Overcoming Struggles: Voicing the Lived Experiences of Nurses in Handling Challenging Patients in Qatar

Nida H. Garcia, Ed.D^{1,2,3,4}

Mark Jairus M. Victorio^{1,2,3}
Tim Billy M. Tizon^{1,2,3}
Trixia Anne C. Yabut^{1,2,3}
Rohan Jazan P. Tomas^{1,2,3}
Gwyneth G. Salvador^{1,2,3}
Ann Kate M. Real^{1,2,3}
Samantha Emanuelle U. Domingo^{1,2,3}

¹ Philippine School Doha, Doha, Qatar, PO Box 19664

Research Development Accreditation and Publication Office, PSD, Doha Qatar

Research Capstone Project, PSD, Doha, Qatar

Technological University of the Philippines, Manila Philippines

Abstract:- Nurses care for different kinds of patients. Working in a multicultural country with over 100 nationalities and multiple ethnicities, it is inevitable for nurses in Qatar to encounter and deal with challenging patients. Capturing the lived experiences of a selected group of participants, this qualitative study employed phenomenology as a research design and utilized an indepth semi-structured interview to uncover the unique experiences of nurses in Oatar in handling challenging patients to determine the coping strategies they employ to effectively handle these types of patients. Findings of the study afloat three major coping strategies of nurses as they handle patients who are non-compliant, aggressive, or have high acuity needs. These coping strategies are Self-Directed Coping Strategies, Patient-Generated Coping Strategies, and Health Care Management-Supported Coping Strategies. Directed Coping Strategies are coping styles nurses specifically do for themselves to get through tough situations and can be categorized into restoration, reflection, and reformation. Patient-Generated Coping **Strategies** are achieved through examination, communication, and compassion, while Health Care Management-Supported Coping Strategies are coping techniques nurses execute through specific provision, collaboration, and action. The findings of this study offer a panorama highlighting the strategies that enable nurses to fully embrace their work and handle challenging patients towards high quality healthcare.

Keywords:- Challenging Patients, Coping Strategies, Healthcare Management-Supported Coping Strategies, Patient-Generated Coping Strategies, Qatar, Self-Directed Coping Strategies.

I. INTRODUCTION

Nurses play an important role in the healthcare system, providing care for patients and families from all walks of life. On a daily basis, nurses juggle multiple tasks, from administering medication and performing assessments to providing emotional support and educating patients and families on healthcare topics. Nurses frequently work long hours, often in physically and emotionally demanding environments, while also striving to maintain a high level of quality care. They make difficult decisions daily, such as when to administer medication, which treatments to provide, and more. They need to remain up to date on the latest medical protocols, and are expected to have a deep understanding of the ethical and legal implications of their work. Hence, nurses must have the emotional strength and mental fortitude to handle emotionally charged situations and difficult patients. As a result, nurses possess an impressive array of skills and knowledge that can be difficult to maintain. All these can lead to nurses feeling overwhelmed and exhausted, resulting in a daily struggle to keep up with the demands of their job.

The concept of a difficult patient has been a contentious topic among professionals (Sulzer, 2015). Sandikci, et.al. (2017) expressed that patients with unreasonable demands, high levels of anxiety, multiple recurring complaints or chronic diseases, and behaviors such as aggression, pessimism, nonadherence to treatment or care, verbally abusive, manipulative, lying, offensive, or prone to violence are among the characteristics of difficult patients. Among the other reasons as narrated by Steinauer et al. (2014) are patients' noncompliance, irrationality, differing cultural beliefs, and countless other difficult situations that test a healthcare professional's ability to control his/her own emotions and provide patient-centered care. Challenging patients are patients who pose a challenge to nurses include those who are demanding, have numerous

vague complaints, aggressive, and who stir up strong negative feelings.

Handling challenging patients can be a tough and stressful endeavor for nurses. It is unsurprisingly difficult to maintain composure and professional appearance while dealing with patients who are exhibiting challenging behaviors. A nurse's performance may be impacted by constant exposure to a variety of situations that could lead to occupational stress, which in turn could result in physical and mental health issues. Due to the long hours, mentally and physically taxing work, and emotional toil involved in caring for patients, the nursing profession is a very stressful one. The negative effects of job-related stress and burnout among nurses can have a detrimental impact on both their physical and mental health, as well as the quality of care they provide to patients. Consequently, this research is conducted to explore the struggles nurses in Qatar experience in handling challenging patients in order to determine the coping strategies they apply to effectively handle these kinds of patients. Through phenomenological research, the researchers delve into the rich experiences of selected nurses in Qatar, who have directly experienced taking care of difficult patients. This research serves as a powerful tool to uncover sets of coping strategies unique to the nurses in Qatar.

While it is common knowledge that the nurses' primary role is to provide care, it is also a fact that nurses are human persons who need care and support. Though many articles are written about nursing care, most of them are directed towards the care of patients. This qualitative study argues that the well being of nurses is as important as the patients' wellbeing. In order to render the best possible care and enhance patient outcomes, nurses must be at the peak of health and should be in full control of their own practices. The experience of patients is a reflection of the care process nurses themselves go through.

II. II.METHODS

This study used the qualitative phenomenological research method as it aims to understand the lived experiences of the participants. Qualitative research is a naturalistic inquiry process that aims to gain an in-depth understanding of social phenomena in its natural context. (UTA Libraries, 2021). The purpose of this approach is to understand the crucial aspect of participants' shared experience on a common ground (Padilla-Diaz, 2015). Thus, the phenomenological research approach was used as it is the study of lived experiences (Neubauer et.al, 2019) from the participant's point of view. In this study, the approach was applied for understanding the coping strategies that nurses in Qatar utilized when handling challenging patients. Thematic data analysis was used to identify the common themes as well as the corresponding sub themes that were gathered through inductive reasoning. This method seeks to derive meaning from a data set in order to identify patterns and relationships upon which to build a theory. (Bernard, 2011, p.7) Furthermore, this approach is based on the participants' unique experiences and learnings.

III. RESEARCH LOCUS AND SAMPLE

The study was conducted in Qatar, with a specific focus on nurses' lived experiences when dealing with difficult patients in the country's healthcare settings. The participants were selected from a variety of healthcare facilities and were interviewed utilizing Zoom, an online video conferencing platform. The use of Zoom allowed for scheduling flexibility and contributed to the safety and comfort of the participants, who were able to participate in the interviews from the comfort of their own homes or workplaces.

The researchers have chosen a total of ten participants using the purposeful sampling strategy (Cresswell, 2013), wherein researchers select people who have experienced the phenomenon of interest. According to Andrade (2021) purposeful sampling is extensively employed in qualitative research since characteristics are defined for a purpose that is relevant to the study. This study involved the participation of chosen nurses working in Qatar. The participants were selected after gaining their approval and the relevant authorities in the research locale. The following criteria were used in selecting the participants: (a) Nurses must have been working in Qatar for five years or more, (b) Nurses must have experienced taking care of "challenging patients" at least 5 times, and (c) Nurses may be Filipinos or other nationalities. Eight selected nurses are Filipinos, one Indian and the other one is Jordanian. A total of nine nurses worked in Qatar for 15 to 25 years and one out of the ten nurses worked in Qatar for 8 years. All participants vouched that they have experienced handling challenging patients.

