I worked long shifts with PPE, which led to dehydration. I was tested in every possible way. It was an ever-

present cycle. I felt like I was in a fog, and it was hard to see clearly. I felt like I was in a battle during every shift, walking into the unknown.

Beyond the emotion of fear, participants explained feeling drained, exhausted, frustrated, always on high alert, constantly anxious, not sleeping, overwhelmed, and chaotic. Nurse participant P7 explained,

Everyone is fragile. I saw the best and the worst of humanity during that time. It showed me how fragile we all are, physically and emotionally. I had five critical patients at once. All of them needed immediate care. It was chaotic. It was overwhelming. Furthermore, at one point, I felt as though I was drowning. It taught me that burnout is real. I saw a lot of nurse burnout. Good nurses were questioning whether they could keep going. Some even considered leaving the profession. I cannot blame any of them. It was a very tough time.

The P6 nurse participant explained the view as the COVID-19 pandemic began to neutralize, “The experience when the world was reopened caused fear, anxiety, and worries, and impacted nurse mental health due to what was previously experienced.” Some nurse participants described a feeling of not coping well, gaining weight physically due to stress, and questioning their own expectations as well as those of others they worked with. “The fear continued even though patients were surviving”, stated nurse participant P6.

Nurse participants explained that some memories have been difficult to forget, and during the pandemic, they questioned whether they could cope. Their sense of belonging to the hospital and nursing profession had been threatened. Nurse participant

P4 explained,

People were locked down and losing their minds. People were going into depression, and some people had to find things to get through. As nurses, we are supposed to be hopeful and not disappointed. I never would have thought that I would ever go through anything like that. I do not think I had time to process what was happening. I had to work when I really was not ready. I was going through so much emotional turmoil and sadness. People were sicker than we had seen before, and some did not make it despite our best efforts. We had to hold iPads so patients could connect with family members to say goodbye. It felt like a never-ending battle.

Nurse participants described feelings of panic and disengagement. Nurse participant P16 remembered,

It was heartbreaking. I did not get attached because it was too painful. The scenes were ugly. I would feel the patient would get better, and then they would not be there the next minute. We lost both adults and children. Family and relatives would come, and I had to tell them. You do not know how they will respond, but you must do it anyway. You were supposed to care for them; they were in our hands. How could I let this happen to them? I blamed myself for not taking good enough care of them. I tried as hard as possible, but it was not good enough. I did not even realize that I was losing part of myself. I almost fell into depression. There was a time when I lost all hope and did not think the pandemic would end. Some of the people I worked with are still not healed, and some are recovering.

This was far more than anyone's expectations.

Nurse participant P15 reflected upon, "One of the most challenging moments was seeing a doctor and a nurse break down in tears, exhaustion, grief, and uncertainty."

Several nurse participants blamed themselves for not doing enough, not working hard enough, not being tough enough emotionally, and not being resilient enough due to many people dying while in their care. Participant P4 explained, "Patients were anxious, yet so were the nurses taking care of them."

Psychological Capital Concept of Hope

Two primary open-ended interview questions were asked of participants regarding the psychological capital concept of hope. Guided interview questions (Appendix C) to explore participant nurses' experience included, "How did you find motivational energy to accomplish needed tasks at work throughout the COVID-19 pandemic?" This question was followed by, "What goals did you have and how did you find the energy to reach these goals successfully?" Probing questions were utilized based upon the participant's input and concepts of hope within psychological capital theory, inclusive of open-ended questions related to agency, creativity, determination, drive, energy, goals, grit, innovation, meaning, motivation, resourcefulness, sense of control, way power, and willpower (Luthans & Youssef, 2004; Luthans et al., 2007; Luthans et al., 2015). Each probing-question concept inquiry was coded as child codes in Dedoose.com (n.d.) analysis software. Three hundred and nineteen codes were captured in Dedoose.com (n.d.) through an iterative review of transcribed interviews on the concept of hope. Participant P11 recognized,

I am delighted to share my voice and help you publish nurses' stories about coping. I am happy to help other nurses who might not know how to balance things and work together. Contributing to this project supports hope in the nursing profession.

Agency

When reflecting on agency throughout the COVID-19 pandemic, all participants reported the importance of maintaining autonomy, balance, and teamwork as the sixth common theme. Agency was supported through “learning what other countries, our government, and our organization were doing to stop the spread of the virus, and what our role as healthcare professionals was”, stated participant P1. “Patients typically view their healthcare professional as a source of hope, and at no point should they lose their hope in our ability to care for them,” P11 acknowledged. Participants reported various interventions they took to provide the best care for their patients and their families, support themselves and their teams throughout the pandemic. Significant obstacles were encountered; however, participants described tremendous professional and personal growth opportunities as the seventh common theme of this study. Participant P4 described,

I set boundaries and prioritized my personal health. When you are about to leave, something happens that pulls on your heartstrings, and I was so tempted to stay. Boundaries between work and personal life were crucial to keeping me going, since we were already working long hours.

Nurses found hope during the COVID-19 pandemic through building positive

relationships, which was the eighth common theme. Participant P14 recollected,

We had to have hope and believe in ourselves. We had to work as a team because COVID was emotionally and mentally stressful. The only way to get through it would be to navigate through positive relationships and work hand in hand. I have learned a lot and am bent on learning. I participated in online workshops to learn to improve and grow daily, especially when working under pressure. We built positive communication pathways to work with people from different ethnic backgrounds. I remained disciplined in knowing that anything could happen at any time. When you get the chance, have a smile. Always remember that you can make a difference in people's lives.

Goals

“My biggest goal during that time was just getting through each shift, doing my best, and learning as much as possible about ventilator management, treatment protocols, and better ways to handle a crisis,” reflected participant P3. The ninth common theme mentioned by all participants was the value of wearing appropriate personal protective equipment (PPE), using proper sanitation methods, and social distancing as much as possible as essential goals to achieve each day, which was not always attainable due to shortages; however, fear was reduced, and the need for protection was realized to prevent nurses from contracting the virus. “The importance of preparation and planning for the next day was a goal that supported us, as we did not know what would come next. This included maintaining focus of our minds,” stated participant P6. Participant P3 mentioned, “It was essential to embrace words of encouragement from leaders and

colleagues. Nurses are human beings, and sometimes that was difficult to comprehend.”

The tenth shared theme among all participants was that they found it encouraging to support patients, and being part of their healing journey was a common ambition that brought hope. Participant P10 recognized,

My goal was to make the hospital less frightening for my patients and be a source of strength for them when they needed it most. My focus was on bringing comfort to families. I wanted to make a real difference in children’s lives. Pediatric nursing is not just about medicine. Despite being incredibly sick, patients would likely light up whenever anyone entered the room.

Sense of Duty

Most participants were determined not to give up despite their fear of contracting COVID-19. Participant P4 recognized, “The professional oath taken when I obtained my nursing license meant a lot to me.” All participants recognized the sense of duty to the patients they served as the eleventh mutual theme; however, the opposite was also acknowledged as colleagues left their positions and, at times, the nursing profession. Participants conveyed that they attempted to convince fellow nurses to stay in their positions; however, they recognized that “fear and burnout were real, no one expected the COVID-19 pandemic to be the magnitude that it was”, remembered participant P4.

Dedication

The primary goal acknowledged by all study participants (eleventh common theme), was the sense of responsibility and dedication to the patients they cared for in attempting to save their lives and supporting them in any way they could, despite the

chaos and unknowns. “Seeing progress with my patients would fuel my energy and push me to stay with the nursing profession”, stated participant P11. Participant P6 mentioned,

I promised myself that no matter what comes my way, I must achieve this by making goals for myself. We worked as a team. It helped to work with those who had the same purpose and drive. Fellow nurses stepped in and helped to prioritize. It brought us closer as a team because we had to rely on each other more than ever before. The stress was high, but the sense of teamwork was stronger than ever before.

“We motivated each other, which is how we showed up daily”, participant P3 explained. Participant P14 recognized,

One of my goals was to build connections with my colleagues, adhere to the protocols in place, share knowledge, support each other, and explore mechanisms to reduce the risk of burnout, fatigue, and stress. By the end of the day, we were satisfied with our work, which increased our job satisfaction, and we navigated the stress together. Many people depended on us, so it was essential to stay focused and not become depressed.

Emotional Self-Care

The twelfth familiar theme participants recognized was prioritizing self-care to maintain hope for their patients and themselves. Participant P5 advocated,

Identifying and recognizing your emotions is the first and essential step, because you must acknowledge how you feel about obstacles, whether it is frustration or anxiety. If you do that, you will find answers that will increase and help you.

Break down the root of the obstacles and address them.

Several participants mentioned journaling about daily events to relieve stress.

Participant P3 recalled,

The COVID pandemic changed my perspective about nursing and life because it was the hardest time of my career. The experience showed me strengths I did not know that I had. Self-care is a necessity. I made it a priority to take care of others. We found small ways to recharge. I created a goal to stay mentally and physically strong and keep showing up. The pandemic could push even the most passionate nurses to burn out.

Participant P15 acknowledged, “I needed to practice and reinforce self-care because even on the less stressful days, I can channel my knowledge and champion my energy to save lives.” Several participants found that peer support groups provided an opportunity to express feelings and emotions and to seek support and encouragement from colleagues who had shared experiences. Sharing time with friends and family and participating in recreational activities were found to support emotional well-being. “My colleagues were sharing experiences of both joy and pain to encourage us and keep us going and focused. We found ways to stay emotional and compassionate,” remembered participant P6. Participant P3 appreciated, “My family was always there to encourage and support me. They were my strongest support and provided appreciation for what I was doing.” Participant P11 advocated,

Emotionally, you must talk to others when needed. You need someone to talk to if you feel weak, drained, or tired. Do not just bottle it up. Make sure that you express what you are really feeling. The more you bottle it up, the more problems

and regrets you have. When you need to say something, voice it and talk to trusted people. That can be helpful, and you will feel comfortable sharing whatever is on your mind because two heads are better than one.

Several participants purposefully listened to music to support their emotional health and positive motivation. Participants offered advice to acknowledge when they were ruminating about their work experiences and to shift the focus to maintain emotional health and self-care. Participant P6 advised nurses to “Believe in the greatness of what you do. Always appreciate your role as someone responsible for ensuring you bring the highest quality of life to those experiencing serious health conditions.” Some nurses created rituals to carry them through specific times of the day, such as calling a loved one on the way home from work to provide a foundation of support. Many participants encouraged maintaining personal values, such as fostering community through friendships and fellowship. They offered empathy and compassion to inspire courage and strength in others. During the pandemic, nurses reported having to navigate the emotions of many people beyond their patients and families. Participant P11 advised,

Be ready for anything. I got hope through those who encouraged me. I did not think I could get through, but I was able to talk with another nurse, and she gave me hope by sharing her experience and helping me manage my expectations.

Physical Self-Care

Methods of achieving physical self-care were prioritized, such as maintaining a balanced diet and staying hydrated, abstaining from drugs and alcohol during periods of high stress, and prioritizing sleep. Mechanisms to support sleep included avoiding news

and social media coverage of the pandemic in the evening, as well as meditation and relaxation practices. Physical activities, such as exercise, walking, and jogging, were mentioned as protective factors for well-being.

“My biggest accomplishment was remaining negative of the COVID-19 virus, and my immediate family stayed negative. I stuck to the medical recommendations and used full PPE to protect myself and my family”, responded participant P15. All participants mentioned the need for physical protection, achieved by all nurses with appropriate PPE; however, they recognized the stress of wearing it for long hours and the many shortages at the start of the pandemic. Participant P15 recognized,

When the vaccine was available, it felt like there would be a way out of the pandemic, and that something could be done to put the madness to a stop. Hearing the vaccine news was the most memorable moment because it gave us hope. It gave me hope that all the patients going through so much would have a chance to get better.

Mental Health

Mental health was achieved by giving the brain mental breaks. Participant P3 recognized,

I would focus on what brought peace, such as listening to music, practicing deep breathing exercises, acknowledging her current mindset, taking quick walks within the hospital department, breaking actions into smaller tasks, journaling to process emotions, taking walks outside in nature as opportunities to clear the mind, celebrating moments of humor, and staying connected to family and friends. Even simple messages of appreciation were significant.

As the thirteenth mutual theme, participants mentioned advocating for mental health care to support nurses after their experience working through the pandemic.

Participant P5 recalled,

Maintaining mental health was essential. If you are in a good place with your mental health, you can withstand any problem or challenge. You must always get information to help with your mental health stability. I developed an understanding of the importance of mental health. Before the pandemic, I did not appreciate it and never thought it would impact me so much.

Spiritual Self-Care

Several participants expressed their faith in God and spirituality as protective factors that positively impacted patient care during the pandemic. “That experience gave me the determination that nothing is impossible, as stated in the Bible,” recognized participant P4. Participant P11 stated,

I overcame the difficult times by believing in God, journaling, taking things one task at a time, and remaining calm. I would pray to God and ask for direction, not lose my purpose, be strong enough to help, and pray for my patients.

Participants mentioned that belief in a higher power helped them deal with stress, focus their thoughts, and maintain consistency in actions to navigate the pandemic.

Participant P2 recalled,

Spiritual optimism was a protective factor that brought me hope. I believe in God, that God strengthens me, and that I can do all things with God. I cling to that bible text. I would find spiritual support and could pray through situations.

Participant P16 mentioned, “Meditation, attending church online, and reading the bible empowered me so much and gave me the strength to keep going and push harder. My family, friends, and faith-based organizations supported me.”

Boundaries

Nurses reported the need to “learn to set boundaries, such as resting on days off and not feeling guilty about taking time for ourselves,” as recognized by participant P3. Boundaries were expressed through a need to balance work schedules, offer flexibility, and prioritize responsibilities amid high demand for nurses’ time. Participant P7 stated,

I set strict boundaries, such as not answering work e-mails on my days off and not watching COVID news before bed. I made time for the things I enjoy, such as music, stretching before bed, preparing healthy meals instead of hospital vending machines, taking breaks, sitting apart from others when needed, and prioritizing my well-being without feeling guilty. As nurses, we always put our patients first and do not prioritize our own needs.

Focus

Participants found hope in the recognition that the crisis would not last forever. Participant P3 advocated, “Focus on the present moment and believe you can cope.” Nurses discussed the need for personal reflection on the impact of the pandemic on themselves, their families, neighbors, the community, and work situations. Participant P5 recognized, “Reflection and focus each day helped me professionally as I knew we were doing all we could.”

Accomplishment

Pride in accomplishments during the COVID-19 pandemic was reported to be protective of nurses' well-being. Participant P3 advocated for nurses,

Remember that even the smallest actions and impacts can make a difference and provide an opportunity to hold onto hope, helping you push through. Celebrate the small wins. Focus on what you can control, including your skills, increasing your knowledge and ability to care for patients, and lean on your experience. Create an understanding of strengths and weaknesses and ask for help when needed.

Remind yourself that you are doing your best, which will help maintain your confidence.

The fourteenth common theme was that all participants provided examples of how witnessing improvements in patient conditions protected their well-being and gave them a sense of accomplishment. Participant P3 appreciated, "seeing resilience in my co-workers and patients gave me energy. I believed that we would get through one shift at a time."

Motivation

Intrinsic motivation was acknowledged by recognizing the efforts of colleagues, leadership, physicians, and the medical team to make a difference for the patients served. Nurse participants recognized growth in empathy and compassion to reduce the fear and anxiety related to the many uncertainties expressed by patients, family members, and colleagues. Participant P4 reported, "I would talk with patients and help them to find something positive to give them hope. Reflecting upon that memory makes me feel good

about what I have done, and I love that about myself because it calms patients.”

Connecting with a nursing community, seeking mentorship from colleagues, receiving recognition from leadership and physicians, and support from family members were also recognized forms of motivation.

Two participants recognized extrinsic motivation as salary increases and promotions. Prioritizing self-care contributed to motivation, including getting at least seven hours of sleep, taking time to rest during breaks at work, engaging in physical activities such as exercise, walking, or running before or after work, connecting with colleagues, and staying up to date on the latest information about the virus. Public support for nurses was evident, with motivational signs displayed throughout the community. Participant P7 mentioned,

Some days, motivation felt impossible, but I found it in small moments, such as when a patient improved or another nurse cracked a joke at the nurse’s station. The people I worked with became a second family, looking out for each other, covering shifts so others could get some rest, and being there when things were tough. COVID brought us closer, and we had a positive bond.

Creating routines and maintaining a positive mindset were found to be protective. Nurses recognized that, at times, they had to prioritize taking breaks, even for just five minutes, to support their emotional health. One participant mentioned that they refrained from checking their phone during breaks due to the constant news and social media messaging that was occurring at that time to reduce anxiety. Participant P4 reflected,

During the pandemic, I felt I learned how to adapt because I had to find a way

through it. As a nurse, you have stress, the workload, and anxiety; however, we were dealing with something different than usual, and we did not necessarily understand the disease, so we had to learn how to navigate through it and learn how to adapt. I maintained my value as a nurse of being compassionate and kind, and that kept me going because I could not imagine what would have happened to me if I had not been myself. It motivated me to reflect on my sense of duty as a nurse: to help others and save as many patients as possible. Saving our patients' lives, especially after science caught up and we knew more, was very encouraging. I had a strong purpose and passion to make a difference in patients' lives.

