

Original Article

Experiences of Nurses During the Fight Against COVID-19: A Qualitative Study

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Abstract

Background: All countries of the world caught unprepared for the COVID-19 pandemic. Nurses struggling with the global pandemic of COVID-19, work on the frontline to heal patients while facing various risks themselves.

Aim: This study addressed this gap by identifying nursing staff solution proposals and problems related to working conditions during the COVID-19 pandemic in Turkey.

Methodology: Qualitative research design was used to identify the experiences of nurses. This study was conducted with 17 nurses working in COVID-19 services. The research data were collected from May to June 2020 using the "In-Depth Interview" method. Nurses' interview reports were analyzed using content analysis.

Results: After the content analysis of the data, 4 main themes and 15 sub-themes were determined. The main themes determined are "journey into the unknown", "we learned through experiences", "two sides of life" and "recommendations for the future". It has been determined that nurses are at the forefront of the fight against the Covid-19 pandemic and experience both positive and negative emotions together.

Conclusion: It has been determined that nurses experience both positive and negative emotions together during the COVID-19 pandemic. The findings showed that nurses realize the power of unity and the nursing profession in this process.

Keywords: Covid-19 outbreak, Experience, Nursing, Qualitative

Background

Nurses, who constitute the largest group in numbers among healthcare professionals, are members of the profession that are in closest contact with the patient. Throughout history, nurses have worked to achieve these goals by being at the forefront of the fight against health-threatening epidemics and pandemics worldwide. Coronavirus Disease-2019 (COVID-19), which has exercised control over the whole world since March, 2020 and was declared as a pandemic, has not only affected all living areas but has created a crisis on the health system, which is a priority with vital importance. It is a crisis because it is

unexpected; it has caused the current balance to deteriorate. Although this process offers opportunities in the end, it also carries some risks. Studies show that nurses fulfilled their professional responsibilities and provided care to infected patients voluntarily regardless of the risks despite experiencing fear and anxiety during pandemics such as influenza A-H1N1, and MERS-CoV (Liu and Liehr, 2009, Honey and Wang, 2013, Bahrami et al., 2014, Kim, 2018, Sun et al., 2020)

Nurses struggling with the global pandemic of COVID-19, work on the frontline to heal patients while facing various risks themselves. These risks

can affect their physical, mental, and social health. According to the results of the study, it was determined that nurses experienced loneliness, fear, anxiety, fatigue, sleep disorders, and physical and mental health problems because they were in close contact with patients during the fight against epidemics (Lai et al., 2020, Yin and Zeng, 2020, Kim, 2018, Sun et al., 2020, Khalid et al., 2016, Liu et al., 2019, Honey and Wang, 2013). In studies conducted with nurses who cared for infected patients during epidemics, it was determined that nurses feared being infected and transmitting the virus to their families and friends experienced a feeling of uncertainty and being stigmatized, and thought of resigning and experienced high levels of stress, anxiety and depression symptoms (Maben 1 and Bridges, 2020, Zhang et al., 2020, Lam et al., 2020). Despite all these adverse situations, the increasing importance of nursing in society, being valued, and being seen as heroes may cause nurses to be least affected by this stressful environment and even to work with satisfaction. It was determined in the studies that nurses received support from other members of the medical staff and the public, received praise, improved professionally, and were proud of their profession (Sun et al., 2020, Kim, 2018, Kang et al., 2018, Honey and Wang, 2013, Liu and Liehr, 2009).

The COVID-19 pandemic, threatening the health of people all over the world, is a difficult and stressful situation for nurses who care for infected patients. Therefore, it is thought that addressing all aspects of the difficulties and experiences by nurses during this epidemic process will guide both the ongoing struggle today and the plans to fight epidemics in the future, and contribute to the formation of a safe system for health care providers. Planned based on these ideas, this study aims to determine the difficulties and experiences of nurses in the fight against COVID-19.

Methodology

Design

This study was used qualitative research method.

Setting and Sample: The sample of the research consisted of 17 nurses who could provide in-depth information to the research questions, were caring for inpatients in COVID-19 services, and agreeing to participate in the study. The nurses were working in 15 different hospitals, including both state and private hospitals. The interviews continued until no new information was revealed (Yıldırım and Şimşek, 2006) Therefore, data

collection continued until the stage when concepts and processes that could provide answers to the research questions began to be repeated.

