

Experience of Hospital Staffs during the COVID-19 Pandemic: Phase of Initial Crisis to Phase of Adaptation

Kalpana paudel Aryal¹, Ratna Shila Banstola², Durga Laxmi Shrestha³, Madhusudan Subedi⁴

¹Assoc. Professor, Tribhuvan University, Institute of Medicine, Birgunj Nursing Camus

²Faculty, Child Health Nursing, Tribhuvan University, Institute of Medicine, Pokhara Nursing Camus

³Chief Hospital Nursing Administrator, Bheri Hospital, Nepalgunj, Banke

⁴Professor and Chair of Department of Community Health Sciences, and Coordinator of School of Public Health – Patan Academy of Health Sciences, Nepal / Central Department of Sociology, Tribhuvan University, Nepal

Correspondence:

Ratna Shila Banstola, PhD

Tribhuvan University, Institute of Medicine,
Pokhara Nursing Campus

E-mail: bastolaratna@gmail.com

Article received: 26th August, 2023

Article accepted: 1st November, 2023

ABSTRACT

Introduction: Across the globe, health care staffs on the frontlines of battle against COVID-19 faced a multifaceted challenges. The situation was more critical for resource constraint countries. Although, the concern was focused in providing protective devices and vaccination, it is more important to take account of mental health of the hospital staff. Therefore, this study was aimed to explore the experience of staff working in a tertiary level government hospital during the pandemic.

Material and Methods: The study was conducted among 29 staffs of Bheri hospital, Nepalgunj. Data was collected from 23 to 25 July, 2022 through three focus group discussions using semi structured focus group discussion guideline. Qualitative content analysis method was used to analyze the data.

Results: Content analysis of the data revealed the in-depth experiences of hospital staff i.e., from the initial stage of crisis and chaos to the final stage of acceptance and adaptation. Four main themes were generated: 1) crisis and fearful working environment; 2) impact on personal, family, social and professional life; 3) stage of acceptance and adjustment; 4) future recommendations.

Conclusion: The whole story started with a journey from the stage of extreme fear, stress, feeling of threats, and anxiety to the final stage of acceptance and adaptation including feeling pride and satisfaction. Lack of knowledge about newly emerged disease and uncertainty of its prognosis was the reason behind intense fear among the hospital staffs. Therefore, the support to staffs including addressing the emotional wellbeing and mental health of healthcare staffs during any pandemic is very crucial.

Keywords: adaptation, COVID-19, hospital staff, impact, pandemic

INTRODUCTION

COVID-19 pandemic emerged as a global health crisis that placed immense pressure to the health care system and various challenges to health care staffs.¹⁻⁵ This brought an alarming state, testing the adaptability and resilience of health care staff and overall health care system like never before.⁶⁻⁸

Although the pandemic swept across the globe with an unparalleled challenge to health care system, low to middle income countries including Nepal had to grapple with limited resources.^{9,10} The



Licensed under CC BY 4.0 International License which permits use, distribution and reproduction in any medium, provided the original work is properly cited.

health care workers in Lower and middle income countries (LMICs) faced many challenges related to insufficient equipment and supplies, even, the basic lifesaving oxygen.¹¹⁻¹³ The condition demanded that the doctors, nurses, paramedics, administrative personnel, support staffs and all in hospitals to work tirelessly and selflessly.^{7,14} It was like keeping self in front of death often risking their own health and safety¹⁴ at higher risk of getting infection.¹⁵ From the initial crisis to the midst of the pandemic hospital staffs were thrust into epicenter battle who required to work prolonged duty hours, extra workload with large number of patient flow, feeling helpless witnessing deaths in front of their eyes.¹⁶⁻¹⁸

The overwhelming magnitude of the pandemic caused huge physical and emotional suffering to staff, impacting personal, social, family, and professional life.^{7,20} Studies conducted during pandemic revealed higher rates of mental health issues among health care workers.^{3,19,20} Simultaneously chaotic and stressful working environment caused high medical errors and reduced quality of care to the patients.^{21,22} However, there is lack of exploration of experience of Nepalese hospital staff on the issues they had faced, the impact of working situation and workload during pandemic, how they had adapted, and how the health care staffs can be better supported in future. Therefore, this study aimed to explore the experience of hospital staffs who worked in a tertiary level government hospital of Nepal that is Bheri Hospital, Nepalgunj which was also recognized as Corona hotspot hospital.