Stories of patients recovering from the COVID-19 virus brought hope and motivation. Participants mentioned that a goal to protect themselves from illness motivated them, as staying well would enable them to care for patients. Participant P14 reflected, "I maintained my motivation by concentrating on my purpose and passions, prioritizing dedication, contributing to teamwork, retaining a deep sense of responsibility, and appreciating the importance of resilience in saving our patients."

Purpose

Nurses recognized that their decision to choose the nursing profession reflected a strong intrinsic protective factor. Participant P3 answered,

I reminded myself that I was making a difference and that patients needed me.

Our team would remind each other why we became nurses as we worked together.

We shifted the focus to the positive aspects of our nursing career, which

supported us through the obstacles we faced. That kept us going.

Aspects of purpose mentioned by nurse participants included making a difference for those cared for and colleagues, doing their best with what they had available, and developing strong bonding relationships with colleagues. Participant P15 shared,

Expressing gratitude for the team you work with was a protective factor, even when it is hard. We did feel overwhelmed, but I believe in looking at the positive side of a situation, having hope, maintaining faith in our abilities, and having a strong reason to navigate each day, which was essential. I found purpose and meaning in what I was doing and the impact I could have on patients' lives. I had to keep going to keep patients alive. The purpose and meaning of what I was doing pushed and motivated me.

Participants discussed a renewed sense of purpose resulting from working through the pandemic, the fifteenth shared common theme. Lessons learned included developing coping skills to navigate stressful situations.

Passion

Participant P11 reflected, "I was passionate about becoming a nurse since I was young, due to family health issues. I wanted to help people." Altruism was a characteristic that many participants identified as essential. "Identifying my values and what was important to me helped to get me through the difficult times," was appreciated by participant P3.

Teamwork

All participants recognized teamwork as a concept of hope, with nurses

supporting one another throughout the COVID-19 pandemic, as previously identified as the sixth common theme. Many mentioned that the connection with their team was most protective. Participant P3 mentioned,

Our team worked together, communicated, and supported each other as they did everything possible to save lives. This acknowledgement helped convey the true meaning of resilience during the difficult times our unit faced. We are never alone and have learned to lean on each other. A kind word from a co-worker was greatly appreciated to help us make it through the shift at times. We formed strong bonds and relied on each other more than ever. Morale was up and down, but we supported each other. I found energy through my co-workers, and my team was my most significant source of strength. We were in the trenches together. Even on the worst days, we found ways to support each other, whether by sharing a joke, grabbing a cup of coffee for someone, or just being there to listen. Support and empowerment were what were protective throughout the pandemic.

“Working as a team improved my communication skills and made things easier as I learned from others, including nurses and doctors. Everyone was supportive and would do whatever was needed. Seeing doctors and nurses do their best encouraged me”, mentioned participant P5. Most participants acknowledged their colleagues as an extension of their family system, which inspired mutual connection. Participant P14 recognized,

The pandemic impacted everyone, including physicians, nurses, and support staff at all levels, who worked together and supported each other to achieve the best

patient outcomes. Mindset impacted so much of the teamwork to embrace adaptability. A positive mindset was found to be critical during the pandemic, as it was associated with interactions under high stress and pressure.

Education

Participants described how education protected nurses by improving their competency and empowering them to develop their knowledge and skills, as mentioned in shared theme seven. Nurses spoke about the benefit of increasing knowledge about managing emotions throughout the COVID-19 pandemic. This increased knowledge led to resilience and the capacity to provide compassionate care to the patients they served.

Participant P3 suggested,

You must trust the education you have been given. We were empowered with all the resources available. The pandemic offered numerous opportunities for continuous learning. I learned so much throughout the COVID-19 pandemic, not only clinical skills, but also to be patient with myself, give myself time to accept changes when they come, and to accept the fact that sometimes I did not have the time or the luxury to be with my family or even talk to them.

Participant P15 acknowledged,

I learned to manage my emotions and reduce my stress while maintaining a positive outlook and an optimistic way of life. I improved my compassion and empathy for patients, and I learned to cope with the many emotional demands by developing remarkable resilience, especially adapting during unforeseen and adverse circumstances.

Professional Development

Nurse participants reflected upon professional development and personal growth in their positions. Increasing professional development contributed to self-confidence and resilience. Participants discussed skill development and social change resulting from professional development during the pandemic.

“I have grown personally and professionally through learning to be more resilient, manage stress more effectively, and boost my confidence in critical situations, ” recognized participant P3. Several participants mentioned advancing their leadership roles during the pandemic through improving time management, increasing opportunities to mentor colleagues, and taking on more responsibilities. Some nurses joined online nursing social media groups to learn from others and share information. Participant P11 realized,

I learned leadership skills because there was a strong need for nurses in various roles. I started coordinating things, which taught me to make decisions and care for things. Throughout the pandemic, I grew personally and improved my adaptability. I increased my personal growth by looking for the good side of everything.

Adaptation

Several participants told their stories of adaptation as time passed, and more was learned about COVID-19. Participant P5 mentioned, “We had to be determined and keep going despite the chaos and craziness. Adaptation to different situations was important because sometimes it was tough.” Participant P3 remembered,

I learned to balance work and self-care during uncertain times to ensure I could continue making a difference without burning out. I adapted by taking one thing at a time and staying flexible. I learned to adjust to the constant changes and remained vigilant.

Others reflected on medical science progress and the changing patient conditions, adjusting as needed, and mentioned learning from mistakes, given the many unknowns. “The role of nursing was challenging during the COVID-19 pandemic. When things did not work, we tried something new and adapted to it,” reflected Participant P4.

Grit

Participants described their grit through recognizing their lack of control over patient outcomes and the need to triage patients. They recognized characteristics that were supportive during the pandemic crisis. Grit was necessary to overcome challenging emotional situations, such as losing colleagues, family members, and countless patients. Participant P6 recognized the reality,

We must accept that we will all leave this earth one day and move on to save others. We develop human strengths, including adapting quickly to new situations, communicating effectively through critical thinking, and making sound judgments under high pressure. After losing a colleague to the COVID virus, I was initially feeling down, but my colleagues who were there with me were able to encourage me and told me that I should go on through life because that is what he would want from me. I should continue caring for patients and, most importantly, my family members.

Participant P2 recalled, “I felt as though some of the patients I cared for survived through my encouragement and shared my faith and hope that this would not be the end, and they could make it out alive.” Participant P11 explained,

My biggest accomplishment as a nurse is not giving up on being a nurse, even though I was a new nurse at the time. I experienced one of the most challenging times in healthcare, and I am super proud of myself. I learned to keep on pushing regardless of the situation.

Participant P6 recollected,

I felt like I was in a trance, but I had to do it anyway. The COVID-19 pandemic caught the emergency department off guard; we had to ensure we were providing the best possible care so patients would survive and have the best chance to overcome their hardships.

Participant P7 elicited,

I believe that every situation I face in life that seems like enough to lose my joy is only temporary. Having patience helped me push through the daily workload.

There are days when you feel like you are falling apart, but you are not.

Participants discussed the grit needed to navigate quarantines, isolation, and the use of PPE from head to toe as both stressful and protective. Participant P15 acknowledged, “One of my goals was to get up in the morning, no matter what, and find my way to the hospital. I found ways to thrive and not break down along the way.”

Innovation

Nurse participants described innovative initiatives developed throughout the

pandemic. One example mentioned was prioritizing mental health and developing initiatives to support nurses and healthcare professionals (common theme 13). One hospital developed a response team. This would be an area of future research to explore the use and efficacy.

Participant P5 mentioned,

My hospital offered mental health training for nurses during the COVID-19 pandemic to strengthen their knowledge and skills. Throughout the COVID pandemic, I grew as a nurse as I started to focus on myself and advocate for my mental health. I now mentor new nurses to do the same. Mentoring new nurses has contributed to my growth as I learn from them. Outside of work, I now focus on my and my family's mental health more closely since the pandemic.

Participant P4 remembered,

We had a team covering each other as we broke down, which encouraged me. We could share our fears and know that we would be supported. This team would support us using the resources to counsel and uplift us. This really helped us cope during the hard times. Despite COVID, we were on guard daily because we lost many people during this time.

Participant P8 stated,

I would speak positive affirmations to myself and encourage myself, especially when I felt alone and my emotions were getting the best of me. I thought about positive situations to change my mindset. I had to be positive and see the positive to stay well myself. The act of thinking positively from within really helped me. I

had to manage my emotions and manage my stress. I did not want to break down and be another negative case.

Meaning

Participants expressed pride in working as nurses during the pandemic. They recognized personal growth through a profound connection, marked by kindness and compassion, with patients suffering from COVID-19 symptoms. Participant P7 explained the deep meaning, noting, “My colleagues are still talking about it five years later.” “Family members fostered supportive and meaningful connections through encouraging words and affirmations, even though they feared me bringing the disease home,” recognized participant P8. “Joy and satisfaction were obtained from saving a life, seeing the smile return to patients’ faces, and reuniting with family members after surviving the chaos. I was so grateful that they survived,” stated participant P11. Participant P10 described,

Meaning is found in being able to help, heal, and comfort those who need it most. The COVID pandemic reminded me why I became a nurse (common themes 15). We could not save everyone, but we were making a difference. When the patient recovered, happy tears were everywhere.

Resourcefulness

Participants found resourcefulness by connecting with more experienced colleagues, asking questions, and sharing experiences. Connection through digital technology and communication related to the latest updates and information was supportive. Some participants mentioned finding resourcefulness through navigating

language barriers with critically ill patients. Nurses reported serving as a resource for other nurses through collaboration, sharing fears, and maintaining positive thoughts amid the COVID-19 pandemic's focus on negativity. One of the hospital systems created a counseling team that was available for healthcare providers as needed to address the fear and anxiety experienced.

Sense of Control

Several nurse participants acknowledged that maintaining their professional identity, values, character, and integrity to maintain control is a common theme 16. Several reflected that the pandemic would one day be under control; however, they reported that maintaining control was difficult when things were changing frequently. Participant P4 mentioned, "To cope, I had to focus on what I could control at the time. I learned not to take on everything together and to take on one thing I could control at a time."

Way Power

Nurses found ways to overcome challenges and barriers throughout the pandemic. One nurse participant described their routine of personal stress preparedness before leaving home, which included learning to focus, reflecting on how to maintain energy for the day, and affirming that they were prepared. Coping and adaptation were recognized as increased after developing protocols to treat COVID-19, gaining more experience, managing patient symptoms, and implementing a vaccine. Participant P6 recognized, "Expanding our knowledge by actively engaging in educational programs, sharing information with others, and knowing more about the disease created a sense of

satisfaction and resilience.” Participant P4 acknowledged,

I appreciated the privilege of working in the hospital during the pandemic’s peak. I saw firsthand the devastating impacts of the virus on patients and families. Getting through that period and seeing that COVID was controlled with the vaccine was rewarding. I really felt accomplished to be part of something great. I was part of something that we accomplished medically and globally. That made me feel accomplished as a professional.

Participant P14 reminisced,

This was an experience of a lifetime from which I learned a lot. I learned how to walk through difficult situations. Although I was confined to a difficult moment in my medical history and a difficult situation, I was able to adapt through my positive mental beliefs.

Willpower

Nurses could build willpower by connecting with others, encouraging one another, developing strategies to manage burnout and deliver high-quality patient care, and recognizing the need for help. Participant P7 advocated,

Resilience comes from within. COVID changed me and made me stronger. It showed me how fragile I was, and how vulnerable everyone was, both emotionally and physically. It taught me that burnout is real, and self-care is not selfish. I saw the best and worst of humanity during that time. I have become stronger, more confident, and more adaptable, and I now advocate for mental health in nursing. I found willpower in my patients and tried to make sure that

they never felt alone, especially if they were dying. Even if I were exhausted, I would focus on one moment, one patient, one procedure, or one breath at a time. I got close to some of the nurses I worked with during COVID. We became friends and have been supporting each other since then. I am grateful for the relationships that came out of COVID. We accomplished so much and have become a strong support group for each other to grow personally and professionally.

Participant P14 reflected,

It was challenging because I was away from my own family, but I needed to keep focused, and I knew that my child would be proud of me as a father who put his life on the line to save our nation. Irrespective of the fact that I was emotionally stressed, I maintained my resilience and was able to manage my emotions by keeping focused. I had to remain positive and motivate myself because this was my passion, which kept me going.

Psychological Capital Concept of Self-Efficacy

Participants were asked two questions to examine their lived experiences of self-efficacy during the COVID-19 pandemic. The interview guide (Appendix C) included the following: “What accomplishments have you achieved during the COVID-19 pandemic and since then?” and “What stories about your experiences would you tell new-to-practice nurses in how to care for themselves if faced with a similar situation in the future?” Four hundred thirty-nine excerpts were coded for self-efficacy within the Dedoose.com (n.d.) software. Within the code of self-efficacy, child codes consisted of accomplishments, actions taken, cognitive recognition, confidence, forethought,

motivation, observations, passion, self-care, self-reflection, self-regulation, and symbolizing mental images as nurse participants told their stories of providing care throughout the COVID-19 pandemic (Luthans & Youssef, 2004; Luthans et al., 2007; Luthans et al., 2015). Study participants reflected upon what supported maintaining self-efficacy and promoted personal and professional growth.

Accomplishments

Participants mentioned many accomplishments. Nurse participants recognized personal and professional growth that occurred. Participants could appreciate their collective impact relative to the quality of patient care throughout the pandemic. Maintaining their health to care for patients was an accomplishment realized by following the recommended public safety guidelines.

Participant P14 reflected,

After the pandemic, I advanced my career personally and professionally, which motivated me to pursue nursing certifications to strengthen my skills. I learned that I could manage myself, others, and the environment. As a team, we kept telling ourselves and each other that we were professionals and had to return to our professional identities to reduce panic and control stress.

Participant P6 advised,

Nurses should always believe in the greatness of what they do, appreciating their unique responsibility to ensure the highest quality of life for those experiencing critical health conditions. Patients generally recognize their nurse as a source of hope, and at no point should they lose their hope in them.

“Nurses found that experience, education, and maintaining a positive attitude will ensure that they will be able to face the challenges and continue to deliver the highest healthcare possible,” encouraged participant P4. Several nurses noted that continuing to test negative for COVID-19 and implementing prevention measures for patients and their families were accomplishments. Participant P11 recalled,

My most significant accomplishment is not giving up being a nurse. Even though I was a new nurse during the pandemic, I did not have the opportunity to develop a sense of comfort as a nurse before things changed. I experienced one of the most challenging times in healthcare history. I am super proud of myself.

Actions Taken

While providing patient care, actions recognized by participants as accomplishments included maintaining their self-confidence and motivating patients to promote healing and survival. Participant P2 spoke of the common theme of positive relationships, “allow colleagues and friends to help with adaptation to the many changes in protocols and workflows.” Nurses recognized that the rise in telehealth and digital management during the pandemic has led to many efficiencies, including improvements in communication and documentation. Participant P3 found,

Focusing on small wins, such as improving a patient’s health condition, receiving praise from a colleague, and sometimes just acknowledging that you made it through the shift, was supportive during the difficult days when there were so many obstacles and morale was down.

Participant P2 said, “A primary accomplishment achieved was to strengthen my

belief in God as a protective factor to find the strength to do what was needed.” Many participants found spiritual connections to be motivating and protective. Physical well-being actions that were considered accomplishments included maintaining hydration and taking cognitive steps to promote sleep, such as refraining from watching the media. The following recommendations, such as social distancing and the use of personal protective equipment (PPE), were identified as vital to nurses’ protection.

An action that many nurse participants recognized was the need to seek out mental health therapy as a component of self-care. Participant P11 mentioned,

Talking to someone about emotions is important, rather than keeping them inside. During the pandemic, we realized how essential it was to express our feelings. Mentoring those with less experience to do the same to overcome challenges has been imperative. Nurses need to lean on their team because they need a community that understands the experiences they encounter. No one can do this work alone.

Participant P11 further advised, “Do not give up. Getting through hard things will help you feel accomplished. You can be super proud of what you achieved. Do what you can to thrive, go to work every day, and not break down.”

Cognitive Recognition

Many nurses interviewed reflected on the need to recognize the cognitive strain of caring for themselves and the balance of remaining healthy while continuing to provide care to the critical patients they were serving. Participant P1 expressed and recalled the protective factors of mindset and focus as a common theme 17,

Developing a plan for my workday, including reflection on maintaining focus, setting priorities for using my energy and effort, and determining the best way to handle the tremendous stress of the day, helped me. Focus is all about mindset, determination, and decisions.

