

“A QUALITATIVE STUDY: THE EXPERIENCES OF COVID UNIT NURSES CARING FOR PATIENTS WITH COVID 19 DURING THE 2020-21 PANDEMIC.”

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Abstract

The objective of this study was to examine the experiences of Covid unit nurses caring for Covid19 patients during 2020-21 pandemic. COVID-19 placed nurses at the forefront of battling this pandemic in the Covid Care Unit. Emerging international evidence suggests nurses experience psychological and physical symptoms as a result of caring for these patients. A qualitative descriptive design was used using purposive sampling, 7 nurses from Covid Care Unit participated in semi-structured interviews. Interviews were recorded and coded; data were analyzed using content analysis. An audit trail was maintained and member checking was employed. The experiences among the nurses caring for patients diagnosed with COVID-19 were categorized into five themes and subthemes. Emotions experienced was subcategorized into anxiety/stress, fear, helplessness, worry, and empathy. Physical symptoms was subcategorized into sleep disturbances, headaches, discomfort, exhaustion, and breathlessness. Care environment challenges was subcategorized into nurse as surrogate, inability to provide human comforting connection, patients dying, personal protective equipment (PPE), isolation, care delay, changing practice guidelines, and language barrier. Social effects were subcategorized into stigma, divergent healthcare hero perception, additional responsibilities, strained interactions with others, and isolation/loneliness. Short term coping strategies was subcategorized into co-worker support, family support, distractions, mind/body wellness, and spirituality/faith. Covid unit nurses are experiencing intense psychological and physical effects as a result of caring for patients diagnosed with COVID-19 in a challenging care environment. Outside of work, nurses faced pandemic induced societal changes and divergent public perceptions of them.

Keywords: Covid unit nurses, Covid19, Pandemic

INTRODUCTION

The COVID-19 pandemic in India is a part of the worldwide pandemic of coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The first cases of COVID-19 in India were reported on 30 January 2020 in three towns of Kerala, among three Indian medical students who had returned from Wuhan, the epicenter of the pandemic. Lockdowns were announced in Kerala on 23 March, and in the rest of the country on 25 March. On 10 June, India's recoveries exceeded active cases for the first time. Infection rates started to drop in September, along with the number of new and active cases. Daily cases peaked mid-September with over 90,000 cases reported per-day, dropping to below 15,000 in January 2021. A second wave beginning in March

2021 was much more devastating than the first, with shortages of vaccines, hospital beds, oxygen cylinders and other medical supplies in parts of the country. By late April, India led the world in new and active cases. On 30 April 2021, it became the first country to report over 400,000 new cases in a 24-hour period. Experts stated that the virus may reach an endemic stage in India rather than completely disappear; in late August 2021, Soumya Swaminathan said India may be in some stage of endemicity where the country learns to live with the virus.

BACKGROUND OF THE STUDY

On 12 January 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 31 December 2019. On 30 January 2020, India reported its first case of COVID-19 in Thrissur, Kerala, which rose to three cases by 3 February 2020; all were students returning from Wuhan. Apart from these, no significant rise in transmissions was observed in February. On 4 March 22 new cases were reported, including 14 infected members of an Italian tourist group. Transmissions increased over the month after several people with travel history to affected countries, and their contacts, tested positive. On 12 March, a 76-year-old man, with a travel history to Saudi Arabia, became the first COVID-19 fatality of India. A Sikh preacher, who had a travel history to Italy and Germany, turned into a super spreader by attending a Sikh festival in Anandpur Sahib during 10–12 March. Over 40,000 people in 20 villages in Punjab were quarantined on 27 March to contain the spread. On 31 March, a Tablighi Jamaat religious congregation event in Delhi, which had taken place earlier in March, emerged as a COVID-19 hotspot. On 2 May, around 4,000 stranded pilgrims returned from Hazur Sahib in Nanded, Maharashtra to Punjab. Many of them tested positive, including 27 bus drivers and conductors who had been part of the transport arrangement.

OBJECTIVE

To examine the experiences of Covid unit nurses caring for Covid19 patients during 2020-21 pandemic.

METHODOLOGY

A qualitative descriptive design was used to implement the study. 7 (Seven) registered nurse working in the covid care unit was selected for the study with proper approval, that was given by the hospital authority. A semi-structured interview guide was developed for the interview process. The process was explained to the participants properly and signed consent was taken to ensure their confidentiality. Purposive sampling was used to recruit 7 covid unit nurses who had cared for Covid 19 patients. Interviews were conducted using the encrypted zoom platform. Participants audio was recorded and interpret in the experience assessment form.

