



Original Article

Experiences Of Nurses Attended Covid-19 Pandemic Patients During 2020, In Public Tertiary Care Hospitals

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ABSTRACT

Hospitals are often the epicenter of newly circulating infections, consequently health workers are at high risk to obtain irresistible infections. Nurses are viewed as among the first to contact patients with arising diseases. Nurses with no prior experience with such contagious diseases were recruited who provided care to patients with COVID 19 in this pandemic. **Objective:** To investigate the experiences of nurses who have attended covid 19 pandemic patients during 2020. **Methods:** A qualitative study with thematic analysis was conducted, using a phenomenological approach. A total of 12 nurses have joined in-depth, semi-structured interviews, from three COVID-19-designated hospitals in the capital city of Khyber Pakhtunkhwa province of Pakistan, using purposive sampling technique. Face to face interviews were conducted and their observations were recorded. Interviews were transcribed verbatim and thematically analyzed. **Results:** Five major themes emerged from data analysis that included Nosophobia, Scarcity of Resources, First Line Warriors, Environmental/Physical Problems and Perceived super spreaders. Nurses identified many sources of social support during pandemic situation. Participants expressed and considered high work load, anxiety and fear and concern for patients and family members as negative emotions in early stage of pandemic crises. **Conclusions:** The exhaustive work drained nurses physically and emotionally. Nurses should be given a comprehensive assistance and support in protecting themselves while they have showed their strength and spirit of professional dedication to defeat hurdles and challenges, they have faced. Consistent training for nurses is important to advance preparedness and viability in future crisis management.

INTRODUCTION

Coronavirus disease 2019 (COVID-19) has rapidly spread worldwide. Globally as of August 16, 2020 the outburst of COVID-19 had been confirmed in around 205 countries. the most effected countries with peak prevalent cases were U.S.A, Brazil, India and Russia while United States of America and Brazil were on the top in sense of total mortality [1, 2]. The mortality rate of infections is not well known and tends to be substantially higher than that of other recent pandemics [3]. Compared to SARS and MERS, with mortality rates of 9.5 percent and 35 percent, the mortality rate of COVID-19 is about 3.5 percent, but its ability to spread rapidly is an alarming sign [4, 5]. Health

care providers are also at the bleeding edge of any episode reaction and as such are exposed to hazards that put them in danger of contamination with a pathogen, thus many health care workers around the globe have died from this fatal viral infection due to lack of resources [6, 7]. Health care force has always an important role for each Country. As many medical personnel were infected in Hubei, as initially fear was on its peak among front line nurses due to insufficient understanding of the virus, prevention and control measures [8], thus health care providers feared of infection and worried about their families in the face of this unknown illness and uncertain threats, but they still applied

to join the war, assumed their roles, focused on their tasks, and displayed a spirit of solidarity and professional commitment [9]. Pakistan was also the part of the world that was affected by this deadly virus during 2020. Though the people who were much prone to this infection were family members of diseased patient and health staff, despite this fact the concerned health-care workers and their professional organizations have constantly used their broad expertise to improve emergency-care systems around the world [10]. Meanwhile, among all health care workers in this pandemic situation nurses as front-line health care force were also facing many challenges regarding patient quality care as well their own health. Therefore, the objective of this study was to investigate the experiences of nurses who have attended covid 19 pandemic patients during 2020.

METHODS

A Qualitative Phenomenology research study design was used to explore the experiences, and involvement of nurses who have attended covid-19 pandemic patients in public tertiary care hospitals of Peshawar. Purposive sampling technique was used meanwhile the sample size was chosen based on data saturation in order to generate enough detailed information to emphasize the blueprints, types, and characteristics of the phenomenon of interest. Permission was taken from the University's ethical review board and concerned hospital before the commencement of data collection. Report was built with the participants and the research purpose. Author's information were fully disclosed to them before agreement was obtained for face-to-face individual in-depth interview as well as audio recording. During the interview, the individuals' preferred language was used and Semi-structured interviews were conducted with each participant. Audio recordings of interviews were made, as well as field notes were documented. Data saturation was found to be reached after 12th interviews. The data were analyzed using a thematic analysis approach, which was preceded by a step-by-step process. After all, using the coded data, themes were discovered. Then codes were sorted according to each subject. Finally, the themes were evaluated, and names for each theme were clearly determined, and all of the themes were documented in detail, providing the readers with a holistic view of the research.

RESULTS

During data analysis, total of 134 open codes were discovered from the information. During the process of axial coding extra and redundant codes were excluded and afterward 20 categories were recognized from open codes. From these categorical data 5 main themes of study were identified as they emerged in data analysis. Five main

themes were recognized are as follow: Nosophobia, Scarcity of Resources, First Line Warriors, Environmental/Physical Problems and Perceived super spreaders are debated by participants of study.

