SYSTEMATIC REVIEW

Nurse's Experience In Caring For COVID-19 Patients: A Systematic Review

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ABSTRACT

Introduction: Nurses are at the forefront and face serious risks and even face death, while treating Coronavirus patients. The aim of this review is to evaluate the effect of experience of the nurses in providing care for Coronavirus patients. **Methods:** This is a systematic review, and numerous database were used in the article search using relevant keywords. The Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) flow diagram was used in selecting a total of 431 articles. **Results:** The 5 articles with records of encounters of medical attendants that focus on Coronavirus patients, namely in the form of psychological experiences, physical experiences, challenges in dealing with COVID-19 patients, expectations during their duties and being responsible during their duties were analyzed. **Conclusions:** The experience of the nurse that focused on the COVID-19 patient include discomfort, stress and fear of being contaminated and spreading to other people, experience fatigue, and feel awkward using individual defense equipment. The job of medical attendants during the Coronavirus pandemic is vital as these officials are at the bleeding edge of this pandemic.

Keywords: Nurses experience, Treating patients, Coronavirus

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INTRODUCTION

In mid 2020 the world was stunned by the episode of another infection, in particular the new kind of Coronavirus (SARS-coV-2). The disease is called Coronanavirus Illness (Coronavirus). The initiation of this contamination comes from Wuhan, China which was found towards the end of December 2019. As of now, it is affirmed that about 65 nations have got this contamination (1). Introductory epidemiological data shows that 66% of patients were connected to a fish market or live market in Wuhan, China's Hubei Territory (2). As of April 2020, there were 80,000 confirmed instances of Coronavirus in China and in excess of 3,000 contaminations brought about by the sickness (3). The increasing number of cases is a terrible danger to health in general. In addition, COVID-19 has spread worldwide, with more than 1,000,000 affirmed cases and in excess of 70,000 under scrutiny (1). The new coronavirus is highly contagious and can be passed from person to person resulting in secondary cases among close contact family members and health workers (4).

During the pandemic, attendants who are in closer progressive contact with infected patients become frightened and restless due to worries that an infection could affect them and their families (5). Currently nurses are at the forefront of treating patients with Coronavirus (6).

Nurses need special skills to care for patients experiencing health crises. Restricted information with respect to the danger of extreme illness and the absence of explicit medication treatments have affected proper treatment; all medicines are suggestive and dependent on experience (7). Nurses face genuine dangers and even demise when furnishing care for patients with Coronavirus. Absence of clinical offices and staff, disarray in care frameworks, the unpredictable nature of the disease, social segregation and the far and widespread of the infection results in ramified degradation of medical services frameworks in more than 200 nations around the world. Quality consideration for patient care with COVID-19 is the greatest test (8).

From several other research results related to the experience of medical attendants treating Coronavirus cases, shows that while caring for COVID-19, nurses have negative experiences but positive impacts while working (9). They experience stress, fear and anxiety due to lack of support and inadequate equipment (10). Effective treatment relies upon reinforcing crisis preparation and reliable information on infections for

attendants, giving satisfactory defensive equipment and improving medical clinic crisis reaction plans for general wellbeing (9).

In dealing with infectious diseases that suddenly appear, nurses are health caregivers, but they also need attention. The nurse's experience regarding care provision is important to examine (11). Based on this phenomenon, it is necessary to know the experience of nurses while treating COVID-19. The present systematic review will provide an overview of experience of medical attendants focusing on Coronavirus patients. Therefore, this study aims to evaluate the effect of experience of nurses in providing care for Coronavirus patients.

The novelty of this study lies in the fact that this is a systematic review of nurses' experiences in caring for COVID-19 patients. This kind of study has not been done before, but research on nurses' experiences in caring for COVID-19 patients has been carried out in various countries. So, this systematic review is expected to provide new interpretations with the results of previous research as a reference and increase knowledge of nurses in treating patients with COVID-19.

MATERIALS AND METHODS

The method used by the researcher is a form of systemic review using narrative descriptive analysis of some of the main findings from research articles that discusses the encounters of nurses during the COVID-19 pandemic. The author used Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) as a standard in reviewing and selecting research articles. The PRISMA guideline is a form of instrument that aims to assist writers in improving the quality of the selection of research articles in a systematic review which consists of four stages (12).

Eligibility Criteria
The standard in conducting a study or analysis of research articles in this systematic review also uses the SPIDER model for qualitative research. Studies were included in this literature review if they met the following eligibility criteria: the sample group focuses on nurses caring for COVID-19 patients, the research design focuses on phenomenology, evaluation is a theme related to nurses' experiences in caring for Coronavirus patients, research type focuses on qualitative data, published articles report original data, articles published in the span of the last 1 year 2019-2020 and in full text, articles are in English. The exclusion criteria were as per the following : group of caregivers are not nurses caring for Coronavirus patients, research design is not phenomenology, evaluation is not a theme related to nurses' experiences in caring for COVID-19 patients, research type focuses on quantitative data, not an article published from the original source, research articles published before 2019, articles not in English. The approval and ethical

clearance of research was not carried out in writing a systemic review.

