

## **The Aces of The Heart: Lived Experiences of Emergency Room Nurses in Managing Patients with Congestive Heart Failure and Its Implication to the Health Education**

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### Abstract

Nurses working in the ER and caring for CHF patients in the emergency room, where life-threatening illnesses are cared for, must always be highly skilled and proactive. Hence, a study aimed to explore the lived experiences of emergency room nurses caring for patients with congestive heart failure and its implications for health education as a phenomenological study. The Husserlian method was used among ten (10) participants chosen through purposeful sampling. The results show that most nurses are stressed, ill-experienced, and less skilled, which led to the conclusion that nurses need a charge-up to enhance both physical skills and relieve emotional stress. This implies that more training and skill acquisition seminars should be introduced to hospitals and institutional curricula to make ER nurses more competent and ready to face life-threatening conditions like CHF. Some implications to the health education including improved training programs, curriculum development, support systems in education, emphasis on disease knowledge, empathy and patient education, and building resilience.

Keywords: Lived experiences, Emergency room nurse (Er Nurse), Congestive heart failure, Aces of the heart, Health education

### INTRODUCTION

Nurses are seen as the more of the world because all they do is care selflessly for everyone and not just the sick. So many studies have portrayed the experiences of frontline nurses caring for patients and the role of nurses to the patient in achieving a holistic recovery. In addition to dealing with a great deal of work and the possibility of infection, frontline nurses also have to deal with the heartbreaking loss of patients they are responsible for. In addition, they deal with worry or even conflict between patients and their relatives (Shen *et al.*, 2021). Still, little research has been done to explore the role of ER nurses in sustaining the lives of patients with congestive heart failure.

Also, the educational implications of these nurses' roles, especially for CHF patients, have yet to be fully explored. Instead, the role of the emergency room nurse in providing discharge teaching to patients and families about the proper use of the emergency department or where to seek treatment if needed was explored in this study. The researcher explores the roles of ER nurses when caring for CHF patients, notes their challenges, and makes necessary recommendations on how to transform these challenges and weaknesses into strengths.

Östman *et al.* (2020) describe nurses' experiences of continuity of care for patients with heart failure with an emphasis that congestive heart failure is a life-threatening condition that causes varying care needs over time with risks of fragmentation and nurses play an important role in caring for patients with heart failure. However, emergency room nurses' care experiences to CHF seem less explored in his study.

Patients with congestive heart failure (CHF) are typically treated by a variety of healthcare professionals, including nurses, in heart failure-connected clinics (HFCs), primary healthcare centres (PHCs), and municipal home healthcare settings (HHCs) throughout Europe. As a result, ER nurses caring for CHF patients learned that the objectives are to reduce symptoms, prevent hospitalization, and increase the patient's life expectancy (Östman *et al.*, 2020).

However, because of the ongoing nurse shortage, many facilities seek young nursing graduates to work in these fast-paced emergency rooms, affecting the crucial efficient nursing services to CHF patients. Since nurses are the agents of hope, essential in delivering the best care to CHF patients, and the emergency room is the starting point for extending survival odds for Heart Failure (HF) patients, what competencies and skills are required of a nurse working in an emergency care setting? Is there a set of skills that all emergency room nurses, including those with little or no prior experience, must have? To achieve the desired outcome by the end of orientation, these crucial questions must be addressed: a competent ER nurse caring for and looking after a CHF patient.

ER nurses in the United States have experienced congestive heart failure patients with life-threatening respiratory conditions and are restricted to specific administration. Teamwork and communication with fast-paced responses are highly encouraged, except for skilled and competent ER nurses. Patient triage is based on risk assessment, with an observation unit used if necessary and comforting continuous care (Heidenreich *et al.*, 2022). Meanwhile, ER nurses are crucial in treating patients with heart failure. However, nurses' experiences with care need to be more thoroughly explored. These patients may occasionally need specialized care in an HF hospital. Therefore, specialized, well-knowledge, and skilled nurses should be in place. Hence, ER nurses need constant training to meet up with such demands.

