

LIVED EXPERIENCES IN THE CARE OF COVID 19 PATIENTS: AN INPUT IN NURSING PROFESSIONAL PROGRAM

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Abstract: The study was intended to explore the lived experiences of nurses in caring for COVID 19 patients and determine their level of readiness, preparedness and effectiveness which could be an input for implementing a nursing professional program for the nurses' workforce so they can thrive and flourish and are better able to provide a compassionate, high-quality and relevant care to patients infected with virus.

In March, 2019, local health care system of the country was overwhelmed by the rapidly evolving pandemic caused by an outbreak of covid-19 virus. It was a sudden fearful situation in the hospital environment. There were increasing number of COVID-19 patients overcrowding the hospital wards and many died due to lack of resources particularly hospital facilities and equipment and unavailable anti-viral medications. The impact of the pandemic on the nursing workforce has been unprecedented and would be felt for a long time to come. The crisis had also laid bare and exacerbated longstanding problems faced by nurses Consortium, E.et al. (2020, December 29).

The study employed qualitative research with phenomenological approach which focuses on "how people interpret and construct their experiences, "(Merriam, 2009, p.5) It utilized observation, face to face and in -depth interviews to collect data from the participants. Face to face interview is essentially a qualitative data gathering technique to obtain a general background information about the topic of interest and used for sensitive subjects while in- depth interview focuses on the thought and meanings of experiences. It corresponds to the intellectual and emotional connections between the participants' life and work.

Participants were chosen through purposive and purposeful sampling. Newly registered nurses and nurses who were recruited from their original wards were available and accessible.

The 10 participants participated in semi-structured, in-depth interviews which were transcribed verbatim and analyzed using Collaizzi's method with seven steps. Step 1, the transcript was read several times to understand the meanings conveyed, significant phrases were identified and restated them in general terms, formulated and validated meanings to reach consensus, identified and organized themes into clusters and categories and developed a full description of themes. Step 2, significant statements were extracted. Step 3, meanings were formulated from significant statements, step 4, created categories, cluster of themes and themes, step 5, findings were integrated into an exhaustive description, step 6, fundamental structures of the phenomena were described and step 7, validation of findings by the research participants.

Keywords: Holistic care, highly stressful environment, Significant emotional and psychological stress, Uncertainty, Stigmatization, Sense of helplessness, Strong nursing staff engagement, Professional Development Program

INTRODUCTION

"All the energy in the universe is everyday present in all places at the same time. We don't get energy, we release energy. And the triggering mechanism to release energy is desire. When you have a strong desire to do something, you will always have the energy to do it"
-Bob Proctor

During the early stage of corona virus outbreak, local health care system was overwhelmed by the rapidly evolving pandemic crisis. There were increasing number of Covid- 19 patients overcrowding the hospitals all over the

country and many died due to lack of health care equipment and inadequate number of nursing staff who would provide competent nursing care. In order to compensate for the large number of infected patients, health care providers who did not have infection disease expertise were required to adjust to an entirely stressful environment. It was really unfortunate that because of intensive work, it drained them physically, emotionally and psychologically. They suffered physical exhaustion due to heavy workloads. They experienced an extraordinary emotional and psychological stress related to uncertainty, understaffing, stigmatization, anxiety and depression and high risk of infection due to scarcity of PPEs, and related protective supplies and the fear of being infected and spreading the infection and the feeling of having no power to handle the situation.

It is essential that Personal Protective Equipment be worn by nurses to prevent themselves from contaminating the deadly virus. However, PPE-related problems particularly the length of time these were worn made the nurses to feel very uncomfortable. The weather was then so hot, they sweat profusely. It physically drained them because of the long hours the protective gears had to be

worn. Experiencing difficulty of breathing, chest pain, sometimes numbness had to be overcome because of their desire to save the patients. Disgusted! Exhausted! Homesickness! emotional problems that needed to be fought just to help and prolong patients' lives. "Because this is my vocation" as one commented.

Homesickness, feelings of emptiness, lack of support system from their loved-ones due to long stay in the workplace made them experience loneliness and depression. Longing to establish quality time with their families was also a desire.

With the introduction of vaccines and antiviral treatments, life will return to normal, however, researchers have early evidence that there will be new strains in the future that are "stickier" because of changes in spike proteins and make them easily transmitted (Dyson et al, 2021). To face this challenge, Nurses have been addressing the reorganization and strengthening of the health care system through a nursing professional program to uplift their skills, knowledge, attitudes in caring for patients.