Participant P3 reflected, “I felt as though I could not leave my patients because of their critical conditions; however, I knew that I would not be able to continue serving them if I did not take care of myself.” Common theme 15, appreciated by all participants, was a moment of providing care throughout the pandemic that provoked mental reminders of why they chose the nursing profession. “A patient drew a picture that touched my inner soul and provided a glimpse into how he visualized the situation,” valued participant P10. Participant P14 recognized,

The COVID-19 pandemic provided many opportunities to grow professionally. There were so many conflicting messages; therefore, we needed to remain unbiased and reserve judgment when deciding next steps and patient treatment priorities. Every person deserves compassionate, high-quality care, regardless of their background. Maintaining your core values to guide your decisions was central to protecting yourself as a nurse. We made teamwork one of the most important things that we did. Everyone needed to focus on flexibility.

Many participants realized that developing a passion for mentoring other nurses helped them navigate the obstacles they faced. Participant P14 identified, “Experience with helping yourself through stressful situations, along with confidence in your skills, is needed to remain strong.” Nurse participants commonly acknowledged the importance of

attachment to team members and actively helping each other. Nurse P3 mentioned, “Leaning on my team and finding small moments of hope, such as a thank you note from a family, helped to push me through.” Regularly connecting with family, even by phone, was protective of self-efficacy for all participants. Although participants found detachment from the media, social media, and conspiracy theories was supportive throughout the COVID-19 pandemic, learning from credible resources, such as the experience of other countries, current research, and trustworthy agencies, was protective.

Confidence

Participants described confidence using words of connection such as providing reassurance and assistance, maintaining purpose, serving as a bridge, increasing experience and competence, skill development, offering advocacy, intervening when needed, and maneuvering what was within their control. Nurse P10 reflected,

I felt I could be a bridge to recovery. I had to be a bridge to the family and reassure them when they felt helpless. Even something as simple as reading a bedtime story to a child in isolation would remind me of my purpose of choosing the nursing profession.

Participant P1 identified,

The pandemic boosted my confidence, experience, and skills by allowing me to intervene and help patients with complex healthcare challenges. I was proud of what we were doing, and I did not give up because we were doing the best we could with the circumstances we faced.

“I focused on what I could control, such as knowledge, training, skills,

experience, and ability to care for patients,” realized participant P3.

All participants found that supportive relationships with team members positively impacted their work throughout the pandemic and increased their confidence. Participant P11 realized, “I would get suggestions from colleagues with experience working at the hospital for a very long time. I appreciated the teamwork of my colleagues because they were the ones who really helped me during that period.”

Self-care actions to build confidence include journaling, using coping and adaptation strategies, and learning from others. Participant P11 recognized, “Journaling was the best method that helped with coping and supporting my mental health. I would write down my feelings, which released much stress.” Nurse participant P11 admitted,

Coping and adapting to challenges were managed by taking one thing at a time rather than taking on many at once, so that nothing could be done. I would focus on things I could control, research answers, and learn from others.

Forethought

Many participants mentioned thinking ahead as a protective mechanism during the COVID-19 pandemic. Participants frequently mentioned the forethought required to prepare their minds through reflection and connection with more experienced nurses. Participant P1 recognized, “I navigated through the many changes; however, I prepared myself to be flexible and ready for new emergency patients.” “I wanted to keep fighting to better the health of people, because even small improvements in their health kept me going as a nurse”, mentioned participant P11. Multiple participants referred to self-talk as a forethought strategy of protection. Participant P4 stated, “I would discuss with

colleagues, family, and friends that the pandemic would not last forever. Although we did not know when the COVID-19 pandemic would end, telling myself that it would end would give me a sense of control.”

Motivation

While describing motivation as a protective factor during the pandemic, nurses mentioned the challenges they faced, the strengths they gained after achieving victories in patient care, and their contributions to the healthcare profession. Participants in this study expressed appreciation for the opportunities to offer compassion, hope, kindness, and healing to the patients they served, which, as part of their stories, motivated them to continue their work. Participant P10 said, “The pandemic changed me in ways I never expected. It sometimes challenged and broke me down, but it ultimately made me a stronger, resilient, compassionate healthcare provider.”

“Hope was not always found in big, dramatic moments. It was in the little acts of kindness, the small victories, and the unwavering strength of the people around me,” reflected participant P4. Participant P15 recalled,

It reaffirmed my passion for providing critical care. I felt an emotional connection with some of the patients as they struggled to stay alive. This motivated me to do my best for them. It also helped me to get up every day and have the strength to go to work and do more for them.

Nurse P10 reflected,

My colleagues and I motivated and supported each other when possible because we were all together. I felt like I was part of something great, a great story to be

told in the future. My motivation came from the patients I cared for because I developed an emotional connection with them as they struggled to live, and I felt I was doing something good for them.

Participant P11 added,

Each incremental step toward the patient's healing made me more hopeful and motivated me to continue the hard work throughout the COVID-19 pandemic.

When the patient began to improve, I was encouraged because the contrast was the number of deaths that we were experiencing. The positive progress in patients' recovery led us to keep fighting for them and to go to work.

Participant P10 acknowledged,

I remember a patient showing me a drawing they made, and suddenly, everything felt lighter. I saw hope through my patients' eyes. I clung to the moments that reminded me why I became a pediatric nurse. The smiles from patients gave me hope. They reminded me to focus on victories, no matter how small. I hope to believe that all the negative aspects of the pandemic will one day end.

Participant P6 appreciated,

The development and health promotion of the COVID vaccine and prevention policies motivated me. I found hope for those we cared for and my family. My family contributed to my motivation, messaging me and appreciating my sacrifices. The vaccine and public health policies were also a hope for patients' families.

Observations

Participants' reflections and interpretations of experiences included moments of a patient's healing journey, developing strong bonds of connection, finding joy, and actions taken to promote teamwork and maintain determination. Adaptation among patients, health care providers, and family members was recognized as a protective and preventive measure against COVID-19. Actions taken to promote self-care were seen as supportive, such as journaling, taking even quick breaks to promote psychological, mental, and physical strength, connecting with colleagues and family, and celebrating even small victories. Participant nurse P10 observed,

I wanted to be part of the patients' healing journey and help them find joy in their most challenging moments. You get to love them, their resilience, and their honesty. It is special working with children. I had a soft spot for one of the boys I cared for. I would stay with him and read him stories.

Nurse P11 noted, "Teamwork and determination amongst staff were incredible. We had to adapt to different care systems, always using PPE, washing hands, and infection control." Participant P3 noted,

Coping was tough, but I relied on small things to stay grounded. I leaned on my co-workers for support. I took quick breaks when possible and stayed connected with family through calls. Journaling helped me process my emotions, and I focused on small victories to keep life as normal as possible.

Participant P1 observed,

Mastering the basics and maintaining the fundamentals during high-stress

situations was supportive. Navigating the many changes and being transferred to various hospital areas was difficult; however, I found ways to overcome obstacles through senior colleagues, workplace resources, and by sharing experiences with those I worked with.

Passion

As participants explained their passion and self-efficacy, they spoke about their purpose for choosing the nursing profession. All mentioned the energy, passion, and drive they received from the acknowledgement that their efforts made a difference in their patients' lives. Five years after the pandemic, the most memorable moments for all participants included patient recovery stories.

Participant P15 remembered, "We found ways to help patients. They would regain consciousness and be discharged. This was the number one memorable moment for me. It brought passion to my work and hope and joy to those who needed it most." "What brought meaning to me during this time was the satisfaction that is achieved in knowing that you did your best to maximize patient outcomes and maintain quality of life, wellness, and comfort for your patients," recognized participant P6. Participant P11 mentioned, "I was the first in my family to become a nurse. Previous generations of my family did not receive the same opportunities I had."

Self-Care

Nurse participants mentioned developing an appreciation for emotional, spiritual, mental, and physical self-care as they cared for patients throughout the COVID-19 pandemic. Faith, spirituality, finding comfort and strength, contemplative practices,

physical exercise, and maintaining nurses' health were identified as aspects of the pandemic that they could control. Helping others and connecting with those who provided support were mentioned as ways to boost their self-care. Participant P14 realized,

My emotions were supported by my spirituality, faith, and prayer, which provided comfort, strength, and self-awareness. I needed to maintain my emotional and physical health because of the impact on my critical thinking decisions, and I needed support for my immunity in preventing illness.

Participant P4 advised, "Trust the training you have received and concentrate on what you can control. Maintain calm under pressure and focus on what is rewarding." For participant P6,

Self-care consisted of promoting mental health and well-being after the pandemic crisis subsided. Deep breathing, fostering encouragement, mentoring those with less experience, learning how to help yourself, assisting others to cope, and finding ways to relieve exhaustion and stress are self-care strategies that promote focus and create workplace awareness and growth. Self-care involves carving out time for recreational activities with family, sharing experiences and challenges with colleagues, learning how to overcome them, developing routines, listening to music, and engaging in physical exercise such as jogging. These activities assist a positive attitude and growth mindset, promote motivation, and bring joy. We need to keep ourselves healthy and care for others.

Self-Reflection

When nurse participants described their experiences with self-reflection, they mentioned appreciation for the strengths they realized, acknowledgment of their weaknesses, the encouragement they received, and their belief in human endurance. Participants noted increased understanding and awareness of the importance of values following the loss of many patients, family members, and colleagues. Reflection included what was needed to maintain self-preservation, such as affirmations, family presence, shared fears, team support, a willingness to learn and grow, and the provision of the best possible care to the patients they served. Participant P14 realized,

I appreciated my strengths and endurance and would focus on affirmations to remind myself of them. Even though I lost many patients, I saved many lives. A nurse colleague made me believe in myself and that this was a bad dream, and one day we would wake up, and this would all be over, which was a blessing because so many people did not wake up.

Nurse P8 recognized,

We nurses are human, too, and self-awareness of our values is important. We must identify what we must do for ourselves, accept our weaknesses, and be willing to learn and grow. We must keep pushing regardless of what is happening around us, share our fears, provide the best medical care possible daily, and support our team members when someone needs help.

Participant P3 acknowledged, “Hope kept me going during the worst days. I would focus on small wins of patient recovery and families expressing gratitude.” Nurse

P6 stated, “I believe the loss of joy is temporary. Maintaining a sense of hope and focusing on positive aspects contributed to coping with the challenges of the pandemic, which included high numbers of infections and deaths.”

Self-Regulation

Study participants described self-regulation practices as taking action to create relationships, expressing gratitude, journaling, prayer, and sustaining purpose and passion. Maintaining their commitment to patients and the nursing profession was recognized as an individual choice, rather than a sense of duty. Many participants shared stories of advocating for mental health resources for nurses and for all those who work in healthcare.

Nurse participant P8 advised, “Take time to reflect. Bond with your patients. Have gratitude and appreciate your team.” Participant P2 recognized the importance of “be yourself and maintain the commitment to your professional oath. Choose to continue to provide care for patients even after the unimaginable circumstances of dealing with death. This form of stoicism supported my confidence as a nurse.” Nurse P11 appreciated,

I found self-regulation through journaling, praying to God for my strength and for the patient, not losing purpose as a nurse, and remaining strong. My energy would be fueled when patients’ health improved. I grew by focusing more on myself and advocating for mental health care. Growth was also achieved by mentoring other nurses by learning new things. I focused on what you could control and find ways to release stress. Taking things one thing at a time can help adapt to the many

challenges. Connect with colleagues and family to find hope and meaning. Find those who will encourage and affirm you.

Participant P6 focused on expanding their knowledge about the COVID-19 virus as a self-regulation action, acknowledging,

I became actively involved in education programs and shared information about the prevention and management of disease. I felt good about teaching the public and reaching my goal of promoting health education so that people in my community could protect themselves and seek help from a healthcare facility as soon as possible. It helped me help others and protect myself by wearing full PPE.

Psychological Capital Concept of Resilience

Guided interview questions (Appendix C) that supported inquiry from participants' description of lived experiences throughout the pandemic included, "What was your experience of coping and adaptation during the COVID-19 pandemic?" and "How has your experience impacted your work involvement, engagement, and feeling that you can overcome obstacles?" There were 439 excerpts coded as resilience from the 16 interview transcripts. The aspects that contribute to the psychological concept of resilience which were included as child codes include human strength, development of protective mechanisms, thriving, growth, flourishing, facing uncertainties, overcoming overwhelming circumstances, personal growth, professional development, navigation through situations, satisfaction achieved, and developing positive connections (Luthans & Youssef, 2004; Luthans et al., 2007; Luthans et al., 2015).

Human Strengths

Human strengths were found to be fostered through connections and relationships. Participants discussed the importance of emotional connections with patients and colleagues to support their resilience. Motivation and hope were reported as benefits of the connections made. Support of and being there for each other was identified as an important protective factor during the difficult days to maintain mental and psychological health.

Participant P16 remembered, “As I would see patients struggling to stay alive, I developed an emotional connection with them, which motivated me to do my best for them. It helped me stand firm daily, go to work, and try to do more.” Participant P11 recognized,

My hope and motivation came from my patients and co-workers. Because of the number of deaths we witnessed, I was hopeful and motivated when patients improved, and that led me to fight harder to help them overcome the COVID-19 virus. With my colleagues, the hope and motivation I shared with them were encouragement and being there for each other.

Participant P3 appreciated,

I aimed to stay mentally and physically strong to keep showing up, and I found energy through my co-workers. We leaned on each other by focusing on small, meaningful moments, such as a patient’s improvement or a simple thank-you from a family member. Those kinds of reminders kept me going. I believe that every effort mattered, even when it felt small. I reminded myself that I was

making a difference, that my patients needed me, and that this crisis would not last forever. I tried to hold on to hope. I tried to hold on to resiliency, and the mindset that I could handle whatever came my way helped me push through each day.

Participant P1 agreed,

I grew braver, as even getting close to sick people caused fear. I would help others develop their confidence. I was determined to go to work even though others were not. By leaning on colleagues and listening to their advice, I was able to overcome tremendous obstacles. I encouraged myself, pulled myself together, and kept going, feeling a sense of belonging as a nurse. As time went on, I adapted. Creating plans for the next day before leaving the hospital and creating routines were supportive.

Participant P5 reported,

The patients needed me. There was a shortage of nurses, and people were dying. It was hard, but I had passion for what I did as a nurse. I had to be prepared, including mentally. Encouragement and support were needed because we are humans. I needed to channel my knowledge and energy, identify and recognize emotions, and acknowledge how I felt to do anything about it. I had to break down the roots of obstacles. I experienced growth in personal and professional adaptation and communication skills.

Protective Mechanisms

This study's foundation is in what protected nurses throughout the COVID-19

pandemic; therefore, they are mentioned throughout the reporting of the findings beyond this section. Participants reported positive, supportive connections with colleagues as one protective mechanism, as they shared experiences and could encourage each other.

Assistance from the hospital that employed them was important in providing the physical protective equipment, information about the latest research, and policies to protect patients and team members. Eventually, the vaccine was seen as a protective mechanism to prevent the spread of the virus. Connections with family members, even if virtual, were protective for nurse participants. Self-care strategies included focusing on mindset and purpose, using humor, maintaining hope and belief, engaging in physical activities, and taking action to protect their mental health. Participant P6 recalled,

My colleagues were outstanding because they understood. Everyone shared the joy and pain that we experienced together. It was just a way for each person to sharpen the other, keeping us moving and focused, knowing that it united us and that we would ultimately combat the COVID-19 pandemic. The support from my team made all the difference. I think that is one thing that easily made me overcome these obstacles.

Participant P6 further found,

My interactions with family were protective, including sharing experiences, participating in recreational activities, and maintaining regular routines. At times, my family was my strongest support, encouraging me to keep going and appreciating all I did as a nurse to help those in need.

Participant P3 explained the need for self-care as a protective mechanism:

I cared for myself because it was important to care for others. I tried to maintain a positive mindset and determination, hoping and believing the pandemic would end one day. Moments of humor and mental breaks were important for easing tension. Sometimes, our colleagues would take turns discussing why they became nurses.

Participant P6 advised, “Physical exercise and listening to good music were important. I would do whatever I could to inspire motivation and joy to keep myself healthy.” Participant P1 mentioned,

Before vaccines and official protocols were available, it took much endurance because we did not know what we were doing. We just had to do our best to take care of patients. Increased knowledge about the COVID-19 virus and the development of the vaccine were protective mechanisms that gave us hope.

Thriving

Study participants found that connecting with colleagues, patients, and family members and finding appreciation supported thriving throughout the pandemic. Nurses were creative in motivating each other and sustaining a positive attitude. Sources of hope were found in providing peer support and in communicating thoughts and feelings related to shared experiences. Participant P11 remembered,

For the emotional part, I would say the thing that helped me thrive was to talk when needed. If I were feeling weak, drained, or tired, I would need somebody to talk to and not just bottle it up. I needed to express what I was really feeling. Because I feel the more you bottle things up, the more problems and regrets you

keep having. Talk to people you trust and share whatever has been on your mind.

People you trust will know what is happening and can help you find solutions.

Nurse participant P16 added, “We motivated and supported ourselves when possible. I thrived by ensuring I could go to work every day and not break down.”

Participant P6 noted,

I would encourage others to believe in the greatness of what they do and to appreciate their role as those with the unique responsibility of ensuring the highest quality of life for those experiencing severe health conditions. Patients generally respect healthcare professionals as sources of hope, so do not lose hope in yourself or your abilities.

