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Review

Sustainable planning and policy development in psychological wellbeing of nurses in post COVID-19 pandemic community setting: A systematic review of comparative studies

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Abstract: The pandemic may have a long-term effect on psychological distress as well as wellness behaviors, especially for nurses. It is time to find out the clear policies and procedures to support health workers, for a sustainable health workforce. The aim of this research was to compile existing information on the effects of nurses' mental health and wellness on their work in Indonesia and Thailand. A systematic review of mental health and psychological wellbeing following PRISMA guidelines was conducted through e-databases searching, including PubMed, EMBASE, Scopus, and Pubmed from 2020 up to 2023. The literature was screened via EndNote X21. A total of 4,015 studies were retrieved, 14 were deemed appropriate for inclusion (7 from Indonesia and 7 from Thailand). Our study indicates that COVID-19 has a considerable impact on the psychological wellbeing of nurses in community setting. In Thailand, the mental health outcomes included anxiety, panic, stress, isolation, fear, worthlessness, PTSD, and depression. The factors that affect the mental well-being of the respondents are education, finance, work pattern, and lifestyle changes. In Indonesia, the mental health outcomes included anxiety, stress, burnout, and depression. The most influential factor with the psychological well-being of nurses was psychological stress. Researching community nurses' mental wellbeing and psychological distress post-COVID-19 in Indonesia and Thailand is crucial for promoting their resilience, well-being, and job retention. Implementation of holistic staff wellness policies that appeal to nursing staff's physical and psychological well-being, along with psychological health support services, will effectively address the psychological issues experienced by nurses after the pandemic.

Keywords: nurses; community; pandemic; coping; psychological effect; mental health and wellbeing

1. Introduction

COVID-19 has affected healthcare workers' and the public's mental health. Most COVID-19 pandemic research has focused on acute and short-term effects, with little investigation of long-term mental health effects (Iqbal et al., 2020). Nurses on the front lines of healthcare systems around the world have encountered unprecedented obstacles because of the COVID-19 outbreak. Now that the worst of the pandemic has ended, we need to find out how it has affected nurses' mental health over the long term. Although the short-term pressures may have decreased, our comprehensive analysis shows that the long-term effects on nurses' psychological well-being are substantial. Past disasters have shown that survivors often experience posttraumatic stress disorder,

major depressive disorder, anxiety disorders, phobias, avoidance behaviors, and neuropsychiatric problems. Substance abuse, internet addiction, domestic violence, and child abuse have increased. Experts have warned that the SARS-Cov-2 (COVID-19) pandemic will affect mental and physical health for a long time (Brooks et al., 2020; Iqbal et al., 2020). Despite numerous theoretical arguments, long-term data on the epidemic's psychological effects is limited. The evidence shows that the general public experiences psychological suffering (Brooks et al., 2020). Additionally, this distress may worsen over time (Brooks et al., 2020). Alcohol use and other maladaptive coping mechanisms have increased (Brooks et al., 2020). While social isolation reduces illness transmission, it has also increased general anxiety. We expect the epidemic to intensify global psychological effects.

Coronavirus Disease 2019 (National Task Force for COVID-19) has had an impact on everyone around the world, including in Thailand and Indonesia. More than 6 million individuals have lost their lives and over 580 million have been affected by the coronavirus pandemic (National Task Force for COVID-19). Among those most affected are nurses, who are on the front lines of the battle against the virus and do everything they can to preserve the lives of those they treat (Asa et al., 2022). Beginning near the end of January 2020, the COVID-19 pandemic got more widespread and garnered attention from all across the globe. Two instances of COVID-19 were reported in Indonesia at the beginning of March 2020. By the end of the month, the number of cases had climbed to 1285, and they were distributed over thirty provinces (Ministry of Health Republic Indonesia, 2020). According to information that was provided by the Ministry of Health on 10 May 2021, the total number of COVID-19 cases in Indonesia was 1,718,575, and 47,218 people had passed away of the virus (National Task Force for COVID-19, 2021).

Similary, the findings of the earlier study demonstrated that the COVID-19 pandemic was responsible for an increase in mental health problems (Wong et al., 2020). Previous study conducted in Thailand revealed that among 3555 Thai responders, about half of them (52.1%) reported moderate to severe anxiety throughout the pandemic, with 48.8% reporting similar symptoms during the start of the COVID-19 epidemic. In addition, a mental health study with 1552 participants was carried out by the Association of Indonesian Psychiatric Specialists. The results showed that anxiety (63% of respondents) and depression (66% of respondents) were related to the COVID-19 pandemic (Asa et al., 2022). Similarly, both international and local studies have shown that the COVID-19 pandemic has contributed to people experiencing anxiety, despair, and stress. As a preventative precaution against the COVID-19 pandemic, people's behavior has changed, which has led to mental health difficulties as well. The significance of mental health therapies is therefore underscored by the existence of both mental health disorders and behavioral improvements. Therefore, mental health providers should provide preventative care to those who are at risk of experiencing mental health problems as a result of the COVID-19 pandemic (Hamza Shuja et al., 2020). Stress, anxiety, despair, frustration, and uncertainty were among the many mental health issues that surfaced during the COVID-19 pandemic (Mukhtar and Rana, 2020, Serafini et al., 2020).

