ORIGINAL RESEARCH PAPER
Volume - 11 | Issue - 07 | July - 2022 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

EXPERIENCE OF NURSES AFFECTED WITH COVID-19 IN A TERTIARY HOSPITAL IN SOUTH INDIA: A PHENOMENOLOGICAL APPROACH

Nursing

Nirmala Margaret Emmanuel* Professor, College of Nursing, Christian Medical College, Vellore *Corresponding Author
Premila Lee Professor, College of Nursing, Christian Medical College, Vellore
Bala Seetharaman Professor, College of Nursing, Christian Medical College, Vellore

ABSTRACT

The novel corona virus infection (Covid 19) is one of the pandemic which has affected almost all the countries in the world. It had changed the social, political and economic status of many developing and developed countries. Health careworkers as frontline workers have faced lot of challenges during this pandemic. Nurses being the largest sect of health careworkers had to face the direct impact of the disease while caring for the patients with Covid 19. This study was aimed to know the experiences of the nurses affected with Covid 19 and its impact on their personal, professional and social life. A phenomenological approach was used to explore the experiences of the nurses affected with Covic 19. Indepth interviews were conducted among participants till data saturation was obtained. Seven participants were included in the study. The conversations were transcribed and themes were evolved. Nurses still maintain their committment and character regardless of situations if they are protected and supported.

KEYWORDS

Experience, Nurses, Covid 19, Social Impact, Professional Impact

INTRODUCTION

Covid-19 has affected over 500 million people worldwide[1] and the rate of infection among health care workers is also significant compared to other infections. According to World Health Organization, 22,000 health care workers were infected by April 2020[2] and nearly a million deaths of health care workers is reported[3]. Nurses forming the larger proportion of health care workers are at high risk and the number affected is also considerably high. Nurses during this pandemic go through lot of emotional struggle. Acquiring the infection does affect the psychology of the nurses. They face challenges in the workplace, family and in the society. There is no evidence found in literature about the experience of health care workers affected with Covid-19. Exploring the experience of nurses affected with Covid-19 will enable nursing leaders to identify their problems and challenges and provide supportive care to them.

METHODS:

Design: A phenomenological approach was used to explore the lived experience of the nurses affected with COVID 19.

Sampling:

Judgmental sampling was used to identify nurses affected with Covid 19 who can express well either in English or Tamil Language. Data saturation was used to decide on the sample size. Seven participants were included in the study to obtain information up to saturation.

Data collection:

A list of names of nurses affected with Covid 19 was made. Nurses with good communication and interaction skills were identified and short listed. The short listed nurses were called one at a time for interview. On arrival, privacy was ensured. Subjects were made comfortable and welcomed. The study information was provided orally using simple terms. Verbal consent was obtained and the conversation was recorded using a voice recorder. Probes were used to reflect on physical and emotional experience of the subjects. Subjects were recruited till data saturation was identified. A total of seven participants were included in the study.

Data analysis:

The recorded conversations were transcribed into text. The text was checked for accuracy. The content was given to a reviewer for authentication. The information was clustered according to similarities under headings like physical symptoms, emotional exhaustion, family support, disease impact on family, reaction of society, fear of death and separation. The clustered contents were re-read for theme evolution. Concepts and phenomenon regarding the experience of nurses affected with Covid 19 were identified.

RESULT AND DISCUSSION:

The participants mean age was 38.8 years (22 – 55), 71.4% were married, 71.4% completed General Nursing and Midwifery, 28.6% had done B.Sc Nursing course and 42.8% were with comorbidities like diabetes, hypertension and asthma. The common manifestations among the subjects were loss of smell and taste (7), body pain and head ache (7), flue like symptoms (5), diarrhea (2) and mild respiratory distress (1). One of the subject expressed that "I ate food as though I was eating mud. I had no taste or smell but for the sake of recovery I ate".

Core concepts

The core concepts identified in the study were trust, commitment, altruism, support, and fear which are discussed in detail.

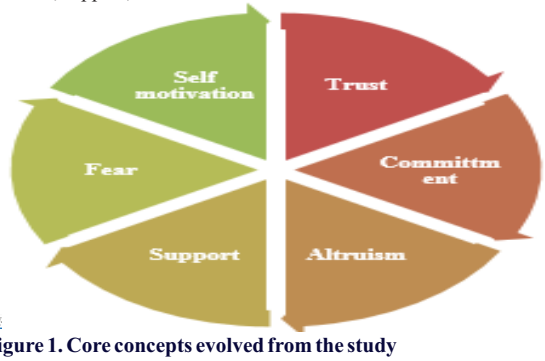

Figure 1. Core concepts evolved from the study

Trust

The conversation revealed two types of trust among the nurses. One is their trust in God and another is that they will not get the disease.

All seven subjects kept expressing their trust in God for recovery. Some of them mentioned their trust and dependence on God more than three times in their conversation.