IV. DATA COLLECTION AND ETHICAL CONSIDERATION

Data collection started with the preparation of a list of semi-structured questions and a robotfoto. After the construction of the list of questions, it was then validated by the selected teachers who have relevant professional backgrounds. The selected participants were then sent the consent forms via email as an invitation to participate in the study. The time and date of the interview were scheduled according to the availability of the participants. The interview was done through the Zoom software and data gathering took place through it.

The semi-structured interview questions acted as a guide for the participants to voice out their unique lived experiences in handling challenging patients here in Doha, Qatar. To give the participants a sense of the interview procedure, a brief orientation was conducted. For the purpose of necessary data transcription, participants were requested for their consent to record the interview. As part of the qualitative research process, the participant recordings were kept as highly confidential. Likewise, the participants were assigned pseudonyms to ensure utmost confidentiality.

V. DATA ANALYSIS

This study used the data that were gathered directly from the participants' articulation of their experiences. From the responses gathered through the interview, the phenomenon under study was deeply analyzed through the following steps: (1) Emic data transcription, (2) Emic to Etic Transcription, (3) Cool to Warm Analysis, (4) Use of dendrogram to analyze surging themes, and (5) Encapsulation of emergent themes into a simulacrum. This study gained an in-depth understanding of the topic through this systematic procedure uncovering the coping strategies used by nurses in Qatar when handling challenging patients through thematizing. The first level of data analysis made sense of the information gathered, first through direct transcriptions and then through data cleaning. The data is then treated, with the cool-warm analysis clustered and reflected to form the dendrogram, from which the themes and sub-themes were extracted. The conceptual framework of the study is embodied in the research simulacrum, which shows how the parts are interconnected. The second level of data analysis then reinforces the themes and subthemes through the lenses of related literature and studies.

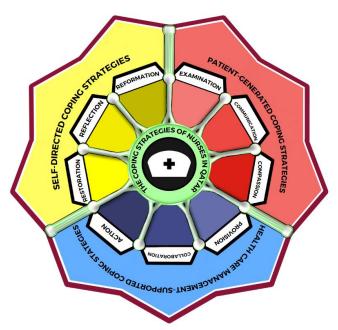


Fig 1 The Coping Strategies of Nurses in Qatar

The respondents' musings, articulations, verbalizations disclose three major coping strategies of nurses when handling challenging patients namely: Self-Directed Coping Strategies, Patient-Generated Coping Strategies, and Health Care Management-Supported Coping Strategies. Self-Directed Coping Strategies are coping styles nurses specifically do for themselves to get through tough situations and can be categorized into restoration, reflection, and reformation. Patient-Generated Coping Strategies, on the other hand, is achieved through examination, communication, and compassion, while Health Care Management-Supported Coping Strategies are coping techniques nurses execute through specific provision, collaboration, and action.

VI. RESULTS

Self-Directed Coping Strategies

Nurses, by the nature of their job, are almost always confronted not only by difficult situations but also by challenging patients. Their day-to-day life at work is characterized by the series of duties they carry out to ensure optimum patient care and the interplay of varied strategies they employ to keep them going amidst the busy, demanding, and challenging work shifts. Undeniably, working as a nurse is stressful. The job is exhausting both for the mind and body. Hence, nurses in Qatar practice a set of self-directed coping strategies to deal with the physical, mental, and emotional toll of their work. Taking a closer look into their experiences, these self-focused coping strategies can be categorized into restoration, reflection, and reformation.

As nurses execute their work, as they deal with difficult patients, and handle the daily challenges associated with their job, they often experience physical, mental, and emotional fatigue. Oftentimes, they endure high-level of stress which depletes their energy and affects their overall health and well-being. In order to restore themselves, nurses in Qatar take special time out to rest and relax. As one nurse averred:

"I relax at home with my coffee and shisha. I have an hour of stress-free time with my colleague. After work, I talk with my family, watch TV, and check unread messages. I always separate work and home because this decreases stress." (P5)

Two respondents confirmed this practice in their statements:

"We leave our place and take a breather, drink water, and pray." $^{(Pl)}$

"Nurses give themselves time to rest. This resting time is used to refresh their minds." (P2)

They likewise indulge in other healthful activities that bring joy, rebuild their spirit, and restore their strength. Two nurses openly verbalized:

"I usually exercise and have my hobbies if that time comes. Sleeping well also helps." (P10)

"We have to release the load from our shoulders, from our feelings or emotions because otherwise, it will overwhelm us. I eat whatever I want, rest, take a good shower, and sometimes lie on my bed and watch movies."

(P7)

Nurses, however, do not just take a pause from work when stressed. They also go through the process of reflection, especially when they are on the verge of emotional outbreaks. They do self-introspection and examine their thoughts and feelings to know if they are on the right path. One respondent disclosed:

"To overcome these emotional outbreaks, nurses ask themselves questions like: if they made the best decision, if they did the right thing, etc. These questions help the nurse ensure that what they are doing is right." (P3)

As they ask themselves vital questions about how they carry out their work, they likewise reflect on their own personal growth and development, their clinical skills and knowledge, their communication and interpersonal skills, and their ability to provide compassionate and competent care. They verified all these through open dialogues with fellow workers. One respondent narrated:

"We talk with our colleagues. We talk about the situation, the management, or whatever happens. Talking about it is also a way of voicing out what could have been done or what should have been done if ever a situation like this arises again so that we will be able to express our frustrations. "... we can share our feedback on each other and how we can improve. It can be pleasant to share this with them. Because doing otherwise could cause depression." (P4)

Reflective dialogue as per the nurses' experience does not only cultivate individual reflection but also help in resolving conflicts as one respondent affirmed, "If my colleagues and I have a conflict, we tend to talk about it and try to understand one another because we value teamwork and everybody's opinions and feelings." (P5) Moreover, it leads to a certain realization and gives one an affirmation that everything is okay after all. As one nurse confirmed:

"Sometimes you will hear the same story from others and think that you are not the only one who encountered such a situation, therefore, you will come to realize that it is just part of the nature of your job as a nurse to experience handling challenging patients." (P7)

Subsequently, before they go to work, nurses take a deep breath and find themselves in prayerful reflection, as one respondent stated, "Before coming to work, I pray for a peaceful and calm duty." (P1) It is evident how reflection redirects their thoughts and feelings and leads them to the process of reformation.

Hence, to effectively deal with work pressures, nurses make readiness a habit. They recognize the value of preparation in handling challenging patients and difficult situations. A respondent verbalized:

"When you go to work, you don't know what situation you will encounter. It could go smoothly, or it can go awful, but you have to always prepare for any situation mentally, physically, and spiritually since you don't know who is coming." (P8)

The musings of two nurses connote their agreement. They narrated:

"You must be emotionally ready before work." (P1)

"Preparation is important because this is a matter of life and death in our type of work. Being unprepared for anything can cause a life. So there is a big responsibility. The responsibility of being prepared for anything which is a mindset for us. Personally, I am always telling myself to always expect the worst so that whatever calls are being received, even if it is minor, it is better to overreact than not reacting at all." (P3)

Moreover, nurses keep their composure and try their best to be in control of stressful situations. They become more careful of their reactions, and they exercise caution in everything that they do. As claimed by one respondent:

"When there are stressful times, the nurse stays calm and does not panic. Teamwork should also be there, and colleagues must help one another to avoid these stressful situations, one has to avoid arguments, especially with the patient. One shouldn't panic since it will just cause more chaos." (P2)

And though patients remain to be their top priority, to deal effectively with the difficult ones, nurses in Qatar know when to bend and when to make a stand. Two nurses mused:

"The patients do get what we are trying to say. We do not really have to compromise; this is why we need to be calm and composed." (P1)

"Try to understand where the patient is coming from but be firm at the same time, stand your ground." (P7)

It is truly interesting to know how nurses build their physical, mental, and emotional resilience in dealing with challenging patients. The articulations of the respondents prove how self-directed coping strategies of restoration, reflection, and reformation work and how helpful they could be in managing difficult situations.