Nurse P3 recalled, “Hope kept me going during the worst days. I focused on small wins of my patients’ recovery, families expressing gratitude, and the support of my team.”

Growth

Most nurse participants realized personal and professional growth from hospital work during the pandemic. Professional growth included developing resilience and adaptability. Nurses explained personal growth by focusing on their mental health and self-care.

Participant P16 acknowledged, “The pandemic helped me grow because it has given me resilience to bounce back from adversities and adapt to changing situations.”

Participant P11 stated,

The way I grew after COVID was by focusing more on myself. I reminded myself that I have been through one of the most challenging times in health care history. I

advocated for mental health, spent time with family and friends, and mentored newer nurses.

Nurse P6 remembered, “I drew energy and growth from the human interactions that occurred from accomplishments such as patients improving, and the support received from so many to reduce the fear and anxiety.”

Flourishing

When speaking about flourishing, nurse participants mentioned flexibility. They appreciated intrinsic beliefs and faith. Teamwork, dedication, motivation, and drive also contributed to flourishing throughout the COVID-19 pandemic.

Participant P4 recognized, “I had to be flexible and ready to attend to new emergencies as they occurred.” Nurse participant P15 explained, “I am spiritual, and my faith helped me, provided comfort and strength during that time, and contributed to my self-awareness. I encouraged myself, put myself together, and moved on and provided the best care possible despite the chaos.” Participant P3 remembered, “Even when things felt hopeless, I reminded myself that every effort mattered.” Participant P15 appreciated, “I found my motivation came from a combination of personal dedication, teamwork, and a deep sense of responsibility.”

Facing Uncertainties

During the COVID-19 pandemic, nurses regularly faced uncertainties. Many unknowns about the virus existed. Patient care protocols and workflows changed as new information about the virus was learned, and nurses were transferred to work in patient care areas different from those to which they had been oriented.

Participant P1 mentioned, “I had to make many changes as a nurse throughout the COVID-19 pandemic. I was transferred to different units and eventually to a more equipped and developed hospital.” Nurse participant P3 recognized,

I would lean on my team, focus on what I could control, and find small moments of hope to help me push through. I believed that COVID-19 would not last forever; however, because it was unknown where it came from, we could be affected at any time. I continued working as a nurse in the hospital because I realized the virus was spreading across the community, including at my church.

Overcoming Overwhelming Circumstances

Nurses recognized strategies to overcome the challenges posed by the pandemic. These strategies included their chosen mindset, focusing on accomplishments and achievements, and protective measures. Creating meaningful connections with family, colleagues, and friends was individually and collectively supportive. Participant P6 appreciated,

My biggest accomplishment was remaining negative for COVID-19 and ensuring that every member of my nuclear family remained negative. I was able to protect myself from infecting my family and protect my family from getting infected. Sticking to the medical advice of using personal protective equipment every time I went to work was important. As a family, we were able to overcome the virus. I felt as though I was doing something good, so that realization kept me going even though I experienced a tremendous amount of loss.

Participant P3 acknowledged, “When morale was down, I would connect with

others and agree to focus on small wins such as seeing a patient improve, a kind word, or just making it through another shift. We leaned on each other.” Participant P1 identified, “I would find ways to overcome obstacles by seeking ideas from my senior colleagues, resources from my workplace, and sharing the issues with my friends who would advise me and tell me what to do.” Participant P11 admitted,

My most significant accomplishment was not giving up being a nurse. Even though I was a new nurse then and had not yet gotten used to the comfort of being a nurse before things changed, I would say the most significant accomplishment for me now is that I did not give up being a nurse. I experienced one of the most challenging times in healthcare. I am super proud of myself.

Personal Growth

Most participants appreciated the personal growth they achieved due to their experience working through the COVID-19 pandemic. Various means of personal growth have been mentioned throughout the data gained from nursing participants. Growth was achieved through knowledge and experience gained, for which participants expressed much gratitude. Participant P6 reflected,

I expanded my knowledge of COVID-19 and was actively involved in educational programs to share information on prevention and symptom management. One of my goals was in health education, enlightening the public about what COVID-19 is and what it is not, and raising awareness of symptoms to encourage people to reach out to a health facility as soon as possible. I also made it my goal to be actively involved in testing because the need kept expanding. There was a need

for more testing facilities, so I did my best to help when testing people who showed symptoms of the disease. Similarly, I aimed to protect myself and others with personal protective equipment. I developed a personal protective kit for my family. My personal growth and experience have helped me see the good side of the situation.

Navigate Through Situations

Participants expressed their determination to use their knowledge and expertise to provide patients with the best possible health care throughout the COVID-19 pandemic. Skills mentioned included triaging what was within the nurses' control, acquiring knowledge about the disease, and adapting to change. Journaling and connecting with colleagues were identified as navigational skills integral to the situation. Participant P3 mentioned,

One of my goals was to always get up in the morning and find my way to the hospital to help as much as possible. I would focus on what I could control, such as improving my skills, knowledge, and patient care. I appreciated my experience, trusting my previous training and reminding myself that I was doing my best, which helped me remain confident. Support from my team and seeing the impact of my work, even in small ways, kept me going despite the intense stress.

Participant P11 recognized,

I had to focus on what I could control at the time. I learned to take things one at a time rather than being overwhelmed by the many things that needed to be done. I practiced journaling, which was the best method I have tried in coping with

mental health. I would write whatever I was feeling and whatever was going on. It released the stress effectively. For adapting, I learned to take things one at a time and make things flow as much as possible. I reached out to colleagues for answers and to share experiences. I appreciated my colleagues' teamwork because they helped me during that period. I felt braver as a member of the team.

Satisfaction Achieved

Participants often found satisfaction in recognizing their contributions to their patients' care, which some called their purpose and passion. Maintaining personal and professional confidence and determination to provide the highest possible care for patients was also mentioned as promoting satisfaction. The most common theme related to participants' satisfaction was connecting with their colleagues and the relationships built during the COVID-19 pandemic. Participant P6 stated,

What brought meaning to me is the satisfaction of doing your best. When you know you are putting your very best into a situation to ensure your patients get the highest quality of life, you have that satisfaction in terms of overall wellness, no matter what the outcome. I found great satisfaction in decreasing the spread of the virus and decreasing fear.

Participant P11 found, "My purpose for becoming a nurse kept me going and brought satisfaction, which also fueled my energy. I was the first nurse in my family. The health promotion I could bring to my patients brought satisfaction. Participant P1 found satisfaction in "The pride of what I was doing as a nurse and working with a great team of professionals."

Connections

Connections and positive relationships were a common thread in nurses' stories of the COVID-19 pandemic. The protective factors of connection when isolation was encouraged contributed to nurses' well-being in all psychological capital concepts of hope, self-efficacy, resilience, and optimism. Nurse participants mentioned a sense of belonging to the nursing profession during the COVID-19 pandemic, which protected their well-being.

Participant P4 recollected, "We made teamwork an important factor in all we did. We were all dedicated and determined to make a difference for patients together. I felt that it was incredible." Participant nurse P6 stated, "I received support from my family and colleagues. It was also supportive to learn what nurses in other countries were doing to stop the spread of the virus and save patients." Participant P1 mentioned, "I felt that I belonged as a nurse because of the support I received from my colleagues." Participant P3 remembered,

Coping was tough, but I relied on small things to stay grounded and leaned on my co-workers for support. Recognizing the resilience in my co-workers and patients gave me energy, and I held on to the belief that we would get through it one shift at a time. The experience strengthened my team's bond. We relied on each other more than ever due to the intense stress and sense of urgency to adapt to constant changes. Regarding morale, it was up and down, but we supported each other. We found ways to stay emotionally connected and became more resilient as a unit. With my family, I stayed connected through calls.

Participant P6 acknowledged,

We worked well as a team and united to achieve a common goal. I enjoyed working with people who shared my purpose. My team was my most significant source of strength. We were in the trenches together. Even on the worst days, we found ways to support each other by sharing a quick joke, grabbing coffee for someone, or just being there to listen.

Psychological Capital Concept of Optimism

Guided interview questions for the psychological capital concept of optimism (Appendix C) examined, “What internal beliefs positively impacted your daily work?” and “What have been your most memorable moments of working through the COVID-19 pandemic?” Child codes included attitude, gratitude, internal beliefs, internal resources, memorable moments, morale, self-compassion, self-esteem, and success. Two hundred ninety-eight excerpts from the 16 participant interviews were reviewed several times and coded according to the psychological capital concept of optimism.

Attitude

All participants emphasized the importance of attitude and mindset as they described their experiences providing patient care throughout the COVID-19 pandemic. When discussing optimistic attitudes, nurse participants considered knowledge, education, prevention, and virus management essential. Gratitude to colleagues, thankfulness for sharing experiences, and appreciation for the support and encouragement received were identified as positive attitudes of nurse participants. Nurse participant P6 reflected,

I was actively involved in COVID-19 education programs, sharing information on prevention and symptom management within the community to encourage those infected to seek appropriate medical care promptly. This was enlightening as I felt that I was making a difference.

Participant P1 reported, “I found ways to overcome obstacles and remain optimistic by seeking advice from colleagues in my workplace who had more experience, and our team regularly shared experiences.” Participant P11 acknowledged,

I had to focus on what I could control at the time and journaled about our experiences to support my mental health, coping, and emotional stress. When adapting to the many challenges, I learned to focus on only what I could control, one thing at a time. I appreciated the teamwork because they were the ones who tremendously helped me throughout that time.

Participant P1 valued, “I wanted to keep fighting to better patients’ health because even small progress kept me going.” Participant P6 mentioned,

My personal growth and experience helped me to see the good side in situations throughout the pandemic. My family was a strong support to my colleagues and me because they understood the joy and pain we experienced together. We were united and kept helping each other stay focused.

Gratitude

Each nurse participant expressed gratitude as they spoke about their lived experience throughout the COVID-19 pandemic. They cited the tremendous support and strength provided by colleagues and family members as examples of what protected their

well-being. All participants expressed gratitude and a sense of achievement for witnessing patient improvement after providing the best possible care. Participant P3 explained,

Working through the pandemic strengthened my team's bond. We relied on each other more than ever to combat stress. Although morale was up and down, we supported each other and found ways to support emotional needs, and we became more resilient as a unit.

Participant P6 recognized, "With the nurses I worked with, we worked together to achieve a common goal and make a difference for patients infected by the virus. I enjoyed working with people who had the same purpose and drive." Participant P11 reflected, "I found meaning and hope during this time through the encouragement of my colleagues and family. They kept affirming that things were going to get better."

Participant P3 agreed,

My team was my most significant source of strength. We were in the trenches together. Even on the worst days, we found ways to support each other by sharing a quick joke, grabbing coffee for someone, or just being there to listen.

Internal Beliefs

Participants acknowledged internal beliefs by explaining their values and what brought meaning to them. Maintaining their purpose and passion in nursing by recognizing their reason for choosing their career and providing the best care for their patients was intrinsic to all participants. Faith and spirituality were protective support. The experiences described by participants strongly supported the trust and camaraderie

colleagues had developed.

Participant P10 appreciated, “Even something as simple as reading a bedtime story to a child in isolation gave me purpose.” Participant P6 realized,

What brought meaning to me is the satisfaction of doing your best. When you know you are putting your very best into a situation to ensure your patients get the highest quality of life and wellness, you can be satisfied no matter what the outcome. Many people were gripped by tremendous fear, but I used my knowledge and experience to save lives and deliver health to our community. My family appreciated the sacrifices I made to support people who needed help. It took much endurance, even when I was unprepared, because there were no official treatment protocols or vaccines. We had to manage the patient’s symptoms and improve their health. Resilience came with vaccines and more information.

Participant P1 admitted, “I believed COVID-19 would not last forever. I had to believe that it would go away one day.” Participant P11 recognized, “My purpose for becoming a nurse was what kept me going. Seeing my patients’ progress energized me. Since I was young, I have always had a passion for nursing and helping people, which aligned with my beliefs.” Participant P6 mentioned,

I believe every situation I pass through in life that is enough to make me lose my joy is temporary. I believe in looking at the positive side of situations, having hope, and continuing to have a strong reason to choose what I am doing. That is what really helped me during the pandemic. We felt overwhelmed because the

number of infected patients was increasing, and so little was known about the virus; however, we continued to do our best to support each patient and ultimately made the best decision possible as healthcare professionals.

Participant P11 advised,

Resilience comes from within; however, you must learn to lean on your team because we cannot do this hard work alone. Nurses need their team to help them get through disasters. Nursing is tough, and I would say COVID-19 showed us just how much we can endure. Even in the most challenging times, we must make a difference in someone's life. We still need to save lives and help patients regain as much function as possible. Never forget the purpose of being a nurse and why you started this career. A nurse can do hard work and keep fighting. I am super proud to be a nurse.

Participant P3 appreciated,

Even when things felt hopeless, I would remind myself that every effort mattered, no matter how small. I reminded myself that I was making a difference, my patients needed me, and this crisis would not last forever. I tried to hold on to hope and resilience, and the mindset that I could handle whatever came my way helped me push through each day.

Participant P6 realized,

Rather than being self-absorbed, I focused on people's lives during the pandemic. It helped me always look out for my neighbors, think about those in need, and do what I can to help them. As a healthcare professional, I can combat the trials and

situations we face during our practice, and always remain on guard, knowing that when we put in all we can, and do all we can to bring healthcare interventions to those in need, that we will always have reward that comes with knowing that you have done your own part, and you are doing your best.

Participant P3 agreed, “Seeing resilience in my co-workers and patients gave me energy, and I held on to the belief that we would get through it one shift at a time.”

Internal Resources

Participants recognized their internal resources as knowledge, experience, flexibility, adaptability, confidence, determination, and the ability to triage what can be controlled. Intrinsic resources also mentioned by participants included spirituality, hope, strength, trust, motivation, and pride. Further internal strengths realized by participants that were protective throughout the COVID-19 pandemic included self-awareness, gratitude and appreciation, encouragement and support, a positive attitude and mindset, and belief in their work as nurses.

Participant P15 appreciated, “I am spiritual, and my faith helped me. My faith provided me comfort and strength during that time, along with self-awareness.”

Participant P16 accepted, “During the pandemic, I had hope and belief that all of this would end.” Participant P3 reflected,

I focused on what I could control, such as my skills, knowledge, and experience, and on my ability to provide the best possible care to patients. I knew I was doing my best, which helped me stay confident. Support from my team and seeing the impact of my work, even in small ways, kept me going despite the stress.

Participant P6 acknowledged,

Nurses should always believe in the greatness of what they do, appreciating their unique responsibility to ensure the highest quality of life for those who experience severe health conditions. Patients generally see healthcare professionals as a source of hope; therefore, nurses should never lose hope in themselves. I would encourage nurses to expand their knowledge and experience in healthcare services, maintain a positive attitude toward their work, ensure their passion is consistent in delivering the highest quality of care, and do their best to keep health the primary goal for every patient they meet.

Participant P1 appreciated, “Throughout the COVID-19 pandemic, it was all about nurses’ mindset and determination. It was demanding and stressful, but I did not give up and strived harder to save the patients I cared for.” Participant P1 recognized, “I adapted to the changing systems, protective gear, and treatment plans, which reduced my fear. I boosted my confidence as a nurse. I was proud of what I was doing as a nurse. I shared experiences with my colleagues and friends.

Morale

While sharing their lived experiences throughout the COVID-19 pandemic, all participants mentioned aspects of maintaining their morale. This could have been influenced by the study’s underlying theoretical framework, which participants were aware of during recruitment. The characteristics mentioned to improve morale included recognizing why participants chose their nursing profession, realizing what motivated them, and maintaining hope and encouragement. Participants further discussed the

importance of humor, kind words, connection with patients and colleagues, focusing on the small wins, and a sense of belonging.

Participant P15 appreciated, “It was like we were all in something together. We shared moments of humor and reminded ourselves why we became nurses.” Participant P11 valued,

My hope and motivation came from my patients and co-workers. The COVID pandemic changed everything. Providing health care was quite different and very dangerous during that time. Even the slightest progress we saw in some patients made me more hopeful and motivated me to work hard. Because of the number of deaths we had encountered, I feel the progress of the patients made us keep fighting and keep going. They gave us hope that things would work out. I shared experiences with my colleagues, which brought encouragement and support for each other.

Participant P3 remembered, “There were many obstacles; therefore, when morale was down, I would focus on small wins such as witnessing a patient improve, a kind word, or even just making it through another shift. We leaned on each other.”

Self-Compassion

Many participants in this study reported that self-compassion is an optimistic concept that protected their well-being throughout the COVID-19 pandemic. Participants mentioned self-compassion as self-motivation, self-support, self-care, sharing experiences with colleagues, and maintaining a positive mindset. Compassion was found to be supportive when nurses enjoyed recreational activities with their family, interacted

with patients and colleagues, developed routines, and learned new things. Several nurse participants mentioned that the pandemic helped them learn to focus on themselves, giving them the strength to care for others. A positive mindset, affirmations, avoiding negative self-talk, focusing on their mental health, appreciating moments of humor, and taking mental breaks helped nurses overcome tremendous stress.

