

Short Communication

How is COVID nursing different? A phenomenological analysis of the nurses' experience from a tertiary care COVID units

Jasleen Kaur¹, Manju Dhandapani^{2*}, Sukhpal Kaur², Venkadalaksh²,
Sivashanmugam Dhandapani³, Karobi Das¹

¹Department of Nursing, PGIMER, Chandigarh, India

²National Institute of Nursing Education (NINE), PGIMER, Chandigarh, India

³Department of Neurosurgery, PGIMER, Chandigarh, India

Received: 05 July 2023

Accepted: 04 October 2023

*Correspondence:

Dr. Manju Dhandapani,

E-mail: manjuseban@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Healthcare workers face specific challenges during infectious disease outbreak. Along with fear of getting infection, performing new, unfamiliar tasks in unfamiliar setting with new outfit (PPE) complicates their working. We explore perceptions and lived experiences of front-line nurses who cared for COVID-19 confirmed patients in a tertiary hospital of North India eighteen in-depth, telephonic, semi structured interviews were conducted. Interviews were transcribed and analysed using Colaizzi's phenomenological method. Nurses were challenged by risk of infection or fear of transmission, working in a new setting, unfamiliar clinical roles, heavy workloads, ineffective communication and discomforts of protective gear. Despite facing various challenges, nurses showed great strength and resilience. Good administrative support, PPE surveillance, developing nurses' task force with distinct responsibilities, orientation, training and empowerment are suggested strategies to overcome the challenges and enhance the resilience. Nurses lived experiences will be helpful to healthcare organizations preparing for or responding to outbreaks or disaster.

Keywords: COVID-19, Pandemic, Nurses experiences, Lived experiences, India

INTRODUCTION

COVID-19 pandemic had left a detrimental effect on every aspect of human life we know especially on the global healthcare system and health care providers.¹ Health-care providers (HCPs) are at the frontiers in battles against the emergence, spread, control and resolution of infectious outbreaks around the world. The high contagious nature of COVID-19 exerts certain challenges for the nurses and other HCPs in hospital.^{2,3} Health-care system is expected to have a major role during any pandemic and are at a high risk of exposure and infection.⁴ Nurses are the largest workforce in healthcare system involved in the fight against the COVID pandemic.

Literature across the globe has reported fear, anxiety and burnout among nurses working in COVID units due to the risk of self-contamination, disease transmission to family members and the challenges that they may face at workplace due to infection risk and the use of PPE.^{5,6} Along with these negative emotions, the new work environment with rigorous infection control practices and COVID protocol add the burden and may reduce the resilience among the nurses.

Nurses may face new and challenging experience while caring the patients of COVID-19 that may be different from routine nursing care practices. In addition to fears around COVID-19 exposure and uncertainty around COVID-19 progression, nurses are facing new challenges

like working in protective equipment (PPE) for long hours, irregular shift hours and higher workloads, coupled with anxiety, as they enter new or unfamiliar clinical roles.⁶⁻⁸ They are at risk of emotional distress, burnout and physical exhaustion. To support them effectively, it is necessary to gain insights into their lived experience.

Exploring their experience may help to understand how COVID nursing is different in terms of infrastructure, work environment, patient care, administrative support and physical and psychological experiences. Understanding their experience and challenges are important for us to provide suitable support while fulfilling their requirements. Though there are evidence emerging on psychological challenges among COVID nurses, there is no literature available on lived experience of nurses worked in COVID units. Hence present study was conducted to assess the lived experience of nurses who performed duty in COVID units of a tertiary care centre in North India.

METHODOLOGY USED

Research design

A qualitative phenomenological research design was used to assess the perception and experience of the nurses who provided care to the patients of COVID-19 in isolation ward or intensive care units in a tertiary care centre in North India.

Sample and sampling technique

A purposive sampling technique were used to enrol the nurses who consented for the study. Nurses who worked in the COVID units were enrolled in the study. The sample size was mainly determined by data saturation: the point where no new themes from participants' experiences emerged.

Methods and tools for data collection

A telephonic semi structured interview was conducted using an interview guideline comprising of questions related to the perception and experiences of nurses while providing care to patients of COVID-19. The interview guide was prepared based on our study objectives by referring relevant literature, expert's opinion and after having telephonic discussion with two nurses who already worked in COVID-19 units. The interviews were conducted from April to July 2020.

Ethical justification

Ethical clearance was obtained from institute ethics committee. Permission was obtained from COVID-19 research committee. Verbal informed consent was taken from the participants.