Heart failure and congestive heart failure (CHF) are chronic, progressive conditions that can mimic other conditions and can be life-threatening if left untreated and generally can impact anyone. Hence, it affects quality of life, leading to care demands that change over time and may become dispersed. The body depends on the heart's pumping action to deliver oxygen and nutrient-rich blood to the body's cells. When the cells are adequately nourished, the body can

function normally. Congestive heart failure (CHF) and heart failure are both conditions that are characterized by a weakening of the heart, such that the organ is unable to pump enough blood to meet the body's energy needs. CHF is when the weakened heart causes fluid in the feet, arms, lungs, and other organs, leading to congestion throughout the body. Lifestyle changes and aggressive medical care are critical to optimizing heart function and minimizing symptoms (American Heart Association, 2019).

In the study Hudgens (2020), since there were no documented nurse heart failure educational programs accessible, many ER nurses lacked the basic knowledge of heart failure needed to adequately educate heart failure patients about the principles of HF self-care. Heart Failure (HF) is a multifaceted and life-threatening syndrome characterized by significant morbidity and mortality, poor functional capacity and quality of life, and high costs (Savarese *et al.*, 2022).

The ER nurses explained that patients' needs for care should be the healthcare organization's priority and that the type of care given should not be determined only by cost. Short-term budgetary fixes were thought to make it more difficult for ER nurses to provide equitable, high-quality care. Patients needed to have access to multi-professional teams that included doctors, nurses, dieticians, occupational therapists, physiotherapists, and psychologists, even if not all of them were providing care for the patient at the same time because it was also about the patients being treated by healthcare professionals who are specialists in the field of CHF (Östman *et al.*, 2020).

In the situation of readmission, to relate to prior visits, agreements, and measures, the ER nurses found that having trustworthy relationships gave both them and the CHF patients a sense of security. That relationship did not, however, must be personal; if the patient had someone to confide in and who could manage their treatment, that was enough. Readmitting patients should be cared for by the ER nurse who has developed relationships with them; this will promote better rapport, and patient history will be taken accurately.

Moreover, unequal distribution of health personnel is a problem for both developing and established countries, as experienced by the ER nurses. The recruitment and retention of the health workforce, specifically ER nurses, is a key challenge facing many rural and remote places. The unequal distribution may delay the services provided to patients in the emergency room, especially older patients who may have difficulty accessing the already deteriorating health services. This results in a significant under-treatment and delayed intervention of patients with a high risk of CHF by nurse general practitioners in the emergency ward. Despite a similar or more significant illness burden than in urban regions, rural patients receive fewer

prescriptions for essential drugs used in emergency wards for HF, such as beta-blockers, ACE inhibitors, statins, and warfarin, and these are challenges encountered (National Department of Health, 2019).

## **METHOD**

### **Research Design**

This study is a qualitative phenomenological research design used extensively by scientists and researchers studying human behaviour, opinions, themes, and motivations, thus concerned with the features, attributes, and characteristics of a phenomenon that can be interpreted thematically (Shuttleworth et al. 2023). This approach most effectively achieves the research's goals of providing a thorough account of an experience and understanding the significance of emergency room nurses' lived experiences. It is a descriptive strategy that identifies and explains the goals or essences of experiences to give insight into the phenomenon being studied (Little, 2019).

### **Participant and Locale of the Study**

The study was conducted in a tertiary hospital in La Union named Lorma Medical Center (LMC), Located in Carlatan, City of San Fernando. The study's participants were at least ten (10) emergency room nurses who took care of patients with heart failure and were willing to be among the participants in the study. A purposive sample technique is used to choose the participants to understand the ER nurses' experience handling patients with heart failure and as a potent tool to investigate subjective experience. This technique plan calls for selecting individuals who can provide in-depth and comprehensive information on the topic at hand.

According to Cortez (2020), purposive sampling is defined by the incorporation of specific, pre-selective criteria met by participants at the time of selection with the following inclusion criteria: (a) ER staff nurses only, (b) nurses who handled heart failure patient, (c) nurses willing to participate, (d) nurses employed for at least six months. Hence, the exclusion criteria included (a) ER nurses who never handled patients with heart failure. The researcher collected data from the participants in Loma Hospital until it reached the point of saturation; otherwise, the researcher should have included other tertiary hospitals like ITRMC and LUMC.

The Lorma Medical Center emergency department contains nine (9) spaces, one (1) triage room, and 1 ECG unit. Amongst the bed spaces are the Trauma/Resuscitation unit, Medical critical care unit, Medicine unit, Pediatric unit, and Birthing unit. There are about fifteen (15) ER nurses, a maximum of 5 ER nurses per shift (morning and afternoon shift), and three nurses in a night shift. All ER nurses are expected to possess the same skills and knowledge; you never know which patient you can attend to.