MATERIALS AND METHODS

Qualitative study was conducted in Bheri Hospital, Nepalgunj. Data was collected through three focus group discussions among 29 staffs of different departments i.e., nursing, pharmacy, laboratory, radiology, and billing counter. All staffs who involved directly and indirectly in the care of Covid-19 patients during pandemic and those who had willingness to participate were included. Ethical approval from Nepal Health Research Council was obtained (Reference number: 4293, 1 July, 2022). Audio recording of Focus Group Discussion was done using digital recorder with the informed written consent of participants. Audio recordings were transcribed and translated by the researchers themselves with the consultation of experts. Reflexive journal was maintained by the researcher

to record the information of the participants along with non-verbal clues. Data collection was done until data saturation. Qualitative content analysis framework recommended by Colaizzi (1978) was followed to analyze the data.^{23,24}

RESULTS

The characteristics of the participants is presented in Table 1.

Table 1: Characteristics of the Respondents n=29

Variables	Number	Percent
Age		
≤ 30years	18	62.1
31 – 40 years	5	17.3
41-50 years	3	10.3
>50 years	3	10.3
Sex		
Male	8	27.5
Female	21	72.5
Education level		
PCL level	17	58.5
Bachelor	7	24.2
Masters	5	17.3
Working Experience		
1-5 years	17	58.5
6-10	2	6.9
>10 years	10	34.6
Working area		
In-patient Unit	17	58.5
OPD	1	3.6
Radiology	5	17.3
Laboratory	3	10.3
Pharmacy	2	6.9
Reception/counter	1	3.4

Study revealed the experience from initial crisis and chaos to the state of acceptance and adaptation.^{25,29}

The four themes were generated as below.

1. Crisis and fearful working environment

The journey of pandemic started from extreme fear, stress, a sense of threat, and anxiety. The initial stage was the most critical period for the staffs (Fig.1).^{25,26} Fear was expressed in different levels i.e., fear of getting infection, fear of transmitting infection to their family, and fear of death. It was because every day they were facing the death of patients in front

of their eyes feeling helpless. *"If we get infected there is no treatment and can lead to death. One of the nurses said "I have realization of my profession and duty, however, my child is young if something happens to me, what will be ... if I am no more, his/her father and others cannot give that much of love and care to my child as I do."*

Working with shortage and scarce resources was common experience: *"suddenly a large number of patients attended in OPDs and emergency units, and admitted in wards. The rapid flow of patients created crowd everywhere in hospital... the floor, corridor everywhere else was full."*

"There was extreme shortage of oxygen, people held the cylinder and they were fighting. Hospital beds were full, even I was infected and waited long to get the bed. When one patient expired, then only I was shifted to bed." Another participant also expressed similar feeling *"people were really waiting to get the vacant bed. The situation seemed that they were expecting and waiting for the death of others because if anybody died then the bed would become vacant for another"*

The staffs faced Violence and physical attacks at work *"when the patient passed away, the staff members were blamed. The patient's family became agitated and initiated an attack. Some of us sustained injuries while attempting to escape by jumping out of window to save our lives. That incident was broadcasted in the national television and became the headline in newspapers the following day."* Despite these, the staffs and management tried their best to tackle the situation.

2. Impact on personal, family, social and professional life

Most of the staffs were infected and some of them were infected repeatedly, 2 -3 times. *"I stayed in bed for 16 days. Even now, I feel muscle pain and weakness. I still take vitamin D. None of the family members visited me due to the fear of transmission. Hence, this pandemic taught a lots of lessons and left lots of experiences."*

"I have been infected three times and am still suffering from post-COVID problems such as frequent chest infections and tuberculosis. I am still taking medicine for TB."

COVID caused destruction of family structure and integrity. Some of the staff members lost their family members. *"I suffered great loss due to COVID in my*

family. I lost my dadtears welling up..... pauses.....At first, I got infected, and then my family members did too. All of my family members became critically ill and were hospitalized. Although the rest of us recovered, my father did not. I still blame myself for my dad's demise. Even my uncle blamed me for transmitting the infection that led to my dad's loss."