Initially, it is linked to regulations related to quarantine and lockdown regulations that include the terms "stay-at-home", "work-from-home" or "work-at-home" as well

as “social and physical distancing”. To reduce COVID-19 incidence rates, these strategies are essential, but they are not without their share of challenges. There are a lot of individuals who can’t stay at home due to space constraints, and there are also a lot of people who have to leave their jobs every day to make ends meet, and now they’re stuck at home and have to ask for help. A lack of human connection may deplete the mood of extroverted people, and interruptions to their regular routines, workouts, programs, and companies can cause further issues. But a lengthy confinement is a nightmare that causes tension, worry, frustration, sadness, and even thoughts of or attempts at suicide. Related to complicated grief and the experience of feeling guilty after the death of loved ones. Grief is a natural emotion, but complicated grief can lead to depression. Feeling guilty is one of the stages of grief because we are unable to say goodbye. If we do not have support, this feeling will become overwhelming. Additionally, loneliness is another problem that is associated with self-imposed quarantine or the loss of a significant other. A problem with paranoia. Everyone from coworkers to family members to close acquaintances is acting suspiciously toward each other due to the COVID-19 pandemic. It seems like everyone is becoming more self-reliant and meticulous (Thakur and Jain, 2020).

Limiting people’s ability to move about during COVID-19 might make them feel anxious, depressed, and stressed out. There is evidence in the literature to suggest that frontline health care workers should be studied for any psychological effects of COVID-19 that may linger over time. To maximize their performance and sustain their productivity in the healthcare system, it is necessary to address the individual aspects that impact their well-being. In order to manage the pandemic and ensure the health of these health care personnel, it is crucial to protect their psychological well-being. Patients impacted by the COVID-19 pandemic should adhere to emergency psychological crisis intervention guidelines released by the National Health Commission, which stress the need to enhance counselling and crisis intervention services provided by medical professionals. Patients infected with COVID-19 have been receiving heroic treatment from frontline health care workers (HCWs), who have been disproportionately burdened by the pandemic scenario (Drissi et al., 2021). Healthcare workers endure lengthy shifts, which may lead to exhaustion and other stresses like the fear of infection (Shmerling, 2020).

Frontline nurses battling the outbreak may be experiencing significant mental and physical anguish. Most people who experienced this mental anguish reported difficulties sleeping, signs of anxiety and sadness, PTSD, difficulty making choices, and even physical symptoms. Caring for patients infected with COVID-19 was a very dangerous occupation since any slip-up might have devastating effects, such the spread of the new coronavirus to additional patients or worsening of their health. Therefore, it was critical for frontline nurses to take care of their physical and mental wellbeing. For a long time, nurses’ mental health was often disregarded in favours of their physical well-being (Nie et al., 2020).

Furthermore, in the midst of the COVID-19 epidemic, health care workers, especially nurses, are at increased risk of developing acute stress disorder (ASD) and subsequently experiencing psychological distress. On both a personal and social level, the COVID-19 epidemic has been devastating to Indonesia. Consequently, it may have a detrimental effect on mental health outcomes for the whole population, not just for

those who are immediately afflicted or exposed to the disease. Consequently, measuring the pandemic's effect on community mental health outcomes at the local level is crucial. Empirical study on mental health during the pandemic is being called for since the coronavirus epidemic is predicted to have far-reaching and ubiquitous repercussions for mental health, including worse outcomes and greater use of health services (National Task Force for COVID-19). While many societies show support and gratitude for all health workers who risk their lives to save lives and provide care in dire situations, more clear policies, and procedures to support health workers are required for a sustainable health workforce that will last through the pandemic and beyond (Bourgeault et al., 2020).

