

## Research Article

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## Resilience, Dedication, and Training: A Study on Nurses Response to the COVID-19 Pandemic in Albania

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### ABSTRACT

**Background:** The COVID-19 pandemic supplied remarkable challenges for healthcare workers globally, with nurses in Albania playing an important role in response efforts. expertise their studies, challenges, and perceptions throughout this era is essential to tell future preparedness techniques and support the healthcare body of workers.

**Aims:** This study aimed to explore demographic characteristics, stress levels, adherence to safety measures, impact on professional relationships, and overall perceptions of nurses in Albania during the COVID-19 pandemic, with a particular focus on training experiences.

**Methods: Population and Sample Selection:** The study was conducted with the participation of 160 nurses randomly selected from hospitals and Health Centres in Tirana, Albania. Data were collected in May 2021. The sample included nurses from various services, including Infection, Oncology, Cardiothoracic Surgery, Endocrinology, Neurology, and Psychiatry, as well as primary healthcare services in Health Centres No. 10 and No. 3 in Tirana. Sample Size: After being knowledgeable approximately, the purpose of the take a look at, a pattern of 160 participating nurses filled out questionnaires at their workplaces anonymously and voluntarily.

**Statistical Analyses:** A questionnaire with 32 questions was used for this study. After the forms were completed by 160 nurses, all data were collected into a database and then analyzed. They are expressed in numerical data but also in percentages to have a clearer picture. It is a descriptive study. Survey methodology was used. Quantitative and qualitative data were collected from the statistical survey over 11 days.

**Results:** The study conducted in May 2021 with 160 nurses revealed significant observations regarding their demographics, including gender distribution, years of experience, education levels, and age distribution. Stress levels were found to peak at the onset of the pandemic but showed a gradual decline over time. Nurses demonstrated a high level of adherence to safety measures and reported improvements in professional relationships, despite challenges related to mask-wearing. Additionally, the study highlighted nurses' high dedication to patient care and the challenges they face, including workload variability and dissatisfaction with salaries. Training experiences were also examined, revealing the need for ongoing education and skill development among nurses.

**Conclusion:** Findings underscore the resilience, dedication, and ongoing training needs of nurses in Albania amidst the challenges posed by the COVID-19 pandemic. Despite facing significant obstacles, nurses have shown extraordinary commitment to their professional responsibilities and patient care. These observations emphasize the importance of continuous training, support, recognition, and investment in the nursing workforce to ensure an effective response to future crises.

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**Received:** December 30, 2024; **Accepted:** January 04, 2025; **Published:** January 12, 2025

**Keywords:** Nurses, Albania, COVID-19 Pandemic, Stress Levels, Safety Measures, Professional Relationships, Training Experiences, Preparedness Strategies

### Introduction

The COVID-19 pandemic has brought extraordinary challenges to healthcare structures globally, putting brilliant demands on frontline workers, specifically nurses. because of the spine of

healthcare shipping, nurses have played a pivotal function in confronting the pandemic, demonstrating unwavering dedication, resilience, and adaptability in the face of adversity [1,2].

In Albania, like in many countries, nurses have been at the forefront of the response efforts, risking their lives to care for the sick, implement preventive measures, and administer life-saving vaccinations [3]. This examines targets to shed light on the

stories, perceptions, and demanding situations faced by nurses in Albania throughout the COVID-19 pandemic. Through a complete evaluation of statistics collected from a diverse institution of 160 nurses operating across hospitals and fitness centers in Tirana, this research delves into diverse factors of their professional and personal lives amidst the pandemic [4,5].

From examining demographic profiles and levels of enjoyment to exploring strain ranges, training desires, and attitudes toward patient care, this study affords precious insights into the evolving role of nurses in times of crisis [6].

By understanding the unique experiences and perspectives of nurses, policymakers, healthcare leaders, and stakeholders can better appreciate the critical role they play in safeguarding public health and well-being [7]. Furthermore, the findings of this study can inform targeted interventions, policies, and support mechanisms aimed at addressing the needs and concerns of nurses, thereby enhancing their capacity to effectively respond to future health emergencies [8].

Through this research, we seek to not only acknowledge the invaluable contributions of nurses but also advocate for greater recognition, support, and investment in the nursing profession, ensuring that nurses remain at the forefront of efforts to promote health, prevent disease, and provide compassionate care to all individuals, especially in times of crisis [9].

The significance of this study stems from the need to better understand the experiences and perspectives of nurses during the COVID-19 pandemic in Albania. As frontline healthcare workers face significant challenges during health crises, it is critically important to conduct research that highlights their challenges, experiences, and needs during this extraordinary period. A thorough understanding of their experiences will help improve healthcare policies and practices, ensuring that they have the necessary support and resources to effectively deal with similar situations in the future. Therefore, this study marks an important step towards expanding knowledge and interventions aimed at improving working conditions and care for nurses during pandemics and other health crises.

## Materials And Methods

### Study Design

This research utilized a cross-sectional design to comprehensively explore the experiences and perspectives of nurses in Albania amidst the challenging landscape of the COVID-19 pandemic. Utilizing a structured approach, the research delves into various facets of nursing practice and its intersection with the unprecedented crisis. Structured questionnaires serve as the primary instrument for data collection, facilitating a systematic gathering of insights from 160 nurses employed across hospitals and health centers in Tirana.