STATEMENT OF THE PROBLEM

A global pandemic needs strong staff engagement especially in clinical management and public safety. Nursing Service Department is already implementing policies, rules and procedures on how to control and prevent the spread of infection but it is also vital that nurses during their professional practice should be empowered and be given a voice to protect their well-being holistically. Thus, what is the significance of creating a Nursing Professional Program to safeguard the well-being of nurses and the public in these times of global pandemic?

PURPOSE OF THE STUDY

The study sought to explore the lived experiences of nurses in caring for COVID 19 patients and determine their level of readiness, preparedness and effectiveness which could be an input for implementing a nursing professional program for the nurses' workforce so they can thrive and flourish and are better able to provide a compassionate, high-quality and relevant care to patients in this time of global pandemic.

RESEARCH QUESTIONS

Through this study, the following research questions were explored:

1. What are the lived experiences of the participants in the care of patients during COVID-19 pandemic?
2. How do the participants cope with the challenges during the global fight?
3. How do the nursing service department, as an advocate, support the welfare of the participants?
4. What are the attitudes and perceptions of the participants towards the policies and procedures of the nursing service department?

Open-ended follow-up questions were used to gather detailed descriptions such as

“What is the difference between providing care due to pandemic and working in your original assigned ward?”

THEORETICAL FRAMEWORK

A theoretical framework is the foundation on which the researcher build his/ her research.

A theoretical framework is the “system of concepts, assumptions, expectations, beliefs and theories that support and inform your research “(Maxwell, 2008, p.33). It is a “blue print “or guide for research (Grant & Osanloo,2014). It is a framework based on existing theory in a field of inquiry.

The framework of this study is adapted from Betty Neuman’s System Model which postulated that an interpersonal team that provides a holistic and integrated approach to patient care can help achieve the best possible outcomes. Neuman developed the model from the idea that unique nursing techniques may enhance client healing with an emphasis on stress management and elimination. From this perspective, the objective of nursing is to reduce stressors by using primary, secondary and tertiary prevention interventions aimed at maintaining, achieving or sustaining an optimal level of well- being for the client. The nurse needs to understand the impact not only of the stressors but also on the response of system.

When nurses begin to understand the relationship between the individual and the environment, they can make better clinical decisions, offer assistance that is specific to the client and their family and have a better chance of success in helping the client return to a wellness state, which is the ultimate goal.

REVIEW OF RELATED LITERATURE

The literature review is organized around the study question/s and should present what is already known and how the new study proposes to add to the existing knowledge (Menard, 1995).

For an effective literature review “the researcher literally situates his or her findings in the previous literature , pointing out the exact nature of the contribution” (Merriam, 2009, p. 73).

In a study published entitled” Challenges faced by nurses while caring for COVID-19 patients: A qualitative study “, According to Marjan et.al, November 2021, one of the serious challenges that most of participants had gone through in this study were mental, psychological, and physical hardships. In such situations, nurses were more susceptible to acquire infection. The reason why they suffered from mental anguish. Based from the findings gathered from the interviews, nurses, unfortunately, were not provided timely psychological interventions.

Another serious consequence as described by nurses were the inadequate workforce and equipment relevant to deal with COVID 19 condition which increased the vulnerability of the healthcare staff. (Journal of Education and Health promotion, Published online 2021 Nov.30).

Moreover, according to Liu and Aunguroch, 2019, nurses usually did not drink water after wearing protective equipment to avoid going to the restroom so as they would not find difficulty in repeated wearing and removal of clothings. These unbearable situations resulted to physical and mental stress, and eventually job burnout.

Based from a local study with a title” The Lived Experience of Filipino Nurse” Work in COVID -19 Quarantine Facilities: A Descriptive Phenomenological Study”, There were challenges faced by nurses amidst the pandemic such as the fear of acquiring the infection, COVID testing that was not made on time, inadequate number of PPEs, medical equipment not delivered on time, and the stigma from the community. All of these factors contributed to feelings of being left alone in the middle of a battle and at the same time adversely affecting the delivery of nursing care, Jonald M. Sedang (November ,2020).

Collaizi’s Strategy is used in determining relevant statements from the prescribed verbatim and meanings are formulated. From the meanings that are formulated, cluster of themes and themes are gained to arrive at a thematic map. Peters M. A. Heidegger (2009).

