

## The Difficulties Faced by Nurses Treating COVID-19 Patients in south Punjab Pakistan: A Qualitative study

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**Abstract-** The purpose of this qualitative research design study was to determine the difficulties faced by nurses who provide care for patients with COVID-19 diagnoses. The study's population consisted of the nurses working one-on-one with COVID-19 patients in different tertiary care hospitals south Punjab Pakistan. The sample for the study was chosen using the greatest variation sampling technique. Hospitals were chosen at random for the sample selection process. The study's sample comprised fifteen nurses who provided one-on-one care to patients diagnosed with COVID-19 during April and May 2020, worked in several hospitals across Punjab, chose to take part in the study, and consented to be interviewed by the researcher. The study was reported in accordance with SRQR criteria. Seven challenges, or seven themes, were found as a result of the investigation. Anxiety and worry of contracting the disease, alterations to the family hierarchy, providing medical care when afraid, Social stigma, Challenging the position of the nurse in the healthcare system, working with personal protection equipment being difficult and physical harm brought on by the apparatus are some of these themes.

**Index Terms-** difficulties faced by nurses, COVID-19, nursing care, and qualitative research

### INTRODUCTION

The vast virus family known as coronaviruses (CoV-19) is responsible for a wide range of illnesses, from the typical cold and flu to more serious conditions like severe respiratory failure, severe acute respiratory syndrome (SARS), MERS (middle east respiratory syndrome), and others. Even now, diseases in humans have been caused by a number of coronavirus subtypes. In Wuhan City, Hubei Province, China, a novel coronavirus strain was identified as the source of human illness in 2019. It was dubbed coronavirus disease 2019 and shortened to COVID-19.<sup>1-5</sup> On December 29, 2019, the first COVID-19 case was discovered, and on

December 31, 2019, the World Health Organization was notified. The World Health Organization declared that the coronavirus outbreak had been discovered in numerous nations and continents. Even in nations with advanced medical infrastructure, the medical staff and equipment on hand were not up to par with the fast spreading virus in order to combat the intensity and urgency of the pandemic.<sup>8</sup> On June 3, 2020, 216 nations reported 6 287 771 cases and 379 941 deaths related to COVID-19, according to official counts. The World Health Organization has released guidelines for all nations on infection control, sample collection, patient treatment, follow-up, using appropriate sources, and public outreach in response to this epidemic.<sup>9</sup> When faced with dangerous pandemic scenarios, health practitioners typically deal with a variety of psychological issues.<sup>10</sup> Fighting the pandemic is mostly the responsibility of nurses, in especially, who interact closely with patients while providing treatment. Nursing interventions are therefore crucial to controlling the epidemic, especially from a physical, social, and psychological standpoint.<sup>11, 12</sup> The Pakistan Nurses Association's COVID-19 study report states that there may be certain challenges for nurses in delivering high-quality treatment without jeopardizing patient safety. A few of these challenges include the use of subpar personal protective equipment, an increase in the number of patients receiving care, lax normalization period regulations that raise the possibility of COVID-19 transmission, the refusal to implement rotation programs for nurses working at pandemic clinics, and requests for overtime from nurses.<sup>13</sup> Special guidelines should be implemented by hospitals to protect the health of nurses who deal with COVID-19 patients.<sup>14,15</sup> It is crucial to recognize the challenges faced by Pakistani nurses in combating the pandemic in

order to develop these guidelines. From this vantage point, the purpose of this study was to ascertain the difficulties that nurses faced during the COVID-19 pandemic.

**METHODS:** The purpose of this qualitative research design study was to determine the difficulties faced by nurses who provide care for patients with COVID-19 diagnoses. The study's population consisted of the nurses working one-on-one with COVID-19 patients in different Tertiary care hospitals of south Punjab Pakistan. The sample for the study was chosen using the greatest variation sampling technique. Hospitals and provinces were chosen at random for the sample selection process. The study's sample comprised fifteen nurses who provided one-on-one care to patients diagnosed with COVID-19 during April and May 2020, worked in several hospitals across south Punjab Pakistan, chose to take part in the study, and consented to be interviewed by the researcher. Nurses employed in multiple hospitals were included in the study, but nurses working in a single hospital were excluded. It was also believed that the psychosocial and cultural backgrounds of the patients with COVID-19, the study's base, would disclose the difficulties faced by nurses in providing one-on-one treatment, and that the interviews would enhance the research's findings. The Standards for Reporting Qualitative Research (SRQR) principles were followed in the reporting of this study.

In qualitative research, one of the most popular techniques for gathering data is conducting in-depth interviews.<sup>16</sup> In this study, semi structured in-depth interviews were conducted via video calls over WhatsApp Messenger, with participants filling out an interview form that was created by the researcher specifically for this study. The interview questions encompassed the nurses' experiences from the moment they started working with a patient diagnosed with COVID-19 to the interview, as well as their sociodemographic details. The study included non-diverse, unbiased, broad, and primarily open-ended questions to investigate the experiences and changes that the nurses underwent throughout this time, as well as the impact of these changes on their physical and psychological well-being. The nurses who gave their informed consent to take part in the study were interviewed. The interview commenced with an explanation of the study's aim, extent, ethical

considerations, and potential advantages. The recording of the interviews was disclosed to the nurses. During one-on-one, fifteen-minute videos, the researcher conducted in-depth interviews with the nurses.

