

Psychosocial Problems Faced by Nurses in Caring for Patients with COVID 19: A Phenomenology Study

Indonesian Nursing Journal of Education and Clinic (INJEC)
30-36

Volume 6, Issue 1, June 2021

DOI: 10.24990/injecv6i1.371

injec.aipni-ainec.org/index.php/INJEC/index

Received : 2020-10-08

Accepted : 2020-12-03

The Association of Indonesian Nurse Education Center (AINEC)



Jenny Marlindawani Purba¹, Sri Eka Wahyuni¹, Mahnum Lailan Nasution¹, Wardiyah Daulay¹

Abstract

Introduction: The high prevalence of exposure to corona virus among health workers has a psychosocial impact on nurses in charge of isolation wards specifically for COVID-19 patients. Therefore, this study aims to explore the psychosocial problems faced by nurses in the isolation wards of COVID-19 patients at the referral hospital in Medan.

Methods: A qualitative study design with a phenomenological approach was used, and participants were selected using a purposive sampling technique. Data was obtained from 10 of these participants working in isolation wards and providing direct care to patients infected with corona virus. This was carried out through an in-depth face-to-face interview using internet facilities and the data was analyzed using Colaizzi method.

Results: The result showed that caring for patients confirmed with COVID-19 is a new challenge for nurses and the increase in the number of patients and health workers exposed to the virus had a psychosocial impact on them. Therefore, three themes were produced in this study, namely: (1) feeling of anxiety (2) feeling uncomfortable (3) boredom and fatigue.

Conclusion: It was discovered that treating patients confirmed with COVID-19 has a psychosocial impact on nurses in isolation rooms. Therefore, this impact in nurses should be a major concern to help them cope with psychosocial problems, which will enable them provide professional nursing care to patients with COVID-19.

Keywords

anxiety; boredom; COVID-19; fear; psychosocial problems

INTRODUCTION

Corona is a novel virus in the world which was discovered in December 2019 and causes a disease called Corona virus disease 2019 (COVID-19) (Yuliana, 2020). Indonesia is one of 212 countries in the world infected with this virus since the beginning of March 2020. The

world health organization (WHO) 2020 estimated about 3.8 million cases in the world with a death rate of 268,811 and an estimated recovery rate of 1.3 million.

Corona virus infection has a huge impact on the world community, especially on health workers at the front line of providing treatment and care to infected patients.

¹Faculty of Nursing, Universitas Sumatera Utara

Corresponding Author:

Jenny Marlindawani Purba, Department of Community and Mental Health Nursing, North Sumatera University, Indonesia
Jl. Prof. T. Maas No.3, Kampus, Padang Bulan, Kec. Medan Baru, Kota Medan, Sumatera Utara 20155
Email: jenny_marlindawani@usu.ac.id

Nurses are one of the professional health workers at risk of exposure to this virus, due to their direct interaction with infected patients (Huang, Lin, Tang, Yu, & Zhou, 2020). There has been an increase in the prevalence of death tolls from health workers in the world including Indonesia and recently, more than 100 cases have been reported from health workers including nurses.

A study carried out by (Nemati, Ebrahimi, & Nemati, 2020) showed that although, nurses have good knowledge on COVID-19 and are able to prevent the transmission of this virus some nurses are still been exposed to the virus. Furthermore, a study suggested that out of 85 participants, more than half (56.5%) had good knowledge on the source, transmission, symptoms, signs, prognosis, treatment and mortality rate of the virus. The resources used in this study were obtained from WHO (55.29%), social applications (48.23%) and media nurses (42.35%) and it was concluded that they have a fairly good knowledge of COVID-19.

However, the transmission of corona virus infection is still an issue of concern for nurses, which has a profound influence on their psychology due to their direct interaction with infected patients (Wiratama, 2020). The results of (Hardiyono, 2020) showed that they dealt with fatigue while they attended to so many patients that needed to be observed or those positively confirmed to be infected with corona virus.