Procedures

The research data were collected using the individual "In-Depth Interview" method, which is one of the qualitative research methods. The data were collected between May and June 2020. The interviews were conducted by PhD female researchers trained in qualitative research techniques. All interviews were conducted in Turkish. Before the interview, the nurses were called by phone and given information about the purpose and content of the study, a schedule was prepared for individual online interviews with those who agreed to participate in the study. Each interview lasted an average of 45 minutes; prior verbal permissions were received from the participants for registration.

Semi-structured interview forms were used in the collection of data. In addition to the main question "What are your experiences in the fight against COVID -19?", the following sub-questions were included in the interview form: "What difficulties did you face when caring for a COVID-19 infected patient? How has your work life been affected? How did you cope with all these problems you had? What do you suggest if such an event is encountered again?"

Ethical considerations: Permission to conduct the research was obtained from the Ethics Committee for Non-Interventional Research of XXX University, Turkey (Date:27.05.2020, Decision No:07/10). Informed consent was obtained from the nurses.

Data analysis: The recorded interviews were re-listened to and transcribed separately, and the content analysis was performed by the four researchers. For analysis, the data were divided and coded by meaning; the vertical encoding was done by bringing together related codes around a certain meaning. By combining the core categories specified in vertical coding, themes were created, and interpreted to make them meaningful (Yıldırım and Şimşek, 2006). After analyzing the interview transcripts independently, the researchers came together to make a joint decision on the themes and sub-themes.

Validity and Reliability of the Research: The principles of credibility, transferability, consistency, and confirmability were considered to increase the validity and reliability of the research (Yildirim and Simsek, 2011)

Credibility: For the research to be scientific, it must be clear, consistent, and confirmable by different researchers. Therefore, the in-depth interviews with 17 participants in this research were planned in enough time for long-term interaction. The interviews lasted an average of 45 minutes (min:30 minutes-max:60 minutes). The interviews were discontinued at the point where they provided saturation in accordance with the purpose of the research.

Transferability: The research results cannot be generalized into similar situations, but can give ideas on understanding similar situations and the applicability of the results.

Consistency: The interviews were conducted by two researchers with experience in qualitative research.

Confirmability: The analysis of the data was independently conducted by all members of the research team.

Results

Of the nurses who participated in the study, 3 were male and 14 were female, their ages ranged from 23 to 39 years and their working periods ranged from 1 to 20 years. One of the nurses graduated from a Health Vocational High School, 10 nurses had an undergraduate degree, 6 nurses had master's degrees, 12 nurses work in public hospitals and 5 nurses work in private hospitals. Six of the nurses are married and have children. In this study to determine the experiences of nurses caring for COVID-19 infected patients, 4 main themes and 15 sub-themes were identified according to the content analysis of the data. The main themes of "journey into the unknown", "we learned through experience", "two sides of life" and "recommendations for the future" were determined.

Journey into the unknown

Uncertainty: The nurses participating in the study felt unprepared and expressed fear and anxiety when they were informed that they were assigned to pandemic hospitals. They stated that they had concerns about not having knowledge on the COVID -19 disease and how to care for infected patients, the lack of personal protective equipment (PPE), the new workplace, new team members, were afraid of being infected and infecting their family members, and that they were experiencing chaos.

"We experienced the stress of the unknown for weeks. There were times when I cried.

We felt very lonely and there was no one to help us. We felt like soldiers thrown forward on the battlefield. (Nurse 13)"

"I was just told that I was assigned to the field hospital. I didn't know how to go there and which clinic I would work in. When I went to the hospital, there was no system and everything was in chaos." (Nurse 9)

Conflict: Due to the lack of nurses, nurses from different clinics and hospitals assigned as reinforcements, and mixed teams being formed. Other healthcare personnel not coming to the clinic, physicians giving orders without seeing the patients, hospital and nursing services management not providing adequate support, nurses feeling that they were alone in the process, and realizing that the additional payments made were unfairly distributed were determined as the causes of conflict.