Source of Search Information
The search for research articles in this systematic review uses an electronic database consisting of CINAHL (EBSCO), PubMed, Scopus, ProQuest with articles published from 2019-2020, and with the criteria for nurses caring for COVID-19 patients.

Search Strategy
The strategy for the literature search involved keywords that were related to the topic and title of the research using the standard Boolean Operators "and" and "or" – and their equivalent words from the Medical Subject Heading (MeSH). The keywords used include "experience" OR "life experience" OR "life changing events" AND "nurse" OR "nurse clinicians" OR "primary nursing" AND "care" OR "nursing care" AND "COVID-19" OR "Coronavirus" OR "coronavirus infections". The keywords were then entered into the search box in the electronic database and filtered according to the criteria.

Article Selection
The article selection process made use of the PRISMA diagram with four stages as depicted in Figure 1. The first stage was identification, whereby the author combines the number of articles from all searches in the database. The second stage was screening, in which the author makes a selection based on the title and abstract of the articles. Those that met the inclusion criteria were included while those that didn't were excluded. The third stage was eligibility, in which the author makes a selection based on articles with full text. Articles that met the inclusion criteria were included while those that didn't were excluded. Furthermore, articles that had been reviewed in full text and met the inclusion criteria were assessed for their methodological quality. In the fourth stage, articles that were relevant to the topic and title of the research were reviewed systematically (13).
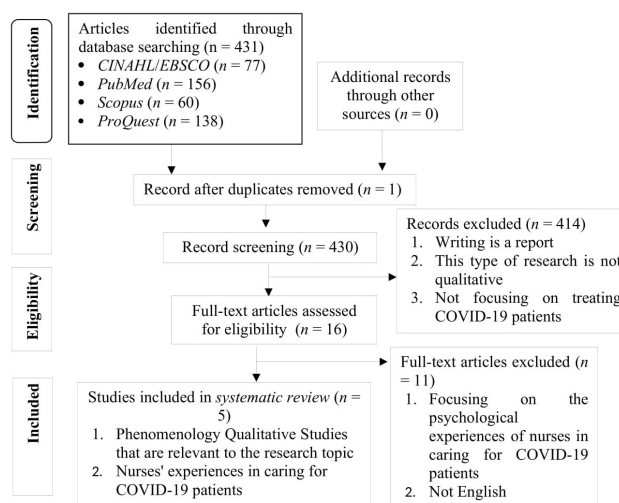

Figure 1: Flow diagram of the systematic review process

All search result articles were exported to the software bibliography using Mendeley for easy data management and to evaluate the abstract titles. The article selection process involved two individuals that independently conducted a re-assessment or the review-starting from the identification, screening, and eligibility stages. After the completion of this process and getting the results of the studies that matched the criteria, the next step was to extract the obtained data independently from each study according to the criteria in this systematic review.

Assesment of Methodological Quality

The methodological quality of the articles in this systematic review was assessed using the Joanna Briggs Institute (JBI) Critical Appraisal guidelines to evaluate the nature of a research article. JBI Critical Appraisal is an instrument used to survey the methodological nature of an investigation and to decide the degree to which an examination has dealt with potential inclinations in its plan, intercession and investigation (14). The JBI Critical Appraisal instrument is also adjusted to the type of research used, for qualitative research by means of the Checklist for Qualitative Research. The results of the quality assessment of the articles used 10 predefined checklist items. The criterion assessment is given a score of yes, no, unclear, not applicable, and each criterion with a yes score is given 1 point and the other scores are 0, each examination score is then determined and added up, then assessed based on percentage.

RESULTS

The 5 articles were selected if it dealt with encounters of nurse attendants focusing on Coronavirus patients, namely in the form of psychological experiences, physical experiences, challenges in dealing with COVID-19 patients, expectations during their duties, being responsible during their duties.

Data Extraction

The data was extracted from each of the articles that passed the selection through the PRISMA diagram consisted of the author's name, the year in which the article was published, the research country, research design, instrument used, and the results of the study. The results of data extraction can be seen in Table I.

DISCUSSION

This systematic review discusses the experience of nurses in providing care to patients with COVID-19 with 5 articles that include criteria based on PRISMA diagrams.