During the COVID-19 pandemic, community health nurses play a significant role in the prevention and control of the disease, as well as in the provision of medical treatment to individuals. Another problem is the stigma that exists among medical practitioners. According to Ariefana (2020), Kristian and Arifin (2020), Nernsai (2020) and Purisarn (2020), the community in Indonesia and Thailand, where we reside, does not accept a significant number of nurses since they are seen as a potential medium for the spread of infectious diseases. They will also struggle with feelings of helplessness and sadness, which is another problem among them. When it comes to preventing and controlling the development of COVID-19, the community health nurse is an essential individual. As the COVID-19 epidemic unfolds, community health nurses will play an essential role in educating the public, providing care, advocating for change, managing resources, coordinating efforts, serving as a role model, collecting and reporting data, and providing nutritional support. The "new normal" has many individuals scrambling to adjust. We have never encountered anything like this before, and the issue is completely foreign to us. With the new normal came an uptick in healthful habits. Nurses can rejoice since physical distance signs are common, barcode scanning technologies are in use, and heightened cleanliness precautions are the norm. Because of their reputation as potential vectors for the spread of the virus, healthcare providers, including nurses, face severe prejudice and stigmatization when they are infected or thought to have COVID-19.

In addition, many people experience paranoia and fear physical touch, even if there are regions that are deemed green zones, or free from COVID-19. When faced with adversity, individuals may grow more solitary and self-centred rather than banding together for the common good. Boosting people's social ability and their sense of worth and helpfulness to one another is the new task. While a person's mental health is associated with their level of self-satisfaction, sense of agency, and ability to achieve their basic needs (Ahmad et al., 2022). While another study found that when incorporated into daily work routines, effective workplace wellness practices may help workers establish a work environment that lowers stress and enhances workplace quality (Lorber and Dobnik 2022). A comprehensive evaluation of the correlation in the medical literature is obviously necessary in light of the public health consequences of a causal relationship between psychological health and wellbeing. This framework provides a systematic method for converting study findings into practical policies and practices that improve the psychological well-being of nurses in community settings after the COVID-19 pandemic. Healthcare facilities can enhance their working conditions and mental health support for their nursing staff by establishing and

attaining precise short-term and long-term objectives. To establish a sustainable and supportive healthcare environment, it is essential to emphasise stress management training, easily accessible counselling, enhanced working conditions, career development opportunities, recognition programmes, and strong organisational leadership. These interventions will not only help the nurses but also improve the overall quality of patient care, leading to a more resilient effective healthcare system. We compared Indonesia and Thailand using a comprehensive review that summarized the effects of the COVID-19 epidemic on mental health and psychological well-being on nurse. The purpose of this study was to investigate the factors that contributed to mental health issues and wellbeing among nurses in Indonesia and Thailand during the COVID-19 pandemic.

2. Materials and methods

In this section, authors are required to provide a detailed account of the procedure that was followed while conducting the research described in the report. This will help the readers to obtain a clear understanding of the research and also allow them to replicate the study in the future. Authors should ensure that every method used is described and include citations for the procedures that have been described previously. Avoid any kind of discussion in this section regarding the methods or results of any kind. The principles established by the Systematic Reviews and PRISMA organization, a qualitative systematic review was carried out with the purpose of investigating the mental health and psychological wellbeing of individuals in various countries after the COVID-19 pandemic.

2.1. Search strategy

A search of the published literature were out using electronic databases such as PubMed, EMBASE, Scopus, and Web of Science (WoS) from the year 2020 to the year 2023. We made use of keywords and medical subject headings (MeSH) that were associated with mental health, psychological wellness, nurses, community settings, COVID-19, Indonesia, and Thailand. For the purpose of refining search techniques, Boolean operators (AND and OR) will be used. The basic terms used were the following: (“mental health” OR “psychological impact” OR “psychological effect” OR “depression” OR “stress” OR “anxiety” OR “psychological distress” OR “sleep disturbances” OR “Burnout”) AND (“well being” OR “psychological wellbeing”) AND (“Pandemic Covid 19” OR “Covid 19”).

2.2. Selection of studies

EndNote X21, a reference management software tool that allowed for the elimination of duplicates, was used in order to conduct a screening of the literature.

Two writers then conducted an independent screening of the titles of the remaining records to determine whether or not they were relevant to the review subject. Direct deletion was performed on articles that were not relevant to the review subject. For the purpose of further determination, we proceeded to read the whole texts of the articles that may have satisfied the inclusion criteria. Through conversation with the third author, disagreements over the selection process were amicably settled. Using

the criteria that were outlined in the "Scope and Inclusion Criteria" section, both inclusion and exclusion criteria were implemented. Two different reviewers independently examine the titles and abstracts of the research in order to select those that could be eligible. For the purpose of determining eligibility, full-text papers of possibly relevant research were evaluated. The research was conducted using an observational design, which may also be referred to as a case–control, cross-sectional, or cohort study. We did not impose any language or time constraints on the research that were considered appropriate for inclusion. Those publications and papers that were not written in English and had forms such as letters to the editor, books or book chapters, brief comments, review articles, press releases, meta-analyses, qualitative investigations, interviews, news reports, and research highlights were not included. In addition, qualitative and mixed-method studies were not included in the research findings.