"We never were able to access the managers, everything was on us. They played the three monkeys as if to say 'you do it the way you want it'." (Nurse 1, Nurse 13)

"We are so stressed that we got to the point of having a burst of anger over simple things and started to argue with each other. We wreaked our despair, anger, and rage on ourselves." (Nurse 2, Nurse 3, Nurse 14)

Challenges: The nurses stated the following as challenges they experienced: The difficulty of working with PPE; being separated from the family for fear of transmission; being alienated by staff who did not work in the COVID-19 clinic when them and their workmates starting to become infected; some physicians giving orders without coming to the clinic; and a feeling of loneliness and lack of support from the managers. In addition to all these, nurses stated that they had to cope with being stigmatized by society and negative behaviors of patients and their relatives.

"It's like you're carrying one more person on yourself while working with PPE. I was constantly sweating inside the overalls, losing fluids but not drinking water because I would have to go to the toilet. I had a terrible headache." (All of Nurse)

"The neighbors looked at me like I was infected; they said 'how does he come home while caring for COVID-19 patients.'" (Nurse 10)

Facilitators: The nurses participating in the study stated that the hospital and nursing services managers provided increased support, and made plans to reduce the contact time with the patients, thus reducing the days and hours of shifts. Increased sharing and support in the nursing team, an increased number of patients recovering, increased social support and continuous support of family members were determined as facilitating factors by nurses.

“We worked with team spirit and helped most of the patients recover.” (Nurse 6)

“Our families have always been supportive. It is nice that people applaud us in the evenings. Companies sent us food and drinks; even a cup of coffee made me very happy.” (All of Nurse)

We learned through experience

The Power of Nursing: Nurses who thought that they were left alone in the fight against COVID-19 infected patients stated that they learned the importance of colleague solidarity and team consciousness through experience in this process and that they were strong together.

“This process strengthened me, made me feel free because we made our own decisions and implemented them. I saw that we are very strong compared to other professions.” (Nurse 13, Nurse 17)

Coping

The nurses participating in the study stated that they had difficulty coping with the problems they experienced during the pandemic process and that they actually acted as if they were coping with them. They stated that they do activities such as avoiding watching the news, not talking about the pandemic, sparing more time for themselves by reading books, watching movies, and walking as methods of coping, and they cope with the challenges thanks to the collegiality at the hospital.

“First, I couldn't cope, I was alone with myself, meditated, ate healthily, walked, and watched TV series because I cannot read a book.” (Nurse 2)

“We supported each other a lot as a team, there were times when we cried together. We shared what we know and this gave us strength.” (Nurse 7, Nurse 8, Nurse 10)

Awareness

As a result of professional and social difficulties due to the pandemic, the nurses stated that they

question the meaning of life, that nothing should be postponed, that the family is very valuable, and that they have realized the strength of their profession.

“I was pretending that there was no illness and death before... Now I have become a calmer person.” (Nurse 17)

“I said to myself ‘I can do something, I'm useful’. I realized the strength of my profession.” (Nurse 2, Nurse 4)

Injustices

Nurses stated that although they take on great responsibility in the care of COVID-19 infected patients, the lack of support by the government, administrators and other healthcare professionals, being stigmatized by society and uneven additional payments caused sadness and anger, which was perceived as an injustice against them.

“We will never get support from the administration and the government”. (Nurse 3)

“There is no one in intensive care other than us and the cleaning staff. Doctors ask for information about patients on the phone, but they are the ones who receive 5-10 times more money than us, people are stigmatizing the nurses saying ‘you are getting your money, of course, you will work.’ (All of Nurse)

The two sides of life

Dilemmas

Despite not knowing how to care for patients at the beginning of the pandemic, the uncertainty created by the process, and the fear of being infected; nurses stated that they should act with a professional sense of duty and that they felt guilty.

“We were asked to go into the patients' rooms twice a day, we did it at first because we were afraid, and we just gave the drug treatments and immediately left the room. We are the only ones who will take care of the patients; It wasn't at all done the right way. (Nurse 5, Nurse 11, Nurse 12)

“The people's applause made us proud at first, but then violent incidents continued to occur, it was very meaningless, it was a show.” (Nurse 3, Nurse 17)

Caring for the COVID-19 patient

The nurses stated that although they had many difficulties while caring for COVID-19 infected patients, they saw this as an opportunity to learn.