### **Data Gathering Tool/Instrument**

The researcher utilized an interview guide. The face-to-face interviews were conducted at the researcher's and the participant's convenience. A general guide question was asked on the experiences of the ER nurse, seconded by the follow-up question as generated.

To collect the data, a general interviewing guide was used in collaboration with open-ended follow-up questions to establish rapport. In addition, the researcher employed specific procedures, such as an informal discussion with an unstructured interview. The researcher also necessitates practical communication skills, openness, and patience. The Assistant Nursing Director for Administration and Nursing Director at Lorma Medical Center validated the tool to determine its authenticity and reliability. The researcher can conduct this data gathering face-to-face at the ER triage room at their convenience, lasting two months.

### **Data Gathering Procedure**

Permission to conduct the research was obtained from the Dean of Lorma Colleges of the College of Nursing. Before it was authorized and accepted by the Lorma College Research Ethics Committee (LC-REC), the Graduate Studies Research Technical Panel reviewed it. Once the study has been approved, the researcher acquires approval from the LMC-Nursing Director, who reaches out to the ED Head, where the participants are allocated before the study is carried out.

The researcher secured consent from the participants through the Head of ED, providing specific information about the research, such as the topic of the research, who would support the research, the data collection technique, and who would have access to the data obtained, not excluding to tell the participants that any time, they can refuse to continue and for any reason, they have the right to withdraw.

The interview was conducted face to face with the participants, and they all preferred the triage centre as it is inside the E.R. Hence, the designated place of the interview was their choice. This is to promote participant relaxation, comfort, and promote rapport.

The researcher reassured the participants that only pertinent questions for the study would be asked and that they should be honest in their responses. The researcher notified them that their reports would be kept entirely confidential and that only the researcher would access them. The researcher assured them that no harm would be done to them out of ethical consideration, prioritizing respect for their dignity while maintaining anonymity.

### **Data Analysis**

The Husserlian type of phenomenology was used in this study to describe the participants' actual experiences and the nature of the particular phenomenon. Husserl played a significant

role in developing transcendental phenomenology (TPh), a philosophical perspective on qualitative research methodology that aims to comprehend human experience. Pure TPh is based on letting go of preconceived notions (*epoche*) to view phenomena through clear lenses, allowing the true significance of events to inevitably emerge with and within their individuality (De Santis *et al.*, 2021).

Data collection and analysis happened simultaneously. To differentiate between the initial and later interactions, each in-depth interview with an ER nurse was dated and recorded, with word-for-word transcription and analysis as done on the verbally recorded interviews. During transcription, the researcher played back the audio recordings twice or thrice to ensure the information the participants supplied was captured precisely. To verify that the information recorded is accurate for the data's accuracy, the participants were presented with the extended texts after the transcription.

The researcher examined the data for themes and subthemes. The data was reorganized and conceptualized through coding according to themes and subthemes, enabling a more comprehensive range of analyses. All data collected were adequately documented. The researcher then wrote a textual description of the participants' experiences, a structural description of those experiences in terms of the circumstances, situations, or context, to capture the nurses' experience. The researcher combined the structural and texture descriptions into an idea to create a thorough summary of the phenomena. In the Husserlian type of phenomenology, as defined by Moustakas (2011), the transcendental analysis steps emphasize the essence of the lived experience, the integration of experience and behaviour, and the putting aside or bracketing of researcher judgments so that the lived experiences are viewed as a fresh or new phenomenon by the researcher.

The researcher's deliberate separation from the text and suspension of their comprehension to generate interest in the extended texts is referred to as bracketing (*epoche*). After bracketing, the researcher performed cold and warm analyses, making the analysis more straightforward. The excellent analysis entailed lengthy reading texts for better comprehension, whereas the friendly analysis entailed reading shorter texts for less information, implying that significant remarks had been made. All relevant information is documented, including expressions such as sentences, phrases, words, or emotional responses. The researcher then creates a textual description of the participants' experiences (what the ER nurses experience), a structural description of their experiences (how they experienced them) in terms of the conditions, situations, or context, and a combination of the textual and structural descriptions to convey the overall essence of the experience. Finally, the researcher synthesized the texture

and structural descriptions into an essence, producing a comprehensive summary that describes the phenomenon's "essence."

