

Research Article

Personal Experiences of Nurses in Caring for COVID-19 Patients: A Qualitative Survey

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A B S T R A C T

Background: The COVID-19 pandemic has affected the whole world's healthcare system in a frightful way. This pandemic has proved that nurses are essential for managing such situations.

Purpose: The current study aims to assess nurses' personal experience in caring for COVID-19 patients.

Methods: 14 nurses were recruited using a phenomenological approach, who provided care for COVID-19 patients in the Karuna Hospital, Sendhwa, India from January to February 2020. Purposive sampling was used. Semi-structured interviews were conducted with them and data were analysed by Colaizzi's phenomenological method.

Result: All the participants in the study were females. The personal experiences of the nurses who cared for COVID-19 patients were encapsulated into 4 themes. These themes included (a) fear and anxiety (b) pressure to work in COVID-19 units (c) recognisable experience (d) coping methods. During COVID-19, nurses are feared about fear of infection, COVID-19, and high mortality rate. It was found that nurses worked under pressure due to a shortage of nurses and high number of patients. Participants were anxious about their own healthcare needs. In order to cope with the situation, participants experienced psychological defence mechanisms.

Conclusion: We found that nurses were afraid of getting an infection from the patient side in the initial stages and later they identified their role and performed it with confidence. They practised relaxation techniques to reduce the fear of infection. Nurses developed self-coping styles and provided support services to cope with the COVID-19 pandemic, providing fundamental data for further intervention.

Keywords: Nurse, COVID-19, Patients, Novel, Qualitative Study

Introduction

On January 12, 2020, the WHO confirmed that a novel coronavirus was the cause of a respiratory illness in a cluster of people in Wuhan, Hubei, China, which was reported to the WHO on December 31, 2019.¹ WHO Coronavirus disease situation update Report 22 June 2022, India reported a total of 43,847,065 confirmed cases, with 525,930 deaths. Currently, the number of cases per million is 30,857.¹

Patients suffering from COVID-19 may experience mild symptoms like fever, cough, body pain, and gastrointestinal problems, and in some cases, it affects the lung and causes severe lung damage, which leads to death.² Nurses are the first to detect health emergencies and work on the front lines of disease prevention and delivery of primary healthcare, including promotion, prevention, treatment, and rehabilitation. They effectively respond to various new challenges faced by the healthcare system. Yet, the healthcare system has been severely impacted by a nurse shortage, particularly in emergency situations.³

Exploring a nurse's experience in caring for COVID-19 is very essential. The treatment and care for patients with COVID-19 are different from country to country. Most of the published research focused on the prevalence, risk factors, signs and symptoms, diagnosis, and treatment of COVID-19.⁴ Some studies revealed the severity of physical and psychological problems of medical professionals.⁵ However, only a few studies have been published regarding the individual experiences of healthcare professionals. For that reason, this study was designed to explore the personal experiences of nurses in providing care to patients with COVID-19.

Methods

Design

A qualitative approach was used to explore the personal experiences of nurses in providing care to patients with COVID-19.

Participants and Sampling

Nurses who worked in COVID-19 wards in Karuna Hospital, Sendhwa, India were recruited using a purposive sampling method. Nurses who provided care for COVID-19 patients and who were willing to participate were included in the study. The sampling continued till the sample size reached data saturation. A total of 14 nurses were interviewed.

Data Collection

Data were collected by asking questions to the participants using a semi-structured face-to-face interview which was recorded. Before starting the interview, the participants were clearly aware of the purpose of the interview and were ensured confidentiality of information. Demographic

information included age, gender, marital status, type of family, education, years of experience, and the number of days worked in COVID units. The interview questions were the following:

- Explain in detail how you have given care to COVID-19 patients
- Clearly explain your personal experience of providing care to a patient with COVID-19
- How will you differentiate the care of COVID-19 patients and caring for another patient
- What does care for a patient with COVID-19 look like to you

Data were collected from January to February 2021. The semi-structured face-to-face interview was conducted in a private room at the hospital. The duration of each interview was about 40-60 minutes. The interviews were conducted and analysed in Hindi and only translated into English for the preparation of the final report. The recorded interviews were transcribed verbatim.

Data Analysis

For data analysis, we adopted Colaizzi's 7-step analysis method for phenomenological data to (1) carefully read through interview records; (2) identify meaningful statements; (3) formulate meaningful content; (4) themes clustering; (5) develop exhaustive descriptions; (6) making or producing fundamental structure; and (7) seeking verification of fundamental structure.⁶ The researchers followed the same data analysing steps: read all the transcription to get the participant's personal experiences, took out the main statements, extracted the meaning and concept of the main statement, arranged the concept into specific thematic categories, integrated the extracted ideas into a comprehensive description of the phenomenon under study, changed the description into an unambiguous description, and later on verified with the participants regarding whether the research findings were valid and represented their actual views.