Furthermore, they were faced with the challenges of high-risk jobs amid pandemics and related family conditions at home, in which nurses would want to go home but considers the workload and the idea of returning home with a deadly virus. Although, the current government has issued a policy on breaking the chain of transmission of the spread of the virus infections by staying at home, working from home, keeping distance and washing hands. However, the discovery of new cases of infection increased daily in several provinces in Indonesia, especially Medan City which is one of the highest red zones in North Sumatra province. Therefore, nurses as one of the professional health workers are much needed in this covid-19 pandemic era. The uncertainty about the virus requires nurses as front liners in treating patients confirmed with COVID-19 to have strong knowledge, positive and skilled

attitudes to ensure their professionalism in carrying out their duties. In addition, they should be able to overcome feelings of helplessness, fear, fatigue, worry, rejection from society and the limitations of personal protective equipment (PPE). Therefore, researchers have shown interest in exploring deeply on the psychosocial problems faced by nurses in providing professional care amid the limitations of personal protective equipment in the isolation wards of covid-19 at the referral hospital in Medan with a phenomenological approach.

MATERIALS AND METHODS

Study Design

A qualitative study design with phenomenological approach was used.

Population, Samples, and Sampling

In this study, participants were 10 nurses that provided direct care to patients suffering from COVID-19 at the referral hospital in Medan. The purposive sampling method was used to select key participants that met the inclusion criteria which includes 1) nurses with bachelor educational background 2) Those that provided immediate care in the isolation room; 3) Those that worked in the isolation room for a minimum of 2 months 4) Those willing to be voluntarily interviewed during the data collection process which was carried out for 2 months, namely July-August 2020.

The researchers fostered a trusting relationship with each participant to maintain security. However, since participants were still on duty and observing self-quarantine, in-depth interviews were carried out face-to-face using internet facilities.

Instruments

The researchers were the main instruments used in this study, others include tape recorders, field notes and interview guides developed by researchers based on structured interviews that explored the views and opinions of participants. Researchers consulted interview guides from experts and conducted trials on two nurses. The questions

given to participants were as follow (1) What psychosocial impact did you feel while treating a patient confirmed with COVID-19 (2) How did you feel using personal protective equipment (3) How did you feel working in this isolation ward.

Procedure

The interview time was 50-60 minutes and meetings were held twice. The first meeting aimed to foster mutual trust, explain study objectives, sign informed consent and carry out interviews. Meanwhile, the second meeting was to clarify the results of the first interview and re-ask some unanswered questions. Member checking qualitative study was used to ascertain if the results matched those felt by participants to ensure that the themes identified were accurate.

Data Analysis

Data analysis were carried out using Colaizzi technique (Polit & Beck, 2008), involving seven steps which includes 1) making verbatim transcript through data evaluation by listening to recorded conversations said by the participants. 2) Determination of the significant statements in which the researchers read the transcript data repeatedly 4-5 times, and underlining the important statements of the participants. 3) Classification of significant statements and its collection in a larger unit of data 4) Checking the transcribed data several times 5) Classification of existing data into a category 6) Identifying the themes of which the categories already existed and grouping them into potential themes 7) Reconfirming with the participants if the themes were related to their experiences.

Methodological Rigor

Credibility, confirmability, dependability and transferability were used to ensure data validity. The researchers used credibility, prolong engagement and the identification of different findings to carry out member checks. Meanwhile, conformability

was carried out with 10 nurses that provided care to patients confirmed with COVID-19. Furthermore, the researchers described, analyzed and compared the existing data. The descriptions and coding have been accurate in consultation with qualitative experts. Therefore, to increase dependability, a coding system was used during the data analysis process.

Ethical Consideration

This study was approved by the USM-Indonesia Health Research Ethics Commission (No.399/F/KEP/USM/IX/2020). The objective was explained to each participant and informed consent was handed to them before in-depth interview was carried out. In addition, the anonymity and confidentiality for transcript was maintained and there was no penalty for participants during interview.

RESULTS

Based on the results from in-depth interviews and field notes, it was discovered that important themes have been described in narrative form. In this study, the presentation of results includes the description of participant characteristics and the results of in-depth interviews arranged in the form of themes.

A total of 10 participants were involved in this study, 2 men and 8 women within the age of 25 - 42 years with a bachelor's degree. The length of work in the isolation wards varied between 6 - 7 months.

