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Experience of Nurses in Caring For Covid-19 Patients– A Short Review

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ABSTRACT

The first and second waves of coronavirus disease were global events that impacted many people's lives and the health-care system around the world, which in turn impacted healthcare providers like doctors, nurses, and allied health professionals who are fighting to protect the lives of everyone affected. Nurses are on the front lines and face tremendous dangers, including death, when treating patients. The objective was to gain an understanding of the experience of nurses while caring for covid-19 patients during the COVID-19 pandemic. This is a short review and several databases were used for the article search. The literatures were included in this review, from different parts of the country. Around 440 samples from 12 published articles that focus on experience of nurse's during care of the patients with Covid-19, namely in the form of stress and anxiety issues, emotional experience, psychological experiences, physical experiences, issues in dealing with COVID-19 patients, were analyzed. The nurse's experience with the COVID-19 patient included discomfort, stress, and fear of becoming infected and transmitting the virus to others, as well as weariness and discomfort using individual defensive equipment. The consequences of such findings may aid in supplying support and identifying the needs of nurses in afflicted countries as a whole, ensuring that they will work and cope with the situation more confidently. The study's advice is to provide assistance and support to nurses, who work on the frontlines and provide direct care to people who have covid-19. They are the first line of defence. Indeed, further research within the field of pandemics regarding nursing must be conducted.

KEYWORDS: Coronavirus, COVID-19, Nursing, Pandemics, Nurses experiences, Short Review

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INTRODUCTION

The world has been presently going through pandemic case of the COVID-19 infection which is caused by the Novel Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). The first case recognized as a pneumonia-like infection in Wuhan City, Hubei Province, China in early December 2019¹. It has unfolded to nearly all countries in the world. The World Health Organization declared a public health emergency in January of 2020 which probably places healthcare experts all through the sector in an unheard of state of affairs and in March 2020 the USA declared a countrywide emergency.² Areas of Europe and the USA have become epicenters of the disorder. Information approximately the pathophysiology, prevention, and remedy of, in addition to restoration from, COVID-19 keeps to emerge. In July 2020, the contemporary data, COVID-19 has hit 216 nations, with instances attaining 8,708,008 humans and the number of confirmed deaths attaining 461,715 persons³

Nurses are usually at the vanguard for promoting fitness of the individual, advocating on behalf in their sufferers, and advancing the technological know-how of care. The year 2020 became distinctive as the Year of the Nurse and the Midwife through The World Health Organization. Those organizations within the World Health Assembly, such as the International Confederation of Midwives, International Council of Nurses, Nursing Now, and the United Nations Population Fund, deliberate to rejoice nurses worldwide, to deal with demanding situations nurses face, and to spotlight nurses' large contributions all through 2020. But that distinctive Year of the Nurse and the Midwife, however, quickly became a sad state of affairs and became overshadowed through the worldwide invasion of the radical coronavirus disorder 2019 (COVID-19). The consequences of COVID-19 were felt spherical all around the global and nonetheless continues.^{1,2,3,4} Effective reactions to pandemics relies upon at the potential and willingness of the nurses to work with equal strength regardless of the dangers of having being infected.⁵

Be it in every day routine, nurses are at the frontline and are liable for imparting holistic care of all forms of sufferers. Considering the truth that nurses represent the bulk of healthcare providers, they have got a crucial characteristic in healthcare structures.^{5,6} Nurses are working tirelessly from the preliminary section in an effort to contain the infection, delay the unfold of infection, discover contact tracing, and offer healing and prophylactic remedy in the course of COVID-19 pandemics and may be at greater risk for exposure either together with their close contacts to direct confirmed cases.^{7,8,9} Their roles in treating patients with COVID-19 contain triaging patients and detecting suspected instances with infections, imparting essential remedy in an emergency and handling with suspected patients with

precautions, assisting in decontamination and coordination with different healthcare providers, imparting holistic nursing practices in handling multiple infections simultaneously, playing crucial roles in increasing care services, and handling spouse and children and relatives^{10,11,12,13}