➤ Patient-Generated Coping Strategies

Hospitals are busy places where a large number of patients are admitted and treated daily. Nurses play a crucial role in the care of these patients. Aside from administering medication and monitoring patients' health condition, they also provide patients with emotional support. Hence, a positive nurse- patient connection is essential to patient care. A healthy relationship impacts the life of both patients and nurses.

It is fascinating to know how nurses in Qatar handle their patients and how they draw some coping techniques from these interactions. These patient-generated coping strategies which are achieved through examination, communication, and compassion towards patients are vital in managing crises and conditions involving challenging patients.

Inevitably, nurses encounter hot-headed and aggressive patients. Dealing with them is undeniably one of their greatest challenges. To handle the situation, nurses in Qatar get to know and understand their patients better

through some forms of examinations. They conduct background checks on patients to gain full understanding of their medical record and/or any other conditions or issues that may be relevant to their treatment. This helps nurses to be better prepared and become more knowledgeable about the patients they are taking care of. As averred by one nurse:

"You must first do a background check on the patient's medical concerns and understand why the patient is aggressive. After that, you will have the key to solving the issue. If you do not do this swiftly, it may affect the patient's temper and their treatment plan." (P4)

In addition, they make it a point to gather helpful information from colleagues to be able to face difficult patients confidently. One respondent disclosed:

"First, you must learn the history of the patient because as you enter their room, you receive lessons from the nurse from the previous shift who handled the same case with you. You will also have to ask the Nurse about the behavior of the patient so when the time of your shift comes, you are already prepared to manage yourself in front of the patient." (P7)

By being aware of the issues beforehand, nurses can take precautionary measures to ensure their own safety as well as that of their patients.

Interestingly, nurses' day to day patient observations lead them to a deeper contemplation. As beautifully expressed by one respondent: "Every patient is a different patient. Every encounter is a new encounter. There is no such thing as a tailored fit approach or standardized approach because people are different." (P6) This point of view helps them to deal effectively with culturally diverse patients in Qatar.

Working in a multicultural and multinational environment though, with language as a sure barrier to healthcare, nurses in Qatar, did not fail to use communication as an important coping tool. One nurse mused:

"Yes, there were some cases where in my line of work, the issue is language barrier in this country. Mostly, it is more frustrating on the patient's part because if they have a problem, they could not express themselves so they could not be understood by someone like us who are trying to help them. This adds up in the frustration especially for these people. In a sense, learning their language and culture is one big help in managing this." (P3)

This connotes the importance of understanding one's culture and the use of effective communication in the establishment of rapport and the building of trust between the patients and nurses. As the nurses learn to use the patients' language, they are able to talk to them, explain things out, and ask for feedback. Confirmatory statement relative to the effective use of communication in dealing

with challenging patients is evident in the declaration of two respondents:

"You can ask the patient to sit down first and calmly talk and take note of their concerns. You have to reason out with them what you can and cannot do. You have to explain the process to the patient because sometimes the reason they are angry is simply because they don't get the process of what needs to be done." (P8)

"Seek to understand the experience, learn from the patients, and ask for their feedback, identify the strengths and weaknesses, and plan how these weaknesses can be prevented in the future." (P4)

As nurses continue to carry out their daily duties, they communicate with different kinds of people, they are confronted with various situations, and they come face to face with the multiple realities about the life and condition of their patients. In the process, they learn to compromise, to accept, to sympathize, and to empathize. This is compassion; an invaluable aspect of care that enables nurses not only to cope but to patiently bear with their patients. Three Qatar nurses sincerely articulated:

"First is that you have to empathize and understand what they are feeling. You also need to know about what you are telling or informing about the disease to your patient."

"Accept the situation in a sense that you put yourself in their situation on why they are behaving like this, you will have a better idea on how to approach them." (P3)

"We never do anything bad about our patients. Their condition is what we consider. Despite the patient behaving in a way that is threatening or compromising our safety, we just remember and think that this person is our patient, our client, and they are sick." (P9)

Indeed, compassion is one of the important components that contribute to the best healthcare services. How nurses can remain calm, sincere, and caring while handling challenging patients is truly admirable. The forgoing responses demonstrate the efficacy of patient-generated coping strategies of examination, communication, and compassion as well as their potential use in handling challenging circumstances.

Health Care Management-Supported Coping Strategies
Healthcare management plays a vital role in ensuring the well-being of nurses. The leadership and direction provided by the managers, the hospital policies and practices, the facilities and resources, the work atmosphere and relationships, all these and more contribute to the overall coping mechanism of nurses in Qatar and can be perfectly termed as health care management-supported coping strategies. These coping strategies illustrate how nurses make effective use of the hospital provisions, how they collaborate and work as a team, and eventually make

decisions and take appropriate actions to cope with tough situations involving challenging patients.

Nurses respond accordingly and confidently to a variety of hospital situations knowing that there are provisions and help available. Two respondents narrated:

"We can call several chains of commands like the team leader or head nurse. Our hospital also has the security department and social workers that can help you deal with issues that affect your safety." (P4)

"When we call the customer service and say the code, they will attend to our needs and call the security to help you assist with these aggressive patients." (PI)

There are circumstances, however, that call for greater collaboration. Nurses rely on each other for support and guidance. A respondent sincerely shared:

"When my co-workers need me, I respond right away to stressful situations and they also do the same for me. I try to build good relationships with them so that they will assist me if I need it. I seek my coworkers for advice, and they help me find the key to resolving the situation." (P4)

This articulation implies the value of teamwork. Nurses work together as a team to accomplish a task and solve problems. With teamwork, they build trust and create a strong sense of unity. They learn to value themselves more and their colleagues better. One nurse affirmed:

"Teamwork is beneficial to nurses. Nurses are aware of the benefits of working with others. Colleagues are important in nursing. This is because it is a multidisciplinary teamwork." (P2)

Over and above, nurses' composure is tested when left alone in a difficult situation. How they personally and directly respond to patients' multiple non-specific complaints reflects their overall perception of their work. As one respondent claimed:

"You have to treat the patients the same. If the patients need care, then you have to provide that care. If the patient is aggressive or is being a bit difficult you need to calm them down, to explain what is the process of what you will be doing if there is a procedure so the patient will understand. Most patients will calm down by themselves once you explain the situation to them." (P8)

Anent to this, their reactions and decisions, more so their actions, are manifestations not only of their love for their patients and their commitment to work but also of the values they hold dear as human persons, as one nurse attested; "We understand that not only was the patient sick, but he is also dealing with a mental condition that made him react that way. Despite these difficulties, we have to handle the situation, as it is our responsibility." (P9) A respondent testified to the nurses' full acceptance of responsibility and acknowledgment of accountability as he concluded, "We are

the frontline healthcare workers, we are directly involved in patient care." $^{(P10)}$

The articulations, musings, and verbalizations gathered from the respondents categorically prove how crucial healthcare management-supported coping strategies of provision, collaboration, and action are in maximizing the effectiveness of healthcare delivery as well as in maintaining the nurses' well-being. Overall, these coping strategies show how nurses are supported and also support one another in times of difficulty.