Procedure of data collection

One of the authors (a), a postgraduate female, registered nurse, interviewed the nurses with whom they did not have any previous association. Semi-structured, in-depth telephone interviews at a time convenient for participants were conducted. Interviews were conducted on one-to-one basis; no observer was present. The study objectives were explained to them with the help of a participant information sheet. The interview guide was not pilot tested; however, it was thoroughly discussed amongst the authors before the data collection. The interview was recorded and was transcribed. The total duration of each interview was 40-60 minutes. Data saturation was achieved at around 18 interviews, which was mutually agreed upon by two researchers. No participant dropped out of study. Transcripts were not returned to participants for comments or correction, and no-repeat interviews were carried out.

Data analysis

The audio recorded interview conversation was transcribed to verbatim and analysed using phenomenological analysis method. Two researchers independently listened to the recorded interviews, then summarized and extracted meaningful statements, and formulate the themes. The steps of Colaizzi's descriptive phenomenological analysis method were used to analyse the data.

We identified 24 subthemes from 162 statements. Based on the subthemes, 5 themes were formulated, and its related description were given. The themes generated were returned to nine participants for verification. They agreed to the themes developed were in line with their experiences.

We conducted 18 in-depth interviews with the nurses who were posted in COVID unit to gain insight of their experiences as a COVID nurse.

The thematic analysis resulted in the five themes emerging:

Table I: Demographic profile of participants, n=18.

Variables	F (%)
Age (in years) (Mean±SD, range)	29.2±5.4 (22-45)
21-30	12 (67)
30-40	05 (28)
40-50	01

Continued.

Variables	F (%)
Gender	
Male	05 (28)
Female	13 (72)
Educational qualification	
Diploma nursing	01(6)
BSc. nursing	14 (77)
MSc. nursing	03(17)
Marital status	
Single	08(44)
Married	10 (56)
Years of experience (Mean±SD, range)	06.03±4.6 (0.3-19)
< 1	01(6)
1-5	09 (50)
6-10	06 (33)
>10	02(11)
Previous ICU experience	
Yes	13 (72)
No	05 (28)
No. of days prior participant (Mean±SD, range) was intimated of COVID posting	6.8±3.6 (3-15)
1-3	05(28)
4-7	10 (55)
>7	03(17)

Table 2: Subthemes under each theme.

Theme	Subthemes
1. Preparation to be a COVID warrior amidst of dilemma and challenges	Dilemma to be a COVID warrior
	Challenges to be a COVID warrior
	Preparing mind and body to be a COVID warrior
2. Challenging novel experience at work front	Donning experience
	Doffing experience
	Safety gear associated discomforts
	Working as an all rounder
	Different work setting
	Quarantine experience
	Feeling as a hero
3. Empathy embedded nursing care	Isolation augments sufferings
	Role of replacing the family member
	Death of patients without relatives
	Challenging nurse patient interaction
4. We could overcome: Strategies used	Training and empowerment
	PPE surveillance
	Peer group and family support
	Administrative support
	Care of sick nurse
5. Message from frontline nurses	Message to fellow nurses: Take up the challenge with precautions
	Measures to reduce unfamiliarity
	Preparation of nursing task force with different levels with distinct responsibilities

In Table 1, 5 of 18 participants were male and 13 were female nurses, with an average age of 29.2±5.4 years. Majority of nurses possessed Bachelor's degree and had ICU work experience. Work experience of nurses ranged from 3 months to 9 years with an average of 6.03±4.6 years. Majority of participants were intimated of COVID posting four to 7 days prior.

THEME 1: PREPARATION TO BE A COVID WARRIOR AMIDST OF DILEMMA AND CHALLENGES

This theme was developed from the participants view related to their dilemma in accepting COVID duty and challenges in preparing for the same.

Dilemma to be COVID warrior

Due to the fear of transmission of the disease to self and to the family, few nurses expressed that they had hesitance in accepting the duty in COVID units, while few were excited to serve the nation during the pandemic.

“I was very scared. I was just thinking about my family that I have to stay away from them for 21 days. That I might not bring any infection to the family”. -Participant 4.

“I was excited I came to know about my duty in COVID area. I wanted to experience how it feels to work in the frontline. Under what stress and conditions, the health care professionals are working”. -Participant 7.

Challenges to be a COVID warrior

Though nurses showed willingness to accept COVID duty, many had various challenges to overcome, specifically related to their family. It was majorly due to being away from home during the course of their duty and quarantine. Few nurses also reported experiencing fear, anxiety, and mild depression.