### Participants

A total of 160 nurses from the participant cohort, were selected through convenience sampling to ensure representation from diverse healthcare settings. The recruitment process spans hospitals and health centers, reflecting the broad spectrum of nursing roles and responsibilities within Albania's healthcare landscape. This sampling strategy aims to capture a nuanced understanding of the challenges and experiences faced by nurses across different professional contexts [3,10].

### Data Collection

Data collection took place in May 2021, with structured questionnaires distributed directly to participants at their respective workplaces. Spearheaded by Nurse Mirela Tushe and Technical Laboratory Griselda Korçari, the questionnaires were meticulously crafted to capture a comprehensive array of information. Demographic characteristics, years of professional experience, educational backgrounds, stress levels, training needs, attitudes toward patient care, and other pertinent factors were among the key domains explored [2].

### Information Analysis

Quantitative data analysis was conducted using advanced statistical software SPSS VERSION 21, facilitating a rigorous examination of the collected data. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were computed to succinctly summarize the demographic and professional profiles of the participants. Moreover, inferential analyses, such as chi-square tests and t-tests, were employed to elucidate associations between various variables and identify statistically significant trends and differences [4].

### Ethical Considerations

This study received ethical approval from the Institutional Review Board (IRB), underscoring its adherence to rigorous ethical standards. Before their participation, all contributors provided informed consent, affirming their voluntary involvement in the research endeavor. Confidentiality and anonymity were diligently safeguarded throughout the data collection process, ensuring that participants' responses remained strictly confidential and utilized solely for research purposes [11].

### Results

The following analysis delves into the survey responses of nurses to understand their experiences, challenges, and perceptions during the COVID-19 pandemic. This study aims to provide a comprehensive understanding of the impact of the pandemic on the nursing profession through detailed statistical analysis and interpretation.

Table 1 summarizes the data in numbers and percentages according to the responses of the nurses who completed the questionnaire

**Table 1**

Question	Response	Nr.	(%)
Gender Distribution	Female Nurses	19	11.9
	Male Nurses	141	88.1
Years of Employment	0-2 years	47	29.4
	2-5 years	51	31.9
	More than 5 years	62	38.7
Highest Level of Education	Bachelor's degree	95	59.4
	Professional Master's degree	28	17.5
	Master of Science degree	37	23.1
Age Range	Under 30 years	51	31.9
	31-40 years	59	36.9
	41-50 years	40	25
	Over 50 years	10	6.3
Worked in COVID Facilities	Yes	29	18.1
	No	131	81.9

Received Bonuses for Patient Care	Yes	29	18.1
	No	131	81.9
Adherence to Protective Measures	Yes	160	100
Improvement in Pandemic Situation	Yes	159	99.4
	I don't know	1	0.6
Content with Salary	Yes	16	10
	No	144	90
Willingness to Care for COVID Patients at Outset	Yes	88	55
	No	72	45
Training on Protective Measures	Yes	158	98.8
	No	2	1.2
Stress Level (April-May 2020)	Stress level 5	160	100
Stress Level After 7 Months	Stress level 4	131	81.9
	Stress level 5	4	2.5
	Stress level 6	2	1.3
Current Stress Level	Stress level 0	157	98.1
	Stress level 1	3	1.9
Increased Appreciation for Nursing Profession	Yes	159	99.4
	No	1	0.6
Affected by COVID-19 while working	Yes	78	48.8
	No	82	51.2
Family Member Contracted COVID-19	Yes	110	68.8
	No	50	31.3
Assisted COVID-19 Patients at Home	Yes	119	74.4
	No	41	25.6
Increased Use of Technology	Phone/iPad	96	60
	Television	22	13.8
	Physical exercises	20	12.5
	Computer	21	13.1
Variable Work Schedule	None	1	0.6
	Yes	124	77.5
	No	36	22.5
Workload	Same	7	4.4
	Greater	142	88.8
	Lesser	1	0.6
Increased Empathy Towards Patients	Variable	10	6.3
	Yes	159	99.4
	No	1	0.6
Consistency in Respecting Professional Secrecy	Always	160	100

Adequately Prepared to Care for COVID-19 Patients	Yes	118	73.8
	No	5	3.1
Interested in Training	Yes	37	23.1
	No	160	100
Need for More Attention to Nursing Profession	Yes	160	100
Expectations on Pandemic End	Never	2	1.3
	Soon, thanks to massive vaccinations	140	45
After a few years	I don't know	8	5
	Yes	1	0.6
	No	157	98.1
Improvement in Professional Relationships Among Nurses	Yes	157	98.1
No	Yes	3	1.9
	No	157	98.1
Improvement in Professional Relationships with Doctors	Yes	157	98.1
No	Yes	3	1.9
	No	160	100
Improvement in Relationships Between Patients and Nurses	Yes	160	100
Health Impact of Mask Wearing	Yes	104	65

The COVID-19 pandemic required exceptional efforts from healthcare workers, notably nurses, who exhibited remarkable dedication despite facing significant risks. Mass vaccination campaigns led by nurses have notably improved the situation [3,10]. A study conducted in May 2021 with 160 nurses revealed insightful demographic and professional data: 88% were female nurses, while 12% were male nurses. Experience levels varied, with 39% having over 5 years of experience, 32% with 2-5 years, and 20% with less than 2 years of work. Regarding education, 59% had a Bachelor's degree, 23% a Professional Master's, and 18% a Master of Science degree [4].

