



EMOTIONS AND EXPERIENCES OF THE COVID CARE NURSES: A DESCRIPTIVE STUDY WITH EXPLORATORY APPROACH

Rose.K*

Faculty, College of Nursing, Pondicherry Institute of Medical Sciences, Pondicherry, India *Corresponding Author

Vidya.J

Faculty, College of Nursing, Pondicherry Institute of Medical Sciences, Pondicherry, India

Lazar Anjalin
Hemalatha

Faculty, College of Nursing, Pondicherry Institute of Medical Sciences, Pondicherry, India

ABSTRACT

Background: The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is a newly discovered ribonucleic acid coronavirus isolated and identified from patients with unexplained pneumonia. The World Health Organization (WHO) declared the disease as a pandemic on March 11, 2020. Hence the investigator was interested to explore the emotions and experience of the covid care nurses during covid 19 pandemic. This would identify to manage the factors causing the emotions and make better arrangements for good experience among these nurses.

Materials and Methods: This descriptive study was done with 54 Covid care nurses available during the data collection period by using self-administered questionnaire in Pondicherry Institute of Medical Sciences

Results: The finding highlights that most of the nurses (43%) were on frequent duties in the covid wards than covid intensive care unit. 70% were not positive to Covid-19 and majority (80%) had covid vaccination. Many (69%) of their family/friends were not infected by Covid-19 and most of them (72%) had not witnessed death of a covid patient. Majority (74%) of covid care nurses did not have emotion of fear but had anxiety (70%) for can't eat/drink and can't use toilet. The results show that nearly half of the covid care nurses overcame fear (46%) and anxiety (45%) emotions because of confidence at work & support from coworkers (39%), family and friend's support (37%) and faith in God (24%). Majority of the nurses were highly exhausted in personal experience areas like interpersonal (86%), mental (82%), emotional (80%) and physical (72%) whereas rarely exhausted (67%) in sleep experience. Nurses experienced highly adequate in work related aspects like team members number (83%), resources (78%), time for care (100%), help from others (96%) whereas 100% covid care nurses experienced rarely adequate cooperation from patient/relative.

Conclusion: This shows the significance of the good working environment with supportive team, resources and time.

KEYWORDS : Covid 19 pandemic, covid care nurses, emotions, experiences, good working environment

INTRODUCTION

COVID-19 is a newly emerged infectious disease which was first identified in Wuhan, China on December 31, 2019. The severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is a newly discovered ribonucleic acid coronavirus isolated and identified from patients with unexplained pneumonia¹. The World Health Organization (WHO) declared the disease as a pandemic on March 11, 2020 due to its rapid spread throughout most countries across the globe. Until May 31, 2020, the worldwide numbers of affected and deceased patients with COVID-19 were 6,162,399 and 371,035, respectively². With India not much cautious after the first wave was in the midst of an alarming second wave of COVID-19, the mood was one of gloom and doom. People were grief-stricken at the loss of their loved ones, and others were facing the disease themselves. With oxygen and medicines in short supply in some states, the situation was one of absolute panic and helplessness.

But the pandemic also has showed us the ordinary and unrecognized nurses' extraordinary work to help people in distress with their selfless care to those affected. But these brave hearts themselves had undergone distress and panic. The outbreak of the COVID-19 pandemic led to a sudden shift in the dynamics of workforce behavior. Positive and negative emotions of the front-line nurses interweaved and coexisted. In the early stage, negative emotions were dominant and positive emotions appeared gradually¹. Self-coping styles and psychological growth played an important role in maintaining mental health of nurses³. The data shows that the nurses experienced a variety of psychological distress during care of patients with COVID-19. Through proper planning by authorities, it is possible to manage the risk factors of mental health distress in nurses and improve their mental health status². Data about the emotions and experience among covid care nurses are limited. Therefore, this study aims to explore the emotions and experiences of the Covid care nurses at selected hospital Puducherry.