The staffs faced detachment *"My father is very old and has a chronic disease. Due to the fear of transmitting the disease, I didn't go home or met family for 1 year."*

There was negative social attitude and stigma. *"When I walk on the street, whether I'm going to or coming back from the hospital, people often stare at me as if I have committed a mistake or as if I'm some kind of criminal just because I'm a healthcare professional, as if I'm a carrier of the virus to them"* Hospital staffs who used to live in rent were blocked, asked to leave the home etc. *"My landlord blocked the way to the corridor and entrance gate in the house as they didn't want me to come into contact with other residents. They asked me to either quit my job or consider leaving the house."*

Similarly, an overwhelming workload, working conditions and the use of personal protective equipment (PPE) posed various problems. Novice nurses, who recently joined the job faced difficulties due to their lack of experience and confidence, while experienced/senior nurses felt burdened by simultaneously teaching to novice nurses and caring for an increasing number of seriously ill patients. The staffs also expressed feeling of guilt and regret: *"I felt very sad witnessing patients die in-front of our eyes..... We felt helpless."* *"One of the visitors scattered a bag full of money on the bed and asked us to save her mother. I realized that money and material possessions are worthless in such situations. We were left with feelings of helpless and hopeless."*

"In the summer season, the temperature in Terai is very high, and wearing PPE caused excessive sweating. As a result, symptoms of dehydration developed, such as decreased urine output, dry eyes, and intense feeling of thirst. However, we were not even able to drink water or fluids while inside the PPE. Every day, it felt like taking a bath, when we finally wear off the PPE."

The health care providers prioritize the patients' well-being over their own safety: *"How can we find*

time to put on PPE when the mother is in the pushing and at crowning stage? We rushed to the site and conducted deliveries without self-protection”.

Despite the compromised safety and the threat of working in such critical conditions, the health care providers persisted in maintaining the continuity of their service.

3. Stage of Acceptance and Adjustment

The staffs started adjusting during the second wave and achieved the adaptation during the third wave. They expressed their feeling of sense of pride in being a health care provider. A nurse said: *“The work we did during pandemic elevated both our professional and personal stature. I feel that, through this experience, the public have realized the importance of hospital staff, including nurses, because we are the ones who remain by the patients’ side 24 hours a day.”* Another staff also echoed this sentiment, saying, *“COVID brought lots of challenges and provided an opportunity to uplift professional image.”*

There was a sense of satisfaction being health care providers. *“We have developed confidence and hope to deal with similar pandemic in the future. The perception of the hospital has also changed, as the public is recognizing government hospital as the first choice during crises”. “The image of government hospitals in the eyes of the people has changed after the pandemic. In addition their perception towards health care providers have also changed after pandemic. This marks the turning point that people felt the importance of government hospital and government hospital should be equipped with good quality and facilities, and an adequate number of competent health care providers.*

4. Future recommendations

When asked about their suggestions as well as recommendation for better management of similar pandemic in future, hospital staffs expressed that: *“It will be better to consider staff members with special conditions, such as pregnant, breast-feeding mothers, and those with chronic diseases. Additionally, it will be better to improve intra and interdepartmental communication and collaboration.”*

The staffs also expressed: *“Scheduling the staff with proper balance of work and experience is crucial. A team approach is the best option for working during pandemic, so there is need to formulate a committee*

related to pandemic.”

“Similarly, trainings and refresher courses for the staffs; rather than blanket approach of the government is essential. It would be better to work on need basis. This includes training staff on operating and keeping costly equipment and devices on working state rather to store. For example, the modular lab can be repurposed for other uses.”