#### **Statistical Analysis:**

Following the conclusion of the interviews, the voice recorder's data were transcribed and organized in Microsoft Word format. Participants were assigned a number during data transcription, and their identities remained confidential. Using the information gathered from the interviews, a descriptive analysis was carried out in this qualitative study. The codes that could be taken out of each sentence were identified after recording the data. The study moved on to thematic coding after deciding on the codes. The researchers then categorized the codes and extracted relevant themes.

#### **Ethical Consideration:**

The Ethics Committee gave its approval for the current study to be carried out. Written consent was acquired from the hospital's management for the purpose of collecting data. Participation by consent was guaranteed. In addition, a written consent form, also known as an informed consent form, was collected from the participants following their explanation of the study's objectives and the intended use of the data. The confidentiality principle was upheld, and the participants were told that their information would be kept private.

**Results:** The 15 nurses who took part in the study had a mean age of  $26.53 \pm 3.52$  years and a mean work experience of  $4.53 \pm 2.82$  years. It was also discovered that 66.7% of the nurses were single. The study's findings revealed the following seven difficulties, or seven themes, that have an impact on nurses' physical and mental health:

1. Anxiety and worry of contracting the disease
2. Alterations to the family hierarchy
3. providing medical care when afraid;
4. Social stigma
5. Challenging the position of the nurse in the healthcare system
6. Working with personal protection equipment being difficult and
7. Physical harm brought on by the apparatus.

### **Theme 1: Anxiety and worry of contracting the disease:**

When nurses initially realized they would be working with patients diagnosed with COVID-19, almost all of the study participants reported feeling anxiety, concern, and grief. Furthermore, it was discovered that because there were so many unknowns at the start of the procedure, they were more worried.

"In the first instance, there was anxiety, uncertainty, and confusion. After using five mask packages in ten seconds, we were at a loss for what to do.... (Code 10)"

"My colleagues who had children didn't want to handle the first case, so I took it upon myself. It was terrible. From the start, we were conscious of how serious the situation was...(Code 03)"

The majority of nurses reported that they constantly worried about "getting infected too" and that "their fears increased as the time spent with the patient increased." It was also discovered that these anxieties were heightened in the nurses' coworkers who tested positive for COVID-19.

"I still consider the possibilities even though we are safe. The more time I spend with the patient, the more I consider it... (Code 9)"

### **Theme 2: Alterations to the family hierarchy:**

Almost all of the patients' family orders were found to have changed as a result of nurses caring for patients with COVID-19 diagnoses. Some moved their household to a new place, some redesigned their home, and yet others isolated themselves in their room from the rest of the house.

"My family and I last saw each other on March 20th. Despite living in the same city, I haven't met them... (Code 4)"

"Since I started working, I've been unable to see my family; I had to maintain my distance from them....(Code 11)"

### **Theme 3: Providing medical care when afraid**

Over 50% of the nurses reported feeling fearful when providing patient care, with the "aspiration" process being the most feared care practice.

"They cough during the aspiration process when they connect the valve. As a result, we carry out this process fearfully.... (Code 4)"

"My concerns grow when I aspirate a patient who is intubated....(Code 12)"

### **Theme 4: Social stigma**

Almost 50% of the nurses said they experienced social stigma and sympathy from others.

"We proceeded to the dining hall, and the hospital staff avoided us. I was afraid that would be the way things would always be.... (Code 6)"

"People are reluctant to converse to us because they approach us with sympathy, believing that we are positive for COVID-19....(Code 12)"

### **Theme 5: Challenging the position of the nurse in the healthcare system**

Nearly all of the nurses said that their significance had just lately been recognized within the system. They claimed, meanwhile, that they received neither a financial nor moral advantage in exchange.

Additionally, they said that plans should be developed for nursing services, particularly with regard to hiring.

Furthermore, nurses expressed their curiosity about "why nurses took so much risk" in response to neglectful individuals in their immediate vicinity.

"Even though we were actively working in the field, this merely garnered verbal recognition; we received no tangible or ethical compensation. I have the impression of a warrior making the ultimate sacrifice in the lead.... (Code 14)"

"Both material and moral fulfillments are unattainable. In front, we are being sacrificed. Even if we take all the risks, no one pays us any attention... (Code 12)"

"As nurses, we all do our part, but occasionally I feel as though I'm endangering these people by being around irresponsible people....(Code 7)"

### **Theme 6: Working with personal protection equipment being difficult**

Nearly all of the nurses said that using personal protection equipment was challenging for them. The bulk of the nurses reported that wearing masks, coveralls, and safety glasses while working, especially for extended periods of time, caused them to perspire excessively and had an adverse effect on their breathing. They also claimed that the masks left marks on their faces and under their eyes.