Nurses explained caring for infected patients using various metaphors.

“Caring for a COVID-19 patient is a dark, empty room, you do not see where you're going, and you are alone.” (Nurse 7)

“I felt like I was thrown into space.” (Nurse 1)

“I felt like a soldier, like a sandbag on the battlefield.” (Nurse 13)

There is no single truth

The nurses participating in the study stated that the training provided was not effective, they had difficulties in reading and understanding the care guides published later due to their length, and therefore they tried to provide the right care by sharing their experiences and knowledge within the team. The changes made in the treatment regimens of the patients and the increase in the number of patients who died despite all the care given, reduced the motivation of the nurses, and this struggle caused them to question what the truths were. One of the nurses stated that she had the opportunity to work independently since there was no standard care.

“It was the time when I worked most comfortably, nobody interferes with anyone's work, we worked according to what we thought was right because there is no such thing as absolute truth.” (Nurse 12)

“Information about COVID-19 came to WhatsApp groups, but it was so long, therefore it would be better if the training nurses and experts could tell us about it, and guide us.” (Nurse 1, Nurse 6, Nurse 8)

Inability to say goodbye

The nurses felt sad and desperate because COVID-19 infected patients in their last moments had no family members due to isolation measures and could not say goodbye to their loved ones. On the other hand, they tried to help patients die peacefully by trying to meet their spiritual needs.

“We were the families of the patients in intensive care units, we had them make video calls with our own phones, some of our patients could not say goodbye to their families, we were the ones who prayed for them, and the ones who held the patient's hand at the last minute.” (Nurse 10)

Recommendations for the future

Competent Managers

The nurses participating in the study stated that they thought the pandemic process was not effectively management. They stated that the managers should be proactive managers who know about nursing, protect the rights of nurses, and have a high level of communication skills.

“There was a pandemic in the past, the examples should be examined and a system should be established accordingly. the right people, who listen to us, and do not alienate us, should be managers.” (Nurse 9)

“Managers should be conscious and knowledgeable, listen to the staff and stand by us.” (Nurse 5, Nurse 17)

Being prepared for a pandemic

Being unprepared for the pandemic process has caused nurses to face numerous kinds of problems and experience chaos in an environment of uncertainty. They thought that this was due to the inadequate number of employees, the untimely provision of the necessary training, failure to take the necessary measures to ensure job security, the lack of PPE, and the lack of pandemic plans of institutions.

“Hospitals should have pandemic plans and conduct drills. In schools, emergency issues should be emphasized; preparation for psychological support should be made because this dimension is always missed.” (Nurse 10)

“The training should have been given in advance, the associations were too late, we learned a lot by trial and error until they published the guides.” (Nurse 6)

“There should be sufficient numbers of nurses, long working hours should be reduced, there should be no shortage of supplies, financial support should be provided and everybody should be treated fairly.” (Nurse 5, Nurse 8, Nurse 17)

Power of unity

Nurses have realized the strength of the nursing profession and the importance of solidarity with colleagues in the pandemic process. They stated that nurses should unite and strengthen under a "Nurses Union".

“In this process, I learned the importance of unity, the importance of the Intensive Care Nursing Association was revealed. I read all the guides they published, the Nursing Union should be

established and those who are not members should not work as nurses.” (Nurse 10).

Discussion

Journey into the unknown

Nurses found themselves unprepared for the pandemic and felt uncertainty, fear of being infected and infecting their families. Despite their fears, they felt professional responsibility and fulfilled their duties devotedly. During epidemics in the world, it has been observed that nurses are caught between their professional sense of duty and the fear of being infected, but they act with a sense of professional responsibility and fulfill their care-giving roles (Fernandez et al., 2020, Jones et al., 2017, Khalid et al., 2016, Kim, 2018, Lam et al., 2020, Schroeder et al., 2020, Zhang et al., 2020). Studies have determined that nurses experienced intense negative emotions such as uncertainty, fear, and despair as a result of not understanding the treatment regimen of the virus and the disease, the increase in the number of infected patients, and the increasing concerns about the safety of themselves and their family members, especially in the early phase of the COVID-19 epidemic (Sun et al., 2020, Zhang et al., 2020, Yin and Zeng, 2020, Huang et al., 2020, Lai et al., 2020, Schroeder et al., 2020, Maben 1 and Bridges, 2020).

