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Experiences of Nurses during the COVID-19 Pandemic: A Qualitative Study from Nepal

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ABSTRACT

Introduction

Identification of the nurses' experiences with regards to their personal, work and social situation, and timely addressed of their concern is crucial for the betterment of the health care. The objective of this study was to explore the experiences of nurses during the COVID-19 pandemic.

Methods

Qualitative design with a descriptive phenomenological approach was adopted for the study. Twenty nurses, who were working as front-liners during the COVID-19 pandemic in Tribhuvan University Teaching Hospital having at least six months experience in the COVID unit, were selected for an In-depth interview by adhering to interview guidelines. Colaizzi's analysis method was used to analyze the data. Lincoln and Guba's criteria were used for study rigor.

Results

The study identified the three main themes, which are chaotic environment, stigma and discrimination, and fear and anxiety. Nurses experienced a huge workload, terrible deaths due to the unavailability of oxygen, beds, ICU, and ventilators. They also experienced fear and anxiety of transmission of COVID-19 to their family members, including hesitation to disclose the working area and positive status as well as restrictions in gathering due to fear of discrimination. They realized that adequate support from their family and public appreciation helped them to gain self-esteem and recognition.

Conclusion

Nurses experienced a turmoil environment, a huge loss of life of people due to a lack of resources during the pandemic. Fear of transmission and social discrimination during the COVID-19 pandemic were other aspects affecting the nurses' daily lives. Thus, the adequate preparation of the health facilities to combat with such pandemic situations, including social awareness programs for the support of nurses, are crucial.

Keywords

COVID-19; anxiety; chaotic environment; discrimination; fear; pandemic; stigma

INTRODUCTION

The coronavirus disease 2019 (COVID-19), was first detected in Wuhan, China, in December 2019, and the outbreak is ongoing, which is a huge threat to global public health.[1] More than six million people have died all over the world because of COVID-19.[2] The World Health Organization (WHO) declared COVID-19 as the sixth public health emergency of international concern (PHEIC) on 30th of January 2020.[3]

COVID-19 disease is known to expand very rapidly and has been a challenge for the health care providers to deal with, the people running the health care systems are feeling panic and confusion due to a lack of sufficient information and resources.[4] Nurses are frontline workers, who provide care and support to the COVID-19 patients by continuously adapting the rapidly changing health system during the ongoing COVID-19 pandemic to help them fight against COVID-19, so they were at very high risk. Their visible expressions, feelings, and emotions, which were generally visible, were veiled behind the masks. The increased workload of the nurses caused by the nature of COVID-19 and insufficient attention and support led to terrible ramifications on the physical, mental and social health of the nurses.[5] Nurses remain active during every emergence of infectious diseases, to save the lives of other people, endangering their own lives.[6] They faced terrible challenges to work during the COVID-19 pandemic; they were unsafe, overworked, and exhausted, but obliged to remain in work continuously, sharing insufficient PPE, even while having virus-positive symptoms.[7,8] They also experience discomfort and exhaustion in urination because they are required to go out of patients' rooms by removing the protective clothing.[7]

On the other hand, social stigma, which means health workers are labeled, discriminated, and behaved separately, is a huge problem in this pandemic situation.[9,10] Nurses are facing difficulty in finding accommodation because of the public fear to share accommodation due to risk of exposure with COVID-19.[11] Despite various degrees of social stigma due to their job, health care workers- maintained self-esteem and motivation to work in the front.[12]

Nurses play a vital role in managing patients in this epidemic.[13] A patient cannot be safe without the health worker's safety, so the nurses' safety is a major challenge during the COVID-19 pandemic, which is affecting their interest and motivation in continuous care.[14,16] Understanding what they are experiencing in this pandemic situation is crucial for the timely identification and management of their problems.[14]

The phenomenological approach is a powerful approach to explore the real-life experiences and perceptions of the nurses in care.[15,16] It helps to identify the COVID-19 care phenomena experienced by participants as the first-hand experiences' member of the situation in their own perspective.[17] Limited studies exploring nurses' experience during the COVID-19 pandemic in Nepal have been found, so the investigators were interested to explore the experiences of nurses during the COVID-19 pandemic.

