

# ***Implementation of Conflict Resolution Strategies for Hospital Nurses during the Novel Coronavirus Pneumonia Pandemic and Its Impact on Nurses' Stress Levels***

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**Abstract:** The sudden and large-scale outbreak of the new coronavirus virus requires a large number of medical staff to treat and care for patients with new coronary pneumonia. Nurses not only have to undertake a large amount of nursing work, but also need to face the risk of infection, need special protection, and be affected by work. Forced isolation and away from the family and some patients are critically ill. Understand the implementation of conflict resolution strategies for nursing staff in hospitals during the new coronavirus pneumonia pandemic and its impact on nurses' stress levels, providing references for improving nursing staff's physical and mental health and work efficiency, as well as nursing staff in future public health emergencies Take various response strategies to provide a basis.

## **1. Introduction**

Corona Virus Disease 2019 (COVID-19) refers to a new acute respiratory infection caused by the 2019 novel coronavirus infection. It first appeared around December 2019 and quickly broke out and quickly caused a global pandemic. In the face of the epidemic, medical staff are at the forefront of the war and are also the group under the most physical and psychological pressure. In the face of a severe epidemic, the psychological pressure of medical staff increases, and their mental health is affected. It is negative emotions such as depression and anxiety. One of the susceptible groups is that medical staff lack a sense of security; and the mental health status of medical staff directly affects the ability of medical staff to respond to the epidemic. Research by Wu Xiqiang and others have shown that the active response of medical staff is positively correlated with internal and external tendencies and neuroticism, and is associated with depression, Anxiety is negatively correlated; Negative coping is negatively correlated with internal and external tendencies and psychosis, but positively correlated with depression and anxiety. Maintaining their mental

health, physical health and good adaptability is the key to victory in the war, and they are listed as the first-line group of emergency psychological crisis intervention during the COVID-19 epidemic. However, there are currently few and unsystematic researches on the anxiety of medical staff during the COVID-19 epidemic. Therefore, by understanding the implementation of conflict resolution strategies for hospital nurses during the new coronavirus pneumonia pandemic and its impact on nurses' stress levels, this study aims to find feasible methods for the mental health care of medical staff during major public events such as the epidemic.

## 2. Conflicts among Hospital Nurses and Their Resolution Strategies during the Novel Coronavirus Pneumonia Pandemic

Emotional issues are the main source of stress for nurses. The reason for the high emotional pressure is that in order to prevent cross-infection of medical staff, the hospital converted the ward into a staff dormitory. During the anti-epidemic period, the medical staff could only rest in the staff dormitory and could not go home, so they could not reunite with their families. At the same time, family members of nurses obtain information through the Internet, which is complicated and difficult to distinguish between true and false will cause family members to become anxious, which will further transform into worry about nurses.

Marital status The family is a place to meet the most basic needs of individuals, especially during the traditional festival of the Spring Festival, reunion with family members is the most important and core spiritual need. Studies have shown that at the peak of the epidemic, the highest source of stress for nurses in the quarantine area is the lack of support and communication from family and relatives. In this study, 43.6% of nurses raised at least one child. However, in order to monitor the patient's vital signs and condition changes at all times, the nurses must be in close contact with the confirmed patients and isolated from their family members; and because it is the Spring Festival, most medical staff temporarily cancel vacations and return to work in the hospital. This behavior and mentality need to get loved ones. Support and understanding. On the one hand, front-line nurses worry that their family members will not be well protected and fear that they will worry about themselves; on the other hand, when encountering difficulties and setbacks, they cannot confide in the people they trust the most and cannot get encouragement in time. This will undoubtedly cause problems. Increase the psychological pressure of nurses. Nursing managers should take the initiative to assume the roles of relatives, listeners and supporters, create a work environment that can fully mobilize everyone's enthusiasm and moderate pressure, maintain a harmonious and warm department atmosphere, and avoid excessive pressure; they should also unite with the government and the Women's Federation Carry out home care actions with the community to keep abreast of the basic situation and needs of the frontline nurses' families, and help solve prevention and control education, material procurement, emotional care, family education services and home activities, etc., and effectively relieve the frontline nurses from worries.