ANALYSIS OF DATA

Content analysis was employed to analyze the data. Constant comparative analysis was used to look for similarities and differences in the narratives. Line by line coding was completed by two researcher and the data were subsequently collapsed into relevant themes. The researchers discussed the themes and arrived at consensus. Methodological rigor was maintained through the use of an audit trail, process and analytic memos, peer debriefing, and member checking. At the member checking session, the Covid unit nurses indicated the results reflected their experiences fully.

RESULTS

Among the 7 covid care nurses, it was identified that 6 nurses are female (85.71%) and 1 nurse is male (14.29%). All of them held a bachelor of science in nursing. Data from the nurses caring covid 19 patients resulted in five important themes that is emotional experience, physical symptoms, patient care environment challenges, social effects and coping strategies.

Emotional Experiences							
	1 st RNRM	2 nd RNRM	3 rd RNRM	4 th RNRM	5 th RNRM	6 th RNRM	7 th RNRM
1. Anxiety/Stress	Being COVID nurse there were numerous times of work stress, anxious, about dealing with COVID patient.	Anxiety about patients, infecting of our family members, long hours caring for patients, separation from loved ones, workload, patient deaths	As a nurse working in Covid ICU ,I feel so much stress seeing how this deadly disease affecting the patients.	Yes, Due to less of Oxygen cylinder Supply in relation to Patient requirements.	Sometimes there is anxiety.	Yes, there was anxiety and stress during the duty. My main stress was regarding errors since covid was very new and there are s many protocols to follow.	If we live with anxiety, we might feel fear around the situation. Still stress and anxiety is there to some extent.
2. Fear	Yes definitely fear was another factor as directly we are exposing ourself to covid patients..Thought of what if we were infected too.	Fear of contacting of positive patients, handling in emergency situations	Fear of contacting with the virus	Fear of falling of Saturation.	I never feel fear because I am doing responsibilities .	My fear was what if my staff in my ward fall sick.	There is fear to getting infected or infect our family.
3. Helplessness	Seeing patient lying death felt helpless..	Work pressure., shortage of staffs., long working hour, harassment, difficult patients.	I feel helplessness when patients are striving to breath to save their life.	When bed is no tavailable in ICU and Patient saturation dropping drastically	When patient is restless.	didn't feel helpless because I got good support from my superior.	Sometime, when there is over burden.
4. Worry	Feeling worry as a state of being helpless not able to help patient ..	Worry if any emergency might happen, if all medication have been administered or not, will be able to complete our	Feel worried because the disease itself is very deadly and till now no proper medication is available to cure the disease.	Worry About Myself getting Covid positive.	Yes I feel worry for patients when our patient think about their families.	My only worry was that we need to save as many patients as possible and there shouldn't be	Worry about the family member too, may be I will be the carrier of this virus.

		work on time or not, did we miss any doctor advice or not.				any room for error.	
5. Empathy	Understanding their needs first, feeling their pain and scared of death..yes an attachments was developed while caring for COVID patients	Listen to the patient, maintain eye contact unable to gain patients trust and confidence.	Listening to patient problem	Always I experience being a Covid Patient.	Yes we give empathy to the patient to enhance psychological well-being.	My empathy wasnot only for patient but also for my staff because they were all over worked. My worry was that they shouldn't have burn out.	We feel like if it is happen to us what I will do,feeling worry that I become helpless when any patient is dying.
Physical Symptoms							
1. Sleep disturbances	Insomnia	working in night shifts and rotating shifts disturbs our sleeping pattern.	Lack of sleep due to stress and anxiety	Yes it depends on the status and workload.	Due to over burden I cant sleep properly.	No sleep disturbance.	Moderate disturbances are there.
2. Head aches	Due to stress,work pressure headaches at times most of staff experience	More work more stress causes headache. Feeling discomfort esp during patient expired and to tell the sad news to the patient party it's really hard. Working long shifts and night shift .	Due to fear, anxiety and stress	Because of stress.	Sometimes I feel headache due to over burden.	Yes, I think it was because of the stress	Sometime
3. Discomfort	Not relevant since we are suppose to perform our responsibilities .	working in night shifts and rotating shifts disturbs our sleeping pattern.	Discomfort seeing many patients dying	Sometimes due to worst quality of PPE.	Yes I feel discomfort if I cant sleep due to overburden.	No discomfort	Discomfort while staying with family.
4. Exhaustion	Over a period of time exhausted of working	Wearing PPE for the long period of	Due to heavy workload	Sometimes staying long hours in covid care	Yes I feel exhaustion for over time duty.	Yes there was exhaustion	While wearing PPE.