"I had trust in God that nothing will happen to me, and I will return home safe"

"By God's grace I was discharged"

"I prayed that nothing should happen to me and my husband"

"Lord, whatever comes my way, you will allow it to pass"

"I told my husband, don't worry about me God will make me alright"

The above statements reveal that the subjects built their hope by trusting in God. Spirituality is an important health determinant which can influence the recovery of a patient. It helps to prevent burnout and

promotes resilience to stress and enhances coping strategies[4]. Individual resilience is attained through good religious or spiritual practices[5].

A belief or a hope that prevailed among the nurses was that they will not acquire the illness since they are well protected with the personal protective equipment. Hence, the acceptance of the illness was difficult. They went through the stages of denial, bargaining, depression and acceptance. This is revealed through the following verbatim

"I thought it is normal fever"

"I assured myself that I will not get the disease"

"I never thought that I will get this infection, because I was fully protected"

A study by Min et al. reveals that 98% of nurses believed that they will be protected from the infection through appropriate use of PPE[6]. Though 95% protection is assured through appropriate use of PPE, the techniques of using the PPE poses risk to the health care workers[7].

Commitment

Career choice regret is expected among health care workers during Covid 19 outbreak, studies reveal that a very few percentage had regrets and of which nursing staff were even less[8]. Nurses always put a brave front during crisis situation. Research reveals that nurses' commitment to the profession is above average[9]. None of them expressed regrets for being a nurse. They only expressed that family members and neighbors were concerned about their safety, since nursing was high risk for Covid-19. After probing one of the subjects said "I never regretted for doing nursing since I chose this profession and I like it". They felt proud for working as a nurse and their experience as a Covid patient had only enabled them to empathize with the patients and relatives affected with Covid-19.

Altruism

One of the quality of a nurse is altruism, keeping others before them[10,11]. When the nurse knew or had a slightest suspicion of having Covid-19, the immediate response was to isolate themselves. They felt that none should contract the disease from them. The concern for friends and family members was vivid from the discussion. Even before acquiring the disease, some nurses had lived separately with their spouse, leaving their children and elderly parents in a separate house. This was with an intension not to pose a risk on the family members since they worked in a hospital and there was chance of picking and spreading an infection. The nurses expressed

"I was worried about my friends and family members who were in contact with me"

"I felt guilty because my husband contracted the disease through me"

"I was worried about my mother in law"

"When I knew I had Covid 19, I wanted to go home, but thinking of my parents safety, I stayed back since my dad had diabetes"

"I told my husband, from now on if we come to know that any of our friends or neighbours we must call and talk to them. We should encourage them and share our experience"

"I started giving health tips to those affected with Covid 19"

"I prayed to God that nobody should face such a crisis like"

These expression of words are resounded by many researchers who describe nurses as proud and brave health care warriors. With extreme pressure of work and safety in work place, the nurses still cared for patients and their family members with sacrifice[12,13].

Social support

Support from family members and others is important to cope with the disease[14]. This was expressed by the subjects - "Mr. X was with me throughout my hospital review. His presence was encouraging". Presence of loved ones or comforting words from friends and family helps to improve the morale and psychological wellbeing.

"My husband was with me till I was shifted to the quarantine center"

"My husband and son cared for me. They provided me with all my necessities when I was at home quarantine"

"My father is working abroad, if he was there he would have taken care of us"

Covid 19 pandemic imposed a greater threat to the social support rendered to health care workers[15]. This is understood by the statements of the subjects.

"Neighbhours treated my small child also differently since we had the disease"

"I felt like an accused person or a murderer, people treated me like I had leprosy"

"Neighbours who took help from me for giving an injection and catheterization earlier, avoided me after the disease"

"Even my own family members viewed me differently"

"They said I have acquired the infection because I was working in the hospital"

Fear

Fear was predominantly seen among patients affected with Covid 19[16]. Health care workers experienced high level of fear after seeing patients dying with Covid 19. Fear of death was common among nurses affected with Covid 19. Fear was increased if the nurses or family members had co morbidities. Young nurses feared the separation of children.

"I was worried because I was an asthmatic patient"

"I feared something will happen to me, because I was the bread winner of the family caring for two families"

"I was brave until I was asked to give swab. After giving swab I cried"

"When I saw the result I started to shiver"

"My husband is a diabetic and hypertensive, so I was worried about him"

"Whole quarantine period my grandma was alone, it was terrible, there was no peace at home, our worry was about our grandma because she had diabetes mellitus and hypertension, I feared about my grandma's death"

Self-motivation

Intrapersonal communication to reassure and motivate self was found to be a useful technique to cope with the illness. Studies state that motivational messages given to nurses working in intensive care units have made a significant impact on the hope and satisfaction of nurses[16]. Intrinsic and extrinsic motivation has been told to improve the nurses coping and ability to face challenges in normal or high risk situation[17]. One subject expressed that "When I knew I was positive, I told myself don't worry, don't be afraid. I decided not to break down but to follow all the routine activities and to have a positive attitude"

CONCLUSION

This study reveals that irrespective of the physical symptoms, nurses were still able to exercise their professional services to the patients affected with Covid 19. Good social support, appropriate PPE and unthreatening work environment helps nurses to cope with the disease and take courage to continue their services to those affected with pandemic.