"Coveralls make working extremely difficult. I refuse to even sip water in order to avoid using the restroom. (Code 1)"

"The oxygen saturation was reduced by the masks.... (Code5)"

"During operations like beginning an IV, I find it very difficult to see because the safety goggles and face shield are fogging up. (Code 1)"

### Theme 7: Physical harm brought on by the apparatus.

The majority of nurses claimed that using the equipment had temporarily injured them, with the mask being the main source of harm.

"The N95 mask caused a brief collapse in my nose. (Code 2)"

"My nose has altered shape; however the marks left by the equipment are not permanent. (Code 9)"

**DISCUSSION:** Every one of the world's more than 20 million nurses has a unique back story. They understand life and death, as well as sorrow and suffering, hope, courage, joy, and despair. Nurses see some of the most touching and heartbreaking events of life, including the first baby cries and the dying breath of the dead. The efforts of nurses combating the epidemic are highlighted these days as we commemorate Florence Nightingale's 200th birthday, and we see that nursing services are receiving more attention than ever before.<sup>17</sup> but what challenges do the nurses spearheading the pandemic response encounter? The qualitative research conducted to answer this question revealed seven themes. Almost all of the study's participating nurses reported experiencing worry, anxiety, and depression upon learning they would be working with patients who had been diagnosed with COVID-19. Dealing with infectious diseases presented a constant risk of transmission for the nurses during their careers. However, the nurses working in this unit are experiencing more personal stress and mental issues associated to transmission because COVID-19 patient units are the most intense and difficult areas of hospitals in terms of transmission.

It's also believed that the fast spreading nature of COVID-19 adds to this stress. Aside from these facts, health professionals may experience increased anxiety, worry, and depressed due to the rising number of confirmed and suspected cases, their heavy workloads, extensive media coverage, unavailability of specific medication(s), and inadequate support.<sup>11</sup> The results of this study showed that practically every nurse had a different family hierarchy. Even though nurses are professionals fighting COVID-19, many of them, like everyone else, can feel worry and concern for their loved ones, families, and friends due to transmission. Furthermore, nurses have greater concern than the general public because of their

intimate contact with patients who have been diagnosed with COVID-19. Because of their employment circumstances, they are also concerned about contaminating their family and friends in addition to being a parent, sibling, and friend.<sup>18</sup> The care technique that was carried out with the greatest amount of dread was "aspiration," and it was found that the nurses did the operations requiring intimate contact with fear. During care practices, nurses are the medical experts who work closest to and spend the most time with patients. In order to offer nursing care, close physical and psychological ties are necessary, and nurses are required to give compassionate care. Almost 50% of the nurses reported feeling that they were being looked down upon and that others pitied them. People who perceive themselves as socially stigmatized may not believe that they have a place in society or that they are part of the community, which is one of the most significant effects.<sup>19</sup> People avoid nurses who they think are more likely to be sick or contagious because nurses provide close care to patients who have been diagnosed with COVID-19.

Nearly all of the nurses said that although their importance had just lately been recognized by the system, they were not able to obtain any kind of financial or ethical compensation. The World Health Organization states that nurses "are the backbone of the health system and are at the forefront of the fight against COVID-19" and that "nursing should be regarded as a health investment in a country, not as a cost."<sup>9</sup>

As a result, the knowledge of the value of nurses in the health team and their requests for the essential preparations are seen as predicted findings. One group on the health team that is susceptible to infectious diseases is nurses. While the general public is aware of the risks nurses face, this study highlights the importance of nurses to the healthcare team and their proximity to the risk of this particular pandemic. Nearly all of the nurses said that using personal protection equipment was challenging for them. Working with personal protection equipment can be challenging, and using it might even make you itch. The unfavorable impact that equipment use has on nurses' job may raise the probability of medical errors, allow nurses to contract COVID-19, and endanger the patients they are responsible for.



Consequently, it is thought that one of the major issues that have to be addressed for the benefit of the patient and the nurse is the challenges associated with using the equipment. The majority of nurses claimed that using the equipment had temporarily injured them, with the mask being the main source of harm. The majority of these are actually transient markings. Nevertheless, it is an inescapable truth that these marks—particularly those left by wearing masks—remain on the nurses' faces for a considerable amount of time, which may have an adverse emotional impact on the nurses.

### CONCLUSION:

When the nurses in the study initially found out they would be working with patients who had been diagnosed with COVID-19, almost all of them reported experiencing feelings of dread, worry, and grief. It was shown that nurses performed operations involving intimate patient touch while experiencing fear, and that "aspiration" was the care procedure that caused the most fear. Almost 50% of the nurses said they experienced stigma in the community and that others looked down on them. Nearly all of the nurses said that although their value and recognition had just recently been acknowledged by the system, they were unable to obtain any financial or ethical benefits in exchange and found it difficult to use personal protection equipment.

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