	hours.. being inside PPE for long time.	time creating exhaustion.		center, basically at night duty.			
5. Breathlessness	No with proper PPE kit and wearing of double mask no signs of breathlessness.	By talking calmly n instruct to breathe slowly.	Not experienced	Happen, wearing of Mask 3 layers, sometimes upto 12-14 hour.	Yes I feel breathless by applying face mask for prolonged time.	Yes sometimes.	To some extend.
Patient care environment challenges							
1. Nurse as a surrogate	We enacted as their keen frontline safeguarding their rights supporting them understanding their importance of dealing with life and death..	As an advocate, teacher, friend, parent, sibling, etc	As a teacher, friend and sister	I act as a frontline barrier for my patient disease.	The nurse works as a family member and takes care of the patient until it heals.	yes	Yes, I am doing my responsibility as per need.
2. Inability to provide human comforting connections	Highly demanding challenges as constantly we're dealing with patient . At times attendant are rude enough that serve as ignorant in providing appropriate comforting help for the patient .	Handling of lots of patients and many procedure to be done.	Handling lots of patients and many lots of procedure	Due to chances of contamination.	Human connection is an energy exchange between people who are paying attention to one another.It has the power to deepen the moment ,inspire change and build trust.	I think this was very minimum because even if we were very busy we have tried our best to comfort the patient.	Due to fatal virus we could not able to give a proper connection between the family member and patient,but I am acting as a family member.
3. Patients dying	Feel out of control, seeing death bodies constantly deeply move us. Even after caring, meeting their health needs they lost the battle of life and we mourn for the lost of each human souls.	It's not easy to face at that time, many protocols to follow and documentation.	It very painful to see patient dying in front of our eyes	Very pathetic to observe dying related to it.	Ventilators are typically used only when patients are extremely ill,so experts believe that between 40% and 50% of patient die after going on ventilation,regardless of the	The difficult part was confronting the patient attendant	Feel bad as at last moment also patient is not able to see family member.

					underlying illness.		
4. PPE	Under PPE makes us suffocating. Things appeared blurred. Can't remove mask, can't meet our needs, can't sip water. So naturally nurses were dehydrated.	Wearing ppe for hours it's painfully, can't got to washroom or eat, experienced skin rashes, nasal congestion.	Wearing PPE is not that comfort,it's very hot and we can't take a break and can't use washroom.	Its very difficult to adjust with it.	Wearing PPE is very important.It is important to protect ourself to Q's patients.	Minimal discomfort.	Feel too much suffocated.
5. Isolation	When caring critically ill COVID patient no such barrier were seen. Proper isolation room was maintained and safe.	Its difficult to isolate ourself during over burden, 24 hours duty may be initiated due to over burden.	We have to isolate ourselves and cannot have close contact with our family members because of the risk of being a carrier	Maintained.	Isolation is also necessary when the patient is in severe condition or there is a different disease such as viral infection.	Was made properly however fear was that infection should not spread from the unit to other unit because of carelessness	Our unit is totally isolated and I am also trying to isolate me from family.
6. Delay in care providing	Unavailability of equipments ,supplies, medications need to struggle utilising with the available resources in hand in meeting the needs required.	Due to awating of rtpcr reports	Because of many patients and heavy workload	Generally no but sometimes lack of manpower it happen.	Yes there is a delay in taking care patients when there are more patient at a time.	Very minimal	We should not delay in care providing.
7. Changing guidelines of practice	Challenges for health care team as with COVID protocol we were suppose to cope with it and follow as per the guidelines.	Patient safety and it requires time, resources. It's difficult because of time lag between evidence and practice.	It's very difficult to change	Yes by following ICMR and state guidelines.	If work is done according to protocol then there is no problem in caring of patients.	The change was not an issue because every single day we were training the staff and there was very good cooperation/	We strickly follow thw guidelines.