REFERENCES

1. World Health Organization. WHO Coronavirus (COVID-19) Dashboard.2022. retrieved from https://covid19.who.int/
2. Economic Times. (2020). WHO says over 22,000 healthcare workers across 52 countries infected by COVID 19. April 22, 2020. Retrieved from https://health.economictimes.indiatimes.com/news/industry/who-says-over-22000-healthcare-workers-across-52-countries-infected-by-covid-19/75107238
3. World Health Organization. New WHO/ILO guide urges greater safeguards to protect health workers. Joint WHO/ILO. 21 February 2022. Geneva, Switzerland. Retrieved https://www.who.int/news/item/21-02-2022-new-who-ilo-guide-urges-greater-safeguards-to-protect-health-workers

4. Dalle Ave AL, Sulmasy DP. Health Care Professionals' Spirituality and COVID-19: Meaning, Compassion, Relationship. JAMA. 2021;326(16):1577–1578. doi:10.1001 /jama.2021.16769
5. Lauren Kosc, M.Astaying spiritually connected. https: //www.iaffrecoverycenter.com/ blog/staying-spiritually-connected-during-covid-19/
6. Min HS, Moon S, Jang Y, Cho I, Jeon J, Sung HK. The Use of Personal Protective Equipment among Frontline Nurses in a Nationally Designated COVID-19 Hospital during the Pandemic. Infect Chemother. 2021 Dec;53(4):705-717. doi: 10.3947/ic.2021.0094. Epub 2021 Nov 15. PMID: 34951529; PMCID: PMC8731245.
7. Nguyan LH, Drew DA, Graham MS, Joshi AD, Guo, C, Ma W et al. Risk of Covid-19 among front-line health-care workers and the general community: A prospective cohort study. July 31, 2020, DOI: https://doi.org/10.1016/82468-2667(20)30164-X
8. Yang, G., Wang, L., Wang, J. et al. Career choice regret during COVID-19 among healthcare students and professionals in mainland China: a cross-sectional study. BMC Med Educ 21, 534 (2021). https://doi.org/10.1186/s12909-021-02972-6
9. Duran S, Celik I, Ertugrul B, Ok S, Albayrak S. Factors affecting nurses' professional commitment during the COVID-19 pandemic: A cross-sectional study. J Nurs Manag. 2021 Oct;29(7):1906-1915. doi: 10.1111/jonm.13327. Epub 2021 Apr 26. PMID: 33794061; PMCID: PMC8250040.
10. Kozier & Erb's fundamentals of nursing: Concepts, process, and practice (8th ed.). Upper Saddle River, N.J.: Pearson Prentice Hall.
11. Potter, P. A., Perry, A. G., Hall, A., & Stockert, P. A. (2017). Fundamentals of nursing. Ninth edition. St. Louis, Mosby
12. LoGiudice JA, Bartos, S. Experiences of Nurses During the COVID-19 Pandemic: A Mixed-Methods Study . AACN Adv Crit Care (2021) 32 (1): 14–26. https: //doi.org /10.4037/aacnacc2021816
13. Fawaz, Mirna et al. "Nurses at the Front Line of COVID-19: Roles, Responsibilities, Risks, and Rights." The American journal of tropical medicine and hygiene vol. 103,4 (2020): 1341-1342. doi:10.4269/ajtmh.20-0650
14. Alnazly E, Khraisat OM, Al-Bahaireh, AM, Bryant CL. Anxiety, depression, stress, fear and social support during COVID-19 pandemic among Jordanian healthcare workers. March 12, 2021/ https://doi.org/10.1371/journal.pone.0247679
15. Ersin F, Havlioğlu S, Gür SC. Mental well-being and social support perceptions of nurses working in a Covid-19 pandemic hospital. Perspect Psychiatr Care. 2022 Jan;58(1):124-131. doi: 10.1111/ppc.12833. Epub 2021 May 5. PMID: 33955005; PMCID: PMC8242813.
16. Köse S, Gezginci E, Göktaş S, Murat M. The effectiveness of motivational messages to intensive care unit nurses during the COVID-19 pandemic. Intensive Crit Care Nurs. 2022 Apr;69:103161. doi: 10.1016/j.iccn.2021.103161. Epub 2021 Nov 1. PMID: 34895798; PMCID: PMC8559765.
17. Sperling D. Ethical dilemmas, perceived risk, and motivation among nurses during the COVID-19 pandemic. Nurs Ethics. 2021 Feb;28(1):9-22. doi: 10.1177 /0969733020956376. Epub 2020 Oct 1. PMID: 33000673; PMCID: PMC7533465.