Thus, in the course of this disaster state of affairs, the most important factors which have to be dealt with are to contain the spread of virus in the healthcare department and centers as well as to protect the nurses who can be in threat of being uncovered to the infection. But regardless of this dreaded state of affairs of Covid-19 pandemic, nurses and midwives all around the globe were brave and compassionate with a clean view of the values they encompass each day of their work. Exploring the nurse's experience when caring for patients will help increase nurse and hospital strength in response to the crisis, as well as enhance preparedness and restoration from the disaster. Additionally, understanding these issues will help support nurses by informing leaders, policy makers and decision-makers about these issues and providing recommendations and implications.^{12,13,14}

Research studies on nurses' experiences in being concerned for COVID-19 patients were carried out in diverse countries. This type of review study has been done before, however involving the literature which were published between 2019 to 2020 only and had been qualitative in nature, subsequently this short review will provide the extension of the information as it involved both qualitative and quantitative studies and published from January, 2020 to May 2021, related to nurses' experiences in caring for COVID-19 patients. So, this short review is expected to provide new interpretations with the results of previous research as a reference and increase awareness and perception of nurses in treating patients with COVID-19.

MATERIALS AND METHODS

This brief review focused on papers that is published between 2020 to 2021 after the invasion of COVID-19 and entails all research studies that are published in English language. The review used the key phrases nursing experience, coronavirus, COVID-19, pandemic, and nursing in the following databases: Google Scholar, Science Direct, PubMed, and Scopus. Around 440 samples from 12 published articles had been covered on this brief evaluation, from different parts of the country. The inclusion criteria for choosing the articles had been research studies that are centered at the nursing care component, Registered nurse actively working (fulltime, part-time, or per diem) throughout the COVID-19 pandemic , focuses on caring for COVID-19 patients, both qualitative and quantitative research

design, assessment is associated with nurses experiences in caring for Coronavirus patients, either qualitative or quantitative data, articles published between 2020-2021 and in complete text, are in English. Whereas the exclusion criteria for the study involve other than nurses as health care professionals for Coronavirus patients, not from the authentic source, studies articles published earlier than 2019 and research with less than 10 samples.

RESULTS AND DISCUSSION

Details from the 12 articles selected for the review were summarized in the form of a table containing the following information: Reference number, authors, year of publication place of the study, and the inference of the study.

Table No 1: Brief characteristics of literatures included in the review

No.	Author (Year)/Country	Title	Study Design & Sample size	Instruments	Inference
14	Jenna A. LoGiudice, Susan Bartos, (2021)/America	Experiences of Nurses During the COVID-19 Pandemic: A Mixed-Methods Study	Convergent mixed methods design 43 Nurses	Brief Resilience Coping Scale	Negative emotions, frustration, anxiety, and stress from constantly changing protocols related to patient care and the continual changes surrounding proper use and allocation of PPE Theme: What’s the Protocol Today, Family Ties Broken: How Nurses Bridge the Gap, The Never-Ending “Sanitize Cycle, Restorative Self-Care, Exhaustive Description
15	Jacqueline M. Gordona, Terry Magbeea, Linda H. Yoderb(2021)/USA	The experiences of critical care nurses caring for patients with COVID-19 during the 2020 pandemic: A qualitative study	Qualitative descriptive design 11 Nurses	Semi-structured interview	Themes: emotions experienced physical symptoms, care environment challenges, social effects, and short term coping strategies.
16	Ruthie Robinson, Cynthia Kellam Stinson, (2021)/USA	The Lived Experiences of Nurses Working During the COVID-19 Pandemic	Phenomenological qualitative study 14 Nurses	Semi- structured interview	Themes: thehuman connection, the nursing burden, and coping with situation
17	Ralph C. Villar Abdulqadir J. Nashwan, Rejo G. Mathew, Ahmed S. Mohamed, Sathish Munirathinam,	The lived experiences of frontline nurses during the coronavirus disease 2019 (COVID- 19)	Phenomenological qualitative study 12 nurses	Semi- structured interview	Themes: Challenges of working in a COVID- 19 facility (subthemes: working in a new context and new working environment, worn out by the workload, the struggle of wearing protective gear, fear of COVID- 19,