The problem of protection is also the main source of stress for nurses. Wearing protective equipment and feeling suffocated exerted the greatest pressure on nurses, among which 50 nurses had relevant scores  $\geq 3$ . The reason is that nurses usually wear surgical masks at work, and medical N95 is less comfortable than surgical masks. According to related studies, wearing medical protective clothing can only carry out low-intensity activities. When the activity intensity increases, the amount of sweating increases and the comfort is worse. The inconvenience of wearing protective equipment also puts a lot of pressure on nurses. The reason is that nurses participating in the care of new coronavirus pneumonia need to wash their hands when entering the ward, wear one-piece hooded protective clothing, shoe covers, goggles, N95 masks, isolation gowns and 2-3 layers of gloves. Multiple layers of protective clothing and gloves affect activities Inconvenience caused

by the sense of touch and the nurses exerted greater pressure on protection. In terms of protection, the psychological pressure of insufficient protective equipment at work is the least, because the hospital promises to ensure adequate front-line protective equipment for medical staff. The psychological stress of accidental occupational exposure in the process of using protective equipment is relatively small. The reason is that the hospital's hospital infection management department began to conduct online training for all employees of the hospital on January 17, including training on the prevention and control of common respiratory infectious diseases, Procedures for putting on and taking off protective clothing, procedures for putting on and taking off surgical masks and N95 masks, and plans for the prevention and control of new coronavirus infections, etc. Before nurses participate in the fight against new coronary pneumonia, they will conduct one-on-one training and assess the wearing and taking off of protective clothing, and each time they enter the ward, they wear protective clothing and are supervised by a sense of hospital supervisor.

Participating in infectious disease related courses and training experience. As the guardians of human health, nurses' knowledge and correct identification of infectious diseases are an important line of defense for the early detection and control of infectious diseases in the hospital. Investigations and studies have shown that the knowledge of infectious diseases among medical staff is still lacking, and 95.1% of nurses in this research data have no experience in combating infectious diseases such as SARS and H1N1, and only 42.3% have participated in training related to infectious diseases. course. In response to public health emergencies, if the front-line nurses lack relevant health knowledge about the prevention and control of infectious diseases and establish awareness of protection, they may endanger their own health and at the same time become a source of infection and a vector of transmission, bringing hospital infections to patients Potentially dangerous. When hospitals respond to new and sudden infectious diseases, not only diagnosis and treatment by clinicians, but also prosecution and prevention by nurses are needed. And this survey found that nurses who have participated in infectious disease-related training have significantly lower stress scores in terms of disease-related, work environment, and patient treatment and total scores than nurses who have not participated in training. Nursing managers in the hospital should formulate Corresponding online and offline training courses related to infectious diseases, emphasizing two-way prevention and control, focusing on prevention, regular related knowledge assessment and organizing clinical practice exercises, can improve the prevention and control capabilities of nurses in various departments to deal with various sudden infectious diseases , Do a good job in the nursing work in the case of infectious disease emergencies.

Low stress levels in nursing work, working environment and patients. Too much workload is the primary pressure in nursing work, which is consistent with the research results of Li Xiao et al. The nurses participating in the nursing of the new coronavirus pneumonia are all screened, and they are relatively outstanding in terms of professional ability and experience. At the same time, they have received sufficient professional training before participating in nursing work, which is very helpful to reduce the pressure on nurses. The reason for the lower working environment pressure is that Hangzhou has achieved remarkable results in controlling the epidemic, and the number of new infections in Hangzhou has continued to decline. The main battlefield of the anti-epidemic ward of the hospital is set up in the newly built hospital area, and the working environment is relatively comfortable; the disinfection of the ward is completed by the cleaning staff, and the cleaning staff receive strict training and complete one-to-one assessment. Each time you enter the ward, wear protective clothing before disinfection. Supervised by the sense of hospital supervisor. The above series of backgrounds and measures have made nurses less stressful in the working environment. The reason for the low source of pressure on patients is that the state provides free medical treatment for patients with new coronavirus pneumonia, and the news media promotes the spirit of

medical care and positive guidance for patients, and the death rate of the disease is relatively low. Zhejiang Province has a very low mortality rate, so the mentality of patients More relaxed, more willing to cooperate with nurses for treatment.

The length of time involved in the nursing of new coronavirus pneumonia and the analysis of the impact of the original department on the source of stress. The emotional stress level of nurses participating in the initial nursing of the new coronavirus pneumonia is relatively high. As the length of participation increased, nurses contacted their family members via phone or video, and gradually adapted to the state of isolation. The family members also alleviated their worries about understanding the nurse's anti-epidemic status. The hospital implements a monthly changing of the guard system, that is, one month after participating in the fight against new coronary pneumonia, it will be evacuated and a new round of nurses will be replaced. This is also the reason for the decrease in emotional pressure of the nurses in the later period. Among the nurses in the original department, ICU nurses have the highest total stress source score. This may be related to the correspondingly greater stress due to the higher pressure of the ICU nurses in charge of patients as critically ill patients.