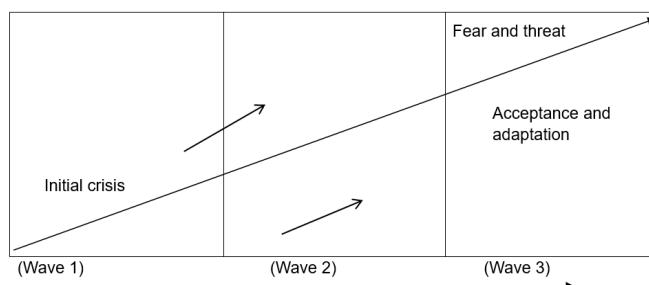


Fig:1 Journey toward COVID-19 Pandemic: from crisis to adaptation

DISCUSSION

The initial intense fear among health care staff was expressed linked to several reasons. It is well supported by literatures.^{15-18,25} The crisis, insufficient supplies and equipment, and problems related to PPE use are reported by the studies as well.²⁹ Similar to this study scarcity of supplies, and workload related problems also revealed.^{26, 27}

WHO indicated many problems in personal and professional life of health care staffs¹⁵ and in line with this, present study revealed the impacts and few attrition of the staffs, however, most of them worked with commitment and with due responsibility. Similar to our findings previous studies have reported about the challenges to personal wellbeing and of their family.^{22, 27} In support of this study findings, previous studies have also highlighted the expression of the duty and the obligation of health professionals to serve the public to the best of their abilities, even in very demanding conditions. Previous studies have reported the working in pandemic was as being in the battle field or working in a war zone.²⁸ Some of the staffs expressed that they could not resist themselves helping their patients, how to wait and watch patients suffering. Many times, they sacrificed their personal safety and rushed to patient which is consistent to previous finding.²⁷

The study revealed that in second wave of COVID-19, the scenario was a bit different, as the staffs and their family members got vaccinated, some of them were

infected and recovered from the disease, which is in agreement of past findings.³⁰ To some extent, this helped in alleviating the fear, which finds support in a past study conducted in Pakistan.²⁵ Although, by the time of second wave there was sufficient availability of PPEs, but equipment and supplies to care the patient were still lacking, this was the peak period of patient flow. Similarly, most of the staffs got training related to COVID which was quite helpful to understand and obtain a clear view about the disease and care to the COVID patients as well. Similar to our findings, the impact on personal and professional life was identified by the previous studies.³¹ Gradually improvement in availability of sufficient equipment and supplies, adequate support from hospital management including the accommodation, meals, incentives, trainings, vaccination, experience gained from wave first to third all boosted the confidence of staffs, which is supported by previous study.³² Now they had minimal fear to care the patient.

At the wave third, there was the state of acceptance and adaptation, in line with this, the health care workers in other countries also reported the similar.²⁵ There was feeling of pride over feelings of initial regret and remorse.²⁷ The public noticed the importance of hospital staffs that uplifted the image of health professionals. Therefore, the pandemic brought a challenge but also provided opportunity as well.³² Although, saddened with deaths of many, the recovery of more patients, to be able to work and serve people in such critical condition is the reason behind their feeling of pride and satisfaction. There was positive expression about the support from hospital (incentives, trainings, verbal encouragement and appreciation, supplies and equipment, food and residential facility to keep the staffs comfortable as well as preventing the transmission of family members) in later period which was another reason for satisfaction. Studies have reported the importance of regulation of working hours, support, incentives for the staffs in pandemics to keep them motivated and prevent attritions and burnouts.^{28,33,34}

Conclusion

The experience of health care staffs during COVID pandemic has seen a transformation from initial fear and anxiety to eventual acceptance, adaptation, and a sense of pride. Equipment shortages, including

PPE and oxygen, posed critical challenges initially. Although adaptation occurred over time, healthcare staff endured significant hardships. Therefore, prioritizing support for health care workers including mental and emotional-wellbeing during pandemics is imperative. Study findings hold essential implications for healthcare professionals, hospital leadership, and relevant authority to mitigate impact and provide crucial support to the health care staffs in future.