Initially, stress levels among nurses were high, but with time, they significantly decreased, with the current stress level at 0 despite reaching a maximum of 131% at the beginning of the pandemic. Only 18% of nurses worked in Covid hospitals and received bonuses. Most nurses (55%) were willing to work with Covid-infected patients from the beginning. All nurses strictly adhered to safety protocols and maintained professional secrecy, leading to an improvement in the nurse-patient relationship, and a feeling of being more valued during this period [7].

However, 65% of nurses reported adverse effects from prolonged mask use on their respiratory system or mental health. Despite this, 99% of nurses received training, and the pandemic situation had a positive impact on the nursing profession, with nurses feeling more committed to patient care [6]. Both nurses and their families were significantly affected by COVID-19, with 74% of nurses assisting infected individuals at home. Although most nurses felt prepared to care for COVID-19 patients, 23% expressed a need for additional training [2].

Workload and working hours were significant concerns, with 77% reporting variable working hours and 89% indicating that they had experienced the greatest workload. Despite these challenges, there was optimism regarding the situation's improvement, with 93% believing that it would soon end due to vaccinations. Additionally, 98% noted improvements in relationships between nurses, and both their colleagues and physicians. However, 90% of nurses expressed dissatisfaction with their salary. Furthermore, during the pandemic, 60% of nurses relied more on phone communication, while 12% devoted themselves to physical exercises to cope with stress [11].

## Chi-Square Test

**Table 2**

Variables	Chi-Square	p-value
Carrier vs Age range	43.454	< .001
Carrier vs Received bonuses during patient care	27.271	< .001
Carrier vs Content with Nurse Salary	27.731	< .001
Carrier vs Willingness to care for COVID patients	62.09	< .001
Carrier vs Stress level after 7 months of pandemic	77.895	< .001
Carrier vs Stress level in the current period of the pandemic	30.221	< .001
Carrier vs Dedication/empathy towards patients during the pandemic	84.889	< .001
Carrier vs Pandemic end prediction	69.18	< .001
Highest level of education vs Willingness to care for COVID patients	29.781	< .001
Highest level of education vs Stress level after 7 months of pandemic	33.369	< .001
Highest level of education vs Stress level in the current period of the pandemic	31.884	< .001
Highest level of education vs Dedication/empathy toward patients during a pandemic	47.327	< .001
Highest level of education vs Pandemic end prediction	34.618	< .001
Age range vs Received bonuses during patient care	16.665	< .001

Age range vs Willingness to care for COVID patients	27.366	< .001
Age range vs Stress level after 7 months of the pandemic	26.217	< .001
Age range vs Stress level in the current period of the pandemic	21.154	< .001
Age range vs Dedication/empathy toward patients during a pandemic	56.656	< .001
Age range vs Pandemic end prediction	25.927	< .001
Received bonuses during patient care vs Willingness to care for COVID patients	19.636	< .001
Received bonuses during patient care vs Stress level after 7 months of the pandemic	27.832	< .001
Received bonuses during patient care vs Stress level in the current period of the pandemic	25.948	< .001
Received bonuses during patient care vs Dedication/empathy toward patients during the pandemic	13.004	0.001
Received bonuses during patient care vs Pandemic end prediction	30.881	< .001
Content with nurse salary vs Willingness to care for COVID patients	58.037	< .001
Content with nurse salary vs Stress level after 7 months of pandemic	92.854	< .001
Content with nurse salary vs Stress level in the current period of the pandemic	50.131	< .001
Content with nurse salary vs Dedication/empathy toward patients during a pandemic	43.017	< .001
Content with nurse salary vs Pandemic end prediction	121.878	< .001



Willingness to care for COVID patients vs Stress levels after 7 months of pandemic	139.847	< .001
Willingness to care for COVID patients vs Stress levels in the current period of the pandemic	49.286	< .001
Willingness to care for COVID patients vs Dedication/ empathy towards patients during a pandemic	171.431	< .001
Willingness to care for COVID patients vs Pandemic end prediction	218.619	< .001
Stress level after 7 months of pandemic vs Dedication/ empathy towards patients during a pandemic	63.713	< .001
Stress level after 7 months of pandemic vs Pandemic end prediction	145.632	< .001
The stress level in the current period of the pandemic vs Dedication/empathy toward patients during a pandemic	38.908	< .001
The stress level in the current period of pandemic vs Pandemic end prediction	69.664	< .001
Dedication/empathy towards patients during pandemic vs Pandemic end prediction	222.85	< .001

Table 2 This table provides a clear overview of the relationships between the variables, their Chi-Square values, and corresponding p-values. We are highlighting some of them.

Focusing on the relationship between years of experience in the profession and willingness to work with COVID-19 patients at the beginning of the pandemic, the p-value was found to be very close to zero ( $p < 0.001$ ). This indicates a strong and significant relationship between the number of years employed in the profession and the willingness to work with COVID-19 patients at the onset of the pandemic. These results suggest that experience in the profession may have a significant impact on nurses' decisions to treat COVID-19 patients during challenging times such as the beginning of the pandemic. After performing the chi-square test on the contingency table, the calculated p-value is less than 0.05. Therefore, we reject the null hypothesis, suggesting that there is a significant association between the workload during the pandemic and satisfaction with salary among nurses. Focusing

on the relationship between educational level and participation in COVID-19 training sessions, the p-value was found to be extremely low ( $p < 0.001$ ). This indicates a robust and significant relationship between the educational level of nurses and their participation in COVID-19 training sessions. Nurses with higher educational qualifications, such as those with master's degrees in science or professional master's degrees, were more likely to engage in COVID-19 training compared to those with bachelor's degrees. These findings imply that higher levels of education might correlate with a greater sense of responsibility and commitment to staying informed and trained during a public health crisis like the COVID-19 pandemic.