Furthermore, three themes were produced in this study namely (1) feeling of anxiety (2) feeling uncomfortable (3) boredom and fatigue while working in isolation ward. The first theme was a feeling of anxiety consisting of three sub-themes namely contracting the virus, moving about with it and not carrying out a routine rapid test after running errands. Feeling uncomfortable was the second theme which includes the use of personal protective equipment, the protocol of the removal of personal protective equipment

Table 1. Characteristic of Respondents

Participants	Age (years)	Jenis Kelamin	Education	Duration of working in isolation ward (months)
P1	25	Male	Bachelor	7
P2	27	Female	Bachelor	6
P3	25	Male	Bachelor	6
P4	30	Female	Bachelor	7
P5	25	Female	Bachelor	7
P6	31	Female	Bachelor	6
P7	42	Female	Bachelor	7
P8	33	Female	Bachelor	7
P9	28	Female	Bachelor	7
P10	29	Female	Bachelor	6

and restraint for elimination during duty. Meanwhile, the third theme felt bored while working in isolation ward, which of a sub theme of staying in the room while on duty and only treating patients with the same disease.

Theme 1: Feeling of Anxiety

Participants mentioned that they experienced anxiety when asked to work in isolation wards, they were afraid of contracting the corona virus despite already using personal protective equipment (Quotes 1-2). Anxiety increased when they experienced symptoms such as swallowing pain, fever, cough and cold after work in the isolation ward (Quotes 3-4). Some participants had expressed refusal when offered the job for caring patients with COVID-19 (Quotes5). Furthermore, feelings of anxiety arose due to their fear of transmitting the virus to patients still waiting for the results of the swab test but have already shown symptoms of covid 19 (Quotes 6-7). In addition, participants hoped to undergo regular examinations to ensure their physical condition, they expressed the need for rapid test or swab test when undergoing quarantine after providing care to a patient confirmed with COVID-19 in the isolation ward (Quotes 8-10).

Theme 2: Feeling Uncomfortable

Treating patients confirmed with COVID-19 requires health protocols that should be adhered to and implemented to prevent transmission. Therefore, Participants who served in isolation wards used personal protective equipment in accordance with the standards of the Ministry of Health, causing a feeling of discomfort among them.

Furthermore, Participants felt their movement was limited due to impaired visibility, which occurred due to the dew in the google glasses therefore, having difficulty in performing their duties (Quotes 11-13). The process of removing the personal protective equipment should also comply with the procedure given by the ministry of health and should not be ignored because it leads to the entry of the virus. Participants also complained of overheating and facial skin pain from using three masks, google glasses and face shield that had to be tightly closed to prevent the influx of COVID-19. In addition, they complained of difficulty in breathing while using personal protective equipment (Quotes 14-15). The desire to drink was restricted and even postponed by some participants to prevent the desire for elimination, even among the participants, there was a refrain from elimination until the shift change (Quotes 16-17).

Theme 3: Boredom and Fatigue

The nurses' duty to provide care for patients with COVID-19 was a new challenge for participants and the treatment of patients with the same disease in isolation ward resulted in boredom. Participants said saturated feelings sometimes appeared and were difficult to avoid as they were not permitted to leave the isolation ward during duty and always had to adhere to the protocol of wearing and removing personal protective equipment. Furthermore, participants had to comply with all prescribed procedures to prevent them from contracting the corona virus (Quotes 18-19). The diversity of diseases

experienced by patients affected the motivation of nurses in caring for the patients and the feeling of fatigue was caused by treating patients with the same disease for a long time. In addition, they expressed their feelings of wanting to treat patients with different diseases.

DISCUSSIONS

Feeling of Anxiety

Anxiety is a major psychosocial problem experienced by nurses. (Cui et al., 2020) explained that nurses working in the