1. Nosophobia

Most interviewees showed expression of high level of fear at the beginning of spread of infection and their fear was on peak level after exposure to different patients and environment. It emerged as a result of participant's statement about their experiences with regards to fear of infection.

"I was in much fear on first day because I had got a serious patient who was confirmed positive case. I was using precautionary measure including all PPEs because my fear was on peak level. (Participant 1).

"there was a lot of fear and we were feeling anxious because we were unaware of situation inside of covid ICU. We were in so much pressure from our family. They were asking us to leave the duty and come home due to scary situation" (Participant 5).

Most of the participants have shown their initial fear level at much high peak level while after exposing multiple times their fear level decreased to almost one or zero.

"At the start there was much fear in pandemic situation. I was feeling fear too. But with time period and after attending many patients and became habitual with such patients thus my fear decreased" (Participant 8).

Hostels owners were terrified of situation because there was much restriction from government side for following SOPs in hostel premises.

"All school and universities were closed due to pandemic and we were asking by mates and hostel owners to arrange accommodation for ourselves and there was also issue from neighbors because they had many concerned about our duty in covid units" (Participant 5).

Participants have also shown concern about their family. Nurses were using all PPEs very strictly to ensure their family safety and health.

"We have isolated ourselves in hostel and hadn't gone to home on weekend because we were afraid about our kids and elder, as our elder were not educated medically they were not aware of disease so we tried to protect and restrict our movement there" (Participant 5).

2. Scarcity of Resources

Participants in this study expressed their dissatisfaction with the resources made available for nurses in regard to disinfection protocol.

"I am not satisfied of waste management. Patient's rooms are not clean properly after their discharge or patients' death even though no fumigation has done yet. Only bad sheet used to change and nobody is cleaning patients' room properly after each discharge" (Participant 3).

Heavy workloads on the nurses were also identified with insufficient number of human resources, so they needed more human resources to relieve the actual difficulties and guarantee the standard of care.

"The staff was untrained for covid 19. Staff from cardiac surgeries has deployed on emergency basis and after that all safety kits were provided by management and we have mostly used ICU staff"(Participant 5).

Lack of supplies was considered risk factor of spread of infection among duty staff. Participants preferred to have good stock of resources like availability of all personal protective equipment.

"Most of the staff became infected in other ward as no safety kits were provided there. If they were given proper PPEs in ward the chances of getting infection would be decreased there"(Participants 4).

Most of nurses have also raised concerns about the facilities provided. Few of them have shown their dissatisfaction about accommodation provided to them.

"Hospital managements has provided facilities and gave me option, as accommodation was allotted for quarantine, but I was not satisfied, therefore, I prefer to be quarantined at home in separate room"(Participant 7).

3. First Line Warriors

Nurses from different departments believed that this was the most critical time for them to serve their country and people. They had a responsibility to identify with and collaborate with frontline healthcare practitioners.

"We realized during duty that if the nurses leave the patients so it's mean, as they are neglected. Even the attendants were not coming to give care to the patients. Only nurses were there and remained responsible for all aspect of patients"(Participant 9)

According to the participants they believed in professionalism instead of following false rumors about any new pandemic, as there is always negative pressure for professional from concerned community, family members and colleagues.

"We were in so much pressure from our family. They were asking us to leave the duty and come home due to scary situation. Instead, we believe in professionalism and continue our duty in covid unites"(Participant 5).

"I always tried to find approaches to protect myself and others from getting infection. Meanwhile I have separated myself from other family members by limiting myself to a room which is located on other side of the house"(Participant 7).

More patients' exposure compare to other health professional was another highlighted issue by nurses' participants. They have also expressed their concerned about their exposure and identified that this was the contributing factor in building good relationship with

patients.

"I was in favor to perform duty in covid because I have seen most of the patients' were suffering a lot, as we were the only professional who stay for long with patients thus we have built good relationship with patients and their attendance and share their concerned without hesitation"(Participant 6)

4. Environmental/Physical Problems

Environmental and Physical Problems are factors which possibly contribute to health care professional reluctance to perform their duties. Almost all participants shared their experiences with regards to how much lethal their job was during this pandemic.

"Normally we should protect ourselves but most of the senior don't take it seriously but they have their safety kits. This is all their negligence. This may lead to serious consequences for them. Instead, I always force them to be on safe side"(Participant 3).

Participants also shared their perspectives relating to the exceptional task at hand and the pressures of treating COVID-19 patients and adjusting to the current workplace environment. Though nurses continued their responsibilities, they additionally had their own physical and psychological anxieties.

"Situation was too much worsen and there was panic situation at that time and the patients flow was much high in our unit. Initially there was uncertain situation, so we were putting on all safety kits and following hospital protocols very strictly for our own protection"(Participant 4).

"I don't have any fear for myself but I was scare for the sake of my family as my mother has diabetic mellitus. Though they are living in a village but they always ask me to visit them each time"(Participant 8).