Kackin et al. (2020) determined in their study that in our country nurses felt fear and anxiety in the COVID-19 pandemic and were willing to fight the pandemic despite all the negativities. It was determined that nurses fulfilled their care responsibilities for patients despite their fears and worries, and that their awareness of professional duty outweighed the risks they would be exposed to.

Another factor that increased the anxiety and fear of nurses was the lack of provision of sufficient education, information, and psychological support. Inconsistent information in the media and the rapid increase in the number of infected patients further increased their stress levels. In studies conducted in China, it was stated that rumors about COVID-19 increased anxiety and created a feeling of desperation in nurses, and therefore nurses expected the authorities to provide accurate, reliable, and easy-to-understand information (Sun et al., 2020, Yin and Zeng, 2020, Shen et al., 2020, Huang et al., 2020, Schroeder et al., 2020).

Other major difficulties experienced by the nurses participating in the study other than fear and anxiety can be summarized as: lack of PPE and the difficulty of working with this equipment; long working hours; going into social isolation for fear of infecting family members; and conflict with managers, other healthcare professionals, patients, and their relatives. Studies have shown that nurses have physical and psychological problems due to difficulties, such as long-term work in close contact with COVID-19 infected patients; lack of PPE and difficulty in working with this equipment; fatigue; sleep disorders; fear of being infected and infecting their families; and isolating themselves to protect family members as in other epidemics (Sun et al., 2020, Yin and Zeng, 2020, Shen et al., 2020, Zhang et al., 2020, Schroeder et al., 2020). Besides, the new working environment, different procedures, and working with different teammates were identified as other difficulties (Sun et al., 2020, Zhang et al., 2020, Maben 1 and Bridges, 2020). It has been reported that all healthcare professionals around the world suffer from a lack of PPE during the COVID-19 pandemic (Livingston et al., 2020, Ranney et al., 2020), and that the biggest concern during the fight is the lack of PPE (Huang et al., 2020, Jones et al., 2017, Speroni et al., 2015, Zhou et al., 2020).

During outbreaks at the pandemic level, it is reported that feelings of fear and uncertainty are experienced intensely by healthcare professionals, and it is recommended that all healthcare professionals be supported (Xiang et al., 2020); World Health Organization, 2020), be accurately informed about the prevention and control of infection (Liu et al., 2020), PPE stocks be maintained for healthcare professionals to feel adequate protection and safety, and evidence-based practice guidelines be provided openly and consistently (Verbeek et al., 2020). Also stress can be reduced by holding group meetings during non-crisis times, and team commitment can be developed (Maben et al., 2018).

Although our study findings are similar to the problems faced by nurses working in other countries during the fight against epidemics, studies show that they have experienced difficulties in meeting the most basic needs and that support services are not adequately provided.

We learned through experience

The nurses participating in the study were proud to be nurses as they saw the effect of nursing care on recovery. Studies show that nurses are excited and proud of their profession because they have the opportunity to take care of COVID-19 infected patients, have mutual support facilitates to assist in their psychological adaptation in adjusting to the working environment and team members, that they re-evaluate the value of the nursing profession, and that their energies are renewed (Zhang et al., 2020, Sun et al., 2020, Schroeder et al., 2020)

The nurses, who thought that they were left alone in the fight against the pandemic, stated that apart from the support provided by their families and the solidarity of colleagues, society, administrators and the state did not realize their efforts, they were not valued as much as other healthcare professionals and would never be valued, and this was demonstrated by injustice in the additional payments made. They regarded all this as an injustice done to them. During epidemics such as SARS, influenza A-H1N1, MERS-CoV too, nurses experienced a feeling of loneliness and frustration (Kim, 2018); some nurses associated their experience of fighting the epidemic with being on a battlefield, and struggled with these difficulties in a team by working in a protective relationship (Kang et al., 2018, Liu and Liehr, 2009).

However, social support was provided, monetary incentives paid, support by the government and the public, the support of managers, providing adequate PPE, training provided, and good relations between colleagues have been defined as factors that increase nurses' adaptation and energy for combating the pandemic (Zhang et al., 2020, Sun et al., 2020, Honey and Wang, 2013). In our study, the fact that nurses did not receive sufficient support was found to cause them to question the meaning of life and their profession, but they stated that they would continue to do their profession for themselves and society. These results reveal the critical importance of social and professional support in combating epidemics.