Participant P14 appreciated, “We motivated and supported ourselves when possible.” Participant P6 valued,

Self-care involved reserving time for recreational activities with my family. I developed routines to provide compassion for myself, where I could interact with colleagues, share experiences and challenges, and discuss how we overcame them. Making time for exercise was also important, as was listening to good music. I tried to keep my mind positive and promote my growth by focusing on what motivated me and brought me joy. As nurses, we must keep ourselves healthy to care for others.

Participant P11 acknowledged,

The COVID-19 pandemic fostered my growth as I learned to focus more on myself. I reminded myself that I have been through one of the most challenging times in health care history. I advocated for mental health resources and provided mentorship to new nurses, which helped me grow. I focused more on myself, my mental health, and spending time with family and friends.

Participant P1 recognized, “I encouraged myself by putting myself together.”

Participant P11 explained,

What helped me emotionally most was talking to a trusted colleague when needed. You need someone to talk to if you feel weak, drained, and tired. It was not healthy to bottle it up. I had to express what I was really feeling. Because I feel the more you bottle things up, the more problems and regrets you keep having.

Participant P3 remembered, “We shared moments of humor to ease the tension and took mental breaks. The support from my team made all the difference.” Participant P15 stated,

What kept me going was knowing that I felt I was part of something great; I was part of the story that would be told in a different, better light in the future. I found purpose and meaning in what I was doing, recognizing its impact on patients’ lives. It was important to save patients’ lives. I found compassion in those things.

Self-Esteem

Nurses protected their self-esteem through emotional connection with patients and their team members. Study participants mentioned various ways to find motivation, build resilience, recognize small moments of hope, and recharge throughout the pandemic. Focusing on what could be controlled, staying connected with family, and practicing journaling promoted their self-esteem and helped them stay grounded. Participant P15 remembered,

I felt an emotional connection with some patients, especially when I saw people struggling to stay alive. This experience motivated me to want to do more for them and to do the best that I could for them. As a professional, the experience of

working through the pandemic has helped me grow through the resilience I developed as I adapted to changing circumstances and faced adversity.

Participant P3 valued,

I leaned on my team, focused on what I could control, and found small moments of hope. I took quick breaks and called my family. Journaling helped me process my emotions, and I focused on little victories to boost my self-esteem. It was difficult, but I found small ways to recharge that made a difference. I also aimed to stay mentally and physically strong to keep showing up. Small and meaningful moments, such as patient improvement, a simple thank-you from a family, or kind words from colleagues, were reminders of my self-esteem and kept me going.

Success

All participants mentioned aspects of patient care as indicators of success. Some items mentioned included human interaction witnessed throughout the COVID-19 pandemic, comforting patients, and improvement. Professional examples of success included mentoring less experienced nurses, teamwork, connection and support, maintaining determination and not giving up, nurses' bravery, and the experience gained.

Participant P10 found success in "the ability to help, to heal, and bring comfort when people needed it most." Participant P14 explained, "I was able to help patients, mentor new nurses, and make teamwork an important factor in all we did. With all the challenges of the virus, the teamwork and determination of the staff were incredible."

Participant P15 acknowledged,

Every time I had to go to work, I felt like I was doing something worthwhile. One

of my goals was to always get up in the morning, no matter what, and find my way to the hospital to help as much as I could. Taking care of myself was an indicator of success that I learned through the pandemic.

Participant P1 mentioned, “I was able to make many changes as a professional nurse. I was transferred to work in various areas of the hospital.” Participant P11 stated, “My biggest accomplishment was not giving up being a nurse. Even though I was a new nurse then, I did not get used to the comfort of being a nurse before things changed. I experienced one of the most challenging times in healthcare. I am super proud of myself.”

Participant P6 valued,

I drew energy from accomplishments. Everyone was involved and doing their best. When you see the support that comes not just from the health system but also from other systems that affect daily transactions and everyday human interaction, you see the effort these people put into supporting health promotion and the highest quality of care for COVID-19 patients. That brought joy to me. Success was seeing patients get better, seeing them smile again, seeing fear and anxiety erased from the faces of patients and their families, and seeing them happy again.

Participant P1 acknowledged, “I became braver through the experience of providing care for patients during that time.”

Memorable Moments

One of the interview guide questions to gather data related to optimism was,

“What was your most memorable moment resulting from the COVID-19 pandemic?” All nurse participants shared stories of patient experiences, human interaction, and survival. Interviews were conducted five years after the participants’ lived experiences of the pandemic; however, all concepts of psychological capital were mentioned when recalling their most memorable experiences, including optimism, hope, resilience, and self-efficacy. Some participants mentioned that during the interview for this study, it was the first time they had talked about their experiences throughout the COVID-19 pandemic, and they were grateful for the opportunity. Participant P10 reflected,

One night during my shift, I walked into my pediatric patient’s room wearing my full PPE, and he just looked at me with tired eyes and called me a robot. His voice was calm, soft, and sleepy. At first, I was confused, but then I realized that to him, we all look the same, hidden behind masks, gowns, and shields. He had not seen a human face in weeks. Instead of correcting him, I played along and told him my mission was to help him improve. He giggled for the first time in days. That night, I sat by his bed reading his favorite superhero book in my robot voice, making beeping noises and letting him reprogram me by pressing imaginary buttons on my arm. He was finally well enough to be discharged a few weeks later, and I helped him pack his things. He looked at me and said, ‘You are the best robot voice ever, but I know you are a superhero.’ That ran through my head. I nearly lost it right there. After everything, the stress, the exhaustion, the heartbreak, that moment reminded me why I do this job. Amid all the fear and chaos, I managed to bring a small measure of joy and comfort to a scared child. This moment stays

with me because it was not about medicine or treatment. It was about human connection and showing up for patients, not just as a nurse, but as someone who could make his hospital stay less scary. It reinforced that kindness, creativity, and a little humor can make all the difference, even in the darkest times. To this day, I still think about him whenever I start feeling burnt out, because if I could make even one child feel safe and cared for during such a difficult time, it was all worth it.

Participant P14 recalled an experience of caring for an elderly patient in the emergency department,

I will never forget the first few weeks when the ER was flooded with patients, struggling to breathe. We faced uncertainty, including limited PPE, rapidly changing protocols, and tremendous fear of the virus. The teamwork and determination amongst staff were incredible. We tried to remind ourselves that we are professionals and were equipped for this, and there was no need to panic. We told ourselves that we need to relax and do our jobs. I can remember holding a patient's hand in the final moments. It was a memorable moment for me because it was a hard moment, trying to hold the hands of an elderly patient who was alone due to restrictions. He knew he was near the end, and I just had to stay with him, offering comfort as he passed. The experience reinforced the importance of human connection as much as the medical treatment I gave him. That was the first time I had the experience of holding hands with someone who was dying. I can also remember another patient who, after weeks of critical care, finally recovered

from the COVID virus and was discharged from the hospital. The entire staff clapped and cheered as they left. It was a moment of hope amongst so much despair. We had hope because we realized that people could be cured with the treatment we gave them. That experience gave us hope, as we felt that we knew what we were doing and everything we were doing was right. I can also remember one of the most challenging moments. It was seeing a fellow nurse and a doctor break down with exhaustion and grief. It seems easier to talk about now, but many of us broke down. Some lost family members while working, which broke down many of us then; however, even in those moments, we supported each other and the families.

Participant P16 valued,

There was a moment when I thought I would lose one of my patients. When she came to the hospital, she was really in critical condition. We did our best to help this patient as much as possible. I felt that I cared for this patient very well. She recovered from COVID-19. This was the best feeling ever during the whole pandemic because I used to lose so many patients. When this patient, who we thought was not going to make it, recovered, that changed my perspective. That changed my whole narrative about the COVID-19 pandemic. I told myself that if that one patient made it, I would believe many more would. I believed we would save many lives. That really inspired and pushed me. I was praying every day and telling myself that one day, this is just going to end like a bad dream, like a nightmare. This kept me going, along with the feeling of bringing my fellow

nurses closer together, which was the best feeling during that time. We encouraged everyone to keep doing their best, and we urged our team to hold on to each other's hands and keep each other in our prayers. I felt like this was the best feeling. That was so inspiring. Relatives and friends came, wanting to inquire about their loved ones, but sometimes there was nothing we could tell them, or we had to tell them the news of their loved one's passing. We did not know how they would take it or what would happen after, but we had to do it anyway. It was hard because they looked at us like we were supposed to take care of their loved one. They were in our hands. How could that happen when you are taking care of them? These questions made me feel like they blamed me for not being good enough to care for their loved ones. That is how I felt like I was losing it at times. I almost felt like I was not doing it the right way. At this point, I lost hope. I did not believe that all this could ever end.

Participant P3 recollected,

One memorable moment was when a patient who had been on a ventilator for weeks finally woke up and was transitioned to oxygen. Seeing the family's joy over FaceTime was a truly memorable moment. It reminded me of why we kept fighting. Another memorable moment was how my team came together, supporting each other, celebrating small victories, and even finding moments to laugh despite the stress. Those moments kept me optimistic. One thing that stands out is how the pandemic changed my perspective on nursing and living life. It was the hardest time of my career, but it also showed me the strengths I did not know I

had. I learned that self-care is not a luxury. It is more of a necessity. The pandemic pushed so many of us to the brink. I saw firsthand how burnout can affect even the most passionate nurses. Moving forward, I have prioritized caring for myself to continue caring for others. Despite all the challenges, trials, and tribulations, I am proud of our accomplishments. The lessons I learned during COVID will stay with me for the rest of my career. I will tell future nurses about a night when our ICU was overflowing, and we were stretched beyond our limits. I had multiple critical patients, one declining fast. Despite the chaos, my team worked together seamlessly, communicating, supporting each other, and doing everything possible to save lives. That night showed me the true meaning of resilience, teamwork, and why we do what we do. I would tell future nurses they are never alone, no matter how overwhelming things get. They should learn to lean on their team, trust their training, and remember that even the smallest actions can make a difference. The challenging moments will shake you, but the lives you touch will make it all worth it.

Participant P4 reminisced,

I think it was when a patient who had been on a ventilator for weeks finally regained consciousness, recovered, and was discharged home. When she came in, she was shaky, saying she could not breathe. Everything was so chaotic back then. I remember saying a few words to her, trying to calm her down. Then she had to go into isolation and on the ventilator for weeks. Then she fully recovered and was discharged home. As she was being wheeled out of the ICU, she was

surrounded by family members who were really excited to see that she was alive. At that moment, it made me hopeful that this, too, would pass, and that we would get a hold of this situation globally. At that moment, it really helped solidify my mindset about the whole COVID situation. We have spoken a lot about the COVID pandemic. This is my first time discussing the pandemic as a nurse. I have only had conversations with family and friends. I am happy that someone has asked us nurses about our experiences during that time.

Participant P2 reflected,

It was when one of my colleagues got COVID-19 from one of our patients. He has cancer, so it was a harrowing experience. We had no choice but to experience it; however, it was so memorable. I kept it inside and did not talk to anyone about it, but it is part of me, and it feels good to talk to you about it now. That colleague is doing okay now; however, another lost his life. When telling the story about my experience throughout the COVID-19 pandemic, I would tell how a little boy came in. He was infected with the virus and was brought into the hospital. I had to take special care of him. I was afraid. He regularly cried because he was afraid to die. We did all that we could to encourage him. My colleagues and I would gather around him and sing. We had faith that God would save him. With the help of our doctors and our encouragement, he was able to survive and is alive. Another patient stood out. She was an active, but elderly woman. Her children were not really in the United States, and she feared dying. I had to encourage her, and through all that I did for her, along with the medical team, she is still alive.

Participant P1 explained their most memorable moment,

I saw different things, different people with different illnesses. It stays in my memory. I will never forget how people came to the hospital, including children and adults, who were so critically ill. I felt so many emotions and empathized with them.

Participant P5 remembered,

One of my core beliefs, primary goals, and purposes as a nurse is to save someone's life and provide the support they need. I realized throughout the pandemic that I needed to practice self-care because it helped me channel my knowledge and energy to save someone's life. There was a day when we lost two, three, or four patients. That has been my worst memory, and I will never forget that day. One of them was my best friend, and a nurse with whom I worked in the hospital.

Participant P9 recalled, "There was a period when we had no PPE equipment to protect us and a medication shortage. We could not work safely that night, so we lost one of our staff members due to a lack of or limited PPE. We lost three or four patients as well."

Participant P6 appreciated,

My most memorable moment was when an 80-year-old widow was brought to the hospital by her son. She came in very critical. It was stressful for the health care team because she was so kind and trusted us. We were thankful that she came out alive and strong, and she was able to reunite with her son. I still remember when she was discharged. We had some good moments. They thanked the health team

for saving her life. That was truly a blessing. It was a great accomplishment for us at the time.

Participant P13 agreed, “My most memorable moment was that my colleagues and I were able to build a powerful relationship.” Participant P7 described a similar experience,

One moment that stuck with me was a patient in their sixties who had been on a ventilator for weeks. When they finally woke up and could communicate, they grabbed my hand and said, ‘Thank you for not giving up on me.’ To me, that moment reminded me why I kept pushing through. It reminded me why I chose nursing. I do not think I will ever forget that moment and that day. One of my most memorable moments was the night I had five critical patients at once. All of them needed immediate care. It was chaotic. It was overwhelming. At one point, I felt like I was drowning. Then a fellow nurse stepped in. She helped me prioritize, and we tackled it together. I would tell future nurses that you will have days when you feel like you are failing; however, you are not alone. Lean on your team. Take things one step at a time. Remember that you are making a difference, even if it does not feel like it.

Participant P15 acknowledged,

What kept me going was that I felt I was a part of something great, something on the part where the side of the story is looking for the solution, you know, on the side of the story that would be told in a different and better light later. I found purpose and meaning in what I was doing, recognizing its impact on patients’

lives. I knew that it was vital. It was not just something that could be done on and off. You must keep going if I want to see patients live. The purpose and meaning of my actions helped push me and keep me motivated. Generally, the moments when patients recover have been most memorable. That is number one. When patients regain consciousness, we also find a way forward to help or treat them. Importantly, when the vaccine news started coming in, it felt like there was a way out of the pandemic. There was something that could be done to put the madness on hold or to stop the COVID infection. That was one of my most memorable moments because it gave me hope. It gave me hope that all patients going through so much would have a chance to get better. I have learned to be more compassionate and empathetic with patients. I think that was one of the most valuable things during that time.

Participant P11 reflected,

One of my memorable moments was related to a patient. It felt like she was not making any progress. We were waiting for the medical team to give up. During that time, I felt horrible because we put a lot of strength, heart, and time into trying to save this patient. She was on a ventilator for weeks with no signs of waking up and no progress. Then, after several weeks, she suddenly woke up and was able to speak to us. That was one of my most memorable moments because many of us gave up on her. We gave up hope for her because we did not think she would make it. During that time, we saw so many deaths; therefore, it felt horrible when each patient died. The moment she woke up, everyone was so joyful. That

moment was one of my memorable moments in the hospital during COVID.

Evidence of Trustworthiness

Due to the demands on nurses' commitments to work, family, and community, the original plan of not offering incentives was revised, with the approval of my Committee Chair and the Walden University IRB, to offer a forty-dollar Amazon gift card to compensate for the time provided for semistructured interviews (Appendix C). This proved to be a successful recruitment strategy for nurses. Recruitment was completed through social media nursing groups to avoid power imbalances in employment relationships.

The Interview guide, which Walden University's IRB approved before scheduling semistructured interviews with participants, served as the foundation for each interview (Appendix C). Probing questions were used to explore their lived experiences further as they shared stories of working in the hospital during the COVID-19 pandemic. Interview transcripts were sent to participants by email for independent review and validation that the collected data accurately reflected their responses to the interview guide questions. All participants validated their independent transcripts.

Credibility

Credibility was achieved through review and approval of all adjustments to the original research plan by my Committee Chair and Walden University IRB. The only revisions from the original approved plan were to the recruitment flyer, which offered an Amazon gift card as an incentive, provided more details on psychological capital, and reduced the interview time to be more feasible for participants (Appendix A). The data

collection process was the same for each participant. They completed the inclusion and exclusion screening survey and provided demographic data via a secure Microsoft Forms questionnaire (Appendix B). The interview process began with open-ended questions from the Walden University IRB-approved interview guide, which were recorded on a secure Zoom platform (Appendix C). The interview was consistently followed by each participant and coded according to the order in which they completed the pre-interview components of the study. Interviews were completed within 30 to 45 minutes, as stated in the recruitment flyer. A timer was used to ensure each participant's time was respected. After completing the interview, each participant received a consistent message of gratitude for participating in the study, instructions for accessing their Amazon gift card, and an attachment containing the Walden University IRB-approved emotional support resource tool for nurses (Appendix D). Each participant completed the member-checking process to verify that the data collected was accurate.

Transferability

Chapters 3 and 4 of this study describe the data collection and analysis process in detail to facilitate transferability for future studies that aim to address the gaps identified. The use of Dedoose.com (n.d.) software and *Qualitative and Mixed Methods – Data Analysis Using Dedoose: A Practical Approach for Research Across the Social Sciences* (Salmona et al., 2020) enhances the transferability of this study. This study explored the lived experiences of the nurse participants who volunteered to be interviewed, including their perceptions and thoughts; therefore, generalizing to specific populations and different environments may further knowledge and findings rather than validate the

findings of this study.