Nurses repeatedly stated that the major physical and professional challenge was working with personal protective equipment for long hours. They sweated and their clothes became wet because of the airtight protective equipment.

"I was feeling much suffocation at first time while using safety kit in close room. Whenever i try to touch a mask meanwhile, i reconsider and remembered about corona thus always felt hesitate to touch my mask"(Participant 9).

"Facilities in quarantine were not satisfactory. Food and room facilities were not better. As I was quarantine in separate building so I was feeling type of separation and sense of loneliness there."(Participant 3).

5. Perceived Super Spreaders

Nurses were continually in fear of getting infected with SARS CoV2, because of the infectious nature of the disease. Participants expressed that General ward nurses were infected due to inadequate protection and knowledge of source infection at the beginning of pandemic outbreak.

"We have only one nursing station. We don't know how many time staff is contacting patient and as well we are sharing everything in same room. There are much chances of cross infection among staff members and patients as well" (Participant 3).

"After expiry of confirmed case we used to put suspected case on same ventilator. Thus, it was the main source of infecting further patients, even some time we didn't receive their test report till putting them on vent" (Participant 9).

Nurses who lived with families additionally had incredible worry about taking infection to their relatives, particularly to their youngsters and guardians.

"I remain in distance with colleague and they ask me to live in separate room. Most of my colleague didn't believe on test quality and were in fear about my presence in hostel" (Participant 9).

Most of the nurses realized social support during whole pandemic to manage uncertain situation. Few were much satisfied from logistic support from their respective hospital managements. Nurses' mind-sets changed with the circumstances. They were relieved and felt great relief when statistic showed good progress of their departments, hence if the circumstances of patients showed little change or regression, they felt depressed and had a profound feeling of powerlessness.

DISCUSSION

During pandemic the point of view toward nursing as a calling is as positive as it has consistently been, whereas same in this pandemic the worth of nurses was as high as usual in crises. In the current study many of the participants have showed fear and claimed to be infected from hospital environment and with same virus they have infected their family members as well, while a study from China presented that in the early stage of the COVID 19 pandemic, more than 3000 medical staff in Hubei were infected, 40% of whom were infected in emergency clinics. Nurses experienced persistent fear of contamination because of the infectious idea of the infection unknown means of transmission [11]. It was concluded by the participants that in emergency unite most of the patients need artificial ventilation and other lifesaving care. a Studies also showed that It is crucial for specialists to emphasize the significance of self-care, set maximum working hours and make sensible steps to shield health workers from exhaustion [12]. It is suggested by participants that lack of resources can lead to further infection. Participants were not satisfied with supplies provided by authority. According to studies, materials supplied by public health officials to combat the outbreak may be ineffective or released too late to effectively

address the needs [13]. Another study during the SARS outbreak in Toronto in 2003, The Government has not been able to fulfill the food and other regular routine supply needs [14]. Most of the participants also showed feeling of frustrations due to unequal right for their self, while according to WHO Health care workers can justifiably be prioritized when allocating some resources because of their contribution to the health and well-being of the community [15]. In this pandemic nurses have shown their dedication while they were facing various. The findings were concordant with the study during previous pandemic in which front line nurses were fearful, and disappointed and were at higher danger of emotional well-being [16]. This study revealed that nurses were considered to be more prone in contracting this disease because of their multiple exposures to infected environment. According to another study proximal closeness of patient-nurture communications, nurses were particularly powerless [17]. Nurses have also explained the worse and panic situation and they felt separation and loneliness while they were quarantine. Findings were also consistent with study indicated that workers felt higher levels of stress and fear of others when they were subjected to quarantine themselves, and particularly when given little information support by their respective healthcare institutions [18]. Participant from this study stated that hospital acquired infection remain significant threat to nurses, additionally workload, uncertainty in the work environment due to fears of contamination. The same result was found in a study conducted in China, among healthcare COVID-19 transmission occurred in 3.8% of patients [19]. Study participants stated that most of health care worker infection led to trained staff shortage in this pandemic because all the staff that was positive for covid 19 was quarantined. Study in Ontario also stated the shortage of skilled nursing personnel became increasingly apparent. Nurses who might have been exposed to SARS kept working, which put patients further at risk [20]. Nurses were feared of getting infection and considering themselves to be the carrier for their parents, and to their partners [21].

CONCLUSIONS

Study findings showed that the multiple roles and functions played by nurses are considered particularly important during this COVID-19 pandemic and across all hospitals where as the exhaustive work drained nurses physically and emotionally. Nurses should be given a comprehensive assistance and support in protecting themselves while they always have showed their strength and spirit of professional dedication to defeat hurdles and challenges,

they have faced in many pandemics. Consistent training for nurses and all medical care equipment provisions is for future crisis management.

Conflicts of Interest

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