VII. DISCUSSION

> Self-Directed Coping Strategies

The ability of nurses to remain composed under pressure and to use critical and strategic thinking in difficult circumstances can be attributed to the competent use of certain coping strategies. Methods of dealing with difficult situations that are seen as stressful are referred to as coping strategies. These cognitive and behavioral techniques can be used to manage challenging circumstances, demands, and crises. (Carr & Pudrovska, 2007). Coping mechanisms give nurses the tools they need to remain strong and upbeat in the face of stress, making them a crucial component of nursing practice. For the nurses in Qatar, these coping strategies can be specifically directed towards the betterment of themselves. Hence, the term Self-Directed Coping Strategies as per their unique experiences refer to the nurses ingenuity in handling the outcome of a difficult situation in order to restore themselves from physically, mentally, and emotionally draining experiences. From restoration, these set of strategies moves nurses to a point of reflection and allows them to go through the process of refinement or reformation.

Restoration is traditionally defined as an act of returning a system to an original state (Bradshaw, 2002) wherein interventions are designed and implemented with the aim of strengthening resilience and capacity to recover (Lake, 2012). Biblically, restoration as beautifully described by Brown (2021) is the act of returning something to its former condition and making it new again. Hence, restoration can happen both in one's physical body and spirit. As a coping strategy, nurses in Qatar take a pause from work to restore their physical beings. They engage in healthful physical activities. They take time to eat, drink, exercise, relax, and rest. These restoration strategies positively impact the life of nurses. As affirmed by the study of Livingston & Collette-Merrill, (2018), following a guided integrative restoration, Yoga Nidra program showed a significant improvement in the mindfulness and well-being of healthcare workers. Nurses in Qatar manage stress levels by taking a breather, by going outside, by relaxing at home, by doing some relaxation exercises, such as deep breathing or yoga. Relaxation methods as reiterated by Norelli et al., (2022) are designed to help people decrease muscular and mental pressure and anxiety. These methods range from activities to promote peace and tranquility, such as deep breathing and meditation, to physical activities such as stretching and yoga, which aid in relieving tension and

reducing stress. Certainly, self-care is an important aspect of maintaining good physical and mental health. It is the practice of looking after oneself in order to promote health and well-being. This includes developing the skills to be aware of one's own needs, having the strength and determination to control oneself, and being independent enough to take responsibility for one's own health. (Martínez et al., 2021) When individuals take the time to care for themselves, they are able to restore their energy and well-being, which can have a positive impact on their overall health and quality of life.

Nurses often contemplate on their own experiences in order to gain insight into their feelings and behaviors. Reflection is a component of the self-directed coping method that requires nurses to see a situation while also being conscious of their personal values, behaviors, and beliefs. The clinical knowledge and experiences of nurses are reflected upon and this enables nurses to gain insight from the circumstances and utilize it to improve both their clinical expertise and patient care (Patel et al., 2021). This means, it can provide them with a deeper understanding of their emotions and how to better manage them. Through this introspective process, nurses can identify areas where they may have felt overwhelmed or under-resourced and develop strategies to better cope with these challenging situations. This can involve recognizing their own needs, developing healthy coping strategies, and identifying and utilizing available resources. Reflection is mindfulness; an effective way to practice self-reflection, as it encourages nurses to pay attention to their thoughts and feelings without judgment. This helps them to be more aware of their emotions and how they are responding to them. Nurses can use mindfulness to become more aware of their own experiences and develop strategies to cope with difficult situations (Penque, 2019). Conducting reflective dialogue with colleagues is also beneficial as exemplified in the experiences of nurses in Qatar. Okuda & Fukada (2014) defined reflective dialogue as reflecting on the habitual practice of nurses while talking to another registered nurse. Reflective dialogue encourages nurses to engage in meaningful conversations with their peers in order to gain insight into their own practice and to ensure that they are following the proper protocols when dealing with difficult patients. As concluded from the study of Carvello et al., (2019), the support coming from peers of the healthcare workers is valuable to the prevention of mental health issues and emotional distress in certain circumstances with high emotional impacts. Peers in nursing can provide a wealth of knowledge and experience that can help nurses cope with the daily stressors of healthcare. They can provide support and understanding, as well as offer advice, which can help nurses feel less isolated. As nurses become increasingly responsible for the health of their patients, having a support system of peers can be invaluable.

Moreover, nurses rely on praying as an effective way to cope. Praying provides them with a sense of comfort, hope, and strength in times of crisis and stress. As supported by Nilsson (2021), an approach to self-care that includes mindful body scanning, prayer, and meditative walking can

be beneficial to nursing professionals in dealing with challenging job-related issues by reducing stress, anxiety, and everyday institutional adversities.

Rejuvenated and restored, Nurses in Qatar face daily work with hope. Nurses value readiness for any situation that may come their way. To ensure they are always prepared, nurses use reformation or cognitive reframing as a self-coping mechanism. Cognitive reframing is a technique used to shift your mindset so you're able to look at a situation, person, or relationship from a slightly different perspective (Clark, 2013). Other than that, it increases their psychological flexibility and adaptability. Through this restructuring process, they perceive their working environment as a more productive environment (Hart et al., 2014). This allows them to adjust their outlook on any situation and look at it from a different angle, which allows them to view it in a more positive light. This helps nurses stay level-headed and focused. Furthermore, reformation involves a nurse's internal alignment of values and beliefs in order to establish a foundation for their work. This can involve anything from developing a deeper understanding of the patient's situation and emotions to practicing selfreflection and mindfulness. Through this process, nurses can gain a greater understanding of their own values and beliefs and how they can be applied to their work. Evidence shows that the nurses' perspective on professional values is eminent as these values affect decision-making and patient care. (Poorchangizi et al., 2017) Moreover, the American Nurses Association (2017) indicated that being professional in the nursing field is providing patients with the best possible care while sustaining the personal values of accountability, respect, and integrity. Not only do nurses in Qatar uphold these professional values, but they also know when to make a stand and when to bend so they could advocate for their patients and ensure that their needs are met without compromising the healthcare protocol. In addition, the nurses in Qatar value the importance of preparedness in every aspect of their life as they use it as a coping strategy before going to work. Being prepared also helps ensure that nurses are able to respond quickly and appropriately to any situation that may arise. Preparedness helps nurses to anticipate and plan for any potential risks or crises that may arise. Being prepared also helps reduce stress and anxiety in stressful situations, and can help nurses be more confident and effective in their roles.

In summary, dealing with challenging patients leads nurses to specific self-directed coping strategies. One of these is restoration which engages nurses in relaxing activities and gives them time for themselves. Reflection enables them to contemplate on their own experiences in order to learn about their actions and behavior. Reformation as a result of restoration and reflection, arms nurses with the inner strength and confidence to be in control of themselves amidst difficult situations. Nurses become more resilient, disciplined, and persevering with the willpower to give their patients the best possible care no matter what. This is critical in healthcare. As Layali et al. (2019) emphasize, nurses who have a higher quality of life provide better care.