2.3. Data extraction

Two researchers comprehensively and independently extracted the basic data included in the study, including: first author, data collection time, nationality, study design, sample size, and result with depression, anxiety, job burnout, post-traumatic stress disorder, and assessment tools used. After the data was extracted, the two reviewers resolved any differences by consensus; if necessary, a third reviewer was consulted.

2.4. Data evaluation

For the purpose of gathering pertinent information from a selection of research, a structured data extraction form was specifically constructed. Data that needed to be retrieved included research characteristics, demographics of participants, outcomes related to mental health, and techniques for dealing with stress. The process of data extraction was carried out separately by two independent reviewers, and any disagreements were handled via discussion. The Newcastle-Ottawa Scale, which is used for observational studies, was one of the relevant instruments that was used in order to evaluate the methodological quality and potential for bias of the studies that were included. The evaluation of quality was carried out separately by two reviewers, and any discrepancies were settled via the process of reaching a consensus.

2.5. Data analysis

To summarize the results of the systematic review and draw attention to important trends and themes, a narrative synthesis was used. **Table 1** lists the studied studies' features, including their original authors, publication years, countries, mental health assessment tools, data collecting points, and wellbeing.

2.6. Ethical consideration

Since we utilized already authorized public data, no ethical approval was needed for the research.

3. Results

This section may be divided by subheadings. It should provide a concise and precise description of the experimental results, their interpretation, as well as the experimental conclusions that can be drawn.

3.1. Search process

Find More Results and Study Details. By searching PubMed/MEDLINE, EMBASE, and the Cochrane Library, a total of 4015 citations were located for this research. After running each one through EndNote X21's duplication checker, 3917 of them were rejected. The search and research retrieval procedure and results are shown in **Figure 1**, which is the PRISMA flow chart. Title, abstract, and keyword screenings were applied to all records. We then checked 72 articles using their entire contents against our qualifying criteria after removing duplicates. In the end, only fourteen investigations were considered eligible: **Figure 1** shows the detailed process of study selection.

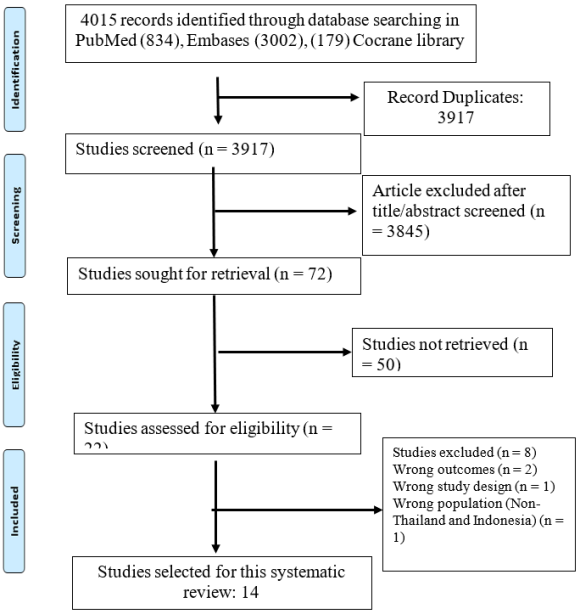

Figure 1. PRISMA flow diagram.

Table 1 the study data extraction of mental health and psychological wellbeing of nurse after COVID-19 with participants from Indonesia and Thailand.

Table 1. The study data extraction of mental health and psychological wellbeing of nurse after COVID-19 with participants from Indonesia and Thailand.

No	Authors (year)	Methodology				Main results
		Place of the study	Total samples	Study design	Instruments	
1.	Patricia and Apriyeni (2021)	Indonesia	268 nurses	CSS*	• Ryff Psychological Well-Being Scale by Gao and Mclellan • Psychological distress questionnaire-5 by Batterham PJ • The Ways of Coping Questionnaire by Folkman and Lazarus	• Low Psychological Well Being • High psychological stress, low social support • Dominant coping strategies to Emotional Focused Coping • Low religiosity
2.	Nochaiwong et al. (2020)	Thailand	1182 health care workers	CSS*	• PHQ-9* • GAD* • PSS-10* • Brief Resilient Coping Scale* • WHO-Five Well-Being Index*	• Depression • Anxiety • Stress • Neuroticism • Somatic symptoms • Insomnia • Burnout
3.	Yubonpunt et al. (2022)	Thailand	517 HCWs*	CSS*	• PSS-10 in Thai-version* • Brief-COPE score was used to determine the coping strategies	• Stress • Social support as a solution to stress indicated that participants had a medium use of coping strategies • Problem-solving indicated that participants had a high use of coping strategies • The use of avoidance strategy indicated that few participants used coping strategies • Positive attitude indicated that participants had a medium use of coping strategies
4.	Marthoenis et al. (2021)	Indonesia	491 nurses	CSS*	• DASS-21*	• Depression • Anxiety • Stress
5.	Komwong et al. (2022)	Thailand	417 healthcare workers in public health care	CSS*	• DASS-21*	• Depression • Anxiety • Stress

Table 1. (*Continued*).