Need for the study: COVID-19 infection is a new disease that infects a large number of people with high mortality. Healthcare workers, especially nurses, experience a great deal of psychological distress during care of COVID-19 patients. Detecting factors that disturb

nurses' mental health during care of these patients can help to reduce their psychological distress⁴. Therefore, the investigator is interested to explore the emotions and experience of the covid care nurses during covid 19 pandemic in order to take measures to manage the factors causing the emotions and make better arrangements for good experience among these nurses. The main objectives are to find the distribution of the demographic variables of covid care nurses; to understand the emotions of the covid care nurses; and to explore the experiences of the covid care nurses.

Operational definitions: Emotions: It refers to the feeling the covid care nurse felt during covid duty assessed using a self-administered questionnaire on aspects like experienced fear & anxiety, overcame fear & anxiety, causes for fear & anxiety and factors helped to overcome fear & anxiety. **Experiences** – It refers to the situations faced by the covid care nurses during covid duty assessed using a self-administered 5-point Likert scale on aspects like personal (physical, mental, emotional, sleep and interpersonal) and work related (adequate team members, resources, time, help and cooperation). **Covid care nurses** – It refers to the nurses who did covid care duty in wards & ICU and provided direct patient care.

MATERIALS AND METHODS:

Descriptive study with exploratory approach was used in Covid care areas among the Covid care nurses available during the data collection period using convenient sampling method with a sample of 54 nurses in Pondicherry Institute of Medical Sciences.

Inclusion criteria: Covid care nurses both male and female available during the data collection period. **Exclusion criteria:** nurses those who are working in the other wards.

The study tool was self-administered questionnaire used to collect emotions and experiences of the covid care nurses. It contained three sections A, B and C.

Section A: Demographic variable like Gender, Marital status, Children, Comorbidities, Place of frequent covid duty, Number of duties done in covid care area, Positive to covid-19, Vaccination

against Covid 19 before covid duty, Family/friends infected by covid 19 and witnessed Covid patients' death. **Section B:** Questionnaire on emotions experienced like fear & anxiety, causes for fear & anxiety, overcame fear & anxiety and factors helped to overcome fear & anxiety. **Section C:** 5-point Likert scale questionnaire on personal experience (physical, mental, emotional, sleep and interpersonal) and work related (adequate team members, resources, time, help and cooperation).

Section-A had socio-demographic variables hence no scoring and section-B had emotions of the nurses which was scored as yes-1 and no-2. Section C - experiences of the nurses and it was scored as 'Never' as '1'; 'Rarely' as '2'; 'Sometimes' as '3'; 'Often' as '4'; and 'Always' as '5'. Interpretation was taken as personal experience - 75.1 -100%: Highly exhausted, 50.1-75%: Sometimes exhausted and ≤50%: Rarely exhausted. Work Experience - 75.1 -100%: Highly adequate, 50.1-75%: Sometimes adequate, and ≤50%: Rarely adequate. Content validity & Reliability was not done: Semi structured questionnaire was prepared from literature reviews.

Data collection method: After obtaining permission from the Nursing Superintendent, Nurses involved in covid care, who were available during the data collection were called and made comfortable in a lecture hall. Informed about the need for the study and oral consent was obtained. Self-administered questionnaire was administered in English and were given half an hour to read, choose and write appropriate options. **Data Management and Statistical Analysis:** All collected data were entered and compiled using Microsoft excel 2010. The categorical variables were expressed as descriptive statistics like frequency and percentage.

Ethical Consideration: The present Study was conducted after the proper approval of the Nursing Superintendent. The data and responses were maintained as confidentially by the PIMS College of Nursing, Kalapet, Pondicherry.