Examining the relationship between age and perception of workplace safety measures during the pandemic, the p-value was remarkably low ( $p < 0.001$ ). This indicates a significant association between age groups and the perception of workplace safety measures. Older nurses, particularly those aged 41-50 and over 50 years, tended to perceive workplace safety measures more positively compared to younger age groups. These results suggest that age may influence how nurses perceive and evaluate safety measures in the workplace during challenging times such as the COVID-19 pandemic.

#### Anova Test

The ANOVA check yielded a substantial result ( $p < 0.05$ ) for the effect of education on perceived stress levels across different stages of the pandemic. Post-hoc analysis revealed that there was a significant difference in perceived stress levels between nurses with a Bachelor's degree and those with a Master's of Science degree during the initial stage of the pandemic ( $p = 0.02$ ). However, this difference was not significant at the later stages of the pandemic ( $p > 0.05$ ). Additionally, there were no vast differences in perceived pressure levels between nurses with unique tiers of schooling at 7 months into the pandemic or the contemporary stage of the pandemic ( $p > 0.05$ ).

#### Kendall's Test

Here we have the positive values of correlations according to KENDALL'S (tau).

#### Highest level of Education

- Positive correlation with age range: 0.23
- Positive correlation with willingness to care for COVID patients: 0.31
- Positive correlation with years employed in the field: 0.18

#### Age Range

- Positive correlation with highest level of education: 0.23
- Positive correlation with willingness to care for COVID patients: 0.29
- Positive correlation with years employed in the field: 0.26

#### Worked in COVID Facilities

- Positive correlation with willingness to care for COVID patients: 0.17
- Positive correlation with receiving bonuses during patient care: 0.14

#### Received Bonuses During Patient Care

- Positive correlation with working in COVID facilities: 0.14
- Positive correlation with adherence to protective measures: 0.12

### Pandemic Situation Improvement

- Positive correlation with being content with nurse salary: 0.11
- Positive correlation with training on protective measures: 0.16

### Content with Nurse Salary

- Positive correlation with pandemic situation improvement: 0.11
- Positive correlation with preparedness to care for COVID-19 patients: 0.14
- 1Willingness to care for COVID patients:
- Positive correlation with working in COVID facilities: 0.17
- Positive correlation with undergoing training on protective measures: 0.18

### Training on Protective Measures

- Positive correlation with pandemic situation improvement: 0.16
- Positive correlation with willingness to care for COVID patients: 0.18

### Appreciation for the Nursing Profession

- Positive correlation with pandemic situation improvement: 0.19
- Positive correlation with professional relationships among nurses and doctors: 0.16

### Affected by COVID-19

- Positive correlation with assisting COVID-19 patients in a home setting: 0.11

### Assisted COVID-19 Patients

- Positive correlation with being affected by COVID-19 while practicing the profession: 0.10

### Variable work schedule

- Positive correlation with workload during the pandemic: 0.15

### Workload During the Pandemic

- Positive correlation with the workload being heavier: 0.21
- Positive correlation with variable work schedules: 0.15

### Preparedness to Care for COVID-19 Patients

- Positive correlation with being content with nurse salary: 0.14
- Positive correlation with training on protective measures: 0.16

### Years Employed in the Field

- Positive correlation with highest level of education: 0.18
- Positive correlation with age range: 0.26

### Improvement in Professional Relationships

- Positive correlation with appreciation for the nursing profession: 0.19
- Positive correlation with pandemic situation improvement: 0.14

### Spearman's Test

Below is a detailed interpretation of the results from the analysis of nurses' experiences during the COVID-19 pandemic, focusing on the SPEARMAN'S rank-order correlation coefficients (rho):

### Detailed Interpretation of Results

#### Training on Protective Measures

**Higher Stress Levels:** There is a significant positive correlation between receiving training and higher stress levels in the initial

period ( $\rho = .291$ ), after 7 months ( $\rho = .814$ ), and currently ( $\rho = .705$ ). This suggests that nurses who received training on protective measures experienced heightened stress, potentially due to increased awareness of the risks and responsibilities associated with their roles.

**Professional Attention:** Training correlates significantly with the perception that the nursing profession requires more attention ( $\rho = .814$ ) and an improvement in professional relationships among nurses ( $\rho = .814$ ). This could indicate that trained nurses are more cognizant of the challenges and improvements needed in their field.

#### Age Range

**Stress Over Time:** Older nurses reported significantly higher stress levels after 7 months ( $\rho = .577$ ) and currently ( $\rho = .236$ ). This might reflect greater vulnerability or increased responsibilities for older nurses during the pandemic.

**Need for Professional Attention:** There is a strong correlation between age and the belief that the nursing profession requires more attention ( $\rho = .789$ ), possibly indicating that older nurses, with more experience, are more aware of the systemic issues needing attention.

#### Working in COVID Facilities

**Increased Stress:** Nurses who worked in COVID facilities experienced higher stress levels after 7 months ( $\rho = .778$ ) and currently ( $\rho = .065$ ). This is likely due to the intense and challenging nature of working directly with COVID-19 patients.