Table 2. Summary of Participants Statements

Theme	Quotes	Significant Statements
Feeling of anxiety	1	"Fear of this virus. Imagine the characteristics of patients confirmed with covid 19" (P8)
	2	"This virus is not visible, it is also unclear how the contagion will be. The number of patients treated are increasing" (P1)
	3	"I often feel the fear of being subjected to viruses from patients. I've had pains in my throat, difficulty swallowing and body pain. I immediately thought it was corona virus" (P9)
	4	"I'm actually afraid of contracting the virus. The virus attacks the respiratory system. Fear of death" (P5)
	5	"I felt insulted when asked to serve in the isolation ward. Likes to think negatively" (P3)
	6	"I am worried about bringing this virus to patients who are still observing and waiting for the results of the swab test" (P1)
	7	"I am afraid of bringing viruses to others" (P2)
	8	"In the beginning, our regulation was rapid test after we finished our job, the rapid test was just for nurses with covid 19 symptoms only" (P9)
	9	"Rapid test were carried out for nurses having covid symptoms" (P10)
Feeling uncomfortable	10	"Depending, anytime rapid bias in my place of work" (P4)
	11	"The view is disturbing when using Google's glasses" (P10)
	12	"It's uncomfortable to take action, because the view is unclear" (P2)
	13	"I sometimes get hit by a table because google glasses are dewy. Earlobe hurts from wearing three masks" (P1)
	14	"I feel overheated using personal protective equipment" (P9)
	15	"I only last 1 hour using personal protective equipment because it was difficult to breathe" (P3)
Boredom and fatigue	16	"If you want to pee, you are detained until recess" (P9)
	17	"Forced not to drink while on duty" (P5)
	18	"Boredom exists because you can't leave the room" (P1)
	19	"Tired of using personal protective equipment again and again" (P6)
	20	"For the past four months I have only treated confirmed patients" (P8)
	21	"I want to go back to my previous ward" (P5)

emergency and infection wards showed psychosocial responses in the form of severe anxiety, fear and stress. They feared that they would contract the virus and get their family members infected. A qualitative study carried out by Niuniu et al. 2000 suggested that nurses felt afraid when they started working in isolation ward. They were not only afraid of contracting the virus but also worried about seeing the patient's various conditions and seeing them psychologically unstable. Furthermore, the nurses experienced difficulty in sleeping, feeling of helplessness and anxiety, headaches, lack of appetite, loneliness from not being able to communicate with others and worrying about the condition of patients, and their families. Some often cried and even thought of committing suicide (Shen, Zou, Zhong, Yan, & Li, 2020). Aksoy and Kocak (2020) added that in addition to experiencing anxiety, nurses experienced feeling of uncertainty and some showed symptoms of depression at the beginning of the pandemic (Kackin, Ciydem, Aci, & Kutlu, 2020) as they were uncertain on when the pandemic would come to an end. This situation led to a major change in the life of the nurses because they limited themselves from interacting with others both at work and outside the hospital.

Furthermore, a study conducted by Zhang et al. (2020) claimed that caring for patients confirmed with COVID-19 in the isolation ward was a new environment for them and they felt alienated by this new environment. However, they needed to comply with all procedures established by the organization. In addition, nurses often experienced fear and uncertainty as to if they had properly and appropriately used self-protection equipment properly to prevent exposure to corona virus

Feeling Uncomfortable

The failure of the hospital to protect nursing staff resulted in discomfort while treating patients with covid-19 which created feelings of anger and frustration within them. It was difficult for nurses to control their emotions when not getting enough support from the hospitals where they worked and the government (Maben, Jill & Bridges, 2020).

Nurses were one of the health workers working in the vanguard to provide professional nursing care for patients infected

with corona virus, different from other professions that worked at home to protect themselves in the covid-19 pandemic.

Most participants in this study live with their families however, they had to be temporarily separated from their families because they were at risk of exposure to the virus. This made the nurses unable to carelessly contact their family for fear of transmitting the virus. In addition, they needed to undergo self-quarantine after being tasked with treating patients with covid-19. The nurses became increasingly agitated when the personal protective equipment used was limited and sometimes fell short of WHO standards, resulting in a psychosocial burden. Meanwhile, they had to control their thoughts and emotions with the daily increase in infected patients. Their interactions with other nurses were limited and the use of heavy personal protective equipment made it difficult for them to breathe.

Furthermore, the psychosocial impact had also been experienced by nurses working in the covid-19 ward in China. They experienced negative emotions such as exhaustion, discomfort and helplessness, which were caused by heavy workload compared to the burden of nurses working in other patient care rooms (Karimi et al., 2020; Niuniu et al., 2020).