“Being a mother of eight-month baby, I was worried that who will look after her when I will be away for my COVID-19 posting. Also, I was scared for my elderly grandfather who is immune-compromised.” -Participant 4.

“As my wife is also in the nursing profession, our major concern was who will look after our children if she also gets deployed for the COVID-19 posting.” -Participant 18.

Preparing mind and body to be a COVID warrior

Some participants said reading materials and watching videos about donning/doffing keeping faith in their practice and taking this posting as their professional responsibility helped them prepare mentally. Also, some participants reported that Trust in God gave them a sense of safety. Few nurses reported to adopt certain strategies to gain physical strength and immunity. They included diet, yoga, exercise, meditation etc.

“Many thoughts were going on in mind, but I have faith in our practice in OT and regarding donning and doffing I read about it. After reading about it, I gained confidence that we can handle it”. -Participant 2.

“If God is with us, who can be against us? The words from the Bible give strength to my mind. I discuss it with our parish priest, and he said, “don’t worry. God and angels with you”. He also prayed for me”. - Participant 12.

THEME 2: CHALLENGING NOVEL EXPERIENCE AT WORK FRONT

Being on frontline during COVID crisis was challenging yet novel experience for participants. This theme explores the challenging novel experiences of participants at work front.

Donning experience

Majority of the participants reported that they faced no challenges while donning. There was no short supply of any devices.

“The donning area staff support was really appreciable. There was no short supply for anything there, which is highly laudable. But personally, for me, attaining a good seal (without fogging) with my spectacle, goggle and N95 mask was a herculean task.”-Participant 1.

“I felt that everybody was demanding goggles of their choice. Because they had 4 types of goggles and everybody wasted time in choosing that. Sometime mask also creates panic, if you don't get of your choice. Scrub suit should be autoclaved.”-Participant 5.

Doffing experience

Doffing experiences of participants were variable. Almost all of the participants agreed that step by step audio visual guidance during doffing process was very helpful. Majority of the participants felt that more focus and supervision is needed for doffing of hospital attendants and sanitary attendants.

“The audio-visual assistance for doffing, provided by the institute is highly laudable as doffing is a risky event, hence there are great chances of exposure to virus during this event, but with the calm step by step accurate tracking of my doffing technique as well as telling immediately what to do next coupled with my appreciation at the end, reduced the risks literally to zero. I am highly thankful to their efforts put forward in doffing.”-Participant 6.

“I felt there should be separate person assigned for supervision of doffing area who will look after cleanliness, disinfection and availability of supply in that area. Also, hospital attendant and Sanitary attendant need comprehensive training about doffing and disinfection of doffing area.”-Participant 17.

Safety gear associated discomforts

Experiences in this domain included ergonomics problems such as poor fit of PPE and discomforts while having it on, perceptual problems such as it can degrade visual and auditory perception and also cognitive problems such as lack of situational awareness, ineffective communication and decision making. Most

common physical discomforts cited by participants were fogging, sweating, pain and wound over nose and ear pinna due to strings of N95.

“Wearing PPE for 6 hours is a really a great deal. You feel like you are in a furnace. Another great issue was the problem with fogging. There were days, on which I was not able to see anything. I was left with wound over my nose and above the pinna of ears.”- Participant 1.

“The tight dress, it appeared that the dress drenched litres of fluid from the body. Despite being tight and uncomfortable, it felt heavy for me to carry myself”.- Participant 6.

Working as an all-rounder

Majority of participants felt that they were overburdened, as along with bedside nursing they had additional responsibility of indenting supplies, biomedical waste management, maintenance of doffing area, supervision of hospital and sanitary workers, attending frequent phone calls. Almost all participants unanimously agreed that a senior nursing supervisor must be posted in that area to look after non nursing chores

“Bedside nursing staff has extra responsibility of supervision and management duties like indenting, Biomedical waste (BMW). It becomes hectic for bed side staff. Even technical staff used to call say “Madam how much cable wire is required for computer. Every single person used to call us. “Due to attending frequents calls in PPE...throat becomes dry. Used to attend many calls in day”. -Participant 4.

Different work setting

Majority of participants cited as they were posted in new unit with unfamiliar colleagues, some of them were not even ICU trained, they found lack of mutual understanding and coordination. Also, some participants felt that hospital and sanitary attendant needs better supervision and training of cleaning and disinfection protocols.