According to our study, nurses used avoidance of news, walking, reading, listening to music, watching movies, cooking, chatting with friends, sleeping, team solidarity, and peer support as the methods of coping with the difficulties they experienced. Sun et al. (2020) determined that nurses adopted psychological defense

mechanisms such as avoidance, isolation, thinking, humor to adapt to the situation psychologically, and engaged in activities such as yoga, watching movies, doing relaxation exercises, and keeping a diary. It was determined in another study that nurses fighting against COVID-19 were informed about taking balanced nutrition and supplements, and support was given to them to protect both their physiological and psychological health by establishing psychological support teams (Yin and Zeng, 2020). During the MERS and SARS pandemics, it was determined that nurses used similar coping methods (Wong et al., 2005, Kim, 2018) and friend and peer support had an important place (Maben 1 and Bridges, 2020). According to our study, lack of support to nurses is an important deficiency that must be addressed and resolved by managers.

The two sides of life

Our study found that although the nurses acted with a sense of professional duty, they sometimes experienced ethical dilemmas in the face of the difficulties they experienced. In a study conducted in our country, nurses reported that the quality of patient care was negatively affected and ethical dilemmas emerged due to the deterioration of working conditions and changes in routines during the epidemic (Kackin et al., 2020). During the H1N1 Influenza pandemic, nurses stated that they had a dilemma due to the inability to provide care in line with the needs of patients (Corley et al., 2010).

Nurses were not able to decide what was right because they were not given enough information about how to care for COVID-19 infected patients, the information constantly changed, and the treatment regimen was not clear. During epidemics such as A-H1N1 Influenza, SARS, and MERS, nurses stated that patients had difficulty in care and their stress levels increased due to rapid changes in the advisory information about the disease, difficulty in accessing up-to-date information, and inadequate training provided to nurses (Kang et al., 2018, Lam et al., 2020, Liu and Liehr, 2009). Nurses expected nursing associations, nurse administrators, and training nurses to take responsibility in conveying reliable information and to provide information concisely and understandably.

Seeing caring for Covid-infected patients as both a challenge and an opportunity, nurses tried to explain this situation with various metaphors. In a

study conducted in the United States, nurses stated that, despite caring about their patients, they felt lost in the changing information chaos and remained in the dark (Schroeder et al., 2020). Maben 1 and Bridges (2020) stated nurses compared the pandemic with the world war, they saw it as a lost war, but they were still hopeful.

Suggestions for the future

The nurses participating in the study believe that the hospitals they worked in did not have any preparation plans for the pandemic process and therefore they were unprepared for the process. According to the studies in the literature, nurses stated that the most important reasons for the difficulties they faced in combating epidemic diseases were the lack of preparation plans by managers and health institutions (Lam et al., 2020) and the insufficient number of nurses (Lam and Hung, 2013, Kang et al., 2018, Corley et al., 2010). The fact that the government, health institutions, and nursing associations do not adequately support nursing staff, causes nurses to feel unsafe at work, to think that their health is at risk and, as a result, to experience anger and disappointment.

It is stated that this situation may result in increased anger and some nurses quitting the profession (Maben 1 and Bridges, 2020). It is recommended that nurse managers make the necessary planning to eliminate the physiological and psychological problems of nurses fighting against the pandemic, ensure that psychologists or psychosocial therapists talk to nurses, use methods such as writing work diaries, establishing communication and expressing feelings among team members, and providing correct information (Lehmann et al., 2015, Lin et al., 2015, Yang et al., 2018).

The results of the study where we examined the experiences of nurses, plans should be made to ensure that managers in health institutions take precautions to ensure the occupational safety of nurses, provide social and psychological support, establish healthy communication within the institution, provide adequate training the and correct information to employees, and ensure justice among employees. Standard care protocols should be used based on current COVID-19 guidelines, and an intervention plan for infectious diseases should be developed in hospitals. Moreover, considering that outbreaks will continue, it is recommended to make risk

management plans by acting proactively in the areas of management and education.

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