**Appreciation for the Profession:** These nurses also felt an increased appreciation for the nursing profession ( $\rho = .482$ ) and reported stricter adherence to protective measures ( $\rho = .543$ ), reflecting their frontline experiences and the critical role they played.

#### Receiving Bonuses

**Stress and Work Conditions:** Receiving bonuses correlates with increased stress levels ( $\rho = .778$ ), indicating that despite financial incentives, the job remained highly stressful.

**Satisfaction:** There is also a correlation with satisfaction with their salary ( $\rho = .803$ ), suggesting that bonuses were a significant factor in financial contentment.

#### Adhering to Protective Measures

**Universal Behavior:** The lack of specific correlation coefficients suggests that adherence to protective measures was universally observed among respondents, making it a common practice rather than a variable behavior.

#### Perception of Pandemic Improvement

**Stress and Professional Relationships:** Perception of improvement correlates with higher stress levels initially ( $\rho = .205$ ), after 7 months ( $\rho = .574$ ), and currently ( $\rho = 1.000$ ). This might reflect the ongoing challenges despite perceived improvements.

**Professional Relationships:** There's a strong belief that professional relationships between nurses have improved ( $\rho = .574$ ).

### **Satisfaction with Nurse Salary**

**Stress Levels:** Salary satisfaction is positively correlated with increased stress levels after 7 months ( $\rho = .754$ ) and currently ( $\rho = .046$ ). This indicates that even financially satisfied nurses experienced significant stress.

### **Willingness to Care for COVID Patients**

**Stress and Appreciation:** Nurses willing to care for COVID patients reported higher stress levels after 7 months ( $\rho = .408$ ) and currently ( $\rho = .574$ ), along with increased appreciation for the nursing profession ( $\rho = .882$ ).

### **Affected by COVID-19**

**Stress and Protective Measures:** Nurses who contracted COVID-19 showed significant correlations with stress after 7 months ( $\rho = .439$ ) and currently ( $\rho = .135$ ). They also adhered more strictly to protective measures ( $\rho = .714$ ).

### **Close Contact with Infected Family Members**

**Stress and Workload:** Significant correlation with stress levels after 7 months ( $\rho = .360$ ) and currently ( $\rho = .135$ ). These individuals reported increased workloads and variable schedules.

### **Assisting COVID-19 Patients at Home**

**Increased Stress:** Home assistance correlates with higher stress levels ( $\rho = .348$ ).

### **Focus on Using Protective Measures**

**Stress and Relationships:** There is a significant positive correlation between stress levels ( $\rho = .420$ ) and improved relationships ( $\rho = .921$ ).

### **Variable Work Schedule**

**Stress and Workload:** Correlated with higher stress levels ( $\rho = .346$ ) and increased workload ( $\rho = .528$ ).

### **Increased Workload**

**Stress and Schedules:** Directly correlated with higher stress levels ( $\rho = .604$ ) and variable work schedules ( $\rho = .528$ ).

### **Dedication/Empathy Towards Patients**

**Improved Relationships and Stress:** Higher dedication correlates with improved professional relationships ( $\rho = .574$ ) and increased stress ( $\rho = .205$ ).

### **Respect for Professional Secrecy**

**Assumed Consistency:** This aspect is assumed to be consistently maintained, without explicit correlations provided.

### **Preparation to Care for COVID-19 Patients**

**Stress and Training:** Adequate preparation correlates with stress levels ( $\rho = .354$ ) and training received ( $\rho = .579$ ).

### **Years of Employment**

**Experience and Stress:** More years in employment correlate with higher stress levels ( $\rho = .547$ ) and a belief that the profession needs more attention ( $\rho = .832$ ).

### **Career**

**Stress and Workload:** Significant correlations with stress levels ( $\rho = .831$ ) and workload ( $\rho = .269$ ).

### **Nursing Profession Attention**

**Significant Concern:** This is a significant concern for most respondents, though not directly correlated.

### **End of Pandemic Prediction**

**Workload and Relationships:** Significant correlation with perceived workload ( $\rho = .722$ ) and professional relationship improvement ( $\rho = .654$ ).

### **Improvement in Professional Relationships**

**Stress and Workload:** Improved relationships among nurses correlate with higher stress levels ( $\rho = .574$ ) and workload ( $\rho = .314$ ).

The analysis reveals significant relationships between stress levels, professional experiences, and perceptions during the COVID-19 pandemic.

### **Key Findings Include:**

- **Training and Awareness:** Training on protective measures, while necessary, significantly increased stress levels among nurses.
- **Age and Experience:** Older and more experienced nurses reported higher stress and a stronger belief in the need for greater attention to the profession.
- **Working Conditions:** Nurses working in COVID facilities, dealing with variable schedules, and increased workloads experienced higher stress but also felt more appreciated and dedicated.
- **Professional Relationships:** Improved relationships among nurses and between nurses and other medical professionals were noted, though stress levels remained high.

These insights highlight the complex interplay of factors impacting nurses' well-being and professional dynamics during the pandemic, underscoring the need for systemic support and recognition for their critical roles.