Ethical Considerations

The study was approved by the Research Council of Karuna Hospital. All participants participated voluntarily, and the researchers got the signed informed consent. The purpose of the study was clearly explained to the participants and they were assured confidentiality of the interview. They were also informed that they had the right to withdraw from the study at any point during the study period. Instead of marking the name, we used code numbers during the transcription process and the same codes were used for data analysis and report preparation.

Results

In this study, we enrolled 14 female nurses between 24

and 36 years of age with a mean age of 28.85 years (± 3.27) (Table 1). Out of 14 participants, 12 (85.71%) were from nuclear families and 2 (14.28%) were from joint families. 11 (78.57%) subjects were married and had children and 3 (21.42%) were unmarried. The educational status of the nurses was that 6 (42.85%) among them possessed a diploma in nursing and 8 (57.14%) had a bachelor's degree.

We explored the personal experiences of nurses in providing care to patients with COVID-19 by using phenomenological methods. We identified 4 themes and these themes included (a) fear and anxiety (fear of getting infection, fear of being a bearer, fear of COVID-19, and extortionate mortality), (b) pressure to work in COVID-19 units (pressure to care for the patient, being under pressure) (c) recognisable experience (self-care needs, work with personal protective equipment and ambivalence in care) (d) coping methods (psychological adjustments, professional responsibility, positive emotions, and being proud as a nurse). The themes are summarised in Table 2.

Table 1. Sociodemographic Characteristics of Participants (n= 14)

Characteristics		n (%) or Mean \pm SD
Gender		
Male	0	0%
Female	14	100%
Age (years)		28.85 \pm 3.27
Type of family		
Nuclear	12	85.71%
Joint	2	14.28%
Marital status		
Married	11	78.57%
Unmarried	3	21.42%
Educational status		
Diploma	6	42.85%
Graduate	8	57.14%
Working experience (years)		
1-2	3	21.42%
2-5	3	21.42%
5-10	8	57.14%
Comorbidities		
No	12	85.71%
Yes	2	14.28%

Table 2. Summary of Categories and Sub-categories

Themes	Sub-themes
1. Fear and anxiety	1. Fear and anxiety of being infected
	2. Fear and anxiety of being a bearer
	3. Fear and anxiety of disease
	4. High mortality of patients
2. Pressure to work in COVID-19 units	1. Pressure to care for the patients
3. Recognisable experience	1. Self-care needs
	2. Work with personal protective equipment
	3. Ambivalence in care
4. Coping methods	1. Psychological adjustments
	2. Professional responsibility
	3. Positive emotions
	4. Being proud as a nurse

Fear and Anxiety

The first theme that emerged from the interview was fear and anxiety, which included fear of getting an infection, being a bearer, COVID-19, and a high mortality rate. They were very afraid of getting infections from the patient side. One example of this fear is that one of the nurses mentioned "...I am very much afraid of getting COVID-19 infection from the patient that I am providing care..." (P4) and another one said, "I am really upset while thinking about my health status and always thinking that surely I will get infected with COVID-19..." (P7). The second aspect of the fear theme was the fear of being a bearer. Most of the participants were very concerned about this aspect, for example, one of the participants said, "...I have 2 children and now I am thinking that maybe I am the one who transmit COVID-19 to my kids..." (P2) and another participant worried about her parents and said, "...My parents are too old and suffering from chronic lung diseases because they announced that those with lung diseases will affect the disease badly..." (P12). The third aspect was fear of the disease. Most of the participants were afraid of this disease because they did not know the extent of the disease. One of the participants mentioned "...the rapid onset and high prevalence of the disease make me confused and afraid..." (P6) and another one said, "...the way they treat the patient, and the novel aspect makes me tensed..." (P5). The last subtheme of the fear aspect was the high mortality of patients. This was one of the most important reasons for their fear. One nurse

said, "...I am feeling afraid because the death rate was too much..." (P10) and "...Too many patients have died, and it makes me sad..." (P3).

Pressure to Work in COVID-19 Units

One of the major nurses' experiences was that nurses used to work under pressure and they were forced to work under this situation because of the scarcity of nurses and abundance of patients. Most of the nurses were forced to work in COVID-19 wards: "... Actually I am not ready to provide care to COVID-19 patients: however, I was forced to work in COVID-19 wards..." (P14) and "...it is mandatory to work in COVID-19 units as per the policy..." (P12). Being under pressure was another aspect of the stress associated with working in the COVID-19 unit. The patients themselves started thinking that they were affected by a serious illness, and it was very difficult to get rid of this disease. A participant mentioned "...managing this kind of patient was too difficult..." (P13) and another participant said, "...some patients died in front of my eyes and that makes me cry..." (P3).