RESULTS:

Table 1: The distribution of the demographic variables of Covid care nurses (n=54)

Socio Demographic Variables	No. of Nurses n	Percentage %
Gender		
Male	10	19
Female	44	81
Marital status		
Single	45	83
Married	9	17
Female Nurses with Children		
Yes	6	12
No	48	88
History of Co morbidities		
Yes	0	0
No	54	100
Clinical area of posting for covid duty:		
ICU	11	20
Wards	43	80
Time period of covid ward duties		
≤ 2 weeks	38	70
≥ 2 weeks	16	30
Tested Positive for covid-19		
Yes	11	20
No	43	80
Vaccinated before covid duty:		
Yes	37	69
No	17	31
Family/friends infected by covid 19		
Yes	15	28
No	39	72
Witnessed covid patients' death:		
Yes	13	24
No	41	76

In this present study, among 54 nurses most (81%), of them were females. Majority (83%) were single. None of them had co

morbidity. In regard to their posting, 80% were posted in the wards. Majority of them were posted for less than 2 weeks. During that time only 20% were tested to be positive for covid. Majority (69%), were vaccinated against covid. Only few (28%) had family members with covid infection. Some of them 24% had witnessed death of covid infected patients.

Figure – 1a & 1b: Emotions experienced and overcome by covid care nurses (N=54)

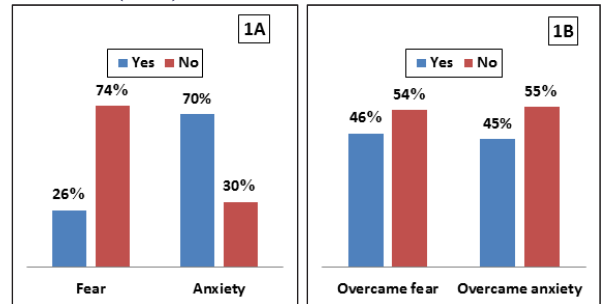


Figure-1a reveals that among 54 Nurses, majority (74%) did not have fear, whereas 70% had anxiety. Figure 1b reveals that 46% were able to overcome fear and 45% were able to overcome anxiety.

Figure 2a & 2b: Causes For Emotions And Factors Helped To Overcome Emotions Of The Covid Care Nurses (n=54)

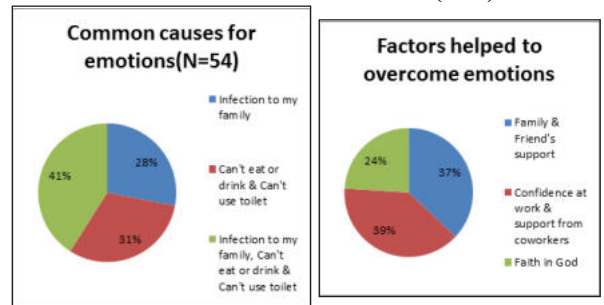


Figure-2a highlights that 28% had fear and anxiety as they would infect their family members. 31% expressed emotions that they would not be able to eat /drink or use the toilet. But majority (41%) had fear and anxiety, of all the reasons expressed by the other two groups individually.

Figure-2b reveals that most of them (39%) overcame fear and anxiety emotions because of their confidence in their work & support they received from the coworkers. Some of them (37%) had overcome their emotions due to the support from family and friends. Rest 24% had overcome by their faith in God.

Figure – 3a & 3b: Personal and work related experience of Covid care nurses (N=54)

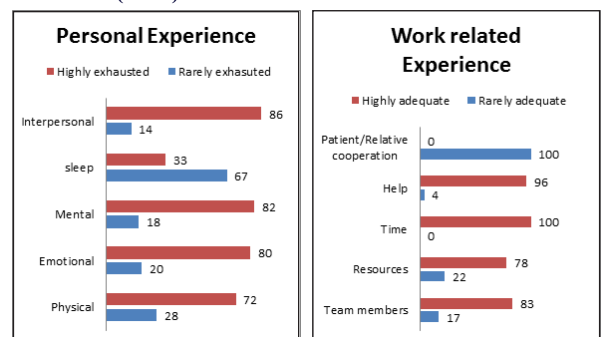


Figure-3a reveals the personal experiences of the Nurses involved in covid care. Majority of them were highly exhausted experience, causes were (86%) interpersonally, (82%) mentally, (80%) emotional exhaustion and (72%) physical exhaustion. The findings showed rarely (67%) were exhausted without sleep.