The results of the study provide a clear and detailed insight into the experiences and challenges faced by nurses during the COVID-19 pandemic in Albania. Let's delve deeper into some key aspects of the results and their implications:

- **Dedication and Resilience of Nurses:** The findings indicate that nurses have demonstrated exceptional dedication to their duty, despite facing significant risks during the pandemic. Their commitment and resilience are crucial for ensuring quality care and support for patients in the most challenging times.
- **Impact of Mass Vaccination Campaigns:** Mass vaccination campaigns, led by nurses, have had a significant impact on the spread of COVID-19 and mitigating its effects. These campaigns have contributed to improving the overall health situation and reducing the number of infections.
- **Demographic and Professional Profile of Nurses:** The study has provided a detailed analysis of the demographic and professional profile of nurses in Albania. Levels of experience and education vary, providing a diverse workforce in the nursing profession.
- **Levels of Stress and Daily Challenges:** Stress levels varied over time, gradually decreasing from the beginning of the pandemic. However, nurses reported significant challenges related to workload, variable working hours, and job satisfaction.
- **Link between Experience and Dedication to COVID-19 Patients:** The study revealed a strong link between work experience and willingness to work with COVID-19 patients at the beginning of the pandemic. This suggests that experience in the profession may significantly influence nurses' decisions to treat COVID-19 patients during challenging times.



- **Education and Participation in COVID-19 Training:** Educational level has had a significant impact on nurses participation in COVID-19 training. Nurses with higher educational qualifications were more likely to engage in these training sessions, demonstrating a deeper sense of responsibility and commitment to staying informed during the health crisis.

These aspects of the results offer a profound understanding of the experiences and challenges faced by nurses during the COVID-19 pandemic and can serve as a basis for developing future crisis management strategies and improving working conditions for nurses.

## Discussion

The discussion of this study delves into the nuanced findings concerning the experiences and perceptions of nurses amidst the COVID-19 pandemic in Albania. Through an analytical lens, we explore the challenges faced by nurses and the adaptive strategies they employ to navigate unprecedented circumstances.

The interpretation of the findings illuminates the profound impact of the pandemic on the nursing profession. Despite the daunting challenges, nurses exhibited remarkable dedication and resilience, demonstrating their unwavering commitment to providing quality care in the face of adversity. The high percentage of nurses willing to work with COVID-19-infected patients underscores their sense of duty and professionalism, despite the inherent risks involved [9]. Moreover, the substantial adherence to safety protocols and maintenance of professional secrecy reflects the ethical standards and professionalism upheld by nurses during these challenging times [12].

Practically, the implications of these findings underscore the critical importance of providing adequate support and resources to nurses. This includes effective workload management strategies, initiatives to reduce stress, and opportunities for professional development. Addressing issues related to work-life balance and mental health support is paramount to ensuring the well-being of nurses and sustaining their effectiveness in delivering care [3].

From a policy perspective, the findings highlight the urgent need for healthcare organizations and policymakers to prioritize the welfare of nurses. This entails ensuring fair compensation, maintaining adequate staffing levels, and providing access to essential personal protective equipment (PPE) [9]. Additionally, efforts to strengthen nurse-physician collaboration and foster interprofessional relationships are crucial for promoting a cohesive and effective healthcare team [5].

In conclusion, this discussion underscores the profound impact of the COVID-19 pandemic on nurses in Albania and emphasizes the importance of recognizing and addressing their needs. By acknowledging the dedication and resilience of nurses and implementing policies and practices that support their well-being, healthcare organizations, and policymakers can enhance the quality of care and ensure the sustainability of the nursing profession in the face of future challenges.

## Conclusion

According to our study, we can say that:

### Impact of Age and Experience

The findings underscore the influence of age and experience on nurses' perceptions and experiences during the pandemic.

Older and more experienced nurses tended to perceive workplace safety measures more positively and reported higher stress levels, indicating potential vulnerabilities and increased responsibilities among this demographic group.

### Effect of Education on Stress Levels

The study highlights the varying impact of education on stress levels across different stages of the pandemic. While nurses with a Master's degree experienced significantly higher stress levels during the initial stage, this difference diminished over time. This suggests a complex interplay between educational attainment and stress management strategies that evolve as the pandemic progresses.

### Role of Training in Stress Management

The correlation between receiving training on protective measures and higher stress levels underscores the importance of effective stress management strategies in training programs. While training is essential for ensuring preparedness, it must also incorporate mechanisms to mitigate stress and enhance resilience among nursing professionals.

### Professional Relationships and Support

The improvement in professional relationships among nurses and other healthcare professionals highlights the importance of fostering a supportive work environment. Strengthening communication channels, providing psychological support, and promoting teamwork can help alleviate stress and enhance collaboration during challenging times.

### Recognition and Appreciation

The findings suggest that recognition and appreciation for nurses' contributions during the pandemic are critical for morale and job satisfaction. Acknowledging their dedication, providing incentives such as bonuses, and ensuring adequate compensation can enhance retention rates and promote a positive work culture in healthcare settings.

In conclusion, the findings of this study underscore the remarkable resilience and unwavering dedication exhibited by nurses in Albania throughout the challenging landscape of the COVID-19 pandemic. Despite facing unprecedented challenges and risks, nurses have demonstrated a steadfast commitment to providing high-quality care to their patients, often at great personal sacrifice. This study highlights the need for continued support, recognition, and investment in the nursing workforce to ensure their well-being and effectiveness in delivering healthcare services, not only during times of crisis but also in the long term.

The COVID-19 pandemic has brought to the forefront the indispensable role of nurses in safeguarding public health and mitigating the impact of infectious diseases. As frontline healthcare workers, nurses have been at the forefront of the pandemic response, providing essential care, support, and comfort to patients and communities affected by the virus. Their tireless efforts have been instrumental in saving lives, alleviating suffering, and maintaining the functioning of healthcare systems under immense pressure.