## RESULTS AND DISCUSSION

Four (4) themes emerged from the analyses of participants' verbalizations of their experiences as ER staff nurses: (1) A Rushing Heart, (2) The Coping Heart, (3) A Loaded Heart, and (4) Nurses' Inspiring roles, that summed up the phenomenon, "Like an Ace of Heart." The researcher described how they tried to meet the demands of the patients, clear their uncertainties, and conquer their fears to carry on their jobs. The conceptual Map is can be seen in Figure 1.

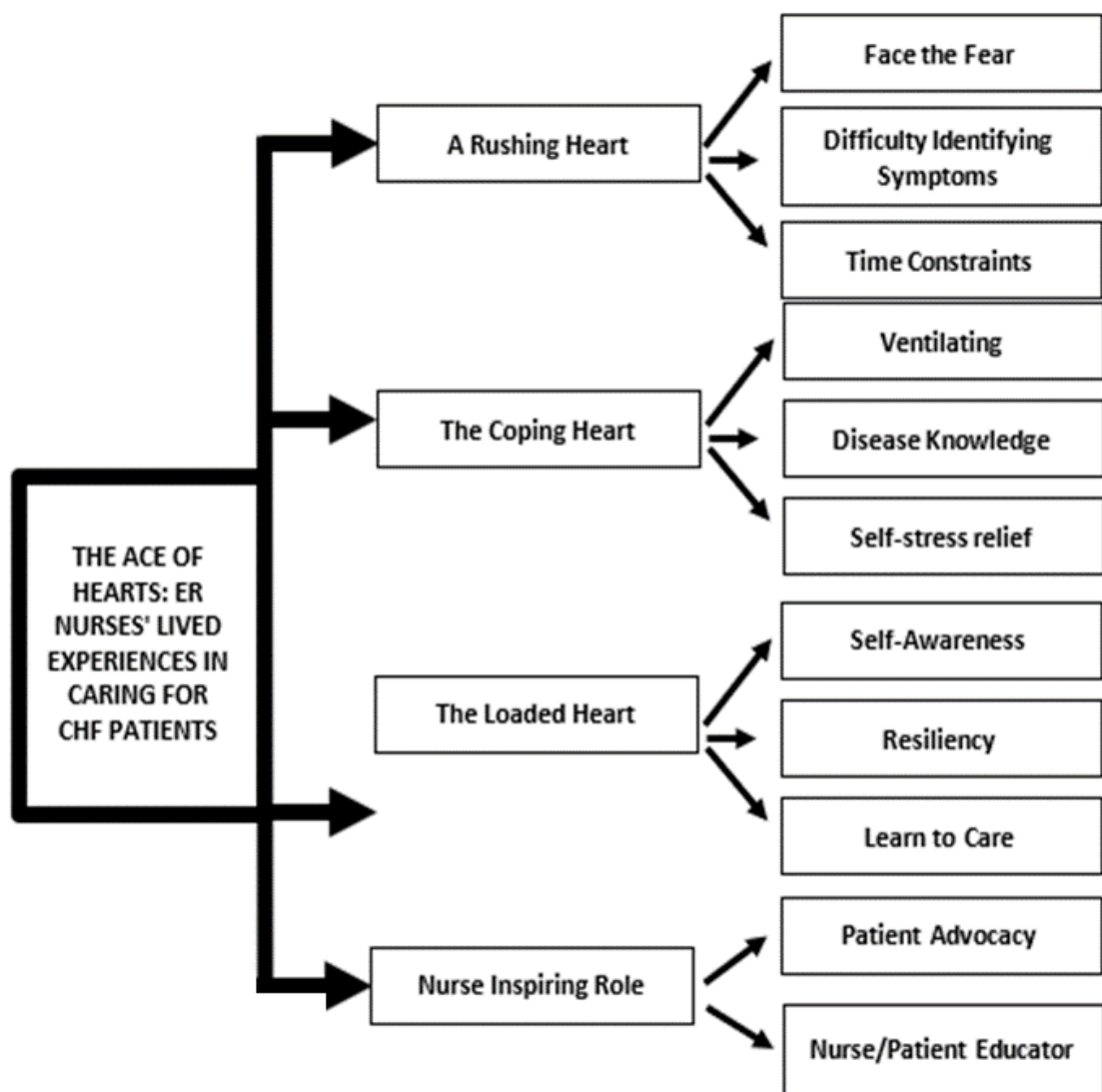


Figure 1. The Conceptual Map

## **Rushing Heart**

It shows how stressful it can be to face a high-pressure emergency room, even in the face of a patient's death. This implies that the Emergency department is not just toxic but also impacts stress on both the nurses and the patient's significant others. This leads to the sub-theme showing how difficult it may be to confront the patient and identify the illness related to the symptoms within a short time frame.