Figure-3b highlights the work experience of the Nurses. They were adequate in aspects like team members number (83%), resources

(78%), times for care (100%), help from others (96%) whereas 100% covid care nurses experienced rarely adequate cooperation from patient/relative.

DISCUSSION

1. To find the distribution of the demographic variables of covid care nurses:

Among 54 Nurses who were involved in covid care, most of them (81%), were females. Majority (83%) were single. None of them had co morbidities. In regard to their posting, 80% were posted in the wards. Majority of them were posted for less than 2 weeks. During that time only 20% were tested to be positive for covid. Majority (69%), were vaccinated against covid. Only few (28%) had family members with covid infection. Some of them 24% had witnessed death of covid infected patients. Study in 2020 among covid nurses posted majority were female nurses (75%)².

2. To understand the emotions of the covid care nurses:

Among nurses involved in Covid care, majority of covid care nurses did not have fear (74%) but majority had anxiety (70%). The results show that nearly half of the covid care nurses overcame fear (46%) and anxiety (45%). It highlights that majority (41%) had fear and anxiety emotions for can't eat/drink and can't use toilet. It also shows that the other almost equal causes are infection to their family (28%) and the above all three causes were 31%. Similarly, qualitative study by Nasrin in 2020 shows that the nurses' experience a great deal of psychological distress during care of patients with COVID-19. The sources of such distress were related to patients' death, the disease's unknown dimensions, the atmosphere of the working environment, professional commitments, far away from family, unpleasantness in using PPE, thirst and individual characteristics².

Similar finding was seen in a study¹ among 20 nurses by interview method. The psychological experience of nurses caring for COVID-19 patients were summarized into 4 themes. First, negative emotions present in early stage consisting of fatigue, discomfort, and helplessness was caused by high-intensity work, fear and anxiety, and concern for patients and family members. Second, self-coping styles included psychological and life adjustment, altruistic acts, team support, and rational cognition. Third growth under pressure, which included increased affection and gratefulness, development of professional responsibility, and self-reflection. Finally, positive emotions occurred simultaneously with negative emotions¹. Even in this study the fear and anxiety emotions were overcome with confidence at work & support from coworkers (39%), family and friends (37%), faith in God (24%). The initial negative emotions of the covid care nurses have turned out to be positive emotion and accepting the reality.

3. To explore the experiences of the covid care nurses:

The factors related to personal experience of nurses which led to high exhaustion were interpersonal (86%), mental (82%), emotional (80%) and physical (72%). The findings show rarely exhausted in sleep experience (67%). Similarly, qualitative study by Nasrin in 2020 shows that the nurses' experience a great deal of psychological distress during care of patients with COVID-19. The sources of such distress were related to patients' death, the disease's unknown dimensions, the atmosphere of the working environment, professional commitments, far away from family, unpleasantness in using PPE, thirst and individual characteristics². These have led to physical, emotional and mental exhaustion.

But the results in this study highlight that the covid care nurses were highly adequate in work related aspects like team members number (83%), resources (78%), times for care (100%), help from others (96%) whereas 100% covid care nurses experienced rarely adequate cooperation from patient/relative. This shows the significance of the good working environment with supportive team, resources and time.

CONCLUSION:

The coronavirus disease 2019 (COVID-19) brought a lot of pressure and challenges to nurses. The reasons for these be like fear of getting infected, can't eat or drink or use toilet when donned with PPE, anxiety seeing death of patients, exhaustion due to overload of work in a short span, away from family, etc. Even though it seems like negative emotions in the beginning the factors that helped the covid care nurses

in the end to experience positive emotions seems to be the confidence at work, support from family, friends and coworkers, adequate time & resources amidst of having 100% uncooperative patient. These factors lead to self-coping styles and psychological growth which plays an important role in maintaining mental health of nurses and continue the selfless service. Detecting the factors that disturb nurses' mental health during care of these patients and rectifying them with the above supportive measures can help to reduce their psychological distress in times of crisis like COVID 19 pandemic.