Psychological Experience

COVID-19 is so contagious, the chances of nurses getting infected are higher due to close contact with patients during treatment. The nurses are also far from the family and the family role is weakened due to distance, they experience a lot of anxiety and lose contact with family members. Furthermore, the nurses powerlessness to adapt to the serious state of a fundamentally sick patient produces negative feelings. As a result, the medical caretaker goes through huge mental pressure both from themselves and their families along with the patients. Due to this excess of negative feelings, it not just influences the physical and psychological well-being, but also affect the nurses' quality of work. Subsequently, attendants should be dynamic in disposing off the effect of negative feelings, venting feelings, diminishing mental pressure, and tolerating humanistic consideration (15).

The negative mental encounters of first-line clinical medical caretakers incorporate substantial responsibility and pressing factor, dread and uneasiness, vulnerability, and obliviousness of sickness. These encounters influence patient consideration as well as the physical

Table 1: Studies on Nurses' Experience in Caring for COVID-19 Patients

No	Author (Year)/Country	Title	Study Design	Instruments	Result
1.	Karimi Z, Fereidouni Z, Behnammoghadam M, Alimohammadi N, Mousavizadeh A, Salehi T, et al. (2020) / Iran	The Lived Experience of Nurses Caring for Patients with COVID-19 in Iran: A Phenomenological Study	Phenomenological qualitative study	Semi-structured interview	Themes: mental condition, emotional condition, care context
2.	Liu Q, Luo D, Haase JE, Guo Q, Wang XQ, Liu S, et al. (2020) / China	The Experience of Health-Care Providers During The COVID-19 Crisis in China : A Qualitative Study	Phenomenological qualitative study	Telephone interview	Themes: take full responsibility for the patient's welfare, the challenges of dealing with COVID-19 patients, resilience in the midst of challenges
3.	Tan R, Yu T, Luo K, Teng F, Liu Y, Luo J, et al. (2020) / China	Experiences of Clinical Fiirst-Line Nurses Treating Patients with COVID-19 : A Qualitaive Study	Phenomenological qualitative study	Semi-structured interview	Themes: negative experiences during clinical first line work, positive impact of clinical first-line work
4.	Liu Y, Zhai Z, Han Y, Liu Y, Liu F, Hu D. (2020) / China	Experiences of Front-Line Nurses Combating Coronavirus Disease-2019 in China: A Qualitative Analysis	Phenomenological qualitative study	Semi-structured interview	Themes: facing extraordinary challenges and dangers, strong pressure due to COVID-19, strong responsibility and identity as health care provider, rational understanding of epidemics
5.	Zhang H, Yin L, Peng Y, Chen Q, Lv C, Juan L, et al. (2020) / China	*A Qualitative Study on the Inner Experience of First Line Nurses in the Clinical Fight* Against COVID-19	Phenomenological qualitative study	Semi-structured interview	Themes: work-level experience, experience at the physical level, psychological experience, Traditional Chinese Medicine (TCM) nursing experience

and mental well-being of the nurse. Over-burden work can prompt weariness, failure, and physical and mental fatigue, which may in turn influence the nature of care (17).

The high mental solicitations experienced by chaperons in Coronavirus could jeopardize the idea of care provided for patients. Encounters of uneasiness and stress, just as dreaded, fundamentally affect the consideration of Coronavirus patients. Reasons for uneasiness experienced by medical caretakers incorporate restless climate, question the caregivers, the worse outcomes of the circumstance, and stress because of negative circumstances. Stress and uneasiness are significant variables confronting attendants during the current COVID-19 pandemic (17).

With regards to focusing on COVID19 patients, fear leads to a more severe level of concern among nurses, particularly as it identifies with being contaminated and communicating the illness to other people (10).

Physical experience
Medical attendants in the vanguard perform nursing assignments not exclusively to finish particular consideration yet in addition to perform dreary fundamental consideration, for example, sterilization and seclusion work. Treatment of COVID-19 patients with extreme respiratory side effects and the speed with which the patient's condition changes, these attendants should be cautious. Numerous variables add to a substantial responsibility for nursing staff, and can bring about actual weariness. Along with giving consideration to patients, wearing individual defensive hardware for a long time additionally causes actual pressure, especially for nurses who must stay in isolation wards during shifts. Extended periods of heavy work load put health workers at risk of experiencing decreased immunity (18). The utilization of individual defensive gear, for example, glasses and veils for a long time will cause pressure injury to the facial skin, wearing protective dress also causes oxygen deficiency, overheating, and disquiet (15).

As defenders of patient wellbeing, clinical staff members work at the front line to serve patients in all circumstances, even when the danger of sickness is known, in challenging nursing situations, like deficiencies of defensive garments, gloves and many such things. Despite such adverse conditions the nurses retain the excitement and inspiration to work. In such troublesome conditions, most nursing staff will try to reduce patient pain, without the guarantee of their own security and wellbeing. They will take care of their patients with innovative techniques to create sufficient defensive gear to complete the treatment (15).