REFERENCES

1. Naser AY, Dahmash EZ, Al-Rousan R, Alwafi H, Alrawashdeh HM, Ghoul I, Abidine A, Bokhary MA, AL-Hadithi HT, Ali D, Abuthawabeh R. Mental health status of the general population, healthcare professionals, and university students during 2019 coronavirus disease outbreak in Jordan: A cross-sectional study. *Brain behav.* 2020 Aug;10(8):e01730.
2. Wang C, Horby PW, Hayden FG, Gao GF. A novel coronavirus outbreak of global health concern. *The Lancet.* 2020 Feb 15;395(10223):470-3.
3. Sahebi A, Nejati-Zarnaqi B, Moayedi S, Yousefi K, Torres M, Golitaleb M. The prevalence of anxiety and depression among healthcare workers during the COVID-19 pandemic: An umbrella review of meta-analyses. *Prog Neuro-Psychopharmacol Biol Psychiatry.* 2021 Apr 20;107:110247.
4. Neto ML, Almeida HG, Esmeraldo JD, Nobre CB, Pinheiro WR, de Oliveira CR, da Costa Sousa I, Lima OM, Lima NN, Moreira MM, Lima CK. When health professionals look death in the eye: the mental health of professionals who deal daily with the 2019 coronavirus outbreak. *Psychiatry research.* 2020 Jun 1;288:112972.
5. O'Neal L, Heisler M, Mishori R, Haar RJ. Protecting providers and patients: results of an Internet survey of health care workers' risk perceptions and ethical concerns during the COVID-19 pandemic. *Int J Emerg Med.* 2021 Dec;14(1):1-1.
6. World Health Organization. World Health Organization coronavirus dashboard. Geneva: WHO. 2021.
7. Ciotti M, Angeletti S, Minieri M, Giovannetti M, Benvenuto D, Pascarella S, Sagnelli C, Bianchi M, Bernardini S, Ciccozzi M. COVID-19 outbreak: an overview. *Chemotherapy.* 2020

- Apr 7;64(5-6):215-23
8. Singh J, Singh J. COVID-19 and its impact on society. *Electronic Research J Soc Sci Humanit*. 2020 Apr 3;2.
 9. Panthee B, Dhungana S, Panthee N, Paudel A, Gyawali S, Panthee S. COVID-19: the current situation in Nepal. *New Microbes New Infect*. 2020 Sep 1;37:100737.
 10. Asim M, Sathian B, Van Teijlingen E, Mekkodathil A, Subramanya SH, Simkhada P. COVID-19 pandemic: public health implications in Nepal. *Nepal J Epidemiol*. 2020 Mar;10(1):817.
 11. Shahbaz S, Ashraf MZ, Zakar R, Fischer F. Psychosocial, emotional and professional challenges faced by female healthcare professionals during the COVID-19 outbreak in Lahore, Pakistan: a qualitative study. *BMC Women's Health*. 2021 May 12;21(1):197.
 12. Tucho GT, Kumsa, DM. Universal use of face masks and related challenges during COVID-19 in developing countries. *Risk ManagHealthcPolicy*. 2021 Feb 10: 511.
 13. Poudel A. Most hospitals do not have ready supply of oxygen. *The Kathmandu Post*, 2021. Retrieved from <https://kathmandupost.com/health/2021/04/20/>
 14. Adams JG, Walls RM. Supporting the health care workforce during the COVID-19 global epidemic. *Jama*. 2020 Apr 21;323(15):1439-40.
 15. World Health Organization. Coronavirus disease (COVID-19) pandemics situation dashboard. 2021. Retrieved from <https://covid19.who.int/>
 16. Basnyat B. COVID-19 Vaccine. A lack of preparedness and a lack of vaccine. *The BMJ Open*. 2021 May 25. Retrieved from <https://blogs.bmj.com/bmj/2021/05/25/covid-19-in-nepal-a-lack-of-preparedness-and-a-lack-of-vaccines>
 17. Bhattarai S, Neopane A, Shrestha B, Stewart BT, Mock C. Availability of Oxygen and Other Essential Medical Products in COVID-19 Treatment Facilities of Nepal. *The Lancet*. 2021 May 27.
 18. Kafle K, Shrestha DB, Baniya A, Lamichhane S, Shahi M, Gurung B, Tandan P, Ghimire A, Budhathoki P. Psychological distress among health service providers during COVID-19 pandemic in Nepal. *PLoS One*. 2021 Feb 10;16(2):e0246784.
 19. Jalili M, Niroomand M, Hadavand F, Zeinali K, Fotouhi A. Burnout among healthcare professionals during COVID-19 pandemic: a cross-sectional study. *Int Arch Occup Environ Health*. 2021 Aug;94:1345-52.
 20. Gupta AK, Mehra A, Niraula A, Kafle K, Deo SP, Singh B, Sahoo S, Grover S. Prevalence of anxiety and depression among the healthcare workers in Nepal during the COVID-19 pandemic. *Asian J Psychiatry*. 2020 Dec;54:102260.
 21. Ofori AA, Osarfo J, Agbeno EK, Manu DO, Amoah E. Psychological impact of COVID-19 on health workers in Ghana: A multicentre, cross-sectional study. *SAGE Open Med*. 2021 Mar 12.
 22. Shreffler J, Petrey J, Huecker M. The impact of COVID-19 on healthcare worker wellness: a scoping review. *Western J Emerg Med*. 2020 Sep;21(5):1059.
 23. Praveena KR, Sasikumar S. Application of Colaizzi's method of data analysis in phenomenological research. *Med Leg Updat*. 2021 Apr;21(2):914-8.
 24. Wirihana L, Welch A, Williamson M, Christensen M, Bakon S, Craft J. Using Colaizzi's method of data analysis to explore the experiences of nurse academics teaching on satellite campuses. *Nurse Res*. 2018 Mar 1;25(4):30.
 25. Ardebili ME, Naserbakht M, Bernstein C, Alazmani-Noodeh F, Hakimi H, Ranjbar H. Healthcare providers experience of working during the COVID-19 pandemic: a qualitative study. *Am J Infect Control*. 2021 May 1;49(5):547-54.
 26. Grailey K, Lound A, Brett S. Lived experiences of healthcare workers on the front line during the COVID-19 pandemic: a qualitative interview study. *BMJ open*. 2021 Dec 1;11(12):e053680.
 27. Koontalay A, Suksatan W, Prabsangob K, Sadang JM. Healthcare workers' burdens during the COVID-19 pandemic: A qualitative systematic review. *J Multidiscip Healthc*. 2021 Oct 27:3015-25.
 28. Billings J, Ching BC, Gkofa V, Greene T, Bloomfield M. Experiences of frontline healthcare workers and their views about support during COVID-19 and previous pandemics: a systematic review and qualitative meta-synthesis. *BMC Health Serv Res*. 2021