8. Language barrier	Another major factor miss communication arise due to unable to give proper explanation but luckily there were always staffs who help out in communicating with patient in their language they understood.	Due to lack of privacy, noise, nurse who can speak different language should be available.	Sometimes we have difficult to converse with patient	Not too much due to knowing of local language.	Yes I had a lots of problem.	No. I can speak Assamese as well as Hindi so no communication barrier.	Yes to some extent.
Social effects							
1. Stigma	As for nurses there were people getting scared of us especially in societies were few of us were force to move out But the fact our management have arranged accommodation for COVID team was quiet helpful.	Sometimes we used to be afraid, confused, fear, negative attitude so we should be aware of our behavior, our words and think positive.	We should not have negative thoughts, but neighbours are having too much negative thought though they are praising us.	Working in Covid hospital, if landlord come to know, then he will make me out of home.	Sometimes situation may arise due to covid Situation.	Minimal.	Lots of stigma is there as I am a covid warrior.
2. Health care perception	Excellent approach, All were working hard as a team in motivating health care team members lending positivity and encouragement.	We are human being, should be skill n confident.	As a nurse I'm just a human being ,it's my responsibilities	Not at all.	Feeling proud to be a part of health care system.	Yes . my family is especially very proud of me and yes of course there immense support from the team too	Sometime its feels.
3. Additional responsibilities	In convincing family to believe in our job and explaining our Duty comes first as our responsibility.	Recognising symptoms, participate with other health members, operate medical equipment, perform any	By educating the public to follow the rules and regulations to stop the spread of disease	Yes lots of responsibilities since admission to discharge.	Additional responsibilities to guide or counsel patient and their family member.	Yes there was extra responsibilities because I had to take care of the training in the wards.	No additional responsibility without covid unit.

		diagnostic test.					
4. Strained interaction with others	Making others believe COVID patients are no less like any other ailing person seeking for medical help..	We should decrease conflicts	It's very difficult to interact with others (explained the attendants about patient condition)	Not at all possible.	Sometimes when we are in stress and no one tries to understand.	Sometimes when I was too tired I would cut off contact with	Sometimes, due to stress.
5. Isolation	Fearful being isolated from the rest as we need friends around us during the phase.	Isolation from family n friends is not an easy task esp of lockdown we can't meet our family.	We have to isolate ourselves and cannot have a close contact with our family members because of the risk of being a carrier	Maintained	Properly maintained.	I did isolate myself mainly for control of infection and also because of the tiredness .	Its very much necessary to prevent spread.
Coping strategies							
1. Support of co-worker	Good support system was prevailing, our team worked in unity. Kept motivating one another with spirit of compassion and dedication.	We listen to each other, mutual understanding, sharing knowledge, teaching the necessary, emotionally support, when we trust a colleague and talk with her we feel comfortable and relaxed	Although we face so many challenges but we support each other ,work together as a team and try our best to give effective care	Its supporting environment.	Yes I got support from all the co-worker.	Yes I did get support and team work was excellent.	Supporting among the co-workers is very important.
2. Support of society	Society believe in us ,appreciating our work in contributing major aspect to the community. Kept applauding for our hard - work.	They appraising me for my task.	As the health care workers we have to encourage our society not to feel anxious , encourage them to follow the precautions to prevent from the disease	No, because of the fear of Covid 19 .They are not supportive due to stigma.	I never get support from the society because they show different talk different.	Yes I did because my friends were very supportive.	Psychological support is very much essential.

3. Diver sional measure	Making patient smile, giving Hope's, listening to music, spreading laughter was one key factor in releasing stress away and diverting our mind.	Play a crucial role in quality care, leads to improve self esteem, confidence, satisfaction and increase independent	Inorder to calm myself I use to do deep breathing exercises	Self motivation is only the main aspect.	Only self motivation and parents motivation.	Watching videos online was a good way to divert.	It needed to maintain wellbeing.
4. Mind-body wellness	Keep diverting from all negativity force. Practicing breathing exercises, consuming healthy balance meal, engage in talking to love one's.	Make our mind think positive, avoid of conflicts, listening to each other, co-operating each other, eat healthy and exercises,	By taking care of our own health (eating healthy foods),wear a proper PPE.Preparin g ourselves physically and mentally for providing care to the patients	Not at all, no proper sleep,no proper food.	Healthy body leads to healthy mind.Maintai ning a level of physical fitness and a balanced diet will improve for both physical and mental health.	Minimal	Taking of healthy food, nutritious diet,plenty water and exercise will help to maintain.
5. Spirit ual support	In all phase seeking wisdom ,peace, praying for spiritual help. Calming the mind to gain strength and hope.	Take any decision calmly. Performs prayer and respect other faith tradition.	Prayer for not getting sick.	Always by myself remembering the word of God.	Spiritual support is typically the work of hospital chaplains who work with local religion and spiritual leaders to help and feel inner comfort.	Yes . my pastor helped me a lot	God is the only one who can eradicate this disease.

CONCLUSION

Covid is a serious infection as it spread world wide.Health workers like nurse,doctors also involved in the same condition to serve their duty. In this study result suggest that covid care unit nurses suffer with various psychological and physical stress while serving the patient care as well as from the society in the form of stigma.



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