Nurses suppress their anxiety to take care of the torment and difficulties of patients who are confronting the extreme conditions of COVID-19. Nurses feel restricted by confinement and they are isolated, on the grounds that it will influence their family members, nurses also experience difficulties and emotional involvement with the COVID-19 patient. The long periods of work brought about by COVID-19 has negative passionate effect on nurses (10).

The challenges of dealing with COVID-19 patients
Coronavirus is another illness that is spreading rapidly. Nurses experience fear and perceive frontline function as a hazardous test. Medical attendants at the cutting edge are being constantly tested as they are working in a totally new environment in dealing with COVID-19 patients. The nurses likewise understand that they don't have adequate information and abilities to handle this crisis. (18).

Despite different difficulties, healthcare givers show extraordinary strength and flexibility. They utilize an assortment of emotionally supportive networks and change abilities to mitigate pressure. They realize they should be strong and remain consolidated around their responsibility to save more lives. Patients with Coronavirus require complete and explicit administration this tend to pose significant difficulties to the medical workers framework. Numerous wellbeing nurses have little experience in treating Coronavirus. At the point when medical services frameworks are not set up to manage such sickness episodes, better preparation, schooling and correspondence are required. Transitory endeavors to give escalated treatment lies in the hands of nurses depending on the information and abilities of medical attendants. Progressing clinical schooling and preparing the nurses is expected to guarantee that the clinical groups are sufficiently set up to manage general wellbeing crises (19).

The large number of patients is not proportional to the number of nurses, so the nurses experience disruption in care, shortages of staff and limitation of care in the Coronavirus unit which affects nursing practice (10). Attendant showed that fundamental clinical offices were inadequate for the care of Coronanvirus patients. There is need for further preparation for critical health care crises, the development of special strategies and sufficiently prepared wards. Absence of help and hardware is a critical hindrance to giving quality consideration. Trouble brought about by COVID-19 spread in the communities include dread of death that also disturbs medical caretakers. Envisioning death toll or experiencing deaths make them distant themselves from care (10).

Inadequate nursing staff and exorbitant patient numbers bring about a powerlessness among nurses resulting in disintegrating nature of care (19). Individual defensive gear is the main part of assurance from proficient dangers. At the point when individual defensive gear

isn't free, first-line medical caretakers should attempt to save materials, and this causes physical and mental difficulties (21).

Hope while on duty

The positive work attitude in the first line workers lies in the job requirements (need for special knowledge and training, need for proper scheduling, need for psychological counseling), and the effect of first-line occupations on proficient mentalities (expanded proficient duty, advancement of expert personality). Nurse competence straightforwardly influences the nature of patient consideration and achievement rates during crises (9).

Coronavirus is another intense respiratory contamination infection that need medical caretakers' preparation and efficient abilities. The work prerequisites that the first-line attendants are aware of the use of the ventilator and they can assist patients with adjusting the ventilator as fast as expected. In non-crisis circumstances, administrators ought to reinforce this by preparing and practicing crisis medication emergency in clinics. Nurses ought to be furnished with efficient hypothetical information and expert specialized preparation, in light of the fact that hypothesis is consolidated with training all the more adequately. The detailing of a crisis plan is fundamental, to guarantee that clinical staff can facilitate and coordinate successfully when reacting to a public crisis (15). Data about arising disease must be circulated and promoted with the goal that the general population comprehends the activities expected to forestall the fast spread of the illness (18).

Responsible while on duty

In the face of the unpredictable risk of Coronavirus, medical care givers fear this disease and worry for their families. But still they join the battle, take responsibility, concentrate on their duties, and show a united and professional spirit. Health care providers take on a difficult task and have a significant job to play in advancing patient recovery. Intensive work consumes health workers physically and emotionally, therefore comprehensive support must be provided to safeguard the welfare of health workers and increase their preparedness to manage crisis conditions (19).

The tough work of providing care for COVID-19 patients makes nurses a responsible health care provider. Recognition from Coronavirus patients who have recuperated, in the form of consolation from other colleagues may also help the nurses to feel more dependable and certain about their work (18).

CONCLUSION

While caring for patients with Coronavirus, nurses experience anxiety, stress, worry and fear of being infected and transmitting to others, nurses also experience fatigue due to heavy workloads and the small number of staff members. Moreover, they are not comfortable wearing Personal Protective Equipment during shifts that cause pressure injuries to the facial skin, lack of oxygen, and overheating. The job of nurses during the Coronavirus pandemic is very important because they are tasked with handling patients at the forefront. Making nurses responsible for patient welfare is a professional attitude in carrying out nursing care. Nurses need more help during taking care of COVID-19 patient since nursing care are at genuine danger. Preparation should be reinforced in the capacity to manage crises and to stop this illnesses from spreading.

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