No	Authors (year)	Methodology				Main results
		Place of the study	Total samples	Study design	Instruments	
6.	Jaibun et al. (2021)	Thailand	644 HCWs*	CSS*	• Online questionnaire	• Mental health : anxiety, panic, stress, isolation, fear, worthlessness and depression • The factors that affect the mental well-being of the respondents: education, finance, work pattern and lifestyle changes • Mental health outcomes, such as depression, anxiety, stress, and health-related well-being • There were association between psychological resilience and mental health issues and well-being
7.	Wongtim and Siritarungsri (2020)	Thailand	150 nurses	CSS*	• Coping Strategy Questionnaire	• The overall coping strategy was found to be at a moderate level
8.	Muliantino et al. (2021)	Indonesia	535	CSS*	• DASS-42*	• Anxiety • Stress • Depression
9.	Margaretha et al. (2020)	Indonesia	682 HCWs*	CSS*	• DASS 21*	• There was a relationship between sex, age Health Care Providers and workplace with anxiety levels • There is a relationship between sex , Health Care Providers, and marital status, with stress levels • There is a relationship between workplace and depression level • Sex was a dominant factor on anxiety, stress, and depression
10.	Husna et al. (2022)	Indonesia	109 nurse	CSS*	• DASS-21*	• Depression • Anxiety • Stress
11.	Nasrullah et al. (2021)	Indonesia	644 HCWs*	CSS*	• DASS-42*	• Anxiety • Stress • Depression • There is a closed correlation between anxiety, stress, and depression to the worried of being alienated if infected coronavirus (COVID-19)

Table 1. (*Continued*).

No	Authors (year)	Methodology				Main results
		Place of the study	Total samples	Study design	Instruments	
12.	Sunjaya et al. (2021)	Indonesia	544 HCWs*	CSS*	• CESD R-10 • ZAS • BOI	• Depressive • Anxiety • Burnout • The depressive symptoms complained were similar between groups: loneliness, sleep disturbances, difficulty concentrating, and inability to initiate activities
13.	Chotiman et al. (2022)	Thailand	986 HCWs*	CSS*	• Thai version of the Maslach Burnout Inventory • Thai GAD-7* • Thai PHQ-2 and Thai PHQ-9* • PTSD*	• Anxiety • Depression • PTSD*
14.	Apisarnthanarak et al. (2020)	Thailand	40 Nurse	CSS*	• GAD*	• Fear • Anxiety

Note: *HCWs = Health Care Workers, * CSS = Cross Sectional Study, DASS-21 = Depression Anxiety Stress Scale, *PHQ = Patient Health Questionnaire, *PTSD = Post-Traumatic Stress Disorder, PSS = Perceived Stress Scale, *GAD = Generalized Anxiety Disorder, BOI = Burnout Inventory, ZAS = Zung Anxiety Scale, CESD R-10 = Centre for Epidemiological Studies Depression Scale.

3.2. Characteristics of the included studies

This study incorporates 14 research that examined the psychological and mental health of nurses after COVID-19. The investigations were conducted in Indonesia and Thailand, as shown in **Table 1**. Both Indonesia (n = 7) and Thailand (n = 7) contributed articles. With the exception of one longitudinal cohort research, the majority of the studies were cross-sectional. During the pandemic, nurses and other healthcare professionals in two countries in the Asia-Pacific area reported varying rates of mental health issues associated to the COVID-19 virus. Most of participants were female. The average age of the participants was 41.82 years; and most of them were older than 30. The majority were nurses and public health officials. District hospitals and sub-district public health facilities employed the majority of the study's participants. The majority were staff members who provided direct patient care in the areas of screening, diagnosis, treatment, or care for individuals with proven or suspected COVID-19 infections (Komwong et al., 2022; Marthoenis et al., 2021; Patricia and Apriyeni, 2021). For socio-demographic characteristics including gender, age group, marital status (Komwong et al., 2022; Marthoenis et al., 2021; Muliantino et al., 2021; Patricia and Apriyeni, 2021), schooling and employment, with an average of fewer than eight hours of labor every day, and a stated work experience of over a decade (Marthoenis et al., 2021; Patricia and Apriyeni, 2021; Yubonpunt et al., 2022), their greatest degree was a nursing diploma (Marthoenis et al., 2021; Patricia and Apriyeni, 2021). Those who have interacted with COVID-19 patients in the past are also more likely to have experienced (psychological) trauma than those who have not (Sunjaya et al., 2021)