The nurse is expected to develop a proper nursing diagnosis quickly; hence, the situation can get more complicated. The responses prove that the nurses are under high pressure, and the environment, due to the emotional reactions of the patient's guardian, poses stress on their skills in order to come up with a good assessment. This statement is corroborated by the study of Morrow *et al.* (2022), the lack of protocols to assist staff in assessing and monitoring patients with CHF and the staff nurses' unfulfilled information demands when caring for patients with CHF provide many obstacles for ER nurses. Thus, the Heart Failure Society of America and the American Heart Association released a scientific statement outlining the difficulties associated with CHF and urging more investigation into care-related roadblocks (Jurgens *et al.*, 2020).

## **The Coping Heart**

This theme entails how the ER nurses try to apply a coping mechanism to relax and face the stress in the ER. This is when the nurses try to apply sustainability and adaptability mechanisms to keep going. The nurses have agreed that a support circle where you can vent your emotions and gain knowledge about CHF to stand confusing symptoms and self-stress relieving activities can see you through and rejuvenate the nurses.

To supportively corroborate with the sub-theme of ventilating, especially our emotions toward loved ones (Graven *et al.*, 2021), stress is a common occurrence for nurses in the emotionally taxing setting of an emergency room. Venting gives the ER nurses who have been emotionally down due to experience with CHF patients, a therapeutic way to let go of bottled-up feelings like frustration, grief, or anxiety. This emotional release is essential to avoid burnout and preserve mental and emotional health.

Furthermore, Venting is recommended for emergency room (ER) nurses who deal with a variety of stressors daily at their unit, including disagreements with doctors, issues with coworkers and supervisors, discrimination, excessive workloads, long workdays, a lack of resources to carry out their jobs well, a scarcity of supplies and equipment, managing challenging patients, traumatic situations, illness, dying patients, death, and family members of critically ill or injured patients. Because of the highly stressful nature of these settings, several



specialized nursing areas, like emergency nursing, midwifery, intensive care, and theatre nursing, are said to be more traumatizing and demanding than others (Rabie *et al.*, 2020).

On the other hand, it is revealed that knowledge of CHF helps emergency room (ER) nurses struggling to manage patients with CHF, thereby using online resources to supplement their limited knowledge and better grasp the condition. Having a thorough understanding of the symptoms, consequences, and therapies of congestive heart failure (CHF) enables nurses to make confident judgments and gives them a sense of control. As a result, there is an emphasis on improved communication among medical personnel, fostering a friendly and cooperative work environment supporting high-quality patient care. According to the results of Maresca *et al.* (2022) research on coping mechanisms, there may be fewer instances of ER nurses using coping strategies when factors like physical well-being, clinical variety, boundary-setting, compassion, work enthusiasm, reasonable expectations, and organizational activities are taken into account.

Moreover, the relevance of healthy mechanisms is emphasized by Gilman *et al.* (2015) study, which lists prayer, hanging out with friends, problem-solving, and peer support as typical coping strategies for nurses. Alruwaili *et al.* (2022) discovered that ER nurses also participate in patient education, which permits active involvement in care and gives them a sense of fulfilment in their work as healthcare educators. Therefore, by foreseeing probable difficulties related to CHF, ER nurses with knowledge of illness can reduce worry and unpredictability. By taking a proactive stance, nurses can handle stressful circumstances with more composure and assurance. To maintain their mental well-being in the demanding and challenging ER setting, nurses must supplement their proper coping mechanism of illness knowledge with comprehensive self-care practices and support networks (Van Bulck *et al.*, 2020).