METHODS

A qualitative design with a descriptive phenomenological approach was used for the study. COVID Units of Tribhuvan University Teaching Hospital (TUTH) were selected for the study, which includes the COVID ICU, COVID Emergency, and COVID ward. Twenty nurses, having at least 6 months of working experience in the COVID units, were selected by using a purposive sampling technique. They were selected on the basis of data saturation. Semi-structured in-depth interview (IDI) guideline was developed and validated by the qualitative research experts. Consolidated criteria for reporting qualitative research (COREQ) was used for the quality of the study reporting.

Ethical approval was obtained from the Institutional Review Committee of Tribhuvan University, Institute of Medicine. Permission was taken with the Nursing Director, and the ward In-charge of COVID Units. The purpose and procedure of the study were explained before data collection. Data was collected between the period of 20th of September to 5th November 2021. Researchers planned the place and time for in-depth interviews and conducted in-depth face-to-face interviews, considering all the preventive measures of COVID-19. The participants had been informed about the duration (40 to 60 minutes) of IDI sessions. Informed consent was taken before data collection, and further consent for audio recording was taken. Privacy, dignity, and autonomy were maintained throughout the study. Similarly, they also assured that they had right to discontinue from the research study at any time when they did not want to participate. Confidentiality of the information was assured by storing it safely in a separate folder and using the information only for the study purpose. Researchers had maintained field notes to document participants' identification codes, interview dates, time spent on different research activities, verbal clues, and nonverbal responses during the interview. Bracketing was followed as much as possible by the researchers.

In-depth, broad question was asked, such as, what is your experience in the COVID ward while providing care to COVID-19 patients? Followed by further supporting questions to obtain a clear picture of the phenomenon. One IDI session was sufficient for the required information; however,

an occasional break was taken as needed to collect additional information. All the in-depth interview recording was transcribed and written into verbatim, and codes were generated. Then, thematic analysis was performed by following the seven steps of Colaizzi's phenomenological analysis method. Interview materials were reviewed by two researchers independently, then summarized the meaningful statements and formulated the sub-themes then broader themes. Confusing or conflicting opinions were discussed with the expert and resolved immediately. Than shared the result with the participants to ensure accurately reflect their lived experience. Linclon and Guba's criteria was used for study rigor (credibility, transferability, dependability and confirmability). Prolong engagement, member check, thick description, audit trial and peer debriefing were used to validate the research.

RESULTS

Theme 1: Chaotic environment

Chaotic environments due to lack of resources like shortage of oxygen was one of the big challenges they faced during pandemic, witnessing the grief of losing loved ones due to lack of oxygen, ICU and ventilators was really painful for them.

"When there was huge patient flow in the 2nd wave, there was an unprecedented situation there due to lack of oxygen. All the ventilators gave alarm due to low oxygen, infusion pumps also gave alarm, we could not notice which ventilators were producing alarm. We were only three staffs there to take care of 11 patients in that ICU so I used to be very restless due to high work load and longer duration duty, while entering in ICU. (P 17).

***Table 1.** Socio-demographic Information of the Participants*

Variables	Number
Age (Completed)	
< 30 years	14
≥ 30 years	6
MIn-21, Max-38, Mean- 27.6,	
Education in Nursing	
BNS/ BN	10
BSc Nursing	8
PCL	2
Marital Status	
Unmarried	11
Married	9
Total Work Experience	
<5 years	13
≥ 5 years	7
Min-1.5, Max-15.66, Mean-4.99	
Experience in COVID Unit	
6 months to 1 year	9
More than 1 year	11
Job Status	
Temporary	16
Permanent	4

"Bed were not enough so patients were on the floor and we had to provide care by sitting in a squatting position for a longer time with PPE, mask, face shield and boot. We didn't even know