Dec;21:1-7.

29. Kaye AD, Okeagu CN, Pham AD, Silva RA, Hurley JJ, Arron BL, Sarfraz N, Lee HN, Ghali GE, Gamble JW, Liu H. Economic impact of COVID-19 pandemic on healthcare facilities and systems: International perspectives. *Best Pract Res Clin Anaesthesiol.* 2021 Oct 1;35(3):293-306.
30. Phua, Jason, Li Weng, Lowell Ling, Moritoki Egi, Chae-Man Lim, Jigeeshu Vasishtha Divatia, Babu Raja Shrestha et al. Intensive care management of coronavirus disease 2019 (COVID-19): challenges and recommendations. *Lancet Respir Med.* 2020 May 1;8 (5):506-517.
31. Chemali S, MariSáez A, El Bcheraoui C, Weishaar H. Health care workers' experiences during the COVID-19 pandemic: a scoping review. 2022: 20-27.
32. Zhang H, Chen D, Zou P, Cui N, Shao J, Qiu R, Wang X, Wu M, Zhao Y. Exploring the experience of healthcare workers who returned to work after recovering from COVID-19: a qualitative study. *Front Psychiatry.* 2021 Nov 8;12:753851.
33. AL-Abrow H, Al-Maatoq M, Alharbi RK, Alnoor A, Abdullah HO, Abbas S, Khattak ZZ. Understanding employees' responses to the COVID-19 pandemic: The attractiveness of healthcare jobs. *Global Bus Organ Excell.* 2021 Jan;40(2):19-33.
34. Meilani YF, Barry RR. Reward System, Healthy Organizational Culture to Employee Performance with Motivation as Mediating in Indonesia's Higher Education During Pandemic COVID-19. *Jurnal Ad'ministrare: Jurnal Pemikiran Ilmiah dan Pendidikan Administrasi Perkantoran.* 2021 Jul;8(2).