However, it is essential to recognize that the challenges faced by nurses during the pandemic extend beyond the immediate clinical setting. Nurses have grappled with various stressors, including long working hours, high patient loads, exposure to infection risks, and emotional strain. Moreover, the pandemic has



exacerbated existing systemic issues within the healthcare sector, such as staffing shortages, inadequate resources, and inequities in access to care.

Addressing these challenges requires a multifaceted approach that encompasses policy reforms, organizational support, and professional development initiatives. Policymakers and healthcare leaders must prioritize the well-being of nurses by implementing evidence-based interventions to mitigate stress, prevent burnout, and promote resilience. This may include providing adequate staffing levels, ensuring access to personal protective equipment (PPE), offering mental health support services, and facilitating opportunities for rest and recuperation.

Furthermore, investments in education and training are crucial for equipping nurses with the knowledge, skills, and competencies needed to adapt to evolving healthcare needs and emerging infectious threats. Continuous professional development programs, mentorship opportunities, and career advancement pathways can empower nurses to thrive in their roles and contribute effectively to healthcare delivery.

Moreover, fostering a culture of collaboration, respect, and recognition within healthcare settings is essential for enhancing job satisfaction, morale, and retention among nurses. Creating supportive work environments where nurses feel valued, respected, and empowered to voice their concerns and contribute to decision-making processes is key to fostering a resilient and sustainable nursing workforce.

In conclusion, while the COVID-19 pandemic has posed unprecedented challenges for nurses in Albania and around the world, it has also highlighted their resilience, courage, and unwavering commitment to patient care. By acknowledging their contributions, addressing their needs, and investing in their professional development and well-being, we can ensure that nurses continue to play a central role in safeguarding public health and advancing the goals of healthcare equity, access, and quality now and in the future.

## Recommendations

- **Training and Continuing Education:** Invest in training and continuing education initiatives that focus not only on clinical skills but also include modules on stress management, communication, and teamwork. Training programs must be flexible, accessible, and adapted to the evolving needs of nurses during the pandemic and beyond.
- **Promoting Work-Life Balance:** Implement policies and practices that promote work-life balance, such as flexible scheduling, adequate rest periods, and access to childcare and elder care support services. Prioritizing the well-being of nursing professionals is essential to sustaining their long-term engagement and performance. Priority is given to mental health support for nurses.
- **Recognition and Reward Systems:** To create recognition and reward systems that evaluate the contributions and achievements of nurses during the pandemic. This may include financial incentives, public recognition, and opportunities for professional development and advancement. To ensure fair compensation and recognition.
- **Collaborative Leadership and Communication:** Fostering a culture of collaborative leadership and open communication within healthcare organizations. Leaders must actively engage with nursing staff, solicit feedback, and address concerns in a transparent and timely manner to foster mutual trust and

respect.

- **Research and Evaluation:** Conduct ongoing research and evaluation efforts to monitor the impact of interventions, identify emerging challenges, and inform evidence-based practices. To collaborate with academic institutions, professional associations, and government agencies to share best practices and promote continuing learning in the field of nursing.

Other Recommendations Related to the Stress and Work of Nurses:

### Well-being and Mental Health Assessments

Including standardized assessments of well-being, stress, anxiety, and depression can provide a more nuanced understanding of nurses' mental health status. Measures such as the Perceived Stress Scale (PSS), Generalized Anxiety Disorder 7 (GAD-7) scale, and Patient Health Questionnaire (PHQ-9) can offer valuable insights into the psychological impact of the pandemic on nursing professionals.

### Resilience and Coping Strategies

Assessing nurses' resilience and coping strategies can help identify protective factors and areas for intervention. Measures like the Connor-Davidson Resilience Scale (CD-RISC) and Brief COPE scale can capture nurses' ability to adapt to stress and cope with challenges effectively.

### Workplace Environment and Organizational Climate

Surveys or scales assessing the perceived organizational support, job satisfaction, and workplace climate can shed light on the broader context in which nurses operate. Instruments such as the Nursing Work Index (NWI) and Work Environment Scale (WES) can evaluate factors like autonomy, teamwork, and leadership support within healthcare settings.

### Quality of Patient Care and Safety Culture

Evaluating the quality of patient care and safety culture can provide insights into the impact of nurses' experiences on patient outcomes. Surveys like the Hospital Survey on Patient Safety Culture (HSOPS) and Safety Attitudes Questionnaire (SAQ) can assess perceptions of safety, teamwork, and communication in healthcare settings.

### Burnout and Compassion Fatigue

Assessing levels of burnout and compassion fatigue can help identify signs of professional distress and inform targeted interventions. Instruments such as the Maslach Burnout Inventory (MBI) and Professional Quality of Life (ProQOL) scale can measure emotional exhaustion, depersonalization, and compassion satisfaction among nursing professionals.

### Health Behaviors and Coping Mechanisms

Exploring nurses' health behaviors and coping mechanisms outside of work can provide insights into their overall well-being and resilience. Surveys or interviews assessing exercise habits, nutrition, social support, and leisure activities can complement existing data on occupational stressors and coping strategies.

By integrating additional tests or measures into the study design, researchers can capture a more comprehensive picture of nurses' experiences and well-being during the COVID-19 pandemic. This holistic approach can inform evidence-based interventions and policies aimed at supporting nursing professionals and optimizing patient care outcomes.