Patient-Generated Coping Strategies

Nurses deal with numerous types of patients. There are silent patients who lack the guts to speak up (Headley, 2018), there are confused patients who often struggle to put down new memories and retrieve previous memories (Gupta, 2019), and there are challenging patients who could either be violent, aggressive, afraid, manipulative, mourning, somatizing, or resistive (Tölli, 2020). As nurses perform their duties towards these patients, they are confronted with concerns and obstacles they need to effectively handle in order to give patients the best possible care. Interestingly, while nurses in Qatar find it challenging to deal with difficult patients, daily interactions with them offer valuable opportunities to cope with difficult situations. Hence, they employ patient-generated coping strategies in handling work pressures. This set of strategies is best carried out by nurses in Qatar as they conduct patient examinations, as they communicate with them, and as they practice compassion in dealing with them. Kennedy (2021) described how working as a nurse exposes one to all kinds of people in all kinds of situations and how in general these situations enable nurses to gain insight into human behavior and affect their personal decisions.

Examination is using on-hand information about the patients and observing their actions to assess and prepare for the situation at hand. This process, physical or clinical, is adopted by nurses in Qatar as an effective means to deal with challenging patients. Nurses do background examinations and compile the patient's comprehensive medical history not only for record purposes but also to have a better understanding of the patient's situation. Nurses detect a patient's declining condition by having a thorough understanding of the patient's medical history (Massey et. al., 2016). The nurses in Qatar do examine the patient's medical concerns to determine underlying issues and understand the patient better. Not only does it provide information on the patients' prerequisites, but it also enables them to decide more sensibly and react accordingly. Additionally, nurses in Oatar receive helpful information through the endorsement of a colleague who looked after the same patient. They gather feedback regarding the patient's behavior that may help nurses carry out their duties and manage themselves effectively in front of the patient. Communicating a shared understanding of patients' condition and teamwork is constructed from nurse-to-nurse shift handoffs (Ernst et. al., 2018). The nurses ensure that the information they get is properly utilized in managing the patient and will be instrumental in making the patient feel accepted and understood. Examination is a continuous process that can also be adjusted depending on the patient's need to make them appropriate for various situations. Observing a patient's condition is a critical aspect of the nurses' competence (Brown, 2020).

Communication is one of the first foundations of a nurse and patient relationship. A healthy interaction between the nurse and the patient is a key aspect in building trust, which is essential in healthcare. Every aspect of nursing, including prevention, treatment, therapy, rehabilitation, education, and health promotion, depends on effective communication (Kourkouta and Papathanasiou, 2014). Nurses in Qatar use communication not only as a means to build rapport with patients but also as a tool to cope with daily work challenges. Working in a multicultural environment with healthcare practitioners and patients from a variety of cultural backgrounds, they use their verbal and non-verbal communication skills to understand the patients, explain certain procedures, and obtain patient feedback.

The quality of care is improved when patients' needs are attended to, their opinion valued, and complaints are taken into consideration. The way nurses interact with patients, explain procedures and gather feedback influences how well care is provided. Hence, the nurses' ability to communicate and provide quality healthcare can suffer as a result of language barriers (Ali & Watson, 2017). Considering the experiences of nurses in Qatar, they surely run into unfamiliar vocabulary and are exposed to miscommunication problems as they deal with patients of different nationalities. Inevitably, patients experience the same. A study conducted by Abdelrahim (2017), about patients' experiences on language barriers in Qatar, revealed that most patients have experienced language barriers. Adaptive solutions like utilizing inexperienced interpreters, communicating through body language, or using fragments of several languages are resorted to, not to compromise patient safety and healthcare accessibility. This simply shows how important communication is in patient care. As nurses are the first responders to health care issues, using effective communication is an important building block in the establishment of a healthy nurse- patient relationship. Communication serves as a key to understanding. It lays the foundation to winning patients' confidence, building trust, and promoting cooperation.

Moreover, utilizing therapeutic communication strategies such as providing support, in which the nurses reassure patients in conversations; instructing procedures, how nurses explain procedures in a way that patients can understand; and assisting in problem-solving, where in nurses may ask for clarification or alternative measures that patients are willing to make to solve the problem, help with reassuring patients with their care (Sibiya, 2018). Being able to use these techniques when interacting with patients prevents miscommunication and conflict between the patient and the nurse.

Compassion is referred to as one's concern of another's suffering with a desire to alleviate it. In nursing, compassion is defined as recognizing and comprehending the concerns and distresses of others; along with relational action to relieve these problems (Lown, 2016). This involves understanding a patient's situation which is directly involved in patient care. According to the FXB Center for Health & Human Rights (2014), the term "patient care" refers to the services provided by medical practitioners for the prevention, diagnosis, treatment, and management of illness as to ensure the stability of a patient's physical and mental health. The core attribute of the medical field is the concern for suffering. By providing compassionate care,

nurses provide comfort and confidence for the treatment and recovery of the patients.

Respect for the patient's rights and autonomy is another aspect of compassion. Although aggressive patients may become a threat to others and themselves, understanding their situations while showing respect shows compassion. Nurses are able to achieve this by keeping in mind that people come to them for treatment. The experiences of the nurses in Qatar emphasize this by compromising with patient behavior. Relationships between patients and nurses are improved through empathizing with the patient's worries, which also improves the standard of treatment. Additionally, being a compassionate nurse directly affects the standard of care given since it results in more efficient, safe, and cost-effective care, (Dalvandi et al., 2019). The nurses in Qatar utilize these values in order to give high quality care. Their unique experiences describe how empathy, respect, and compassionate care are cultivated in handling challenging patients. It shows how nurses understand, accept, bend, compromise, sympathize, and empathize with the patients as they perform their job. It reveals how important compassion is as a component of good nursing care.

Indeed, one of the nursing professional requirements is to respond to the patient's needs with compassion. Being acclimated to this is crucial for nurses because compassion is the ethical and humane aspect of nursing (Dalvandi et al., 2019). Its practice not only requires scientific knowledge and skills but also interpersonal abilities. When dealing with aggressive patients, nurses are faced with the moral aspect of care. In addition to adhering to professional norms, nurses in Qatar make moral judgments while taking the patient's condition into account.

To conclude, it is inspiring to note how nurses in Qatar cope with challenging patients through effective nurse-patient interactions. Through proper examination, nurses familiarize themselves not only with the patient's medical background but also with other circumstances affecting the patient's condition. Through effective communication, nurses bridge the gap and build trusting relationships with their patients. Through compassionate service, nurses provide human-centered care and uphold the overall well-being of the patients. In the process, they are not only able to respond to their patients' needs but directly or indirectly are also able to address their very own coping needs especially in dealing with challenging patients.