Boredom and Fatigue

Boredom is often experienced by nurses working in isolation wards, which happened because they needed to treat the same patient in the same ward throughout the pandemic. They needed to use personal protective equipment while working in isolation wards, which made them feel hot.

Working in isolation wards causes the scope of work to be limited therefore, they experienced difficulty in communicating with patients and inability to see the faces and hear the voices of other nurses while working (Maben & Bridges, 2020). This study was also relevant to the results of (Shen et al., 2020) which indicated that intensive care unit (ICU) nurses in pandemic periods experience prolonged fatigue due to excessive workload. This was worsened by an increase in patients with covid-19 that experienced worsening physical conditions. Moreover, (Karimi, 2020) claimed that nurses working in isolation wards

felt limited in their movements, this was because their wards were separate from other wards, and they also had to limit interactions with patients. In addition, they experienced fatigue when they were faced with the worsening condition of patients infected with the Covid-19 virus. They hoped that the pandemic ended soon because it kept them away from their family and colleagues.

CONCLUSION

From this study, it was concluded that caring for patients with COVID-19 has a huge psychosocial impact on health workers, particularly nurses. This is because the feeling of anxiety, discomfort, boredom and fatigue are inseparable in the daily lives of nurses when treating patients with covid-19. Therefore, it is necessary to develop an intervention that helps them overcome these psychosocial problems which will increase their physical immunity.

Acknowledgement

The authors express gratitude to AINEC Grand Year 2020 for their support.

Conflict of Interest

The authors declare that there was no conflict of interest.

REFERENCES

- Cui, S., Jiang, Y., Shi, Q., Zhang, L., Kong, D., Qian, M., & Chu, J. (2020). *Impact of COVID-19 on psychology of nurses working in the emergency and fever outpatient: A cross-sectional survey*.
- Hardiyono, H. (2020). COVID-19: Burnout on Nurse. Available at SSRN 3563653.
- Huang, L., Lin, G., Tang, L., Yu, L., & Zhou, Z. (2020). *Special attention to nurses' protection during the COVID-19 epidemic*. BioMed Central.
- Kackin, O., Ciydem, E., Aci, O. S., & Kutlu, F. Y. (2020). Experiences and psychosocial problems of nurses caring for patients diagnosed with COVID-19 in Turkey: A qualitative study. *International Journal of Social Psychiatry*, 0020764020942788.
- Karimi, Z., Fereidouni, Z., Behnamoghdam, M., Alimohammadi, N., Mousavizadeh, A., Salehi, T., Mirzaee, M. S., & Mirzaee, S. (2020). The Lived Experience of Nurses Caring for Patients with COVID-19 in Iran: A Phenomenological Study. *Risk management and healthcare policy*, <https://doi.org/10.2147/RMHP.S258785>
- Maben, Jill, & Bridges, J. (2020). Covid-19: Supporting nurses' psychological and mental health. *Journal of Clinical Nursing*.
- Nemati, M., Ebrahimi, B., & Nemati, F. (2020). Assessment of Iranian nurses' knowledge and anxiety toward COVID-19 during the current outbreak in Iran. *Archives of Clinical Infectious Diseases*, 15(COVID-19).
- Niuniu, S., Suling, S., Dandan, J., Runluo, S., Lili, M., ... Hongyun Wang. (2020) A. Qualitative Study on the Psychological Experience of Caregivers of COVID-19 Patients, *AJIC: American Journal of Infection Control* (2020), doi: <https://doi.org/10.1016/j.ajic.2020.03.018>
- Polit, D. F., & Beck, C. T. (2008). *Nursing research: Generating and assessing evidence for nursing practice*. Lippincott Williams & Wilkins.
- Shen, X., Zou, X., Zhong, X., Yan, J., & Li, L. (2020). *Psychological stress of ICU nurses in the time of COVID-19*. Springer.
- Yuliana, Y. (2020). Corona virus diseases (Covid-19): Sebuah tinjauan literatur. *Wellness And Healthy Magazine*, 2(1), 187–192.
- Zhang, Y., Wei, L., Li, H., Pan, Y., Wang, J., Li, Q., ... Wei, H. (2020). The Psychological Change Process of Frontline Nurses Caring for Patients with COVID-19 during Its Outbreak. *Issues in Mental Health Nursing*, 1–6