Recognisable Experience

According to our study, the third theme was a recognisable experience. This consisted of self-care needs, work with personal protective types of equipment, and ambivalence in care. The participants clearly said that they are very anxious about their own healthcare needs. The reason behind that was the disease was spreading too quickly and at an enormous scale, and they were the assigned ones who had to provide care for COVID-19 patients. One of the participants reported, "...there is a big difference between caring for normal patients and COVID-19 patients..." (P2) and another participant explained, "...this is a deadly disease, and we have to take all the necessary precautions to protect ourselves from this disease..." (P6).

The second aspect of this theme was working with personal protective equipment. The participants concluded that working for a long time wearing personal protective equipment was really a cause for developing some physical problems. They reported that it covers their body fully and that's why they felt too much sweat. One of the samples said, "...after wearing the PPE set I feel that I can't breathe properly even though I am in perfect condition..." (P5) and another participant said, "...I feel too hot even in this winter after wearing the PPE set...". A few other participants said, "The most difficult part after wearing PPE is I can't walk properly, and always I feel something is obstructed in between the thighs..." (P4), and "... I can't perform the procedure well even if I am very good in doing the procedure..." (P9). Another participant mentioned "... I am a regular user of goggles and after wearing the PPE my goggles become blurred so I can't see well and that creates more problems while caring for the patients..." (P10). A participant said, "... to extend the

use of PPE we are not eating or drinking properly to avoid the usage of restroom..." (P14).

Ambivalence in care is the last sub-theme under recognisable experience. This was one of the problems identified by the participants. One of the participants pointed out that "... the dimension of the disease is not clear and that's why the treatment plan is changing when new variants are coming..." (P7) and "... I am totally blind if some unpredicted outcomes are expressed by the patients, it was a new experience..." (P12). Another participant stated "... treating a normal COVID-19 patient and a COVID-19 patient with some premorbid diseases is totally different ..." (P1).

Coping Methods and Strategies

The last identified theme was coping methods and strategies, which included psychological adjustments, professional responsibility, positive emotions, and being proud of a nurse. All the participants experienced psychological defence mechanisms. Nurses actively and passively communicated with friends and family members while working in the isolation departments. They practised some relaxation techniques like listening to music, deep breathing exercises, listening to positive thought speeches, and writing their own experiences in a diary. One of the participants explained, "...I am not thinking about my future, what I want is just to get rid of this ward after my duty and be with my family after the period..." (P4) and "...I forgot everything when I started my duty..." (P8). Another participant stated "...once I finish my long 8-hour duty the only aim is to satisfy my tummy to get ready for the next day's duty..." (P12).

Regarding professional responsibility, most of the nurses reported that in the initial period, they felt fear and anxiety, and later they identified that it is their duty and they had to attend to the duty without any double thought. A respondent reported, "... I used to cry every day before coming to duty in the initial days and after working for 4-5 days in the COVID-19 ward, I realised that God selected me to offer care for needy patients and it's my duty to care for those patients..." (P9). Another one mentioned "... I used to work to get salary, but now I realise that this is my responsibility to give care to the sick..." (P4) and "... I am a nurse, and it is my responsibility to give the fullest care to my patients ..." (P13).

The third sub-theme under coping methods and strategies was positive emotions. Although most of the nurses felt negative emotions at first, gradually they changed to positive emotions. A week after working, 80% of study subjects felt positive and comfortable. At the same time, they felt more confident in caring for COVID-19 patients and self-prevention methods. One of the subjects mentioned, "...the governing bodies and hospital management are

giving adequate supplies and equipment and they are trying to protect us from all sides..." (P10) and "...I read many articles on Facebook and Twitter and all reported that nurses and doctors and the real heroes of COVID-19 period..." (P6). The most heart-touching emotion was "...while the time of discharge, the patients said, "THANK YOU" with their wet eyes and some offered "thank you" cards made by their own hands as a token of love..." (P4).

Being proud of a nurse was the last sub-theme of coping methods and strategies. The whole world is calling doctors and nurses the real warriors of COVID-19. Most of the nurses who participated in the study stick to this statement. They feel proud of being a nurse. A participant stated "...nurses are the real stars in all social media platforms and now the status of the nurse in the society is very high as compared to the pre-COVID state..." (P8) and another response was "...actually I didn't like this profession previously, but the love they shower at the time of discharge really changed my mind..." (P2). One of the participants mentioned, "...saving a life is the ultimate aim of a nurse and I am very proud that I did my part well and I feel proud of that..." (P5).

Discussion

The purpose of this study was to explore the personal experience of nurses in providing care to patients with COVID-19. The findings of the study showed that the nurse's experience mainly focused on four themes: fear and anxiety, pressure to work in COVID-19 units, recognisable experience, and coping methods and strategies.