Additionally, self-stress-relief refers to variety of stress-reduction and self-care tactics that emergency department (ER) nurses might use to deal with the stresses associated with providing care for patients with congestive heart failure (CHF). This implies that the nurses do what is within their reach to overcome stressful situations. Therefore, deep breathing and mindfulness are two techniques that highlight how important it is for nurses to prioritize their health. As mentioned by Mccue (2022), the responses from the nurses emphasize how crucial it is for nurses to take time for their mental and emotional health to handle the stressful work environment, mainly when providing care for patients with congestive heart failure. In addition to investing in the nurse's health, this self-mirror reduction also safeguards against burnout, a frequent risk in the medical industry. Nonetheless, the results of a response Mensch & Kandel

(2020) show that ER nurses, especially those who work with CHF patients, may turn to alcohol and nicotine use as coping mechanisms for work-related stress.

### **The Loaded Heart**

This entails how the ER nurses have been significantly impacted by their experiences caring for CHF patients. Some experiences are positive, whereas few are harmful due to the traumatic and sudden encounter when they were brought to the ER. This is more like the realization and learning phase of ER nurses to skillfully face patients who will be admitted for the same condition in the future. These experiences are through self-awareness, Resilience and learning to care. The varied quality of self-awareness among emergency room (ER) nurses caring for patients with congestive heart failure (CHF) substantially impacts personal and professional dimensions. This implies that self-consciousness is a significant way to discipline oneself in all areas of life. Son *et al.* (2020) highlighted that awareness of one's food choices is a critical factor influencing general health. He further emphasize the need to adhere to self-care practices, such as dietary adjustments and limits on fluid consumption, as specified in the European Society of Cardiology's guidelines for diagnosing and treating congestive heart failure. Developing healthy self-care practices is essential to avoiding the adverse health effects of inadequate self-care. The results of Leridis *et al.* (2023) show that physical activity improves quality-of-life metrics and physical and mental health indicators among emergency room nurses. According to Conceição *et al.* (2020), self-awareness is crucial in enabling better communication with patients with congestive heart failure (CHF), promoting understanding and collaboration during emergencies, and fostering the growth of empathy and compassion.

According to the journal of Lin *et al.* (2019), resilience is the capacity of an individual to adjust to adversity and preserve physical and mental health in the face of stressful situations, which corroborates with the response of nurses. It has been linked to improved work performance, job satisfaction, and commitment. In an emergency room, resilience is critical because it shows how well nurses can handle stress. Enhancing resilience is essential for lowering stress and retention. It also prevents mental health problems and lessens burnout.

Collaboratively, the responses are in line with "learn to care", is in line with the journal of Shahriari *et al.* (2020), where congestive heart failure (CHF) patients are cared for by emergency room (ER) nurses, and their approach to learn-to-care is one of compassion and understanding that has a significant impact on patient care. When congestive heart failure patients are added, the atmosphere becomes even more challenging. However, the staff members there will tell you that despite the sometimes chaotic conditions, their motivation is to save lives. This is a genuine caring act of ER nurses to offer psychosocial support, which is

especially important for CHF patients who frequently struggle with psychological and emotional stress in addition to physical symptoms (Heckman, 2020).

### **Nurses' Inspiring Roles**

ER nurses are vital members of interdisciplinary healthcare teams and advocate for patients' well-being alongside nurse-patient educators. Their unwavering commitment to providing patient-centered, comprehensive care not only aids in patients' physical recovery but also offers emotional support during trying moments. They are improving the lives of patients with congestive heart failure through their unceasing efforts, through patient advocates and nurse/patient educators.

The study by Krówczyńska & Jankowska-Polańska (2020) supports the responses of nurse/patient educators. The study explores the nurse's experience educating CHF patients on management and medication adherence. ER nurses' patient education helps patients make lifestyle changes and enhance their self-management. Patients with CHF frequently need to undertake significant lifestyle changes, including dietary modifications, medication adherence, and symptom monitoring. As frontline healthcare providers, ER nurses can inform patients about these lifestyle changes by highlighting the value of leading a heart-healthy lifestyle and the function of drugs in symptom management. Patients who are educated on early indicators of deteriorating CHF and when to seek medical attention are also more equipped to take preventative action, which may lessen the need for ER visits.

The nurses who served as the advocates assisted the CHF patient in setting goals, removing obstacles to proper care, recognizing early warning signals of recurrence, making the right decision, and getting the proper assistance (American Heart Association, 2023). With knowledge and well-informed decision-making, patient advocacy gives CHF patients more power. Emergency room nurses who advocate for their patients explain the disease, available treatments, and resources in detail. A sense of control and involvement in their care is fostered by this empowerment, which not only helps patients comprehend their healthcare journey but also allows them to participate in decision-making processes actively.