SAMPLE and SAMPLING PROCEDURES

The research study used purposive and purposeful sampling. Purposive sampling is judgmental or selective sampling that involves the conscious selection by the researcher of certain subjects to include in a study. This sampling strategy is used more frequently in qualitative research (Burns & Grove, 2001, p. 551).

The power of purposeful sampling lies in selecting information-rich cases for study in depth. Information-rich cases are those which can learn a great deal about issues of central importance to the purpose of the inquiry, thus the term purposeful sampling. (Patton, 2002, p. 230).

The participants from which the sample was drawn consisted of two (2) newly hired staff nurses, both aged 25 years old, , four (4) staff nurses who were recruited from their original wards and three (3) nurse supervisors. Newly hired staff nurses and staff nurses recruited from their original wards did not have experiences in infection control and prevention practice.

METHODS

The research work is a qualitative study using phenomenological approach. The participants engaged in a semi-structured, in-depth interview which were transcribed verbatim and analyzed adapted from Collaizzi's phenomenological method. Participants were interviewed face-to-face to obtain general background information of the topic of interest and on the meanings of participants' expressions. The participants were encouraged to talk freely. Each interview lasted for thirty minutes to one hour. All interviews were audio-recorded so researchers could listen and interpret meanings conveyed in their own time frame.

The researchers made an introduction, began with an explanation of the purpose of the study. Semi-structured interviews were conducted on issues related to challenges and problems. The researchers believed that this type of interviews were most appropriate as it is customary for the participants to begin discussions with small talk which lasted a half an hour to an hour or more.

The researchers understood the participants by listening to them, watching them interact and thinking about meanings beyond, beneath and around the words." Strategies offer opportunities to examine issues in depth that might yield a clearer understanding of what is happening in certain circumstances" Lichman (2013, p.15),

The researchers started by respectfully seeking permission from the nursing service department of a particular hospital, considered a COVID facility, to interview staff nurses who took care of infected patients. Since the request was approved by the chief nurse, an informed consent was obtained from the participants, explaining the purpose of the study and informing that the obtained information and identities would be kept highly confidential.

Establishing rapport through respectful and positive approach was vital to build trust and cooperation. Thus, it would be easier for the participants to verbalize their feelings and communicate freely without hesitations. Listening to their narratives especially if words and phrases were expressed in metaphors, observing the behaviors and gestures were important to promote an efficient exchange of communication/ information with the purpose of understanding the meanings of their expressed challenges and emotions.

DATA ANALYSIS

There are seven steps representing Collaizzi process for phenomenological data and (cited in Sanders 2003; Speciale and Carpenter, 2007).

Step 1- each transcript should be read and re-read to obtain a general sense about the whole content. During this stage, any thoughts, feelings and ideas that emerged due to the clinical experiences of the participants during the global fight were included to explore the phenomena as experienced by them.

Step 2-In this stage, relevant statements and phrases pertaining to heavy workloads and coping strategies were extracted from each transcript. These statements were written in separate sheets and coded based on the transcript page and line numbers. The two researchers compared their work and reached consensus.

Step 3- Meanings were formulated from the important statements. Each underlying meaning was coded in one category as they reflected description. Both researchers compared the formulated meanings with minimal differences found between the two researchers. Afterwards, the whole statements and their meanings were checked by an expert researcher who found the process was correct and the meanings were consistent. Table (1) provided how significant statements were turned into formulated meanings.

Step 4- the process of grouping all the formulated meaning categories was initiated and each cluster of themes was coded to include all formulated meanings related to the group of meanings. The theme clusters were grouped into emergent themes. Table (2) showed the process of constructing the first theme” Lived Experiences in the care of COVID- 19 patients through integrating various clusters of themes. The final thematic map developed for this study is illustrated in table (3).

Step 5- Findings were integrated into exhaustive description.

Step 6- Fundamental structure of the phenomena was described.

Step 7- Validation of findings was sought from the research participants.