Analysis of the relationship between work fatigue, nursing time and original department. As the time spent in nursing care for the novel coronavirus pneumonia increases, nurses' sense of indifference at work will decrease. The reason is that long-term nursing gives nurses the opportunity to get along with and communicate with patients, which in turn makes their nursing work more emotional and lowers their sense of indifference. . The overall sense of fatigue is the highest among nurses whose former department is ICU, which may be related to their key care of critically ill and critically ill patients.

The correlation between the source of work stress and the feeling of fatigue. There is a moderately strong positive correlation between stressor and job fatigue, indicating that the stressor can cause nurses to produce job burnout to some extent, which is consistent with the conclusions of related studies at home and abroad. The results also show that there is a moderately strong negative correlation between nursing work and work dissatisfaction, indicating that nurses participating in new coronary pneumonia nursing have a sense of accomplishment in their professional work, which helps to reduce job burnout. Patient and nursing work are also positively correlated with work indifference, but the intensity is weaker. This is also in line with the conclusion that the patient's pressure source is lower mentioned above, indicating that the patient's trust and good cooperation in the nurse can reduce their work A sense of indifference in.

### **3. The Impact of Conflicts between Hospital Nurses on the Stress Level of Nurses during the New Coronavirus Pneumonia Pandemic**

Stress can cause changes in the body's physiology and mental state. The prevention and control of the novel coronavirus pneumonia epidemic has the characteristics of high risk, high pressure and heavy load. The survey results show that the total work pressure of standardized training nurses in hospitals during the novel coronavirus pneumonia epidemic is higher than that of standardized training nurses reported in other domestic studies. The possible reasons are analyzed: ①The prevention and control of the novel coronavirus pneumonia epidemic provides clinical nursing care Work brings challenges, leading to an increase in the workload of clinical nurses. ②The standardized training nurses lack work experience, and most nurses lack infectious disease nursing experience, which leads to lack of confidence and psychological pressure. ③During the epidemic, some nurses were in isolation wards for a long time, and they were unable to effectively and timely adjust their emotions in a high-pressure working environment. In addition, they were unable to communicate with their families in time, which increased psychological pressure. ④ Conflict

between nurse profession and family is one of the important reasons for nurses' work pressure. During the epidemic, frontline nurses will bear more family pressure. With the continuous advancement of the modern medical industry, the educational requirements for nursing staff are gradually increasing. Nurses with a master's degree or above are under greater pressure during the epidemic. The reason may be that the higher the educational background, the higher the expectations of themselves. It is more demanding, not only undertaking basic nursing work, but also undertaking the important task of scientific research and teaching in the department. In addition, the work pressure faced by nurses is higher than that of nurses. It may be because most nurses not only have to complete daily nursing work, but also undertake the guidance of new nurses, which causes the pressure of teaching to be superimposed on the work.

The results of the correlation analysis between standardized training nurses' work stress and social support showed that the total score of nurses' work stressor scale was negatively correlated with the total score of social support, which was basically consistent with the research results of Zhu Yanbo and Su Jiliang. Relevant studies have shown that the higher the level of social support among nurses during the epidemic, the lower the work pressure. Effective social support can generally reduce the work pressure of standardized training nurses. In the face of public health emergencies, the hospital management should actively implement the standardized training of individual nurses' spiritual and material assistance, and arrange for psychologists to do psychological counseling in a timely manner to reduce the work pressure of nurses. In addition, the support and cooperation from patients during the epidemic and the understanding and recognition of the general public can increase the confidence of nurses in fighting the epidemic, so as to better adapt to changes, adjust their emotions reasonably, make correct and positive responses, and be able to take the initiative to gain more support.

#### 4. Conclusion

During the outbreak of the novel coronavirus pneumonia, nurses trained in the hospital's standardized training are under heavy work pressure, and social support is good, and work pressure and social support are negatively correlated. Hospital managers should pay attention to the work pressure and social support of standardized training nurses, and take targeted measures to improve the social support of standardized training nurses, stimulate their enthusiasm and confidence in their work, and reduce their work pressure, so as to better face and adapt to emergencies. Nursing work under public health incidents.

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