### **Implication to Health Education**

**Improved Training Programs:** To assist nurses in managing stress and enhancing patient care, hospitals might include training and modules that emphasize emotional awareness and coping mechanisms. Additionally, prioritizing symptom identification training for nurses will help them recognize CHF symptoms more precisely, decreasing misdiagnosis and enhancing patient outcomes.

**Curriculum Development:** Educational institutions have the option of restructuring their curricula to incorporate courses on stress management and self-care, patient-centred care, or subjects that instruct nurses on how to effectively communicate with patients, especially those who have chronic illnesses like CHF, and how to take care of themselves.

**Support Systems in Education:** Creating a peer-led discussion forum on emotional difficulties in patient care and instituting a preceptorship or support circle within nursing education can give students and novice nurses a network to exchange experiences and coping mechanisms while cultivating a supportive learning environment.

**Emphasis on Disease Knowledge:** Nurses can stay up to date on best practices, gain a deeper understanding of chronic diseases and how to manage them, and improve their capacity to educate patients after discharge by encouraging nursing students to participate in current research, continuing education, and frequent workshops or seminars on CHF management.

**Empathy and Patient Education:** Teaching nurses to teach patients with CHF how to take care of themselves and to run community outreach programs that teach patients how to avoid and manage their illness can raise public awareness on health issues, improve patient outcomes, and lower the rate of hospital readmissions.

**Building Resilience:** To help nurses manage the emotional demands of their work, create a healthier work environment, and remember to support reflective practices in nursing education to support students in identifying their emotions and creating coping mechanisms, educational programs can incorporate resilience training.

The insights gained from ER nurses' experiences can greatly impact health education by encouraging a more compassionate and all-encompassing approach to nursing. By incorporating these findings into instructional frameworks, healthcare workers will be better equipped to handle the difficulties of caring for patients with congestive heart failure, eventually improving patient care and outcomes.

## **CONCLUSION**

The results underscore the noteworthy emotional and professional obstacles that emergency room nurses encounter while tending to patients suffering from congestive heart failure (CHF). According to the observations, these nurses frequently feel overburdened by the difficulties of symptom evaluation, misdiagnosis, and time limits in a high-pressure setting, leading to increased stress and urgency. Nurses have created techniques that promote emotional resilience and self-awareness to deal with these difficulties. They understand the value of personal relaxation techniques, ongoing education about CHF, and support systems to help

them manage stress and enhance their quality of life. Through this journey, they have gained a better awareness of their own needs and those of their patients, improving their empathy.

Furthermore, these nurses' shared experiences have encouraged them to participate actively in patient education and inspire personal improvement. They seek to enhance patient outcomes and lower hospital readmission rates by providing CHF patients with the information and abilities necessary for self-management. Overall, the results highlight the crucial relationship between patient care and nurses' well-being, highlighting the necessity of continuing education and support for medical staff working in high-stress settings.

## **SUGGESTIONS**

Special training on how to assess congestive heart failure quickly and efficiently should be conducted before deploying any nurse to the emergency department to care for these patients, or better still, infographics or picture pasting should be made available on CHF and pasted all around the emergency ward.

The researcher recommends that every ER nurse caring for congestive heart failure patient should have access to free psychological assessment in the same hospital as deployed at least once every three months to assess the soundness of the mind. These nurses must always take their monthly break, minutes, and hourly daily break time to rejuvenate and return to work unless proven capable by a physician of being resilient to the experiences.

The researcher recommends training the nurses on how to live a healthy lifestyle. Seminars, nutritional training, incorporating morning exercises like ZUMBA DANCE 3 times a week, incentives for the most resilient, best in ZUMBA, and many other incentives to encourage a healthy lifestyle. Encouraging the ER nurses to join the resilient nurse's group can help them become resilient.

Future researchers are recommended to go through this study to gain insight into the experiences of ER nurses who have, in one way or another, cared for CHF patients. Understand their experiences and modify this study to know further about the effects and impacts of these experiences on ER nurses.

Also, ER nurses, both local and international, can use this study as a guide to overcome similar challenges they may encounter while taking care of patients with congestive heart failure or other critical life-threatening emergency conditions. This study is an added knowledge on handling critical situations that may have affected the nurse's emotional and mental health or their efficiency level.

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