➤ Health Care Management-Supported Coping Strategies

The term healthcare management is used to describe the management of hospitals, hospital networks, or health care systems, at various levels of organization and planning of clinical activities. In addition to being referred to as medical or health services, health management also ensures that the organization's objectives are attained, that various departments within the organization are properly managed, that jobs are correctly defined and assessed, and that resources are properly utilized (Monguet et al. 2016). Through these structured establishments, the health care

management supports nurses through the advantages that it provides them with. It ranges from provisions provided by the hospital, colleagues that have unique skill sets, and protocols that regulate the actions performed in the workplace. The nurses make use of these supports as a form of coping strategy, which is called health care managementsupported coping strategies. These coping strategies are advantages that aid nurses in performing their duties while ensuring their personal safety within the workplace. These advantages can come in the form of practices, resources, and even relationships. The experiences of the participants in this study revealed different types of coping strategies under health care management support which can be categorized as provision, collaboration, and action. Nurses need support because, in their line of work, there are unpredictable encounters that can be hazardous. The health care management-supported coping strategies provide nurses with aid in performing their duties effectively without sacrificing service quality and harming or endangering themselves. A study conducted by Maideen et al. (2022) posited that to ensure the safety of nurses and other staff members safety procedures in the workforce are constantly being improved to minimize any harm and provide immediate assistance. Furthermore, it has been proven by a study made by Nashwan et al. (2021), that nurses in Qatar received the same administrative support whether the nurse works in a COVID-19 facility or not.

Provision in the workplace assists employees in solving difficult situations more efficiently through the delivery of information, assistance, and other tangible assets to nurses (Scott, 2020). Nurses who work under such arrangements have an advantage in that they are not subjected to as much stress as opposed to an environment without such provisions and nurses easily and almost instantaneously solve unforeseen events with the use of said provisions. A study made by Tsucuneli (2022) found that incorporating a system provided for nurses to report to when experiencing inconveniences could provide them with the necessary job resources, thus reducing their work-related stress. In the same study conducted by Nashwan et al. (2021), the nurses in Qatar are supported via the provision of medical supplies, personal protective equipment (PPE), and equipment. Common healthcare provisions are labor involved such as security and maintenance. There are also capital consumed provisions such as different office and medical equipment and the like. When difficult situations arise the nurses usually ask for the help of other staff members or colleagues for support and guidance to eventually reach decisions and take appropriate actions to cope with tough situations involving challenging patients. They are guided by several chains of command, such as the head nurse or team leader. They make use of different codes as well in order to receive assistance from security staff in stabilizing the situation, these are provided to ensure the safety conditions of the working environment which is supported by the study of Maideen et al. (2022). There are also externally purchased services which include services that come from a third-party source. These and more make difficult tasks easy for the nurses.

Healthcare provisions, however, do not alleviate all stress factors within the workplace. There are cases when nurses need to work closely with colleagues to solve a pressing problem or complete a task. In the medical field, like in any other field of work, it is impossible to solve every problem alone, especially when one's skill set is insufficient. Nurses depend on their colleagues when they need their help in solving a problem, hence the need for collaboration and teamwork. Interprofessional collaboration benefits the nurses as they gain insights and advice from more experienced individuals regarding the issue (Mertens et al., 2019). Collaboration happens when a colleague has a certain trait or skill that can help alleviate difficult situations, such as language barrier complications. Nurses acknowledge the importance of collaboration in a working environment where they struggle to cope due to heavy workloads. Working collaboratively makes it easier to achieve better patient care and other services (Tang et al., 2017). Nurses in Oatar exercise collaboration by working with each other to find the key solution to a problem and being there for each other in times of need. Although some of the study participants had worked with, the other nurses only for a short period of time, a good relationship was developed during the most difficult hours. This simply shows that working together makes work easier and lighter. Collaboration brings people closer together as they work towards the accomplishment of a common goal. Teamwork, just like in any other profession and organization, works well among nurses. This is collaborative work done by multiple nurses; emphasizing their individual abilities to reach an agreed course of action to deal with challenging patients. Furthermore, a study conducted by Villar et al. (2021) found that nurses in a COVID-19 facility in Qatar were able to accomplish their tasks through teamwork. They consult and discuss with their colleagues in order to cope due to heavy workloads and stress that come when handling difficult patients. Working collaboratively and as a team makes it easier to achieve better patient care and other services.

Informing, answering, and assisting patients are part of a nurse's duty. The majority of nurses, however, go above and beyond what is expected of their profession especially when dealing with difficult patients. Nurses act upon their duty with commitment and stand true to their values as human beings. Hence, they try to understand the circumstances surrounding the patient. Thus, for an optimal decision, a nurse has to make use of what they know about the patient's situation such as signs or symptoms, and apply what they have learned in the healthcare setting to deal with the situation (Katkade et al., 2018). Nurses must be ready to support the well-being of their patients and take action when necessary. This can involve keeping composure and being in control in difficult situations, making a stand for what is right, and providing comfort and understanding when needed as exemplified by the nurses in Qatar. They hold on to their own values and beliefs. The professional identity formation of medical professionals integrate their knowledge, skills, values, and behavior to match the competency required for their profession (Wald, 2015). They try to understand the whole situation by considering

possible factors of its causes or contributors to the problem and proceed to explain to the patient in order to gain a mutual understanding of the problem at hand to avoid worsening the situation, which is backed up by the study conducted by Minster A. (2020) that empathy is an important emotional social-intelligence skill. Nurses focus on the well-being of the patient, which to them provides higher-quality care.

Overall, the experiences of nurses in Qatar illustrate the significance of health care management-supported strategies in handling challenging patients. Hospital provisions aid nurses to effectively perform their duties. Collaboration gives them a sense of unity, while action enables them to carry out the highest-quality of care. Health care management-supported coping strategies were revealed to be powerful tools for nurses in the healthcare field to cope with their challenging work environment.

VIII. CONCLUSION

This qualitative study delved deeply into the reality of nurses' struggles as they handle challenging patients. Akin to these struggles are sets of strategies that enable nurses to overcome difficulties and maintain a high level of quality care. The unique experiences of nurses in Qatar in handling difficult patients led to the emergence of 3 major types of coping strategies revealed to be Self-Directed, Patient-Generated, and Health Care Management-Supported. These coping strategies unveiled through to the musings, articulations, and verbalizations of the respondents were confirmed to be of significance to help nurses minimize if not totally avoid occupational stress.

Undoubtedly, dealing with challenging patients has presented difficulties for nurses. Nevertheless, it can also serve as an opportunity for growth and development as medical practitioners. Nurses bear a vast amount of pressure and on-the-spot predicaments that require them to be on the call. By developing strategies, nurses are able to bring solutions that could mitigate the stress and demands of work. Furthermore, utilizing these strategies, nurses can not only survive but also thrive in the face of challenging patients while ultimately providing better care to the patients. These strategies may also increase the nurse's job satisfaction and self-efficacy which enables the finest execution of their duties and tasks within the hospital. Through the use of phenomenological research, the study has shed light on the various ways in which nurses navigate and cope with these challenges, including use of strategies directed towards self- preservation, those generated through patients' interaction and those practiced through healthcare management support. The findings of this study have implications for the development of policies and practices that support the well-being and resilience of nurses in Qatar and beyond, as well as for the provision of high-quality patient care.