“Another issue is the posting of both of them from same gender. During our shift both hospital and sanitary attendants were females and it was very difficult for them in shifting heavy patients. Also accompanying a patient of opposite gender to washroom was difficult”. -Participant 18.

Quarantine experience

During COVID posting majority of participants were staying at accommodation provided by hospital and some were staying and isolating themselves at their own home. Majority of participants reported that it was challenging for them to maintain distance from family children while staying at home.

“I was staying at home during duty but isolated myself on separate floor. Was feeling helpless as I could not interact with my family and play with children”. - Participant 9.

“We are so grateful for the accommodation, commuting and refreshment facilities provided to us. And these would surely be a motivational factor which made us feel that our services are acknowledged.”-Participant 1.

Feeling as a hero

Almost all the participants said that there is feeling of proud and sense of achievement as everybody sees them as COVID warrior. Also, some participants added that they are proud of their profession and love their job more now.

“I was scared if people consider me as a COVID carrier rather than warrior. But it was not like that. Everyone appreciated the job I did”.-Participant 13.

“Felt proud that I got a chance to serve my country. Feeling like soldier” -Participant 18.

THEME 3: EMPATHY EMBEDDED NURSING CARE

This theme explores how isolation, uncertainty, complex medical treatment and high level of stress, anxiety and fear among patients caused by COVID 19 mandates nurses to provide nursing care embedded with empathy and compassion.

Isolation augments sufferings

Some participants reported that they found more psychological problems like anxiety, insomnia, delirium and mild depression among patients of COVID. Staying away from family, worries about wellbeing of family, limited social interaction, sense of uncertainty regarding health status were some stressors that augmented their sufferings.

“Some patients in ICU were feeling very low. They hardly eat on time and take adequate sleep and that was making their recovery slow. We have to constantly motivate them to take meals and sleep on time. I felt these patients need more psychological support and assurance.” -Participant 11.

Role of replacing the family member

Taking care of personal needs of patients, feeding patients by them on hand and providing emotional support, being the best resource for the patient were the few responsibilities taken up by the participants.

“As there was no family member around the patients, I felt it was my responsibility to assume that role. I tried to

interact more with patients and made them feel that we are around if they need anything. Most of the time I used to feed patients by my hand who refuse to eat". - Participant 15.

"We have to be best resource to the patients. We have to protect their rights."-Participant 17.

Death of patients without relatives

Few participants said it was depressing to see death of patients without having family member at bedside. Few participants felt need of more support and video call to assist family members to say goodbye to dying patients.

"I remember, one was my patient was on oxygen support. I made him interact with his son via video call and promised to do so daily. He was very happy. Also, his son was very hopeful for his recovery. A day after he got intubated and expired. I felt very bad. Wish I could made him talk to his family one more time".-Participant 8.

Challenging nurse-patient interactions

Some participants found difficulty in establishing IPR with COVID patients. They added that PPE was a barrier for effective communication as patients were not able to see their face gesture.

"Initially I was bit hesitant to spent more time with my patients in the COVID ward. My attitude was like as swift as possible complete the work at bed-side and stay away from patients. Honestly, I was least bothered about whether the patient had something or did they feel alone. But it drastically improved by the end of my posting. Onwards the 3rd day of my posting, I assured that they are taking food properly and they are connected with their relatives. Infect, the very happy moment during my posting was that, after I made my patient (she was intubated when we joined and got extubated by the end of our posting) talk with his son over phone, her son was literally crying, out of happiness, because he never expected his mother back to life". -Participant 1.

THEME 4: WE COULD OVERCOME: STRATEGIES USED

This theme explores the various strategies and support system that helped them to face various challenges during their COVID posting. Also, participants suggested some further strategies to administration through their experience which will further help health workers and health care institutions to prepare and deal with similar situation in future.

Training and empowerment

Almost all the participants were delighted with the training and simulation provided to work in COVID

hospital. They reported improved confidence after training.

"Very much satisfied about the training session. Especially, we gained a lot of confidence after attending training session".- Participant 1.

"Some of the nurses posted along with us were from non-critical areas. We have to take out some time to supervise them. I felt there must be short term training to orient nurses to critical care procedures and protocols. Also, I urge my colleagues to read and learn about novel coronavirus."-Participant 17.

PPE surveillance

Almost all the participants were happy with the type and quality of personal protective equipment provided to them. However few participants said that some days they got hazmat suit made up of different material and found it less comfortable. They suggested that administration to take their feedback on quality of PPE.