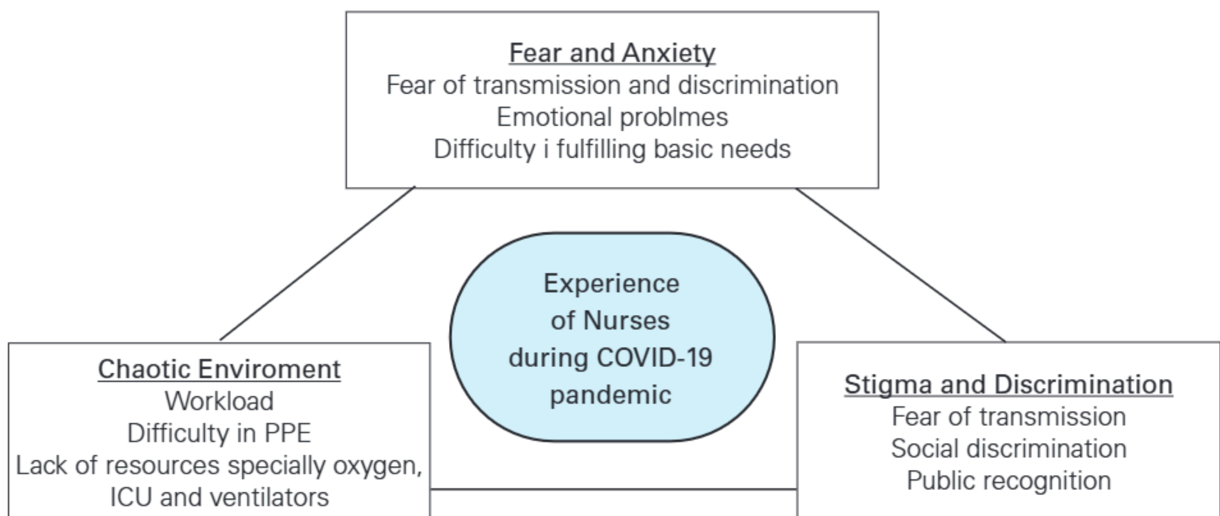

***Figure 1.** Summary of themes and sub-themes related to the experience of nurses during COVID-19 pandemic*

the location of the particular patient and felt confused about managing them. This situation lasted for 2 to 3 months" (P 20).

Nurses felt suffocation and faint while wearing PPE with mask and face shield for longer hours.

I became suffocated, nauseated, did vomiting and got fainting attack also, while working by wearing PPE with mask and face shield for longer hours (P 10).

Transferring administration of oxygen from the senior citizens to the younger ones having lower saturation is an ethical challenge faced by the nurses during that time.

"We used to give priority to the younger patients rather than the old ones for the administration of oxygen, which was a major ethical challenge for us (P12).

Theme 2: Stigma and Discrimination

Most of the nurses didn't participate in family and social gatherings because of discrimination.

"I used to avoid going to family and social gatherings because of the fear of being discriminated against" (P7).

Felt stressed about what other people said to her while she was staying in the hostel.

"While returning home, thinking about 'what will the neighbor say to me?' and while staying in the hostel, what will my roommate and warden say to me?' was always stressful for me. Once, the warden said that 'it would be better not to come to the hostel if possible, there might be free residence for the nurses working in COVID ward' (P5).

Vendors stopped delivering milk to doorsteps simply because of the stigma and ostracism.

"At that time, the women who used to bring milk for many years to my home stopped delivering milk. It was a really painful moment to be unable to feed my baby just because of my profession and social stigma on COVID" (P15).

Nurses became motivated by seeing very inspiring positive feedback on social media as a front liner nurse.

"I shared a video of mask's scar on my face. Which has been viral in social media. It got million views and comments. I was motivated by seeing very inspiring positive feedback to me as a front-liner nurse" (P1).

"Appreciation post from the public made me proud like we were celebrity to the nation" (P7).

Theme 3: Fear and Anxiety

Similarly, one of the nurses felt difficulty and cessation of breathing and checked saturation frequently. Sound of the ventilators, the death of young patients, and the chaotic scenario kept making awake.

"I was working in the COVID ICU, and this experience had affected my normal life. While sleeping at home, I used to hear the sound of a ventilator. I had spent many sleepless nights, which was very stressful for me. Sometimes, I used to feel difficulty in breathing, so I checked oxygen saturation frequently; however, it was quite normal" (P6).