Dependability

Strategies implemented throughout this study supported the study's dependability and stability. The research process was consistent with the plan identified in this study and approved by the Walden University IRB. Demographic data items provided by participants during the recruitment process were further validated during each interview. All interviews were recorded using a paid, secure Zoom platform. The thick descriptions of lived experiences included in this study provided insight into participants' social interactions, context, and meaning, and helping capture understanding and identify gaps to be explored further. Journal notes were obtained throughout the process of this study. According to the approved research plan, confidentiality and data security were always maintained, including notes, electronic files, and recorded interviews.

Confirmability

The use of open-ended questions within the interview guide and a consistent process for all participants contributed to the confirmability of the data. Maintaining trust, accuracy, and the genuineness of participant data was the highest priority of this study to reduce researcher bias. Volunteer participants who had worked at the hospital where I provided Peer Support services throughout the COVID-19 pandemic were excluded from this study. Audio recordings of participant interviews, followed by transcription and member checking for validity, further enhanced the confirmability of the data.

Participants retrieved memories from experiences five years previously; therefore, this researcher understands the possibility that experiences since then may have

influenced responses. Participants' perspectives were captured and coded using Dedoose.com (n.d.) qualitative research software to identify genuine experiences as reported by participants. Journal notes were maintained throughout the study to record further observations and data.

Study Results

This study used a generic qualitative research design to understand the real-life situations and experiences of hospital nurses who worked full-time throughout the COVID-19 pandemic. The theoretical framework explored to find meaning that would add to the peer-reviewed published knowledge of what is protective of nurses during difficult situations was psychological capital, including the tenets of hope, self-efficacy, resilience, and optimism (Luthans & Youssef, 2004; Luthans et al., 2007; Luthans et al., 2015). Quantitative design has traditionally studied psychological capital utilizing the validated PCQ (Luthans & Youssef, 2004; Luthans et al., 2007; Luthans et al., 2015); however, in completing my literature review, a well-recognized gap existed in understanding nurses' descriptions of their personal experiences and explanations of their understanding of the meanings constructed throughout and after the COVID-19 pandemic, specifically what was supportive and protective of their psychological well-being.

This study's semistructured interview questions were developed using open-ended questions rather than a quantitative rating system, based on the psychological capital quantitative tool validated by Luthans et al. (2015). Similar experiences were revealed and analyzed using the qualitative iterative review process and Dedoose.com (n.d.)

qualitative software program to understand participants' experiences and perspectives. All participants shared their vulnerabilities and genuine experiences, both negative and positive. Interview transcriptions were reviewed several times to identify common responses, using direct excerpts and participant quotes. This chapter's data analysis section highlights the tenets of psychological capital, including hope, self-efficacy, resilience, and optimism, along with themes for each concept and participant responses. The details provided by nurse participants in this study demonstrated their vulnerability through the themes that emerged from their stories of providing care in hospital settings across the United States during the COVID-19 pandemic.

The results of this study validated the problem statement identified after completing the exhaustive literature review. At the beginning of each interview, participants validated inclusion criteria and demographic data, then verified consent to participate. The first interview question was generic and open-ended: "Tell me about your experience as a nurse throughout and after the COVID-19 pandemic." All participants began the interview by providing thick descriptions of the unimaginable stressors encountered throughout the COVID-19 pandemic, including fear, barriers to safety, a lack of prevention measures, the fact that this pandemic was different from previous experiences, and a lack of clarity about the disease burden. The nurse participants discussed frequent changes in staffing, policies, and workflows, as well as the increased medical complexity of patients. Participants described their experiences when facing unprecedented numbers of deaths, including witnessing the passing of family members and colleagues. The chronic tremendous stressors contributed to

exhaustion, fatigue, anxiety, depression, moral distress, and burnout, as discussed in the literature review and problem statement of this study.

Participants' stories about the protective characteristics of psychological capital validated the generic qualitative study design, mirroring previously published quantitative findings. The interview guide explored the tenets of psychological capital through qualitative, semistructured, open-ended questions. All participants shared experiences and details of how the psychological capital tenets protected their overall well-being, satisfaction, and engagement throughout the COVID-19 pandemic. Luthans & Youssef (2004) found that the benefits of psychological capital include increased connection, empowerment, performance, morale, and adaptive coping, as well as decreased cynicism and burnout (Luthans et al., 2007; Luthans et al., 2015). When analyzed by themes, responses from nurse participants reflected the same benefits throughout the COVID-19 pandemic.

After interviewing the 16 participants of this study, data saturation was reached. Alignment was maintained throughout the study with the research questions, problems, and purpose, and with the qualitative research process (Ellis & Hart, 2023; Merriam & Tisdell, 2016; Patton, 2015; Percy et al., 2015). The inductive exploration of the lived experiences of nurse participants demonstrated the repetition of responses across various psychological capital concepts and their connection to the theoretical framework of this study.

Common themes in the data included the value of quality connections as protective of overall well-being and as supportive of unity, teamwork, and cohesiveness

in achieving individual and professional goals. Connections included relationships developed between colleagues, patients, and family members. Participants reflected on a strong sense of responsibility for patients receiving their care; however, several nurses explained that they learned that prioritizing self-care was essential to continue providing care for their patients and to maintain emotional, physical, mental, and spiritual health. Maintaining personal and professional boundaries was found to be supportive. The value of increasing personal and professional confidence and growth through credible educational resources was emphasized. Recognition of efforts, prioritizing purpose and passion as a nurse, and acknowledging accomplishments were highlighted as protective of their well-being.

This qualitative research study revealed the lived experiences of nurse participants working at hospitals in Arizona, California, Illinois, New York, Texas, and Washington. Despite the geographical differences, the resulting themes related to psychological capital concepts were consistent. Since the participants were nine males and seven females, gender-based research questions may yield further insights for future studies. This study did not explore the lived experiences of nurses who chose travel positions exclusively during the COVID-19 pandemic; however, one of the nurse participants provided care in three different states. Further qualitative investigation of the nursing experience levels contributing to protective factors during the COVID-19 pandemic would provide greater insight, as participants described referring to various levels of experienced nurse colleagues for support.

Discrepant Cases

This study did not include discrepant cases. Validation of inclusion and exclusion criteria and verification of demographic survey responses prevented data collection from being incompatible with the study goals. Nurses who volunteered to participate but did not meet the inclusion criteria were not interviewed.

Summary

This study aimed to explore the lived experiences of nurses who worked in hospitals across the United States during and after the COVID-19 pandemic to create an understanding of the protective factors of psychological capital, including hope, self-efficacy, resilience, and optimism, utilizing a generic qualitative research design. The literature review for this study identified gaps in knowledge regarding protective factors for nurses during highly stressful situations, such as disasters and crisis conditions, notably the global pandemic. Studies that include the tenets of psychological capital have traditionally focused on quantitative data collected through the PCQ, which was validated by Luthans and Youssef (2004). The generic qualitative research design examined the personal experiences, meaning-making, and perceptions of nurse participants to deepen understanding of the protective factors that aid nurses in navigating adversity and overcoming obstacles to thrive and grow individually and collectively.

Sixteen nurse participants volunteered for a semistructured interview to explore their experiences related to the COVID-19 pandemic. Participants accepted their vulnerability and shared stories of tenacity, human endurance, and commitment to providing the best possible care for the patients they served. When asked the initial

semistructured open-ended research question, “Tell me about your experience as a nurse throughout and after the COVID-19 pandemic”, all participant responses validated peer-reviewed research within the literature review for this study that formed the problem statement. As nurses were asked further open-ended questions related to the PsyCap constructs of hope, self-efficacy, resilience, and optimism, their responses focused on what was supportive and protective of their well-being throughout the pandemic.

Chapter 5 will further interpret the findings regarding peer-reviewed literature and the context of PsyCap as a protective factor for nurse well-being. The study’s limitations will be described to enhance trustworthiness. Recommendations for further research will be expanded, and implications for creating social change within the nursing profession will be explored. Recommendations for incorporating the knowledge gained to advance nursing practice will be communicated. Key messages will be identified to provide the foundation for further work supporting and protecting nurses’ well-being.

Chapter 5: Discussion, Conclusions, and Recommendations

The gaps in published peer-reviewed literature formed the foundation of this study as much research has concentrated on the negative emotional states of nurses throughout the COVID-19 pandemic, including exhaustion, compassion fatigue, moral distress, and burnout. However, there was a lack of understanding related to what was protective of nurses to navigate through the difficult situations encountered during crisis and disaster situations such as the global COVID-19 pandemic (ANA, n.d.; Andrews et al., 2020; Arcadia et al., 2021; Godfrey & Scott, 2020; González-Gil et al., 2021; Lotsy & Bailey, 2021; Martínez-Marcos et al., 2021; Shah et al., 2021; Tan et al., 2020). The ANA (n.d.) found that when surveying 12,581 nurses representing all 50 states and the District of Columbia, from November 1 through November 25, 2022, 72% of hospital nurses reported feeling stressed, with 68% stating they were frustrated, 66% were exhausted, 56% recognized feeling overwhelmed, 54% felt undervalued, 53% overworked, 51% recognized symptoms of burnout, and 48% felt anxiety. Exhaustive literature searches for this study identified research gaps focused on protective factors for nurse well-being during the COVID-19 pandemic, specifically in the United States.

The conceptual framework for this study was PsyCap by Luthans and Youssef (2004), based on research completed by Seligman and Csikszentmihalyi (2000) in positive psychology to empirically study and understand organizational and human behavior, interactions, values, and practices from a positive psychological perspective (Luthans et al., 2007; Luthans et al., 2015). The four constructs of PsyCap include hope, self-efficacy, resilience, and optimism (Luthans et al., 2007; Luthans et al., 2015).

PsyCap has traditionally been studied using the quantitative PCQ, which was validated by Luthans and Youssef (2004).

Research on nurses' psychological capital in the United States during the COVID-19 pandemic was severely limited, as noted by Cartwright-Stroupe and Shinnars (2021) and Zhang et al. (2023). A generic qualitative approach to research design was chosen to understand the interpretive lived experiences of nurses in the United States who have provided full-time care for patients in a hospital setting since March 1, 2020. This study was focused on their work experiences throughout the COVID-19 pandemic, examining psychological capital and protective and supportive experiences (Ellis & Hart, 2023; Merriam & Tisdell, 2016; Patton, 2015; Percy et al., 2015). This study aimed to create meaning through human appreciative inquiry and interpretive study, and to understand the holistic story and social phenomenon of nurse experiences in U.S. hospitals throughout the pandemic through the lens of psychological capital (Merriam & Tisdell, 2016). The nursing participants in this study were vulnerable in sharing the details of their lived experiences, which contributed to increased knowledge and understanding of what protected their well-being throughout the pandemic—a strength of the generic qualitative research design (Ellis & Hart, 2023). This study's foundational question was the examination of the lived experience stories, descriptions, and perceptions of nurses who provided health care services in a hospital setting within the United States, through and after the COVID-19 pandemic, relative to the psychological capital tenets of self-efficacy, hope, optimism, and resilience.

Sixteen nurse participants were recruited by posting the study's recruitment flyer

on social media platforms, using the Walden University online participant pool, and through snowball sampling, in which participants recruited colleagues to participate (Patton, 2015). When attempting to use snowball recruiting, one nurse professional responded, “This area has been hit hard with the loss of two healthcare systems, so our nurses, physicians, and healthcare staff are extremely overwhelmed and may not take the time to respond or even share the information.” Challenging influences on healthcare systems were akin to the circumstances described by Seligman and Csikszentmihalyi (2000) in their empirical research on positive psychology, including significant stresses such as social unrest, political polarization, and financial constraints. Shah et al. (2021) noted multiple variables related to part-time employment in nursing as limitations of their research. They recommended that future studies include only full-time nurses, which was one of the inclusion criteria for this study. Only nurses employed during the COVID-19 pandemic at a hospital in the United States were included. Demographic data for the 16 participants included gender, age range, years of experience, nursing education level achieved, area of practice during the COVID-19 pandemic, and the city and state where they worked, along with the hospital name for verification purposes to enhance trustworthiness (Appendix B).

The response of nine male nurse participants and seven females was surprising, given that my experience as a nursing leader for over 30 years has recognized that most nurses are typically female; however, the shortages of nurses throughout the pandemic resulted in healthcare organizations utilizing non-traditional recruitment methods to care for the unmatched acuity and numbers of patients requiring hospitalization. The response

may indicate the need for future gender-based research on the impact of the COVID-19 pandemic on nursing. Participant 5 reported working in New York, Texas, and California throughout the pandemic, raising the question of whether his role was as a travel nurse filling shortages in states with the highest nurse needs due to high rates of COVID-19 infection. This was not a component of this study and warrants further exploration.

Two participants reported that they were new graduate nurses beginning their careers. Cartwright-Stroupe and Shinnars (2021) recognized a gap in generational competencies regarding psychological capital that supports nurse self-efficacy and growth through experience, professional development, and human interactions, particularly among new-to-practice nurses. Grubaugh et al. (2023) found that the transition from an academic environment to the complex demands of the healthcare culture resulted in high levels of emotional stress for new graduate nurses; therefore, the additional stressors of unreliable schedules, continuous changes in policies and protocols, lack of personal protective equipment, and need to cope with unprecedented morbidity and mortality rates of patient outcomes throughout the COVID-19 pandemic resulted in tremendous challenges and intent to leave. Participants in this study validated these stressors, which are further discussed in the findings and interpretation section of this chapter. Cartwright-Stroupe and Shinnars studied the transition of new graduate nurses into professional practice and found that Generation Z, born between 1997 and 2012, reported the lowest levels of the psychological capital constructs of hope, optimism, resilience, and self-efficacy; however, professional development can foster higher levels, which is protective of their well-being. New to practice nurse participants of this study

acknowledged their pride of not giving up and navigating through the pandemic.

An interview guide was developed for this study, including nine open-ended, semistructured questions to explore the experiences of 16 nurse participants who provided care in a hospital setting in the United States. The PsyCap constructs of hope, self-efficacy, resilience, and optimism served as the foundation for the interview questions. Key findings of this study validate peer-reviewed literature reviewed to form the foundation of this study's research question. Nurse participants in this study expressed appreciation for the opportunity to debrief their lived experiences, perceptions, and interpretations of the impact of the COVID-19 pandemic, highlighting both the unique distress experienced and the protective factors for their emotional, mental, spiritual, and physical well-being.

The 18 common themes identified from the qualitative analysis of the 16 nurse participant interview transcriptions are further discussed in the interpretation of this study's findings (Table 2). The literature review completed before this study found a gap in both qualitative studies related to psychological capital and nurse respondents, as well as the lack of studies inclusive of U.S. nurses (Boyden & Brisbois, 2024; Cartwright-Stroupe & Shinnars, 2021; Grubaugh et al., 2023; Jones-Schenk, 2020; Lu et al., 2023; Orth & Evanson, 2024; Siami et al., 2023; Shuster et al., 2022; Xiao et al., 2022; Zhang et al., 2023). Research questions focused on direct patient care or educational methods when studying the constructs of PsyCap (hope, self-efficacy, resilience, and optimism) in peer-reviewed publications with U.S. nurse participants.

Table 2*Primary Themes of This Study*

Theme number	Description
1	Misinformation and conspiracy theories in the United States.
2	Fear of contracting the virus and taking it home to family.
3	Lack of understanding of the unknown disease process resulting in constant changes in practice.
4	Unprecedented attrition rates and staffing shortages.
5	An unparalleled number of deaths experienced.
6	Teamwork experiences as a protective factor.
7	Personal and professional growth realized.
8	Importance of connection and supportive relationships.
9	Protection through personal protective equipment, infection control, social distancing, and vaccines.
10	Essentials of encouragement and compassion within the healing journey.
11	Sense of nursing duty due to professional commitments.
12	Prioritization of emotional, mental, spiritual, and physical self-care.
13	Advocating for mental health resources.
14	Realization of patient improvement as a protective factor.
15	Connection to purpose and passion.
16	Realization of a sense of control versus what cannot be controlled.
17	Cognitive choices of focus and mindset.
18	Recognition of agency and adaptability.

Interpretation of the Findings

The COVID-19 pandemic resulted in unprecedented negative emotional, mental, moral, social, spiritual, physical, and systemic impacts to nurses individually and collectively, with attrition due to the pandemic (ANA, n.d.; National Academy of Medicine, 2021, 2024; World Health Organization, 2021). Sandoval et al. (2024) predicted that the COVID-19 pandemic could have the most significant negative impact on the nursing profession of all previous global disasters. The gaps identified by the National Academy of Medicine (2024) and the World Health Organization (2021) were those identified in the literature review for this study, including the need for protective and supportive measures for nurses and the lack of research in the United States on the emotional and mental support of nurses.