"There were different type and material of PPE available. The hazmat suit that was more comfortable gets out of stock early. Administration should take feedback from health workers and indent that PPE only which is more comfortable."-Participant 3.

"Size of scrub suits available should be appropriate. Most of the time I have to adjust with oversized pyjamas, which made me uncomfortable. Also scrub suits should be autoclaved. There should be separate PPE surveillance committee to look into this matter." -Participant 16.

Administrative support

Majority of participants said that they were highly satisfied with accommodation, transport and food provided to them by hospital administration during this period. The RT-RAVA doffing approach and timely COVID testing strategies enhanced the safety and morale of participants.

"We are so grateful for the accommodation, commuting and refreshment facilities provided for us. And these would surely be a motivational factor which made us feel that our services are acknowledged". -Participant 1.

"The audio-visual assistance for doffing, provided by institute is highly laudable. I felt secure while doffing. I am highly thankful to their efforts put forward in doffing".-Participant 6.

Peer group and family support

Majority of participants cited that there was constant fear of being infected or source of infection to family. But support from their family and appreciation from peers and society kept them motivated to do their duty with passion.

“My family and friends really appreciated my work. They told me that they are proud of me. They made me feel like COVID warrior. This appreciation kept me motivated.”-Participant 12.

Care of sick nurses

Majority of the participants stated that they were highly satisfied with the facilities and treatment provided to COVID suspected or positive health care workers. Participants lauded the timely COVID testing strategies and specially designated private rooms for sick staff made them feel valuable and appreciated.

“I am highly satisfied with facilities and treatment provided to COVID suspected or positive health care workers. There are separate private rooms for Sick health workers. Also, timely testing protocols are highly appreciable”. -Participant 10.

THEME 5: MESSAGES FROM FRONTLINE NURSES

This theme explores the messages given by frontline nurses to their fellow workers and to administration which they sought from their rich experiences gained during posting.

Message to fellow nurses: Take up the challenge with precautions

Majority of the participants emphasized on the message that there is no need to worry if you strictly follow all the PPE guidelines. Other key messages that participants conveyed to their fellow workers were to have trust in God, study about COVID and educate others and communicate with patients more as they need you.

“Strictly following the instructions during our orientation classes simply can protect you from contracting the disease. No need to worry at all! Ensure your family members feel that you are alright because they might be anxious than us. You should be proud to say that you are a COVID warrior. And you are not just a hero. But a super hero!!” -Participant 1.

Measures to reduce unfamiliarity

Some participants faced difficulty in working with unfamiliar unit along with unfamiliar colleagues. They suggested overlapping of nursing staff and not to change duty of all staff in a unit on same day, so that they get orientation of new unit from their colleagues. Also, participant suggested their fellow nurses to read and learn about novel corona virus and procedures of critical care nursing.

“See you put two new staff to a new area with a new outfit, they can face many issues. Proper orientation cannot be taken as the other guys are already exhausted. Also, it

was difficult to find articles, medicines. My suggestion is to overlap one staff while you put other for posting. It took 3 days for us to get oriented”. -Participant 13.

“Preparation of Nursing task force with different levels with distinct responsibilities: Another major challenge faced by majority of participants was lack of clear-cut job description in COVID unit. Majority of participants felt that they were overburdened, as along with bedside nursing they had to perform administrative work and non-nursing chores also”. -Participant 2.

Responsibilities to prevent confusion and smooth functioning of COVID units.

“When we meet the critical needs to stabilize the patients, we were not able to coordinate the basic needs such feeding, hygiene and elimination etc. I was severely distressed and burned out when I could not find any one at times to change the diaper of my patient or feed my patient. Deploying nurses in different level with distinct responsibilities will help to overcome this.” -Participant 7.

DISCUSSION

COVID-19 has changed the pattern of care delivery in the entire hospital units across the globe.⁹ The high risk of self-contamination, disease transmission, use of PPE and associated fear and anxiety may make the COVID nursing care different.¹⁰ The qualitative data collected from the nurses who worked in COVID units will help us to understand how COVID nursing care is different from routine nursing and also the problems and challenges faced by the nurses during the work. Present study was conducted to assess the differences nurses experienced while providing care to patients suffering from COVID-19 and to explore how COVID nursing is different from routine nursing care. The themes emerged after interviewing eighteen nurses worked in wards and critical care units are discussed in this section based on the themes emerged in our study.