This study creates a framework to help future researchers who may pursue a similar subject on managing challenging patients. The occupational stress of handling

these patients has posed issues that disclose nurses' strengths and weaknesses in managing challenging patients. Although it is unavoidable to assume that there are other results, this research can serve as a basis for future researchers who are interested to delve deeper and explore new possible strategies which may develop in the future. Furthermore, while this study introduces several musings from different nurses, the sample size was relatively small and may not be representative of the experiences of all nurses in Qatar, therefore, further research with larger sample sizes is needed to confirm the findings. Moreover, it is undeniable that it does not encompass a diverse set of nationalities or cultures. Thus, other future studies may infer and build from the premise of this paper and introduce more diversity. Quantitative researchers may determine which among these coping strategies holds the most impact and significance through a validated instrument or metric system. Likewise, the result of the study offers significant evidence to better understand what it really means to be a nurse and what it takes to be one. Everyone should be mindful of what nurses have to go through on a daily basis. People who want to become nurses in the future may find the material presented useful since it comprises skills they should develop before going into the medical field. This illustrates the significance of a positive work environment for managing challenging circumstances, whether it be through workplace policies or social support from family, patients, friends, and coworkers.

REFERENCES

- [1]. Abdelrahim, H., Elnashar, M., Khidir, A., Killawi, A., Hammoud, M., Latif Al-Khal, A., & Fetters, M. D. (2017, March 24). Patient Perspectives on Language Discordance During Healthcare Visits: Extremely High-Density Findings From the Multicultural State of Qatar. Journal of Health Communication: International Perspectives. Retrieved from https://www.tandfonline /doi/abs/10.1080/10810730.2017.1296507?journalCo de=uhcm20
- [2]. Ali, P. A. & Watson, R. (2017, November 30). Language barriers and their impact on provision of care to patients with limited English proficiency: Nurses' perspectives. Wiley Online Library: Journal of Clinical Nursing. Retrieved from https://onlinelibrary.wiley.com/doi/abs/10.1111/jocn. 14204
- [3]. American Nurses Association. (2017). *Recognition of a nursing specialty*, *American Nurses Association*. Retrieved January 24, 2023, from https://www.nursingworld.org/~4989de/globalassets/practiceandpolicy/scope-of-practice/3sc-booklet-final-2017-08-17.pdf
- [4]. Andrade C. The Inconvenient Truth About Convenience and Purposive Samples. Indian J Psychol Med. 2021;43(1): 86–88.
- [5]. Bernard, H.R. (2011) "Research Methods in Anthropology" 5th edition, AltaMira Press, p.7

- [6]. Bradshaw, Anthony D. (2002) Introduction and Philosophy. In: Handbook of Ecological Restoration, Volume 1, Martin R. Perrow and Anthony J. Davy (Eds.), Cambridge University Press, Cambridge, UK.
- [7]. Brown, J. (2020, February 26) Why is observation so important in nursing?. Retrieved December 18, 2022 from https://knowledgeburrow.com/why-is-observation-so-important-in-nursing/
- [8]. Brown, K. (2021, February 16). What the Bible says about restoration. Kristine Brown. https://morethanyourself.com/blog/what-the-bible-says-about-restoration
- [9]. Carr, D., & Pudrovska, T. (2007). Mid-Life and later-life crises. Encyclopedia of Gerontology, 175–185. https://doi.org/10.1016/b0-12-370870-2/00126-8
- [10]. Carvello, M., Zanotti, F., Rubbi, I., Bacchetti, S., Artioli, G., & Bonacaro, A. (2019). Peer-support: a coping strategy for nurses working at the Emergency Ambulance Service. *Acta bio-medica : Atenei Parmensis*, 90(11-S), 29–37. https://doi.org/10.23750/abm.v90i11-S.8923
- [11]. Clark, D. A. (2013). Cognitive restructuring. The Wiley Handbook of Cognitive Behavioral Therapy, 1–22. https://doi.org/10.1002/9781118528563.wbcbt02
- [12]. Cresswell, J. W. (2013). *Qualitative Inquiry and Research Design*. Retrieved from http://www.ceilconicet.gov.ar/wp-content/uploads/2018/04/CRESWELLQualitative-Inquary-and-Research-Design-Creswell.pdf
- [13]. Dalvandi, A., Vaisi- Raygani, A., Nourozi, K., Ebadi, A., & Rahgozar, M. (2019, March 28) The Importance and Extent of Providing Compassionate Nursing Care from The Viewpoint of Patients Hospitalized in Educational Hospitals in Kermanshah Iran 2017. Retrieved December 21, 2022 from https://www.ncbi.nlm.nih.gov/pmc/articles
- [14]. Ernst, K. M., McComb, S. A., Ley, C. (2018, March). Nurse-to-nurse shift handoffs on medical-surgical units: A process within the flow of nursing care. J Clin Nurs. 2018 Mar;27(5-6):e1189-e1201. doi: 10.1111/jocn.14254. Epub 2018 Jan 25. PMID: 29314328.
- [15]. FXB Center for Health & Human Rights (2014, February 20). What is patient care? Human Health Resource Guide. Retrieved from https://www.hhrguide.org/2014/02/20/what-is-patient-care/
- [16]. Gupta, S., Gupta, A. (2019, July 8). Confusion in the older patient: a diagnostic approach. Geriatric Medicine Journal. Retrieved From https://www.gmjournal.co.uk/confusion-in-the-older-patient-a-diagnostic-approach
- [17]. Hart, P. L., Brannan, J. D., & De Chesnay, M. (2014). Resilience in nurses: an integrative review. Journal of nursing management, 22(6), 720–734. https://doi.org/10.1111/j.1365-2834.2012.01485

- [18]. Headley, M. (2018, October 3). *The Devastating Effects of Silence*. Patient safety and Quality Healthcare. Retrieved From: https://www.psqh.com/analysis/the-devastating-effects-of-silence/
- [19]. Katkade, V. B., Sanders, K. N., & Zou, K. H. (2018). Real World Data: An opportunity to supplement existing evidence for the use of long-established medicines in Health Care Decision making. Journal of Multidisciplinary Healthcare, Volume 11, 295–304. https://doi.org/10.2147/jmdh.s160029
- [20]. Kennedy, A. (2021) The International Council of Nurses in the time of the COVID-19 pandemic. *Int. Nurs. Rev.* 68, 144–146. https://onlinelibrary.wiley.com/doi/epdf/10.1111/inr.12681
- [21]. Kourkouta, L. & Papathanasiou, I. (2014, February 20) *Communication in Nursing Practice*. Retrieved December 18, 2020 from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3990376/
- [22]. Lake, P. S. (2012). Resistance, resilience and restoration. Ecological Management & Samp; Restoration, 14(1), 20–24. https://doi.org/10.1111/emr.12016
- [23]. Layali I, Ghajar M, Abedini E, Emadian SO, Joulaei M. Role of Job Stressors on Quality of Life in Nurses. *J Mazandaran Univ Med Sci.* 2019;29(180):129–133.
- [24]. Livingston, E., & Collette-Merrill, K. (2018). Effectiveness of Integrative Restoration (irest) yoga nidra on mindfulness, sleep, and pain in health care workers. *Holistic Nursing Practice*, *32*(3), 160–166. https://doi.org/10.1097/hnp.0000000000000066
- [25]. Lown, B. A. (2016, February 19). A Social Neuroscience-Informed Model for Teaching and Practicing Compassion in Health Care. Wiley Online Library. Retrieved from https://onlinelibrary.wiley.com/doi/abs/10.1111/medu.12926
- [26]. Maideen, A.A., Idris, D.R., Lupat, A., Chung, Y.F., Haji-Badarudin, H.-S., Suhai, H.-K., Abdullah, H.N., Omar, H.-R., Kisut, R., Abdul Rahman, H., & Abdul-Mumin, K.H. (2022), Nurses' mental health and coping strategies throughout COVID-19 outbreak: A nationwide qualitative study. Int J Mental Health Nurs, 31: 1213-1227. https://doi.org/10.1111 /inm.1 3031
- [27]. Martínez, N., Connelly, C. D., Pérez, A., & Calero, P. (2021). Self-care: A concept analysis. International Journal of Nursing Sciences, 8(4), 418–425. https://doi.org/10.1016/j.ijnss.2021.08.007
- [28]. Massey, D., Chaboyer, W., & Anderson, V. (2016). What factors influence ward nurses' recognition of and response to patient deterioration? An integrative review of the literature. *Nursing open*, 4(1), 6–23. https://doi.org/10.1002/nop2.53
- [29]. Mertens, F., De Gendt, A., Deveugele, M., Van Hecke, A., & Pype, P. (2019). Interprofessional collaboration within Fluid Teams: Community Nurses' experiences with Palliative Home Care. Journal of Clinical Nursing, 28(19-20), 3680–3690. https://doi.org/10.1111/jocn.14969