As PsyCap was the framework for this study, the literature review identified a lack of published knowledge on PsyCap in peer-reviewed nursing literature, especially in the United States. The literature review for this study identified published research on the emotional impact of the COVID-19 pandemic on nurses, primarily in China and Italy. Few qualitative studies have been published with a focus on PsyCap, due to the traditional research design that uses the PsyCap in quantitative studies. The primary focus of this study was to gain knowledge of the protective factors supporting nurse well-being in the United States, using an inductive theory exploration of lived experiences within a generic qualitative study design.

Interviews began with the question, “Tell me about your experience as a nurse throughout and after the COVID-19 pandemic” (Appendix C). Unanimously, all

participants began their narratives by addressing the problem statements of this study, explaining the unprecedented negative experiences that challenged their emotional, mental, spiritual, and physical well-being. Published research related to nurse well-being primarily focused on amounts of distress within the nursing profession due to long work shifts; areas of specialization with complex patient conditions leading to high numbers of patient morbidity and mortality; emotional and physical violence experienced from patients and family members due to distress, pain, grief, and changes in cognitive function; bullying behavior by colleagues and interpersonal conflicts; demanding workload; second victim syndrome; and variability of work shifts including days and nights (Boyden & Brisbois, 2024; Che et al., 2023; Salminen-Tuomaala & Seppälä, 2022; Schuster et al., 2022; Shah et al., 2021; Xiao et al., 2022). Additional distress among nurses due to unprecedented stressors throughout the COVID-19 pandemic, as reported in peer-reviewed literature, was validated by nurse participants in this study.

Limited resources including lack of personal protective equipment, frequent changes of treatment protocols, increased demand for critical care needs by patients and families, overwhelmed medical systems, fear and concern for spread of the contagion, isolation from typical support systems, and the tremendous demands of nurses to provide direct patient care without appropriate training was recognized as tremendous stressors of the pandemic in published research (Che et al., 2023; Orth & Evanson, 2024; Salminen-Tuomaala & Seppälä, 2022; Shah et al., 2021; Xiao et al., 2022; Zhang et al., 2023). Participants commonly discussed their frustrations with conspiracy theories and misinformation circulating in the United States after the COVID-19 virus was identified

in China, including the tremendous threat to patients, communities, and the health care system (theme one). The contributors of this study recognized tremendous distress resulting from a lack of planning, conflicting messages from various sources, the impact of isolation, and closures. Nurse participants recognized the tremendous determination and recognition of strengths that fostered adaptation and agency throughout the high-pressure situations they experienced.

Boyden and Brisbois (2024) found that nurse distress was related to the fear of the unknown, initial lack of vaccine availability, expectations of roles beyond knowledge and abilities, such as serving as surrogate family members for critically ill and dying patients, and neglect of own needs with prioritization of patient needs, and the excruciating toll of being witness to unimaginable human suffering. Fear of the unknown, the potential of contracting the contagion, isolation from typical systems of care, and the risk of infecting family members were themes shared by all participants (theme two). The most common cause of emotional and mental distress expressed by nurse participants of this study was fear, due to the uncertainties and unimaginable experiences related to the deaths of patients, family members, and colleagues. Nurse participants in this study reported the tremendous impact on their mental health.

Grubaugh et al. (2023) recognized when studying data entered by 4,328 new graduate nurses into the Versant National Database, high levels of emotional stress due to the fear of the unknown factors of the COVID-19 virus, lack of personal protective equipment, and the unprecedented rates of patient morbidity and mortality with a lack of supportive interventions to cultivate hope, self-efficacy, resilience, and optimism for

nurses of all experience levels. Lack of understanding of the COVID-19 disease process, which led to constant changes in policies, workflows, and daily routines, including nurse schedules and unfamiliar requirements, was expressed by all participants (theme three). Nurse participants in this study described the confusion caused by the many unknown factors.

Overwhelming stressors of the pandemic resulted in symptoms of mental and emotional distress, including anxiety, depression, panic, mood disorders, and self-blame due to decreased performance, insomnia, post-traumatic stress disorder, and suicidal ideations within the peer-reviewed literature. Symptoms were reported to be caused by irregular schedules, number of hours worked, being assigned to unfamiliar tasks, mental workload, limited resources, increased demand for medical care, concern for spread of contagion to family and friends, isolation from supportive activities, and overwhelming stress of the healthcare system. (Che et al., 2023; Orth & Evanson, 2024; Salminen-Tuomaala & Seppälä, 2022; Shah et al., 2021; Xiao et al., 2022; Zhang et al., 2023). Hinkley (2021) reported that the nursing culture traditionally encompassed high levels of shame, blame, and negative behaviors toward self and colleagues, contributing to lower levels of protection, support, and well-being before the pandemic.

The ANA (n.d.) conducted multiple studies throughout the COVID-19 pandemic, including surveys of over 12,000 nurses that reported unprecedented rates of attrition, with 72% of respondents stating an intent to leave their positions. The National Academy of Medicine (2024) recognized the attrition of nurses as a national crisis. Shah et al. (2021) found that secondary data from the United States National Sample Survey of

Registered Nurses, including 50,273 participants, showed that workplace stress and staffing shortages were the primary causes of intention to leave and burnout. Inundated medical systems, with unprecedented attrition rates and staffing shortages, led to tremendous fear and distress among nurses (theme four). Nurse participants provided vivid descriptions of the crises resulting in colleagues leaving their positions due to the impact on their emotional, mental, spiritual, and physical health.

The World Health Organization (2021) estimated 6.9 million deaths globally due to the COVID-19 pandemic, with approximately 115,000 identified as health care providers, which is estimated to be an under-reported number. The number of critically ill patients and unparalleled numbers of deaths contributed to the tremendous emotional, mental, spiritual, and physical toll of human suffering as the nurses told the story of their experiences throughout the pandemic (theme five). Participants discussed the use of detachment as a coping strategy.

Luthans and Youssef (2004) recognized the benefits of psychological capital for the well-being of individual employees and organizations. Psychological capital (PsyCap) is defined by Luthans et al. (2007) as a mental, emotional, spiritual, and physical framework consisting of hope, efficacy, resilience, and optimism. Luthans et al. (2015) recognized the value of protective measures of both human and social capital in supporting personal identity, purpose, passion, values, knowledge, skills, and abilities within the workplace (Luthans & Youssef, 2004; Luthans et al., 2007). Before the focus on the impact of positive human experiences, environments, and characteristics by Seligman and Csikszentmihalyi (2000), psychology concentrated on pathological

concepts of behavior and actions. Luthans et al. recognized the importance of integrating PsyCap's protective factors into the workplace to promote a positive environment where employees thrive. Published nursing studies have found that high levels of psychological capital result in stabilizing the negative mental, psychological, and physiological distress of nurses resulting from extremely distressing situations, which nurses encounter regularly in the workplace (Orth & Evanson, 2024; Schuster et al., 2022; Xiao et al., 2022; Zhang et al., 2023).

Study participants validated previously quantitatively studied constructs of psychological capital through the detailed exploration and telling of the lived experiences of providing patient care in United States hospitals during the COVID-19 pandemic. Two open-ended qualitative interview questions were asked regarding the psychological capital concepts as defined by Luthans and Youssef (2004). Common themes across the tenets of PsyCap were identified in the analysis of qualitative transcriptions of participant interviews.

Human and social components of psychological capital enhance well-being by facilitating teamwork, accepting workplace change, growth, professional development, identity, intrinsic motivation, engagement, dedication, and recovery from stressful events (Shuster et al., 2022; Xiao et al., 2022; Zhang et al., 2023). Participants recognized teamwork as essential and supportive of the psychological capital constructs of hope, optimism, self-efficacy, and resilience (theme six). Teamwork was described by participants as protective through positive relationships, inspiring motivation, and fostering energy, and cultivating strength.

Zang et al. (2023) confirmed a gap in the literature regarding the understanding of psychological capital as a protective factor that supports nurses' professional development, well-being, work satisfaction, and work engagement, based on quantitative responses from 690 nurses. Further gaps in the literature regarding psychological capital were identified by Cartwright-Stroupe and Shinnars (2021) through a systematic review of published research, including post-traumatic growth, generational differences, and interactions among nurses, patients, colleagues, and interdisciplinary teams. DeFusco et al. (2023) identified the tremendous impact of decreased life expectancy among hospitalized patients due to the COVID-19 pandemic; however, online palliative care education increased the self-efficacy of 40 critical care nurses recruited via social media who completed online modules. Employer support of nursing education is essential to the development of self-efficacy, especially in caring for critically ill patients, as instruction during formal nursing training is lacking (DeFusco et al., 2023; Orth & Evanson, 2024; Siami et al., 2023; Wagner et al., 2022). Personal and professional growth was appreciated by participants as they explained the need to navigate through obstacles and develop innovative ways to gain confidence and knowledge.

Research on positive psychological constructs among nurses has found that psychological capital enhances both individual and collective nurse well-being (Schuster et al., 2022). The social support that developed from positive psychological capital contributed to positive interactions between peers, groups, leaders, and community members. Connection to other Latinx nurses, patients, family, and friends was found to promote resilience and coping strategies, including prioritizing faith, self-care, and food,

which were found to be supportive (Sandoval et al., 2024). The importance of connection with others and supportive relationships aligned with psychological capital constructs of hope, optimism, self-efficacy, and resilience (theme eight). Peer support initiatives, mental health counseling, and connection with colleagues, family, and friends were protective factors described by participants.

Although previously published research found that the lack of personal protective equipment, infection control, isolation precautions, and social distancing led to distress for nurses, participants also commonly appreciated the protective value of the COVID guidelines when reflecting upon what fostered hope, self-efficacy, resilience, and optimism (theme nine). Public health policies contributed to hope and motivation among nurse participants, while research efforts contributed to knowledge about prevention, treatment, and recovery.

Previous studies have shown that psychological capital can be developed; therefore, nursing professional development methods that foster hope, optimism, self-efficacy, and resilience, using innovative strategies, are essential to the success of the nursing workforce (Cartwright-Stroupe & Shinnars, 2021). Siami et al. (2023) acknowledged the need for leadership support to enhance personal safety, pro-social activities, resources, and resilience to overcome the challenges and stressors faced during the COVID-19 pandemic, as they studied 623 nurses in Iran. Boyden and Brisbois (2024) found that social connection could be achieved through supportive relationships, promoting buddy systems, and providing space for nurses to be vulnerable in expressing their experiences with others. Köse et al. (2022) studied the impact of optimism by

sending motivational messages to 87 nurses caring for COVID patients in Turkey at four points throughout their working day for 21 days during the pandemic. Results of the Köse et al. study showed a significant increase in nurses' self-reported optimism and life satisfaction, and a decrease in hopelessness compared with a randomized control group. Schuster et al. (2022) explained that positive social connections, supported by leadership and peers, have been found to positively influence the physical, psychological, and emotional health of 424 nurses included in their study. Salminen-Tuomaala and Seppälä (2022) studied the protective factors of compassionate leadership during the COVID-19 pandemic through a quantitative cross-sectional study of 50 emergency department and intensive care nurses from Finland with a focus on service and altruism, empathetic listening, creating a culture of understanding, offering support, promoting constructive communication, and maintaining humility while developing a human-centered environment valuing the expression of emotions. Developing compassionate cultures can contribute to nurses' commitment, retention, and well-being (Salminen-Tuomaala & Seppälä, 2022). Cartwright-Stroupe and Shinnars (2021) suggest nurturing strong and engaging relationships, building trust through transparent communication, promoting psychological safety, the development and achievement of realistic goals, monitoring mental health needs and well-being, and providing resources and support through education, leadership, and connection with other nurses will contribute to the development of positive psychological capital. Orth and Evanson (2024) found that personal identity, including perception of worth, quality of relationships, positive influences, commitment to values and norms, clear purpose, and role clarity, contributes

to hope, optimism, self-efficacy, and resilience in nursing. Nurses realized the essential protection provided by encouragement and compassion in supportive relationships, which strengthened their psychological capital (theme 10). Strength, comfort, trust, agency, and fostering emotional health were found to be benefits of relationships with patients, family members, and colleagues.

Hope was found to be a motivational resource that contributed to nurses' professional identity, serving as a protective factor against anxiety and burnout by providing a positive mental model for navigating challenging circumstances (Orth & Evanson, 2024; Siami et al., 2023). A sense of duty and commitment to patient healing were seen as requirements for participants' roles as professional nurses (theme 11). Creating protective boundaries and balance was a lesson learned throughout the pandemic, as essential to protecting the well-being of nurse participants.

Shah et al. (2021), in an analysis of secondary data from the National Sample Survey of Registered Nurses in the United States, found that healthcare workers are at the highest risk of burnout due to the many emotional, psychological, and physical stresses of the workplace. Published nursing studies have found that high levels of psychological capital result in stabilizing the negative mental, psychological, and physiological distress of nurses resulting from extremely distressing situations, which nurses encounter regularly in the workplace (Orth & Evanson, 2024; Schuster et al., 2022; Xiao et al., 2022; Zhang et al., 2023). Factors that support resilience in nursing include healthy mental practices, well-being habits, self-efficacy, optimism, social support, ingenuity, and the ability to connect with resources (Garcia et al., 2021; Sandoval et al., 2024; Siami

et al., 2023). Boyden and Brisbois (2024) found that mitigating interventions to counteract the allostatic load of stress and promotion of resilience fell within four major themes, including self-care strategies, approaches for personal and organizational adjustment, promotion of social connections, and tactics to find meaning in work through their integrative review of literature. Adjustment strategies included organizational promotion of resilience initiatives, collaborative approaches that support work and home life harmony, and programs that support emotional, psychological, and physical safety (Boyden & Brisbois, 2024). Supporting nurse well-being, specifically psychological capital of nurses, has been shown to positively impact the quality of care delivered, increase self-care, and enhance the ability to face stressful situations (Schuster et al., 2022; Zhang et al., 2023). An aspect of learned necessities of protection mentioned by nurse participants was prioritization of emotional, mental, spiritual, and physical self-care (theme 12). Positive affirmations and encouraging words fostered hope, confidence, resilience, and optimism.

The cross-sectional study of 2,811 nurses in China, Che et al. (2023), found that inconsistent and long work shifts contributed to increased mental distress, including anxiety and depression, experienced by nurses. Inconsistency and sleep disruptions increased inflammatory markers as measured in laboratory testing (Che et al., 2023). K.M. et al. (2021) reported that their findings were consistent with other studies conducted throughout the pandemic, highlighting a lack of supportive interventions for healthcare providers' mental health. Advocating for mental health resources for healthcare workers was an outcome realized by nurse participants (theme 13).

Participants appreciated the innovative strategies developed by their health care organizations to support their mental health throughout the pandemic, which contributed to nurse retention.

The theory of PsyCap was empirically grounded in the study of human flourishing in the workplace, with a focus on POS and POB (Luthans & Youssef, 2004; Luthans et al., 2007; Luthans et al., 2015). The mental health benefits of positive social interactions include reduced distress and anxiety, as well as positive professional growth, which are critical to overall nurse well-being (Lu et al., 2023; Xiao et al., 2022). Recognition of patient improvement as a protective factor for hope, optimism, self-efficacy, and resilience was among the most significant memories for nurse participants (theme 14). Patient survival fueled energy, motivation, joy, satisfaction, and gratitude.

PsyCap hypotheses and foundational knowledge have a strong theoretical and research basis defined by psychological constructs of confidence or self-efficacy, positive attribution of optimism, goal directives supportive of hope, and striving for sustained efforts to overcome adversities, thus resilience (Luthans & Youssef, 2004; Luthans et al., 2007; Luthans et al., 2015). The foundational framework on which PsyCap was formulated included understanding organizational behavior, values, knowledge, skills, ability, and practices from a positive psychological perspective (Luthans & Youssef, 2004; Luthans et al., 2007; Luthans et al., 2015). Luthans et al. (2015) recognized the inclusion of human and social capital contributions to PsyCap, including personal identity, purpose, and passion. Hope is a cognitive process that advocates, inspires passion, and analyzes situations, grounded in beliefs that foster self-efficacy and agency

through positive change (Jones-Schenk, 2020). Finding meaning in work was supported through activities that identified reasons for gratitude through reflection, connected with spirituality, and developed a growth mindset for learning and future opportunities (Boyden & Brisbois, 2024). All participants recognized a connection between purpose, meaning, and passion and their well-being (theme 15). Acknowledgement of the reasons for choosing the nursing profession and the accomplishments made throughout the pandemic fostered appreciation for the efforts made.

Garcia et al. (2021) recognized that high levels of self-efficacy contributed to the use of protective coping strategies throughout the COVID-19 pandemic and fostered resilience. The distinction between what can be controlled and what cannot significantly affect psychological capital (theme 16). Participants realized that maintaining a realistic perspective on the situation was imperative to coping, including a continuous search for new knowledge.

Siami et al. (2023) found that hope and resilience predicted recovery and psychological flourishing following critical events, with protective factors including cognitive development, determination, self-efficacy, agency, and the ability to recognize alternatives. Hope can be considered a motivational resource for nurses to navigate challenging situations, anxiety, and burnout by utilizing a positive mental model (Orth & Evanson, 2024; Siami et al., 2023). Hope is achieved through a perception of one's ability to have a positive influence and to impact goals and outcomes (Orth & Evanson, 2024). Acknowledgement of cognitive choices, including focus and mindset, was protective of hope, self-efficacy, resilience, and optimism (theme 17). Cultivating

gratitude in the workplace increased participants' motivation.