	Ahmad A. Abujaber, Mahmood M. Al-Jabry, Mujahed Shraim (2021)/ Qatar	pandemic in Qatar: A qualitative study			witnessing suffering); (b) Surviving COVID- 19 (subthemes: keeping it safe with extra measures, change in eating habits, teamwork and camaraderie, social support); and (c) Resilience of Nurses (subthemes: a true calling, a sense of purpose).
18	Mohammed S. Alshmemri and Pushpamala Ramaiah (2020)/ Saudi Arabia	Nurses Experiences and Challenges during COVID 19: Mixed Method Approach	Mixed-method design 128 Nurses	Structured questionnaire and interview schedule	Nurses expressed mixed emotions such as altruism, humanitarian approach, ,willing to serve the community , work-related stress , Shortage of personal protective equipment , Issues of staffing ratios, Relocating equipment between patients' rooms
19	Heather Naylor, Cynthia Hadenfeldt and Patricia Timmons (2021)/USA	Novice Nurses' Experiences Caring for Acutely Ill Patients during a Pandemic	Phenomenological qualitative study 13 Nurses	Interview schedule	Dealing with death, Which personal protective equipment (PPE) will keep us safe, Caring for high acuity patients with limited training, Difficulties working short staffed, Everything is not okay, Support from the healthcare team, Nursing school preparation for a pandemic,
20	Faezee Khanjarian , Akram Sadat Sadat-Hoseini(2021)/ Iran	Lived experiences of nurses providing altruistic care to patients with COVID-19	Phenomenological qualitative study 12 Nurses	Open, in-depth, semi-structured interviews	Themes: Disquietude, with subcategories including shock and the dilemma of staying or leaving; Intellectuality, with subcategories including patience, self-sacrifice, spiritual growth, Human transcendence, with subcategories including love of the profession, community's appreciation, and improving value of nursing.
21	Zohreh Karimi l Zhila Fereidouni , Mohammad Behnammoghadam , Nasrollah Alimohammadi, Ali Mousavizadeh, Tahmine Salehi, Mohammad Saeed Mirzaee, Sobhan Mirzaee (2020)/Iran	The Lived Experience of Nurses Caring for Patients with COVID-19 in Iran: A Phenomenological Study	descriptive Phenomenological qualitative study 12 Nurses	Semi-structured interviews using the WhatsApp mobile	Themes: mental condition, emotional condition , mental condition, care context
22	Nasrin Galehdar, Aziz Kamran, Tahereh Toulabi and Heshmatolah	Exploring nurses' experiences of psychological distress during care	qualitative research 20 nurses	Telephonic interviews	Themes: Death anxiety, anxiety due to the nature of the disease, anxiety caused by corpse burial, fear of infecting the family, distress about

	Heydari/(2020)/Iran	of patients with COVID-19: a qualitative study			time wasting, emotional distress of delivering bad news, fear of being contaminated, the emergence of obsessive thoughts, the bad feeling of wearing personal protective equipment, conflict between fear and conscience, and the public ignorance of preventive measures.
23	Gamze Muz, Gülyeter Erdoğan Yüce (2020)/ Turkey	Experiences of nurses caring for patients with COVID-19 in Turkey: A phenomenological enquiry	Phenomenological qualitative design 19 Nurses	Semi-structured interview	Themes: meeting and getting caught unprepared, social isolation and loneliness, dilemma and conflict in professional roles, nursing: power born from difficulties and organizational expectations
24	Tan R, Yu T, Luo K, Teng Tan R, Yu T, Luo K, Teng F, Liu Y, Luo J, et al. F, Liu Y, Luo J, et al. (2020) / China	Experiences of Clinical First-Line Nurses Treating Patients with COVID-19: A Qualitative Study	Phenomenological qualitative study 30 Nurses	Semi-structured interview schedule	Themes: negative experiences during clinical first line work, positive impact of clinical first line work
25	Niuniu Sun, Luoqun Wei, Suling Shi, Dandan Jiao , Runluo Song , Lili Ma, Hongwei Wang , Chao Wang , Zhaoguo Wang , Yanli You , Shuhua Liu , Hongyun Wang (2020)/China	A qualitative study on the psychological experience of caregivers of COVID-19 patients	Phenomenological qualitative study 20 Nurses	Telephonic interviews	Themes: Negative emotions (fatigue, discomfort, and helplessness, high-intensity work, fear and anxiety, concern for patients and family members). Self-coping styles, Growth under pressure self-reflection.

The findings of the review, after a thorough compilation and study of the included literatures (as seen in the above brief characteristics), revealed that nurses faced numerous issues that harmed their physical, emotional, and psychological well-being during the COVID-19 pandemic, which are discussed in categories below.