Table I – Significant statements turned into formulated meanings

| Significant statements | Formulated meanings |
|--|--|
| <i>“It’s very hard to work in this kind of situation. I am overwhelmed. This is a global fight. I am tired, exhausted, disgusted, annoyed, and is experiencing headaches, sleep problems and feelings of helplessness and uncertainty”</i> (transcript no.17, p.1, line no, 2-6) | Nurses are overwhelmed by heavy workloads when global pandemic started. They are experiencing physical, mental and emotional distress. |
| <i>“ I am given tasks and responsibilities which I lack experience. The problem is, I am not competent in performing emergency clinical procedures like inserting endotracheal tubes, doing CPR, proning big patients, the thoughts of committing mistakes and negligence are haunting me”</i> (transcript no. 7, p.4, line no.7-10) | Lack of clinical experience of newly hired staff nurses contributes to feelings of not being able to provide appropriate and high-quality nursing services. |
| <i>“ I need to adjust to an entirely stressful situation/environment because this is my work and vocation. Occurrence of this global pandemic is inevitable,we were surprised and not really prepared with the outbreak but we have to face this struggles because we are here to help ,support and guide the public”</i> (transcript no. 19, p.12, line no.11-16) | Nurses who are demonstrating positive attitude in this time of crisis are expected to provide compassionate and altruistic services to people from all walks of life. |
| <i>“The hospital environment is stressful. Many died due to the scarcity of supplies and equipment, lack of O2 tanks, inadequate supply of Personal Protective Gears, NO antiviral medications, understaffing, unexpected increase of number of patients with comorbidities. These were the problems I have been facing since the start of the pandemic”</i> (Transcript no. 6, p.9, line 17-19) | Hospitals are not really prepared with the sudden emergence of COVID -19 pandemic. Hospital equipment and supplies for emergency use are inadequate, if not, unavailable and inaccessible to meet the demands of large number of patients. |
| <i>“The thoughts of getting infected and eventually die troubles me especially since I have been seing number of patients who are dying and eventually died</i> (transcript no. 19, p.12, line no. 8-12) | Nurses at the frontlines providing care and support during COVID-19 outbreak are vulnerable to fear and anxiety. |
| <i>“ I miss my family so much. I want to have quality time with my loved-ones. If I will be given a chance to go home, I will spend it solely with them even if entails staying only at home.</i> | Nurses experience intense feelings of longing due to separation from home environment and loved ones. |

| | |
|--|---|
| <p>Talking to them, narrating of what is happening at work will give them an appreciation of the importance of helping people in times of needs. (transcript no.20, p.5, line no.20-24)</p> | |
| <p>“I prefer to focus on my work and pay less attention to information about COVID- 19 to avoid thinking about the negative situation around the world” (transcript no.18, p.9, line no,25-27)</p> | <p>Nurses are consciously using defense mechanism as a response to anxiety in order to manage stress of social situation.</p> |
| <p>“I appreciate the nursing service department for the guidance and support that they are giving the staff members. We are provided with free accommodation and meals, MAT are also provided as actual transportation arrangements in order to lessen the burden from our homes to work and vice versa” (transcript no.19, p.7, line no. 6-9)</p> | <p>Granting of COVID-19 benefits to all health care workers.</p> |

TABLE 2- Developing cluster of themes and themes from formulated meanings

| Formulated meanings | Cluster of themes |
|---|--|
| <p>Nurses are overwhelmed by heavy workloads when global pandemic started. They are experiencing physical, mental and emotional distress.</p> | <p>Exhausted Disgusted Annoyed Feelings of helplessness Feelings of uncertainty Headaches Sleep problems</p> |
| <p>Lack of clinical experiences of newly hired staff nurses contributes to feelings of not being able to provide appropriate and high-quality nursing services.</p> | <p>Lack of clinical experience in a given tasks and responsibilities Feelings of inability to perform emergency clinical procedures successfully The thought of committing mistakes and negligence</p> |
| <p>Nurses who are demonstrating positive attitude in this time of crisis are expected to provide compassionate and altruistic services to people from all walks of life.</p> | <p>Adjusted to an entirely stressful environment Ability to face struggles of COVID-19 outbreak Help, support and guide the public</p> |
| <p>Hospitals are not really prepared with the sudden emergence of COVID -19 pandemic. Hospital equipment and supplies for emergency use are inadequate, if not, unavailable and inaccessible to meet the demands of large number of patients.</p> | <p>Lack of O2 tanks Lack of Personal Protective Gears No antiviral medications Understaffing Unexpected increase of number of patients with comorbidities</p> |
| <p>Nurses at the frontlines providing care and support during COVID-19 outbreak are vulnerable to fear and anxiety.</p> | <p>The thought of getting infected and eventually die Have been seeing patients who are suffering Have been seeing patients who died</p> |
| <p>Nurses experience intense feelings of longing due to separation from home environment and loved ones.</p> | <p>Missing the family Wanting to spend quality time with loved ones Wanting to narrate the hospital scenarios</p> |
| <p>Nurses are consciously using defense mechanism as a response to anxiety in order to manage stress of social situation</p> | <p>Focus on the work Pay less attention to information about COVID-19 Avoid thinking the negative situation around the world</p> |
| <p>Granting of COVID-19 benefits to all health care workers.</p> | <p>Nursing service’s guide and support Benefits like free accommodation and meals MAT benefits</p> |