- [30]. Minster, A. (2020). Essential Emotional-Social Intelligence Skills for Nursing (2403098014) [Doctoral dissertation]. ProQuest Dissertations and Theses Global.
- [31]. Monguet, J. M., Trejo, A., Martí, T., Espallargues, M., Serra-Sutton, V., & Escarrabill, J. (2016). Assessment of chronic health care through an internet consensus tool. Handbook of Research on Trends in the Diagnosis and Treatment of Chronic Conditions, 424–443. https://doi.org/10.4018/978-1-4666-8828-5.ch020
- [32]. Nashwan, A. J., Villar, R. C., Al-Qudimat, A. R., Kader, N., Alabdulla, M., Abujaber, A. A., Al-Jabry, M. M., Harkous, M., Philip, A., Ali, R., Chandra, P., Yassin, M. A., Shraim, M., & Singh, K. (2021). Quality of life, sleep quality, depression, anxiety, stress, eating habits, and social bounds in nurses during the coronavirus disease 2019 pandemic in Qatar (The Protector Study): A cross-sectional, comparative study. Journal of Personalized Medicine, 11(9), 918. https://doi.org/10.3390/jpm11090918
- [33]. Neubauer, B.E., Witkop, C.T. & Varpio, L. How phenomenology can help us learn from the experiences of others. Perspect Med Educ 8, 90–97 (2019). https://doi.org/10.1007/s40037-019-0509-2
- [34]. Nilsson, H. (2021). Spiritual Self-Care Management for Nursing Professionals: A Holistic Approach. *Journal of Holistic Nursing*. https://doi.org/ 10.1177/08980101211034341
- [35]. Norelli SK, Long A, Krepps JM. Relaxation Techniques. [Updated 2022 Aug 29]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK513238/
- [36]. Okuda, R., & Fukada, M. (2014). Changes resulting from reflection dialogues on nursing practice. *Yonago acta medica*, *57*(1), 15–22.
- [37]. Padilla-Díaz, Mariwilda. (2015). Phenomenology in Educational Qualitative Research: Philosophy as Science or Philosophical Science?. International Journal of Educational Excellence. 1. 101-110. 10.18562/IJEE.2015.0009.
- [38]. Patel, K. M., & Metersky, K. (2021). Reflective practice in nursing: A concept analysis. *International Journal of Nursing Knowledge*, 33(3), 180–187. https://doi.org/10.1111/2047-3095.12350
- [39]. Penque, S. (2019). Mindfulness to promote nurses' well-being. *Nursing Management*, 50(5), 38–44. https://doi.org/10.1097/01.numa.0000557621.42 684. c4
- [40]. Poorchangizi, B., Farokhzadian, J., Abbaszadeh, A., Mirzaee, M., & Borhani, F. (2017). The importance of professional values from clinical nurses' perspective in hospitals of a Medical University in Iran. *BMC Medical Ethics*, *18*(1). https://doi.org/10.1186/s12910-017-0178-9

- [41]. Sandicki, K. B., Üstu, Y., Sandicki, M. M., Kayhan Tetik, B., Isik, D., & Ugurlu, M. (2017). Attitudes and behaviors of physicians in dealing with difficult patients and relatives: A cross-sectional study in two training and Research Hospitals. *TURKISH JOURNAL OF MEDICAL SCIENCES*, 47, 222–233. https://doi.org/10.3906/sag-1509-34
- [42]. Scott, E. (2020, September 27). How social support can help you relieve stress in your life. Verywell Mind. Retrieved December 16, 2022, from https://www.verywellmind.com/stress-and-social-support-research-3144460
- [43]. Sibiya M. (2018, March 21). Effective Communication in Nursing. Semantic Scholar. Retrieved from https://www.semanticscholar .org/paper/Effective-Communication-in-Nursing-Sibiya/029bd72723b7d60234044936cd925505b2b6dd1b
- [44]. Steinauer, J., Sufrin, C., Hawkins, M., Koenemann, K., Preskill, F., & Dehlendorf, C. (2014). Caring for challenging Patients workshop. *MedEdPORTAL*. https://doi.org/10.15766/mep_2374-8265.9701
- [45]. Sulzer S. H. (2015). Does "difficult patient" status contribute to de facto demedicalization? The case of borderline personality disorder. *Social science & medicine* (1982), 142, 82–89. https://doi.org/10.1016/j.socscimed.2015.08.008
- [46]. Tang, C. J., Zhou, W. T., Chan, S. W.-C., & Liaw, S. Y. (2017). Interprofessional collaboration between junior doctors and nurses in the General Ward Setting: A qualitative exploratory study. Journal of Nursing Management, 26(1), 11–18. https://doi.org/10.1111/jonm.12503
- [47]. Tölli, S, Kontio, R, Partanen, P, Häggman-Laitila, A. (2020, December 8). Conceptual framework for a comprehensive competence in managing challenging behavior: The views of trained instructors. J Psychiatr Ment Health Nurs. 2021; 28: 692–705. https://doi.org/10.1111/jpm.12722
- [48]. Tsucuneli, M. (2022). Experiences of Critical Care Nurse Managers in Addressing Nurses' Work-Related Stress (2754877267) [Doctoral dissertation]. ProOuest Dissertations and Theses Global.
- [49]. UTA Libraries (2021). Subject and course guides: Quantitative and qualitative research: What is qualitative research? (2021, April 5). Subject and Course Guides at University of Texas at Arlington. https://libguides.uta.edu/quantitative_and_qualitative_research/qual
- [50]. Villar, R. C., Nashwan, A. J., Mathew, R. G., Mohamed, A. S., Munirathinam, S., Abujaber, A. A., Al-Jabry, M. M., & Shraim, M. (2021). The lived experiences of frontline nurses during the coronavirus disease 2019 (Covid-19) pandemic in Qatar: A qualitative study. Nursing Open, 8(6), 3516–3526. https://doi.org/10.1002/nop2.901
- [51]. Wald, H. S. (2015). Professional identity (trans)formation in medical education. Academic Medicine, 90(6), 701–706. https://doi.org/10.1097/acm.000000000000000731