Stress and Anxiety for Unknown Situation

During the early phases of the pandemic, there was an insufficient and contradictory picture of the virus's treatment, method of transmission, and containment measures. However, as the epidemic progressed, a spike of patients generated high-quality demanding scenarios for the nurses. Nurses were transferred and allocated to different units due to the rising number of COVID-19 patients, regardless of their nursing experience or background. As a result, they had to adjust to new policies, document to new superiors, collaborate with new coworkers, familiarize themselves with the physical layout, and investigate new procedures. Nurses had to adjust to this new circumstance in a short amount of time. The unanticipated shift in roles and responsibilities put the nurses under a lot of stress. Nurses have the most important role in dealing with COVID-19 patients; therefore pressures they face can have a negative impact on patient care. Patients are cared after by nurses 24 hours a day, seven days a week, putting them at increased risk of infection.

Fearful Experience

Globally, sudden death takes place for the patients infected with coronaviruses, primarily due to cardiorespiratory arrest, in which nurses go through panic and get immersed with deteriorated mental health. The nurses that were represented in this article review have been worried and felt powerless towards COVID-19. The nurses also reported that they have to keep a close contact with patients while taking care of the Covid-19 patient and this can be one of the major stresses of fear of being infected.

Emotional Experience

Furthermore, the type of care provided to covid-19 patients had an emotional impact on nurses caring for extended suffering patients in extensive and emergency care units, as most study participants reported. One of the unique aspects of the COVID-19 epidemic is that the majority of nurses are the sole witnesses to patients' deaths. Own family visits were restricted by hospital rules in order to avoid the spread of the infection.

Psychological Experience

Isolated patients died alone, without their own family members, and this had a significant impact on the nurses' mental health. Nurses face a variety of challenges in the care setting, including the inability to provide human comforting connections, witnessing patient deaths, isolation, PPE

concerns, care delays, changing clinical practice guidelines, and language barriers, all of which can cause significant psychological distress. Nurses are also separated from their families, and the family role is diminished as a result of the distance, they are anxious and lose touch with their own circle of relatives and family members. This overabundance of negative feelings has an impact not only on the nurses' physical and psychological well-being, but also on the quality of their work.

Physical Experience

Physical demands and the use of PPE while caring for COVID-19 patients resulted in weariness, breathlessness, and discomfort, particularly for nurses who were had to stay in isolation units entire shifts. Long periods of excessive work load put health workers at risk of developing a compromised immune system. Individual shielding equipment, like as glasses and veils, used for lengthy periods of time causes pressure harm to the facial skin; also, wearing protective clothing causes oxygen deprivation, sweating, and anxiety.

Issues Faced by Nurses with COVID-19 Patients

Inadequate nursing employees and increased patient numbers result in powerlessness amongst nurses resulting in poor quality of patient of care. A struggle among worry and sense of right and wrong was another experience reported by the nurses in this study. Despite that nurses see themselves in danger; they are trying to perform their duties with good quality. Dynamic working circumstances and schedule for the term of the pandemic, changing job positions and consistent records updates concerning infection may be recorded as the reasons behind the nurses to feel unprepared for the pandemic and skill dread. Likewise, many studies declared that nurses toughened feelings, comprehensive of stress and nervousness, owing to the deficiency of recent records on the explanations for irresistible infections , their administration their management, and techniques for protection, or consistent updating of the information

LIMITATION

Only twelve research studies from a few international sites were chosen, and none of the literatures written in languages other than English were included. Because there hasn't been much research in this area recently, and the article will only be released after December 2019. To be relevant, further research with higher quality and more extensive reviews, such as scoping, intensive, and systematic reviews, need to be published.

CONCLUSION

Nurses are on the front lines, and they play a critical role in the fight against COVID-19. The study recommends that authorities and health-care professionals focus more on early detection and stress reduction, as well as providing sports activities, increasing the number of nurses, holding regular meetings to discuss difficulties, and establishing nurse psychological counseling facilities. Further research on the signs and symptoms that nurses experienced that were suggestive of anxiety, sadness, and post-traumatic stress disorder is one of the study's implications. More research studies are needed to discover the experiences of nurses who are at the frontlines for higher development, preparedness, and reaction measures for future pandemics.

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