The instruments that follow were used to examine the primary factors for mental health: the Depression, Anxiety, and Stress Scale (DASS 21), which has been used to evaluate mental health issues among Asians in six prior investigations (Husna et al., 2022; Komwong et al., 2022; Margaretha et al., 2020; Marthoenis et al., 2021; Muliantino et al., 2021; Nasrullah et al., 2021). Centre for Epidemiological Studies Depression Scale (CESD R-10) is an inventory of 20 self-report items regarding depressive symptoms (Sunjaya et al., 2021). In addition, the Batterham PJ's Psychological Distress Questionnaire-5 (PSQ-5) is an accurate indicator of nurses' stress levels (Patricia and Apriyeni, 2021). Two studies used the judged Stress Scale (PSS) to assess how stressful certain life events are judged to be (Nochaiwong et al., 2020; Patricia and Apriyeni, 2021; Yubonpunt et al., 2022). Patient History Questionnaire (PHQ) by Patient There was a wide range of psychological stress levels, from hardly noticeable to catastrophic (Chinvararak et al., 2022; Nochaiwong et al., 2020). The Thai version of the felt Stress Scale (PSS-10) was used to assess the symptoms of felt stress (Yubonpunt et al., 2022).

Tools like the Generalized Anxiety Disorder Scale (GAD) are used to assess anxiety (Nochaiwong et al., 2020), Anxiety was evaluated using the Zung Anxiety Scale (ZAS) (Sunjaya et al., 2021). Aspects related to burnout of COVID-19 were measured with burnout Maslach Burnout Inventory (MBI) (Chinvararak et al., 2022). Burnout Inventory (BOI), which is comprised of personal, work, and patient dimensions (Sunjaya et al., 2021). For Psychological Well Being was measured in this study using the PWB scale from Ryff (1989). This scale measures six subscales covering the psychological well-being definition: self-acceptance, environmental

mastery, personal development, positive relationships with others, goals and autonomy in life (Ni'matuzahroh et al., 2021; Patricia and Apriyeni, 2021). Brief Resilient Coping Scale WHO-Five Well-Being Index (Nochaiwong et al., 2020; Yubonpunt et al., 2022). Based on the research findings, our systematic study has identified numerous practical intervention methods that might be suggested to improve the psychological well-being of nurses in community settings after the COVID-19 pandemic. These initiatives are intended to tackle the many issues that nurses encounter, with the goal of promoting a supportive and resilient healthcare environment.

3.3. Mental Health After COVID-19

The COVID-19 epidemic causes a great deal of psychological distress, which negatively impacts nurses' psychological wellbeing over an extended length of time. (Aloweni et al., 2022). We next looked at what factors were unique to each nation that may have predicted these mental health consequences. Seven articles evaluated the psychological well-being of Indonesian nurses during the COVID-19 pandemic (Husna et al., 2022; Margaretha et al., 2020; Marthoenis et al., 2021; Muliantino et al., 2021; Nasrullah et al., 2021; Patricia and Apriyeni, 2021; Sunjaya et al., 2021). Additionally, seven articles were published that evaluated the psychological well-being of Thai nurses in the context of COVID-19 (Apisarnthanarak et al., 2020; Chinvararak et al., 2022; Jaibun et al., 2021; Komwong et al., 2022; Nochaiwong et al., 2020; Wongtim and Siritarungsri, 2020; Yubonpunt et al., 2022).

There were six papers assessing the anxiety in Indonesia: Apisarnthanarak et al. (2020), Husna et al. (2022), Marthoenis et al. (2021), Muliantino et al. (2021), Margaretha et al. (2020) and Sunjaya et al. (2021). And four studies in Thailand: Chinvararak et al. (2022), Jaibun et al. (2021), Komwong et al. (2022) and Nochaiwong et al. (2020). For depression, there were two studies in Thailand: Jaibun et al. (2021) and Komwong et al. (2022). Five studies in Indonesia: Husna et al. (2022), Marthoenis et al. (2021), Muliantino et al. (2021), Margaretha et al. (2020) and Sunjaya et al. (2021). Regarding the stress there were four studies in Thailand: Chinvararak et al. (2022), Jaibun et al. (2021), Komwong et al. (2022) and Yubonpunt et al. (2022). And six studies Indonesia: Husna et al. (2022), Marthoenis et al. (2021), Muliantino et al. (2021), Margaretha et al. (2020), Patricia and Apriyeni (2021) and Sunjaya et al. (2021). Lastly, the burnout there was one study from Indonesia (Sunjaya et al., 2021) and Thailand (Chinvararak et al., 2022).