Following proper sequence of donning and doffing of PPE is vital to prevent self-contamination. As adequate guidance was provided to the nurses with the help of donning protocol, they were satisfied. It helped them to follow the right sequence which is essential to facilitate right sequence of doffing. Doffing was facilitated by ‘real-time remote audio-visual aided (RT-RAVA) doffing approach, where the nurses were guided through a remote audio-visual facility. The nurses expressed that this step-by-step guidance provided for doffing reduced their fear of self-contamination and enhanced their confidence. The RT-RAVA doffing approach and timely COVID testing strategies in our institute enhanced the safety of HCWs in our institute.¹¹ Majority of the participants said that they are satisfied with their doffing but felt that more focus is needed on maintenance and disinfection of doffing area and supervision is needed for doffing of hospital attendants and sanitary attendants.

Most of the nurses were facing difficulty to adjust with PPE on the first day. Hence, it is essential to avoid the duty change of all nurses together which also would help to overcome their anxiety on first day due to lack of proper orientation.

Because of highly infectious nature of COVID-19, PPE remains the first-line recommendation for effective prevention; however, PPE-related discomfort is widely experienced by HCWs.¹⁰⁻¹² In the present study, the common problems faced by the nurses with PPE include fogging, sweating, pain and scarring over nasal bridge over and ear pinna due to strings of N95, respiratory difficulty, feeling tight and heavy with PPE. Similar problems such as heat stress, fogging, perspiration, respiratory difficulties, facial skin indentation, nausea and vomiting among HCWs are reported in other literatures.^{10,13} Appropriate strategies must be adopted to prevent and manage these physical problems. Some of the strategies adopted by our nurses included padding sore prone areas (nose, ears, and forehead) with cotton, applying cleaning and antimicrobial agents on goggles to reduce fogging, maintaining hydration before and after wearing PPE. Maintaining appropriate environmental control of temperature and humidity may reduce excessive sweating and discomfort. But the temperature control must take consideration of patients who are not wearing any PPE. Choosing appropriate and standardized material of jumpsuit, mask and goggles are important to prevent infection and to enhance safety and comfort. Using phase-change materials for the construction of protective clothing is recommended to reduce heat stress and improve thermal comfort for healthcare personnel. Phase-change materials provide cooling by absorbing heat when they change from a solid to a liquid state.¹⁴ To reduce exhaustion, it may be ideal to reduce the duration of duty from 6 hours to 4 hours as practiced in some hospitals or to incorporate rest period during the duty hours.

Studies have demonstrated that the probability of occurrence of physical discomforts such as redness of nasal bridge, cheek bones, dry mouth, dry hands, headache are significantly higher when the device was worn for 4 or more hours.^{10,12,13,15}

It was also difficult to find out the identity of the HCW and to communicate each other in PPE. Hence, appropriate color-coded stickers with the name can be used to express the identity of the HCW. It will help to enhance the communication among the HCWs.

Beyond purely verbal communication, communication through exaggerated body language and facial expressions can also be helpful.

Though the routine of patient care was similar, the stringent infection control practices and COVID protocols caused some additional burden to the nurses. Nurses felt overburdened as they had additional responsibilities of

supervising biomedical waste management, supervising the doffing area, ensuring appropriate infection control practices and COVID protocols; and also intending supplies from stores. To reduce the stress related to these additional responsibilities, adequate manpower should be provided in different capacities with proper job allocation. As all the HCWs are not familiar to each other, a virtual group can be created to acquaint each other before starting the duty. Absenteeism and poor punctuality of different HCWs must be monitored and prevented using appropriate measures. Proper planning, appropriate placement of materials and use of protocols are helpful to reduce the problems faced at work front.

Nurse patient therapeutic relationship is one of the important factors that helps to reduce the stress of the patients, plan prioritized nursing care and enhance speedy recovery of the patients in any healthcare setting.¹⁶ But the nurse patient interaction was limited, especially during the initial days of duty due to fear of transmission and use of PPE. Understanding the psychological problems of the patients helped them to change their attitude and enforced them to interact with the patients. Nurses expressed that patients are undergoing major psychological trauma due to the fear related to the illness itself and their isolation from family members, and due to worry about family members. Studies have reported that patients face anxiety, fear, despair, and boredom during isolation.¹⁷ As the relatives are not allowed to stay with the patients or visit the patients, healthcare workers are the only resources for them to communicate. Hence, HCWs must be informed about the psychological problems of the patients, and use strategies to enhance communication with the patients. It is recommended that healthcare workers promote communication between patients and their families through phone calls and video calling.