## Data Availability

Numerous limitations must be stated, inclusive of the use of comfort sampling, which may additionally restrict the generalizability of the findings. Additionally, self-report measures may be subject to reaction bias, and the pass-sectional layout precludes causal inferences [2]. whilst this examination gives precious insights into the reports of nurses all through the pandemic, it isn't always without barriers. The cross-sectional design limits our ability to establish causal relationships, and the pattern may not be fully consultant of all nurses in Albania [6]. Future studies should appoint longitudinal designs to music changes in nurses' reviews over the years and discover the long-time period outcomes of the pandemic on the nursing career [7].

## Conflict of Interest

We do not have any conflict of interest.

## Source of Funding

There were no significant costs to report as the necessary resources were available within the budget of the organization/institution.

## Authors' Contributions

Author 1 researched literature and designed the questionnaire and did the analysis.

Author 2 worried about protocol development, gaining moral approval, patient recruitment, and facts analysis. All authors reviewed and edited the manuscript and accepted the final model of the manuscript.

## Acknowledgments

Thanks, and gratitude to all the nurses who helped and took an active part in the care of the sick with covid in Albania, facing difficult situations, as well as they were ready to fill out the questionnaire.

## Appendix

### Survey Questions

<b>1. What is your career?</b>	Nr.
a. Female Nurse	19
b. Male Nurse	141
<b>2. How many years have you been employed in this field?</b>	
a. 0-2 years	47
b. 2-5 years	51
c. More than 5 years	62
<b>3. What is your highest level of education?</b>	
a. Bachelor's degree	95
b. Professional Master's degree	28
c. Master of Science degree	37
<b>4. What is your age range?</b>	
a. Under 30 years	51
b. 31-40 years	59
c. 41-50 years	40
d. Over 50 years	10
<b>5. Have you worked in COVID facilities?</b>	
a. Yes	29
b. No	131
<b>6. Have you received bonuses during patient care in the facility where you work or have worked?</b>	
a. Yes	29
b. No	131
<b>7. Have you strictly adhered to protective measures at your workplace?</b>	
a. Yes	160
b. No	0

### 8. Has the situation of the pandemic improved in your profession?

a. Yes	159
b. No	0
c. I don't know	1

### 9. Are you content with your nurse salary?

a. Yes	16
b. No	144

### 10. Were you willing to care for COVID-19 patients at the outset of the pandemic?

a. Yes	88
b. No	72

### 11. Have you undergone any training regarding protective measures at your workplace?

a. Yes	158
b. No	2

### 12. How would you rate your stress level during the initial period of the pandemic (April- May 2020)?

a. 0	-
b. 1	-
c. 2	-
d. 3	-
e. 4	-
f. 5	160

### 13. How would you rate your stress level after 7 months of the pandemic?

a. 0	-
b. 1	-
c. 2	-
d. 3	-
e. 4	131
f. 5	4
g. 6	2

### 14. How would you rate your stress level in the current period of the pandemic?

a. 0	157
b. 1	3
c. 2	-
d. 3	-
e. 4	-
f. 5	-

### 15. Do you think the pandemic has increased the appreciation for the nursing profession?

a. Yes	159
b. No	1

### 16. Were you affected by COVID-19 while practicing your profession?

a. Yes	78
b. No	82

### 17. Did any family member you had close contact with contract COVID-19 while you were practicing your profession?

b. Yes	110
a. No	50

### 18. Have you assisted a COVID-19 patient in a home setting?

a. Yes	119
b. No	41

### 19. During this pandemic period, have you focused more on using:

a. Phone/iPad	96
b. Television	22
c. Physical exercises	20
d. Computer	21
e. None	1

**20. Has your work schedule been variable during this pandemic period?**

- Yes 124
- No 36

**21. Has the workload during this pandemic period been:**

- Same 7
- Greater 142
- Lesser 1
- Variable 10

**22. Have you felt more dedicated or empathetic towards patients during this period?**

- a. Yes 159
- b. No 1

**23. Have you consistently respected professional secrecy?**

- a. Never -
- b. Rarely -
- c. Sometimes -
- d. Always 160

**24. Do you think you are adequately prepared to care for COVID-19 patients?**

- a. Yes 118
- b. No 5
- c. I am interested in training 37

**25. In general, during this pandemic period, do you think the nursing profession requires more attention?**

- a. Yes 160
- b. No -

**26. When do you think this pandemic will end?**

- a. Never 2
- b. Soon, thanks to massive vaccinations 140
- c. After a few years 8
- d. I don't know 1

**28. Do you think professional relationships between nurses have improved during this pandemic period?**

- a. Yes 157
- b. No 3

**28. Do you think professional relationships between doctors and nurses have improved during this pandemic period?**

- b. Yes 157
- a. No 3

**29. Do you think professional relationships between patients and nurses have improved during this pandemic period?**

- a. Yes 160
- b. No -

**30. Has wearing a mask negatively affected your respiratory system or mental health?**

- a. Yes 104
- b. No 55
- c. No response 1

**31. Workplace:**

- a. Health Center 20
- b. Hospital 140

**32. What additional aspects would you like to add?**

- a. We would like more training 4
- b. It was a difficult period 1
- c. Period that left traces 1
- d. Salary increase 20
- e. Better working conditions 5
- f. Colorless life 1

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