This systematic review's practical intervention methods can considerably increase nurses' psychological well-being in post-COVID-19 pandemic communities. Stress management, psychological support, improved working conditions, professional development, and organisational assistance can help healthcare institutions create a sustainable and supportive nursing staff environment.

3.4. Psychological wellbeing after COVID-19

During the COVID-19 pandemic, one article evaluated the health of Indonesian nurses (Patricia and Apriyeni, 2021), and two studies in Thailand: Nochaiwong et al. (2020), Wongtim and Siritarungsri (2020) and Yubonpunt et al. (2022). Psychological

stress, coping mechanisms, religious affiliation, and social support are all elements that impact mental health, as shown in our review. Researchers in Indonesia found that the majority of participants suffered from poor psychological health, high levels of stress, a lack of social support, an aversion to emotionally focused coping mechanisms, and a lack of religion (Patricia and Apriyeni, 2021). The study also found that the Indonesian nurses in the COVID-19 team had a high rate of psychological discomfort and a propensity to use Emotional Focused Coping.

Those who reported mental health symptoms were less likely to use an optimistic coping mechanism compared to those who reported typical stress. Nurses' mental health is the most important factor affecting their psychological well-being. In order to maintain excellent mental health, it is advised that nurses fighting the COVID-19 epidemic overcome psychological stress, have strong family support systems, become more religious, and engage in problem-focused coping strategies (Patricia and Apriyeni, 2021).

To provide a point of comparison, during the pandemic in Thailand, coping skills were used to address mental health symptoms in order to engage in problem-solving and maintain a positive attitude. When comparing individuals who vary in marital status, the number of children they have, and the number of days off they have, a significant difference was found in the adoption of coping mechanisms (Yubonpunt et al., 2022). It was found in this research that the individuals used various coping mechanisms in order to cope with their mental health throughout the COVID-19 pandemic. The existence of social support as a means of alleviating stress on the part of the participants suggested that they used coping techniques to a moderate degree. Participant problem-solving suggested that individuals used coping methods to a significant degree. Based on the use of avoidance strategy it was observed that a limited number of participants employed coping resources. Positive mindset indicated that participants had a medium use of coping strategies (Yubonpunt et al., 2022). The other factors that influenced the wellbeing of nurses in terms of coping strategies (Brief-COPE score) during the COVID-19 characteristics were as follows: marital status had a significant impact on the coping strategies, especially when compared to single and separate individuals, the presence of children in the household had a significant impact on the coping strategies.

4. Discussion

The pandemic may have a long-term effect on psychological distress as well as wellness behaviors, especially for nurses. Long-term pandemic effects extend beyond nurses to healthcare systemic issues. Workforce shortages, understaffing, and structural inequalities can all increase stress and interfere with nurses' mental and physical well-being. To create a sustainable and supportive work environment for nurses' mental health, we must address these structural challenges. A significant number of the people who took part in the research were also working in frontline positions during the COVID-19 pandemic. Nurses and public health officers are the most important members of staff who are responsible for delivering fundamental medical services at the primary care level (Organization, 2015). The findings of the current research are in agreement with the findings of the study conducted by Secer et

al. (2020), which stated that the fear of COVID-19 had an impact on the psychological adaptability abilities of healthcare staff (Secer et al., 2020). A new normal policy or the adoption of new habits for the community has been formed by the Indonesian government in order to perhaps lessen the amount of stress that the community is experiencing as a result of this condition (Saleha et al., 2020).

As was shown in this analysis, the COVID-19 pandemic had a major impact on the mental health of the population. At the primary care level (district hospital and sub-district public health facilities), the majority of the participants were employed as nurses and public health officers. Other participants worked in other capacities (Ahmad et al., 2022). A significant number of the people who took part in the research were also working in frontline positions during the COVID-19 pandemic. Nurses and public health officers are the most important members of staff who are responsible for delivering fundamental medical services at the primary care level (Organization, 2015).

In the same way, nurses and public health authorities were the frontline healthcare providers during the COVID-19 pandemic. They worked with Village Health Volunteers (VHVs) to quickly assess cases and identify contacts (Nittayasoot et al., 2021). Thus, many of this study's respondents work in fields where they may encounter COVID-19. Due to concerns about social transmission, patient loss, workplace uncertainties, and social stigma, COVID-19 nurses often experience depression (Galehdar et al., 2020). Therefore, it is unexpected that many of our respondents perform job tasks that put them at risk of exposure to COVID-19 cases.