Zhang et al. (2023) found that higher levels of psychological capital are associated with greater focus and more supportive work environments. Nurses reporting high levels of hope have demonstrated optimism, goal and future orientation, the ability to manage adversity, and a focus on agency (Orth & Evanson, 2024; Siami et al., 2023). Siami et al. (2023) explained that hope, along with resilience, is a construct that can predict recovery and psychological flourishing following adverse events, drawing on cognitive development, motivation, determination, self-efficacy, agency, and the ability to recognize alternatives. Nurses with high levels of hope demonstrate optimism, goal and future orientation, ability to cope with adversity, and motivation to focus on agency (Orth & Evanson, 2024; Siami et al., 2023). Appreciation of agency and adaptability contributed to higher levels of psychological capital (theme 18). Taking action to overcome obstacles and appreciating small accomplishments brought awareness of the participant's ability to navigate the overwhelming obstacles.

Nurse well-being during the COVID-19 pandemic has been explored by researching various concepts, including number of hours worked, mental workload, job satisfaction, work engagement, supportive leadership, and psychological capital, with similar results of the negative psychological impact both personally and professionally; however, there existed a gap in what is protective (Che et al., 2023; Salminen-Tuomaala & Seppälä, 2022; Schuster et al., 2022; Shan et al., 2021; Um-e-Rubbab et al., 2021; Xiao et al., 2022; Zhang et al., 2023). Grubaugh et al. (2023) noted the importance of examining psychological capital across experience levels and systematically determining

protective factors over time. Additional considerations include organizational development of psychological capital and integration into the culture of healthcare organizations (Grubaugh et al., 2023). The gap in literature related to the lack of supportive factors for nurses who work in high stress environments has been recognized by various studies, including the National Academy of Medicine (2021) which identified the crisis healthcare systems have been faced with following the COVID-19 pandemic (ANA, n.d.; Andrews et al., 2020; Arcadia et al., 2021; Godfrey and Scott, 2020; González-Gil et al., 2021; Lotsy & Bailey, 2021; Martínez-Marcos et al., 2021; Shah et al., 2021; Tan et al., 2020). In a systematic integrative review of the published literature on resilience and healing among nurses during the COVID-19 pandemic, Boyden and Brisbois (2023) reported significant gaps in qualitative research exploring actual experiences. Shuster et al. (2022) suggested that a quantitative study design may limit the findings, particularly regarding causality, by using an online survey to examine PsyCap. There exists a significant knowledge gap, especially in the United States, of studying the PsyCap of nurses and protective factors that support nurses throughout and post the COVID-19 pandemic (Cartwright-Stroupe & Shinnars, 2021; Che et al., 2023; Grubaugh et al., 2023; Guo et al., 2021; Hinkley, 2021; Jin et al., 2022; Liu et al., 2021; Orth & Evanson, 2024; Ren et al., 2021; Shuster et al., 2022; Yildirim et al., 2021; Xiao et al., 2022; Zang et al., 2023).

Limitations of the Study

Although the data collected for this study were tremendously detailed, this research was conducted exclusively online. Face-to-face interaction with participants may

have provided further observations that contributed to the findings. With the current expansion of artificial intelligence technologies, validating participants' actual experiences was considered a limitation of virtual, audio-recorded interviews.

Nurses who might have a significant relationship with me as the researcher were excluded, as were those who had previously worked with me or at my current place of employment. One nurse employed by my current employer volunteered to participate; however, I explained the rationale for exclusion criteria. During the COVID-19 pandemic, I served as an active Peer Support team member and did not collect names of those connected; therefore, there could be potential for bias. By recruiting participants from 10 states outside where I live and work, the potential for significant relationship limitations was avoided.

Providing further clarity in the initial demographic survey tool would have yielded more detailed data. The age range was unclear, and neither the participant's response nor the context indicated whether it was at the time of the COVID-19 pandemic or their current age. Despite this limitation, rich data was collected using a basic qualitative design, contributing to a deeper understanding of the healing journey for both nurses and patients.

Recommendations

Human resource investment positively impacts competitive advantages, strategic initiatives, sustainability, organizational reputation, and profitability (Luthans et al., 2007; Luthans & Youssef, 2004). Throughout my 35 years of experience as a nurse, I have recognized the essential need to acknowledge that nurses are human beings in need

of continuous protection and support so they can provide the best possible care to the patients and families they serve. Nursing leaders need PsyCap to guide and mentor their teams in building positive and supportive relationships. Dedicated resources to foster the implementation of PsyCap within the nursing profession at all levels of education and experience have the potential to foster a paradigm shift that would positively impact recruitment, retention, and sustainability strategies for healthcare systems. Progressive, affirmative impacts on patient experiences can be realized, ultimately resulting in optimistic strategies for organizational health and well-being.

An area of future research related to nurses' PsyCap would be to include ambulatory nurses, rather than only hospital nurses, across the United States. Ambulatory nurses were transitioned to working from home; therefore, exploring their lived experiences would help fill knowledge gaps. The ambulatory nursing clinical setting includes many factors related to patient interactions and opportunities for improvement that differ significantly from those in inpatient care.

When reviewing the demographic data from this study, recommendations for further research include qualitative research on the impact of years of health care experience during disasters, such as the COVID-19 pandemic. For example, suppose a nurse worked previously as a medical assistant, nurse assistant, or licensed practical nurse. How does previous health care experience impact the PsyCap constructs of hope, self-efficacy, resilience, and optimism in catastrophic lived experiences? Does age at entry into the healthcare profession affect the development of PsyCap among nurses when faced with adversity? What is the impact of previous careers or degrees in

disciplines other than nursing on the responses of PsyCap during disaster and crisis experiences? Does the diversity of experiences affect nurse well-being across rural, suburban, and urban settings, as well as in academic and critical-access hospitals?

Future COVID-19 pandemic research should include gender-based qualitative studies grounded in the responses of this study, given that participants were primarily male. Another area of future research, as indicated by a participant in this study, is the impact of the COVID-19 pandemic on a subset of nurses who left their regular positions to accept travel nursing assignments to fill staffing shortages in areas hardest hit by the pandemic. Participant P5 reported working in three states as an adult intensive care unit (ICU) nurse throughout the pandemic. Nurse incentives to fulfill staffing needs were a lucrative opportunity during this time. One nurse participant in this study recognized that the extrinsic motivation of salary rate during the pandemic offered support and protection.

Implications

The ultimate positive social change impact from this study would be to follow the trajectories of the empirical research by Seligman and Csikszentmihalyi (2000) and Luthans and Youssef (2004) to create a paradigm shift within the nursing profession to recognize the protective factors of PsyCap in promoting the emotional, mental, spiritual, and physical well-being of nurses both individually and collectively at all levels. There is currently an overwhelming amount of research published relative to the negative impact of chronic stress and adverse conditions that occur daily within the health care profession; however, this study found a minimal amount of knowledge published relative

to the protective factors and positive perceptions influencing United States nurses (ANA, 2021; ANA, n.d.; Arcadia et al., 2021; Godfrey & Scott, 2020; González-Gil et al., 2021; Liu et al., 2021; Lotsy & Bailey, 2021; Martínez-Marcos et al., 2021; Ren et al., 2021; Shah et al., 2021; Tan et al., 2020; Zhang et al., 2023). Several participants in this study expressed gratitude for the opportunity to reflect on and tell their lived experience through the lens of the PsyCap constructs of hope, self-efficacy, resilience, and optimism. Participant P11 shared, “I want to share that I am delighted to share my voice and help you publish nurses’ stories of coping. Contributing to this study supports hope in the nursing profession.”

The power of reflection and gratitude was evident in participants’ responses, raising a potential knowledge gap. Are nurses primarily focused on clinical tasks, therefore, not prioritizing time for reflection and gratitude? Several participants recognized that they had not reflected on and discussed their experiences within the five years after the COVID-19 pandemic and expressed appreciation for the opportunity. Participants mentioned that their participation in the interview process for this study was supportive of their emotional well-being.

Future goals include publishing the findings of this study in peer-reviewed journals dedicated to nursing and psychology. The findings of this study will contribute to knowledge about nursing well-being, as qualitative research on PsyCap as a framework was identified as a gap in the literature review. Data results can be used to develop educational initiatives that foster PsyCap within the nursing profession. The findings of this study have the potential to create social change and a paradigm shift for

nurses by acknowledging the protective factors of PsyCap for individuals, collective groups, and organizations. By telling the story of PsyCap as a protective factor for nurses, stakeholders include professional organizations, academic programs, and those who influence policy.

The findings of this study could have further implications for the study of nurses' negativity bias. An interesting finding was that all participants' initial recollection of their lived experience throughout the COVID-19 pandemic focused solely on the negative impact on their emotional, mental, spiritual, and physical well-being. After reflecting upon the open-ended semistructured interview questions focusing on hope, self-efficacy, resilience, and optimism, participant responses transitioned to recognition of supportive relationships, personal and professional growth, the essential need of self-care and mental health resources, the value of connection to purpose, and essential choices of mindset, attitude, and focus upon agency and adaptability.

This study could have implications for further questions to be answered by future research with the foundational theory of PsyCap, including the impact of nursing grief after experiencing overwhelming situations related to the death of patients. Participant responses also prompted questions about attachment and detachment theories. Those who connected with patients seemed to experience higher levels of PsyCap; however, several participants discussed detachment from patients as protective of their well-being.

Conclusion

This chapter focused on the study's purpose and nature, and on the key knowledge gaps this basic qualitative study sought to explore, using PsyCap as the

foundational theory. The lived experiential stories of 16 nurse participants, interviewed in a hospital setting in the United States throughout the COVID-19 pandemic, yielded rich qualitative data that validated published findings in peer-reviewed journals. The findings of the study will contribute to academic knowledge, as the literature review identified a gap in research on the qualitative design of PsyCap studies involving nurse participants, specifically those working in United States hospitals.

In response to the open-ended question asking nurse participants to describe their experience throughout the COVID-19 pandemic, all began by reflecting upon the tremendous negative impacts on their emotional, mental, spiritual, and physical well-being. After transitioning to the study's interview-guided questions about hope, self-efficacy, resilience, and optimism, participants reflected on their PsyCap and shared experiences of growth, support, and protection. Eighteen common themes were identified from analysis of participant interview transcripts, including six that validate problem statements identified in previously published research. Thirteen common themes focused on growth, support, and protection, with one common theme that identified the problems experienced during the pandemic while also protecting physical well-being. The 13 common themes that described what nurses experienced as protective and supportive of their well-being were in response to interview questions specific to the tenets of PsyCap, including hope, self-efficacy, resilience, and optimism.

Luthans et al. (2015) validated that PsyCap can be reinforced through education and practice; therefore, this study contributes to the hope of creating a paradigm shift within the nursing profession to foster a positive culture change that supports personal

and professional growth opportunities. Shared experiences of growth could have a significant positive impact on nurses' emotional, mental, spiritual, and physical health related to cohesive team development; interventions to foster connection and supportive relationships; promote concentration on purpose and passion; practice of encouragement and compassion strategies; personal and professional growth; prioritization of physical protection; recognition of PsyCap along with professional commitments; focus on prioritization of self-care and mental health; implementation of mental health resources; acknowledgement of the impact of patients on own well-being; recognition of locus of control; developing neuroplasticity through cognitive practices; and recognition of agency and managing abilities beyond clinical care. By fostering PsyCap skills that support nurses' holistic health, they will be better equipped to navigate the negative stressors to prevent distress.

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Appendix A: Recruitment Tool



Photo Credit: <https://nursing.umich.edu/about/news-portal/covid-19-news>

What protected nurse's well-being throughout the COVID-19 pandemic?

You are invited to share your views for a study titled: An Exploration of the Psychological Capital of Hospital Nurses in the United States During and After the COVID-19 Pandemic.

- One 45–60-minute interview that will be audio recorded (no videorecording).
- To protect your privacy, the published study will not share any names or details that identify you.

Interviews will take place between January to March 2025.

Volunteers must meet these requirements:

- Worked at a hospital located in the United States throughout and since the COVID-19 pandemic.
- Employed as a Registered Nurse full-time (at least 72 hours per pay period) from March 1, 2020 to present.

If you are interested in completing a brief survey followed by a scheduled interview, please email us to express your interest.

Appendix B: Screening Questionnaire

To maintain confidentiality and record the date and time of completion of the screening questionnaire, questions will be developed within the researcher's password-protected Microsoft Forms account. A QR code and a link to the screening survey will be included in an email response to participants as they express their willingness to volunteer for the interview.

Demographic Data:

1. Gender
2. Age
3. Years of experience as a nurse
4. Nursing education (ADN, Diploma, BSN, MSN, DNP, ANP)
5. Area of practice (i.e., Adult Intensive Care, Pediatric Intensive Care, Emergency Department, Medical Surgical Unit, COVID Unit, etc.)
6. City and State

Screening Data:

1. What hospital was your employer during the COVID-19 pandemic?
 - a. Response will be open-ended to gain data about the locations of participants across the United States. Those who provided care outside of the United States will be excluded from the study.
2. How many hours did you work as a nurse during the COVID-19 pandemic?
 - a. Response will be open-ended to gain data related to inclusion vs. exclusion criteria.

Participants who do not meet the criteria will receive an email thanking them for their time, the rationale for not scheduling an interview, and the potential to participate in a future study.

Appendix C: Interview Guide With Questions

RQ: How do nurses who have provided health care services in a hospital setting within the United States through and after the COVID-19 pandemic describe their experiences of the psychological capital tenets of self-efficacy, hope, optimism, and resilience?

Introduction

Thank you for agreeing to meet with me and share your experience throughout the COVID-19 pandemic. The focus area I am exploring is understanding your experience throughout the COVID-19 pandemic, specifically what was protective of your emotional well-being. Throughout our conversation, I hope to understand your beliefs, triumphs, emotions, thoughts, feelings, and anything you have encountered that helped you get through the global pandemic as a nurse (Patton, 2015). While having a conversation about your experience throughout the COVID-19 pandemic, I intend to create a portrait of your experiences and practices that you have found helpful at work related to the theory of psychological capital including hope, self-efficacy, resilience, and optimism (Luthans & Youssef, 2004; Luthans et al., 2007; Luthans et al., 2015; Rubin & Rubin, 2012). Information shared with me will be maintained in confidence and will not include any identifying information. If you are feeling emotionally vulnerable at any time, feel free to let me know. I intend always to maintain a psychologically safe environment, and emotional support resources will be available after this interview. You have the right to end the interview at any time.

Tell me about your experience as a nurse throughout and after the COVID-19

pandemic.

This question provides a comfortable way to begin the interview in a non-threatening manner and allows the participant to offer a perspective on the work environment (Rubin & Rubin, 2012). As the interviewer, I may deviate from the script and ask probing questions to elicit more detailed data as the participant responds (Jacobs & Furgerson, 2012). Describe your experience within the department in which you work. What is your relationship with the other nurses you work with?

Guided Interview Questions

Psychological Capital concept of hope:

1. How did you find motivational energy to accomplish needed tasks at work throughout the COVID-19 pandemic?
2. What goals did you have, and how did you find the energy to reach those goals successfully?

Psychological Capital concept of resilience:

3. What was your experience of coping and adapting during the COVID-19 pandemic?
4. How has your experience had an impact on your work involvement, engagement, and feeling that you can overcome obstacles?

Psychological Capital concept of optimism:

5. What internal beliefs positively impacted your daily work?
6. What have been your most memorable moments of working through the COVID-19 pandemic?

Psychological Capital concept of self-efficacy:

7. What accomplishments have you been able to achieve throughout the COVID-19 pandemic and since that time?
8. What stories about your experiences would you tell new to practice nurses in how to care for themselves if faced with a similar situation in the future?

Probing Questions

Probing questions could include requests for more details about any interventions the participant has experienced (Jacob & Furgeson, 2012; Patton, 2015; Rubin & Rubin, 2012). Tell me more about how often you have practiced yoga. You mentioned that the hospital has a Peer Support team. Could you please explain how the Peer Support team has helped you? You mentioned listening to podcasts. Please explain how the podcasts have been helpful. You mentioned walking has helped to relieve stress. Please tell me more about your aerobic exercise.

Closing the interview

Are there any other ways that you have experienced support or found practices that were protective to maintain your health and wellbeing throughout the pandemic? Thank you for trusting me with the information shared. I will send you a list of resources that can provide emotional support and the transcript of your interview by email prior to

analysis, to ensure the accuracy of the information. The data from all participants of the study will be analyzed for themes and shared experiences. When the study is published, I will notify you with the publication information.

Appendix D: Emotional Support Resources



[988 Suicide & Crisis Lifeline | SAMHSA](#)



[Coronavirus Well-Being Initiative - Mental Health & Nursing | ANA](#)



[COVID-19 Well-Being Toolkit and Resources | Center for Healthy Minds](#)



[Wholehearted.org – Healing is possible](#)