ANNEXURE

INSTRUMENT EMOTIONS AND EXPERIENCE OF THE COVID CARE NURSES

Tick The Appropriate Option Wherever Applicable:

Section A: Demographic Variable

1. Gender: Male/Female
2. Marital Status: Single/Married
3. Children: Yes/No
4. Comorbidities (Like DM, HTN, Asthma, Kidney disease, allergies): Yes/No
5. Place of frequent covid duty: ICU/wards
6. No. of duties done in covid care area: ≤2 weeks/≥2 weeks
7. Positive to covid-19: Yes/No
8. Vaccination against Covid 19 before covid duty: Yes/No
9. Family/friends infected by covid 19: Yes/No
10. Witnessed Covid patient's death: Yes/No

Please choose the appropriate option

SECTION B: EMOTIONS

1. Were you scared when you were told to work in covid area: Yes/No.
2. Did you feel anxious when you were asked to go to covid area: Yes/No
3. What were your fears& anxiety when you were told to work in covid area: **tick all which is applicable**

Isolation by others / Infection to me / Infection to my family / Can't eat or drink / Can't use toilet / Mistakes at work / Conflict at work / Unknown / Others if any, please mention _____

4. Did you try to overcome your fear: Yes, to a small extent/ Yes, to a large extent/ No
5. Did you try to overcome your anxiety: Yes, to a small extent/ Yes, to a large extent/ No
6. What did you try to overcome your fear & anxiety: **tick all which is applicable**

Family & friends support / Availability of PPE/Good food and sleep / Confidence at work / Support from coworkers / Faith in God / Divertional activities like music, social media, exercise, reading / Others if any, please mention _____

Please tick in appropriate column

SECTION C: COVID EXPERIENCE

S. No.	Items	Never	Rarely	Somet imes	Often	Alw ays
I. Personal experience						
1.	Did you experience physical exhaustion? Example: Bodypain, backpain, headache, skin irritation, thirst, hunger, hypoxia, burning micturation, visual fatigue Any other _____					
2.	Did you experience emotional exhaustion? Example: Irritation, negative mood, anger, feeling sad, crying Any other _____					

3.	Did you experience mental exhaustion? Example: Apathy, inattention, avoidance, insecurity, depression Any other					
4.	Did you experience sleep problems? Example: Insomnia, arousal, sleepiness, nightmares, incomplete sleep Any other					
5.	Did you experience interpersonal problems? Example: Conflicts, verbal abuse, physical abuse Any other					
II. Work related experience						
1.	Did you have adequate team members to work? Example: Doctors, nurses, attenders, housekeeping, technicians Any other					
2.	Did you have adequate resources to do your work? Example: PPE, O2 devices, monitors, oximeters, BP apparatus, linen Any other					
3.	Did you have adequate time to perform your work? Example: Plan & provide care, hand/take over, rounds, check things Any other					
4.	Did you get enough help from your team members? Example: Doctors, nurses, attenders, housekeeping, technicians Any other					
5.	Did you get enough cooperation from your patient/patient relative? Example: Patient, their relative, staff dependants Any other					

REFERENCES:

- Niuniu Sun, Msc, Luoqun Wei, MSc, Suling Shi, BSc, Dandan Jiao, Runluo Song, BSc,^b Lili Ma, MSc,^c Hongwei Wang, MSc,^d Chao Wang, MSc,^e Zhaoguo Wang, MSc,^f Yanli You, MSc,^g Shuhua Liu, BSc,^h and Hongyun Wang, BSc.ⁱ A qualitative study on the psychological experience of caregivers of COVID-19 patients. *Am J Infect Control*. 2020 Jun; 48(6): 592–598. Published online 2020 Apr 8. doi: 10.1016/j.ajic.2020.03.018
- Nasrin Galehdar, Aziz Kamran, Tahereh Toulabi & Heshmatolah Heydari. Exploring nurses' experiences of psychological distress during care of patients with COVID-19: a qualitative study. *BMC Psychiatry* volume 20, Article number: 489 (Oct, 2020)