Table 3- Thematic Map

| | |
|---|---|
| Exhausted Disgusted Annoyed | Psychological signs of stress |
| Feelings of helplessness Feelings of uncertainty | Emotional signs of stress |
| Headaches Sleep problems | Physical problems caused by stress |
| Lack of clinical experience in a given tasks and responsibilities | Lack of clinical nursing practice of newly hired staff nurses |
| Feelings of Inability to perform emergency clinical procedures successfully | Feelings of incompetence and inefficiency |
| The thoughts of committing mistakes and negligence | Anxiety |
| Adjusted to an entirely stressful environment Ability to face struggles of COVID-19 outbreak Help, support and guide the public | Resilience Positive attitude |
| The thought of getting infected and eventually die Have been seeing patients who are suffering Have been seeing patients who died | Anxiety and fear |
| Missing the family | Homesickness |
| Wanting to spend quality time with loved ones Wanting to narrate the hospital scenarios | Strengthen family relationships |
| Nursing service’s guide and support Benefits like free accommodation and meals MAT benefits | Create positive work environment |

CONCLUSIONS and RECOMMENDATIONS

The COVID -19 outbreak adversely affects the population including the marginalized, elderly, persons with comorbidities, youth, spreading human sufferings and ending human lives. Global pandemic is more than a health crisis affecting the health care system particularly with the shortage of nursing staff, scarce supply of medical equipment, antiviral medications, PPEs and other related supplies. It is also human, economic and social crisis.

A global pandemic needs strong nursing staff engagement especially in clinical management and public safety. Thus, it is vital that nursing Professional Development Program will be strengthened to safeguard the health and well-being of both the public and the nurses.

Nurses are at the frontlines in COVID 19 outbreak response. They are the key players in stopping and controlling the spread of infection that caused the emergence of pandemic so they should be assisted adequately. The duty of the nursing administrative officers is to provide a healthy work environment which is a judgement -free atmosphere for the staff members which means they can freely communicate on infection control risks or reports of abuse so nursing service department can take action such as providing counselling for them. There should be protocols on prevention and safety to learn the hazards of the workplace.

The program should also include the critical roles and responsibilities of nurses in providing public awareness regarding disease prevention and in decreasing wrong information regarding the pandemic. With the program, All nurses working in the hospitals and in the rural health units should be given opportunities to attend regular seminar-workshops in Infection Control and Prevention with the purpose of updating their skills and providing an opportunity to ensure that essential skills and knowledge will be effectively practiced in the hospital settings especially in this time of global pandemic.

Nursing workforce should be involved in planning for anticipated COVID-19 related outbreaks to prevent the increased demand for nursing and health care services that may overload the system.

The program should support the implementation of DOH program for the continuous granting of benefits to nurses such as hazard duty pay, COVID-19 sickness and death compensation, life insurance, special risk allowance and other benefits related to COVID -19 outbreak.

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REFLEXIVITY

“As a researcher of a qualitative study, I knew that when doing face-to-face and in-depth interviews, I had to try and remain neutral, setting aside my own feelings and reactions and to listen from the perspective of a researcher. It was however difficult for me to stay objective as possible and to set aside my personal experiences”.

My knowledge, skills and attitudes as a frontliner, considering myself as a community health nurse, influenced my interest in pursuing my research topic.

As a community health nurse, I need to deliver health services to people from all walks of life. However, there were frequent times that I did not want go to places where poor environmental sanitation was a problem. I could not stand the foul smelling odors of uncollected garbage. I felt sick and was annoyed by the irresponsible actions of people regarding cleanliness. I felt sad and sympathize to marginalized, less-fortunate people with poor housing conditions placing them at risk for injuries and sickness and doing everything to the extent of involving themselves in illegal jobs just to meet both ends. But I was not interested in communicating with them maybe because of my perspectives that most of them do not observe respect and politeness to others.

But during interviews with my study participants, I had to listen attentively, to interpret their explanations and to observe their stressful situations which they expressed as identified felt needs. This time, I emphasized with them. I knew for myself I had to do something to help them by promotion of wellness, prevention of illness through education and health teachings and emphasis on curative, rehabilitative interventions through efficient and individualized care involving the whole family and the community.

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