A nurse felt suicidal thoughts when she and her whole family were discriminated against in society.

"Due to terrible discrimination in my neighborhood for working in a hospital during the first wave, suicidal tendencies had arisen. Hanging a ceiling fan used to trigger me. However, I made myself strong and recovered back" (P20).

Longer duration duty of ICU with PPE was difficult to fulfill eating, drinking, and eliminating needs for the nurses.

There was a 12-hour duty in the ICU from morning to evening. We could not drink water and eat food due to the workload, even we couldn't go washroom (P6).

It was difficult to go washroom and have food while wearing PPE. So we had to control our hunger, stool and urine, which was very stressful to me (P2).

DISCUSSION

In the second wave of the COVID-19 pandemic, nurses spent a longer duration and felt exhaustion due to a high workload and more critical patients. A study of Italy supported the findings that with the massive outbreak of the disease, the number of patients were increased, which intensified the workload of the nurses.[18] Nurses felt suffocation and faint while wearing PPE with a mask and face shield for longer hours. A study of Germany found that wearing PPE made work more difficult, and constant mask wearing for long shifts also affected respiratory health.[19] Similarly, longer duration duty of ICU with PPE felt exhausted and difficult to fulfill eating, drinking and eliminating needs for the nurse. Similarly, studies of China and the UK supported the findings that after working long hours in PPE, nurses felt very tired and distressed without eating, drinking, and urinating.[20,4]

Due to fear of discrimination, work information was not disclosed by the nurses to other people, and they also avoided family and social gatherings. Different studies of China and Turkey supported the findings that nurses moved away or avoided participating in gathering due to fear of being stigmatized by the community and transmitting the disease, so they felt isolated and lonely.[20,21,22]

There was extreme fear of transmission of COVID to family members and small children. Similarly, studies of China and Germany supported the findings that nurses were afraid of transmission to themselves and to the family or friends, and of being the cause of an outbreak. [21,19]

Instead of getting support, nurses were discriminated and excluded while battling with the deadly pandemic. However, a study of China identified that all the participants were supported by the caring and attention they received from their family, colleagues, and other members of society, which increased their confidence to fight the battle of the pandemic.[21]

While working during the COVID pandemic, the Nurses felt anxiety, isolation, depression, and suicidal thoughts due to separation from family and terrible discrimination. These findings are supported by a study that found nurses felt fear, anxiety, and depressive symptoms in the initial days of the pandemic.[22] A study of Pakistan also revealed that nurses felt fear while treating patients due to highly contagious disease and faced mental health challenges including guilt and anxiety.[23]

Nurses felt proud for own good deed after patient's recovery. Similarly, motivated by seeing very inspiring positive feedback on social media as a front liner nurse. Likewise, nurses reported feeling happy due to patient's respect, co-operation, family and team support, which made them feeling of proud and appreciation.[20] A study of Turkey revealed that Government request the public to appreciate the health workers to boost up their morale and confident.[22] Similarly in Germany facility management recognize nurses through e-mail by thanking nurses for their hard work and provide gift basket and financial incentives.[19]

The study explore in-depth experience of nurses providing rich qualitative information. The study setting is one of the COVID dedicated hospital that provided valuable information. However the study focused on the single institution which may limit the diversity of perspectives.

CONCLUSION

This study concludes that nurses experienced a chaotic environment in their workplace due to inadequate resources, especially oxygen, ICU, and ventilators; stigma and discrimination, and fear and anxiety were making their lives miserable during the COVID-19 pandemic. However, family support and public appreciation helped them to gain social respect and recognition during the pandemic period. Thus, early planning and preparation to combat such a pandemic and a social awareness program about moral and emotional support for the nurses need to be organized to boost their morale and esteem.

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CONFLICT OF INTEREST

The author(s) declare that they do not have any conflicts of interest with respect to the research, authorship, and/or publication of this article.

AUTHOR CONTRIBUTIONS

Both principal author and co-author are equally participated in every step from proposal writing to manuscript preparation.

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