Nurses reported that they took some additional measures to protect themselves from infection such as frequent hand sanitization, wearing extra pairs of gloves and maintaining possible physical distancing from the patients. They ensured that they disinfect all belongings, shower after duty, adopt additional hygienic measures to prevent the risk of getting infected. They ensured healthy diet and adequate hydration during the days of work and quarantine. They also adopted some measures such as steam inhalation, hot water gargle and drinking turmeric water, though adequate evidences are not there to support these. The HCWs must take responsibility to be cautious to prevent self-contamination to protect themselves and their contacts from contracting the virus. The protective strategies are also helpful to keep them healthy as their health is even more important to continue their contribution as COVID warriors. We must explore the additional self-measures they are taking to prevent infection and ensure that if they are evidence based. The measures which may not benefit or harm the individuals should be eliminated. They should be advised not to follow the preventive measures circulated in social

medias and unauthorized sources, but must be guided to seek information from the right sources.

Good accommodation, food and transportation provided to our nurse's during quarantine was reported to be highly satisfactory. It reduced their fear of transmitting the illness to the family members. They also felt that the care and gratitude of the administration to their services to the mankind during this crisis. In line with organizational support theory, it is evident in literature that mental and psychosocial support, safe and healthy working conditions by health care organization increases the moral, resilience and job satisfaction of healthcare workers.¹⁸⁻²⁰

In the present study, nurses expressed that the nursing care of patients with COVID-19 was a unique experience due to differences and challenges they faced while caring the patients. Empathizing with the patients is ideal way of providing best care to the patients while overcoming these challenges. Majority of them felt proud and happy to be known as COVID warriors as they could contribute to the Nation's fight against the heinous pandemic. It was a new learning experience for many. Hence, training in PPE and COVID care are mandatory before assuming the duty. The real time-remote audio-visual aided doffing approach and the quarantine facilities were really appreciated by the nurses as it minimizes the risk of infection enhance the satisfaction and increase the motivation of the HCWs.¹¹

Nurses experienced overburdened due to the multiple responsibilities they performed from low skilled to high skilled tasks. Most of the patients admitted with COVID-19 requires competent care in maintaining respiratory and hemodynamic stability. Involving nurses in these high skilled tasks along with physicians ensures timely care delivery to the patients. To overcome the crisis in care delivery due to clinical load, nurses can also be trained and given autonomy to make independent clinical decision based on the protocols.^{21,22} While nurses are assigned with more of high skilled tasks, nursing assistance may be deployed to meet the patient's basic needs, hygiene needs, and patient transport etc. In countries like US, UK, Canada and Australia, licensed practical nurses (LPNs) work under the guidance of registered nurses (RNs). But in India, registered nurses are responsible for complete care of the patients, which is really taxing, especially when the clinical load is high. As the nurses reported in our study, it is painful to know that the comfort needs, hygiene needs and other basic needs of the patients were compromised while giving priority to the critical needs of the patients. Training and deploying nursing assistants or auxiliary nurse midwives similar to LPN will facilitate holistic care to the patients admitted with COVID or similar pandemic where the family caregivers are not permitted to stay with the patients.

Recommendation to prepare the nursing task force and including nurses in pandemic task force is highlighted by

the participant nurses involved in our study. Nursing task force is vital component is vital in pandemic management. Similar to disaster management preparedness, we must have trained team to systematically manage any future pandemics.

A limitation of this study was that all participants were interviewed by telephone, as all the participants were interviewed during their quarantine post COVID posting. It was difficult to build rapport with participants over the phone, and non-verbal cues could not be obtained. Nurses lived experiences provide a systematic framework that may be helpful to healthcare organizations preparing for or responding to any outbreaks or disaster.

CONCLUSION

Their lived experience while providing care as COVID warriors is necessary to develop strategies to equip and empower the healthcare providers psychologically and physically to fight in frontline not only during COVID-19, but also in all similar pandemics or disasters. Good administrative support and training will help to overcome the challenges and enhance the resilience. Their message to fellow nurses was very encouraging and also was motivating to take up the responsibility to serve the mankind during the pandemics that engulf or attack the world rarely, but periodically.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: Not required