Fear and Anxiety

All the nurses who participated in this study expressed their fear and anxiety about working in COVID-19 units. The main reason for this fear and anxiety was the fear of getting an infection themselves and the fear of transmitting the disease to their near ones. Liu Q et al. conducted a similar study and the results revealed that healthcare workers developed fear and anxiety during the time of epidemics because of fear of transmission of diseases to others.⁷ The research conducted by Sun et al. also showed that the reason for fear and anxiety during epidemics was a lack of knowledge about the treatment and care and the changing nature of the epidemic after a particular time.⁸ Our study is also supported by the study of Rana et al. Their results show that the reason for fear is related to the transmission of disease.⁹

Pressure to Work in COVID-19 Units

Most of the nurses in our study experience work under pressure and they are forced to work in this situation because of the scarcity of nurses and huge number of patients. So, the nurses can't perform their duty well, and eventually, it causes mental stress for them. Studies conducted by Lee et al. and Marjanovic et al. reported a

similar experience mentioned by the nurses during the time of SARS and MERS.^{10,11} The participants of their studies experienced severe psychological problems and were at high risk of mental health issues. Other findings in our study were that nurses sometimes had to work under difficult situations and had to manage situations with stress. Lam et al. conducted a study to assess the perception of emergency nurses during an influenza outbreak.¹² The study results revealed that nurses who worked in difficult situations accepted difficult responsibilities and they were ready to face more difficult situations in the future. Due to the importance of providing quality care to patients during their needy time, workload and workload-related stress management are very important.

Recognisable Experience

The participants of our study mainly identified the following recognisable experiences: self-care needs, work with personal protective equipment, and ambivalence in care. The participants clearly said that they were very anxious about their own healthcare needs. The reason behind this is the anxiety the disease was spreading and the fact that they were the assigned ones who had to provide care for COVID-19 patients. Fan et al. conducted a study and the result showed that in the initial stages of any outbreak, healthcare workers are not well prepared to provide care for the patients and they are very worried about self-care and preventive measures.⁵ When a healthcare crisis occurs, it is cardinal for authorities to highlight the seriousness of self-care.

Wearing personal protective equipment for a long time causes physical distress and psychological problems. Long working hours without adequate food and fluid leads to a decrease in the immunity of the staff. Speroni et al. reported that whenever the healthcare system is not prepared to manage the outbreaks: training, education and a good communication system are very crucial.¹³ The study findings of another research stress the importance of continuous and intensive training for medical professionals to prepare for and deal with public health emergencies.¹⁴ The spectrum of COVID-19 is not clear so most of the study participants experienced ambiguity in providing care to the patients. The research findings of Alipour et al. showed that the hidden pattern of the disease caused anxiety in nurses and hence they faced ambiguity in providing care.¹⁵

Coping Methods and Strategies

The nurses who cared for COVID-19 patients had to make many psychological adjustments especially those who are with children. The findings of this study are reconcilable with the findings of Lee et al.¹⁰ Studies proved that psychological adaptation and support offered by others play a crucial role in the management of psychological stress during the time of epidemics.¹⁶ Nurses in our study adopted relaxation

techniques like listening to music, deep breathing exercises, listening to positive thought speeches, and writing their own experiences in a diary. It has been demonstrated that all the above coping mechanisms can help to reduce stress and improve psychological stamina.¹⁷ Most of the participants were afraid and anxious in the initial period and later they identified that it was their duty to attend to the patients without hesitation, which was consistent with the study of Shih et al.¹⁸ Therefore, active enlightenment and motivation help nurses to ascertain their own personal growth during the time of outbreaks. During the initial time, almost all nurses have negative emotions which gradually convert to positive emotions. They manifest confidence and self-prevention after working in COVID-19 wards with constant support given by their colleagues and management. The support provided by co-workers and early training helps to improve the confidence of nurses.¹⁹ Other study reports show similar findings during times of epidemics. All the nurses who participated in our study experienced a sense of pride to be a nurse in accordance with the study results of Liu et al.²⁰

Limitations and Suggestions

As it was qualitative research, the sample size of the study was limited. A diversified view would have been taken into consideration if we would have used an extensive population of samples. This study was conducted among nurses only, and similar studies should be conducted among other healthcare professionals. In addition, this study was a short-term study, and data were collected only from one hospital. The long-term experiences of nurses and other healthcare workers should be taken into consideration for future research.

Conclusion

This study provided a comprehensive and in-depth understanding of the personal experiences of nurses who were caring for COVID-19 patients. We found that nurses were afraid of getting an infection from the patient in the initial stages and later they identified their role and performed it with confidence. Also, nurses in our study adopted relaxation techniques like listening to music, deep breathing exercises, listening to positive thought speeches, and writing their own experiences in a diary. This study provides fundamental data for further intervention.

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