Their responses may show that COVID-19 had a significant impact on mental health. The findings of the current research are in agreement with the findings of the study conducted by Secer et al. (2020), which stated that the fear of COVID-19 had an impact on the psychological adaptability abilities of healthcare staff (Secer et al., 2020). A new normal policy or the adoption of new habits for the community has been formed by the Indonesian government in order to perhaps lessen the amount of stress that the community is experiencing as a result of this condition (Saleha et al., 2020).

The present COVID-19 pandemic has altered the mental, emotional, and physiological state of healthcare workers providing direct patient care (Marthoenis et al., 2021). Research has shown that nurses had higher rates of psychological distress and anxiety during COVID-19 compared to other healthcare workers, and our conclusion is consistent with those findings (Dhingra and Dhingra, 2020; Holton et al., 2020). According to research done in Thailand by Chinvavarak et al. (2022), employees' mental health would be improved if they had the following: co-workers who support and respect them, fair pay, less work to do, well-defined policies and channels of communication, and enough PPE (Chinvararak et al., 2022). Nurses in Indonesia are more likely to display signs of anxiety and depression than their Thai counterparts.

According to Amin (2020), healthcare personnel continue to have corona phobia, which impacts their mental health in many ways. The findings, however, show that COVID-19 impacted psychological wellness (Labrague and De los Santos, 2020). An important subject covered in numerous research is psychological well-being during the COVID-19. As a result of their long shifts and heavy patient loads, nurses are at a heightened risk of experiencing poor psychological wellness (McDougall et al., 2021). This study's findings corroborate those of Li, X., Zhou, Y., and Xu, X., who found

that COVID-19 inpatients treated by nurses with less than two years of experience had worse levels of psychological well-being (Xu et al., 2023). When it comes to nurses' mental health, nothing matters more than that. Some nurses may feel threatened by the highly contagious COVID-19 virus because of the devastating effects it may have and the fact that it can kill (Ahorsu et al., 2020). Compared to the general population, nurses have a greater risk of contracting COVID-19 due to their direct involvement in patient care. The nurses' mental health may be affected by the fact that COVID-19 is readily transmissible, has no therapy, and causes a significant number of fatalities caused by viruses.

When people are psychologically well-adjusted, they have a positive view of themselves, know their own limitations and strengths, are content with who they are, have healthy relationships, are able to deal with stress and adversity on their own, are able to remain anonymous and independent, and have discovered what life is all about (Kasap, 2021). As a result, their personal and professional lives were interwoven, and they were unable to dedicate enough time to their private lives.

The strategy on psychological wellbeing of nurses need to prime concern. The nurses' mental health may suffer and their work lives may become very stressful. In addition, many individuals have failed to strike a healthy work-life balance because of the limitations imposed on their everyday lives by the COVID-19 pandemic. Previous research shown that those who report high levels of psychological well-being also report higher levels of job satisfaction (Yayla and Eskici İlgin, 2021). Job and life happiness are outcomes of achieving a work-life balance. The policy planning should take into consideration the fact that a high degree of work-life balance may have a weakly beneficial effect on the psychological health of nurses as it makes them more content with their employment regardless of the circumstances. Nurses become more adaptive to changes in their workplace, healthcare infrastructure, resources, and the severity of the pandemic's impact.

5. Conclusion

In conclusion, several key differences were identified in the mental health and psychological wellbeing of nurses in community settings between the two countries. Several key differences were identified in the mental health and psychological wellbeing of nurses in community settings between the two countries. The COVID-19 pandemic has been found to have significantly contributed to worse mental health and psychological well-being. The psychological impact in Indonesia reported that higher levels of depression and anxiety compared to their Thai counterparts. This difference may be attributed to variations in the healthcare infrastructure, resources, and the severity of the pandemic's impact in each country. Both countries faced similar challenges in terms of workload and resource constraints. Nurses in both Indonesia and Thailand employed coping strategies and mechanisms such as seeking social. The comparative analysis underscores the complexity of mental health and psychological wellbeing among nurses in the post-pandemic community setting. Tailored interventions and support systems should be taken into account these variations to ensure the resilience and mental health of nursing professionals in each country. There were a few restrictions on this systematic review. Firstly, the evidence was weak since

just a few research were included and many of them had very small samples. secondly, it was not possible to determine causation in the links between possible mental health variables and psychological wellness as most research used cross-sectional methods. So, rather than proving a causal relationship, this review summarizes influencing elements based on their connections. It is possible that certain articles were left out due to conversational bias and the fact that the search strategy included the specification of nations and nursing staff, despite the fact that a methodical search and selection approach was used. The primary strength of this research may lie in the fact that no previous systematic evaluations have compared the psychological health and welfare of nurses in Indonesia and Thailand, this will help to make policies for future mental healthcare. Last but not least, this is only a systematic review that summarizes the evidence narratively.

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