REFERENCES

1. Paremoer L, Nandi S, Serag H, Baum F. COVID-19 pandemic and the social determinants of health. *BMJ*. 2021;372(1):1-5.
2. Shaukat N, Ali DM, Razzak J. Physical and mental health impacts of COVID-19 on healthcare workers: a scoping review. *Int J Emerg Med*. 2020;13(1):40.
3. Chen SC, Lai YH, Tsay SL. Nursing Perspectives on the Impacts of COVID-19. *J Nurs Res*. 2020;28(3):32398577.
4. Abdullelah AT, Alshammari F. Nurses on the Frontline against the COVID-19 Pandemic: An Integrative Review. 2020;(3):87-92.
5. Shreffler J, Petrey J, Huecker M. The Impact of COVID-19 on Healthcare Worker Wellness: A Scoping Review. *West J Emerg Med*. 2020;21(5):1059-66.
6. Lu W, Wang H, Lin Y, Li L. Psychological status of medical workforce during the COVID-19 pandemic: A cross-sectional study. *Psychiatry Res*. 2020;288:112936.
7. Liu Q, Luo D, Haase JE, Guo Q, Wang XQ, Liu S et al. The experiences of health-care providers during the COVID-19 crisis in China: a qualitative study. *Lancet Glob Heal*. 2020;8(6):e790-8.
8. Sandelowski M. Focus on Research Methods

- Whatever Happened to Qualitative Description? *Res Nurs Health*. 2000;23(4):334-40.
9. Dhandapani M, Dhandapani S. Challenges posed by COVID-19 and neurosurgical nursing strategies in developing countries. *Surg Neurol Int*. 2021;11(441):4-6.
 10. Jose S, Cyriac MC, Dhandapani M. Health Problems and Skin Damages Caused by Personal Protective Equipment: Experience of Frontline Nurses Caring for Critical COVID-19 Patients in Intensive Care Units. *Indian J Crit Care Med*. 2021;25(2):134.
 11. Dhandapani M, Kaur S, Das K, Guru RR, Biswal M, Mahajan P et al. Enhancing the safety of frontline healthcare workers during coronavirus disease: a novel real-time remote audiovisual aided doffing approach. *Res Nurs Health*. 2020;53(2):145-7.
 12. Hu K, Fan J, Li X, Gou X, Li X, Zhou X. The adverse skin reactions of health care workers using personal protective equipment for COVID-19. *Medicine (Baltimore)*. 2020;99(24):e20603.
 13. Galanis P, Vraka I, Bilali Phd A, Kaitelidou Phd D. Impact of personal protective equipment use on health care workers' physical health during the COVID-19 pandemic: A systematic review and meta-analysis. *AJIC Am J Infect Control*. 2021;49:1085-8.
 14. Gao C, Kuklane K, Wang F, Holmér I. Personal cooling with phase change materials to improve thermal comfort from a heat wave perspective. *Indoor Air*. 2012;22(6):523-30.
 15. Xia W, Fu L, Liao H, Yang C, Guo H, Bian Z. The physical and psychological effects of personal protective equipment on health care workers in Wuhan, China: a cross-sectional survey study. *J Emerg Nurs*. 2020;46(6):791-801.e7.
 16. Molina-mula J, Gallo-estrada J. Impact of nurse-patient relationship on quality of care and patient autonomy in decision-making. *Int J Environ Res Public Health*. 2020;17(3).
 17. Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet*. 2020;395(10227):912-20.
 18. Kar SK, Yasir Arafat SM, Kabir R, Sharma P, Saxena SK. Coping with Mental Health Challenges During COVID-19. 2020;2019:199-213.
 19. Tomlin J, Dalgleish-Warburton B, Lamph G. Psychosocial Support for Healthcare Workers During the COVID-19 Pandemic. *Front Psychol*. 2020;11(8):1-7.
 20. Gupta S, Sahoo S. Pandemic and mental health of the front-line healthcare workers: a review and implications in the Indian context amidst COVID-19. *Gen Psychiatry*. 2020;33(5):e100284.
 21. Dhandapani M, Yadav D, Yadav D, Thakur M, Pratap P, Rani S et al. Asian Nursing Research The professional values and professionalism among nurses : A cross-sectional study .
 22. Thakur D, Dhandapani M, Ghai S, Mohanty M. Assessment of behavioral symptoms of post-operative patients with intracranial tumor and distress among their caregiver. *Nurs Midwifery Res J*. 2019;(4).

Cite this article as: Kaur J, Dhandapani M, Kaur S, Venkadalakshmi, Dhandapani S, Das K. How is COVID nursing different? A phenomenological analysis of the nurses' experience from a tertiary care COVID units. *Int J Community Med Public Health* 2023;10:4401-10.