

REVIEW ARTICLE

Nurses Experience in Addressing the COVID-19 Patient: A Scoping Review

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ABSTRACT

In the COVID-19 pandemic, nurses as health care workers have an important role and high contact with patients directly. This review aimed to know the literature that discusses nurses' experience in dealing with COVID-19 patients and provides input for research on nurses' experience in providing care. In this study, the methodology scoping review of Aksay and O'Malley was used. The search for the article used an advanced search technique on several databases and search engines. As a result, 1,505 articles were found and screened, which resulted from those eight articles being suitable. Based on the articles reviewed, the study has several aspects, such as physical, psychological, environmental, inadequate care, high risk of exposure, and coping strategies. In conclusion, nurses risk having terrible conditions during this pandemic, so providing physical, psychological and emotional resources in their practice environment is necessary.

Keywords: COVID-19, Experience, Nurses

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INTRODUCTION

Coronavirus Disease (COVID-19) is an infectious disease in the respiratory system caused by Coronavirus. (1). COVID-19 is currently a global problem, with the number of cases increasing every day. COVID-19 affects everyone regardless of age or gender and has been designated a global pandemic (1). COVID19 spread rapidly in China, affecting 215 countries around the world within a few months. Also, in Indonesia, the number of COVID-19 fluctuates constantly (2).

The Indonesian government has developed a protection strategy for health care workers to prevent COVID-19. These strategies include providing isolated dormitories for health care workers, completing the stocks of Personal Protective Equipment (PPE), Polymerase Chain Reaction (PCR) machine tests, providing vitamins and incentives for health care workers. However, the plan is only run in COVID19 referral hospitals and not evenly distributed (1).

Nurses have a high risk of being infected by COVID-19. Nurses are one of the largest health workers who directly participate and interact with patients in health centers. Thus, the role of nursing staff in the COVID19 pandemic is pervasive. A nurse's job is to take care of COVID19 patients in the hospital or isolate patients. Nurses also play a role in disease prevention tasks, such as educating the public about COVID19. In addition, nurses regularly contact and interact with COVID19 patients (3). As a result of this pandemic, it is a challenge for nurses to provide nursing services. This state causes nurses to risk contracting the COVID-19 virus (4).

Several studies have stated that nurses face the potential for physical and psychological pressure in this pandemic condition. In addition, when caregivers cannot provide patients with compassionate care, moral force will arise. This will undoubtedly lead to fatigue of nursing staff. In addition, the influx of critically ill patients, the absence of family members, and a large number of patients all exacerbate the moral pressure of caregivers. On the other hand, uncommon jobs such as caring for dying patients, lack of respect and support, and less incentive will be affected to burnout and stress condition (5).

Based on the phenomena and problems and the

research results have been done before, the researchers are interested in knowing nurses' experiences in dealing with COVID-19 patients. Therefore, this review aimed to know the literature that discusses nurses' experience in dealing with COVID-19 patients and provides input for research related to nurses' experience in providing care.

METHOD

This study used a scoping review method which was applied by many studies (6). The approach taken in the search for this article uses PICO (Population of nurses dealing with Covid patients, Intervention (-), Comparison (-), and Outcome of nurse experience). The databases used are Google Scholar, PubMed, and EBSCO. The inclusion criteria of this study are the range of publication years 2020-2021, Types of qualitative and Mixed-Method research, Full text, and get access. The exclusion criteria of this research are the articles are not under the topic, and there are duplications (Figure 1).

Based on the article search process through the database, 1,505 articles were found. Of the 1,505 articles, 1,200 articles did not match the title and publication, and 11 articles matched the title of the article, two of the eleven articles were excluded because they were not full text. Furthermore, the authors screened through selection based on inclusion criteria so that the number of relevant articles was eight articles. Moreover, the articles that have been selected based on reading the text as a whole are eight articles that are relevant and will be analyzed.

RESULTS

A systematic article search process found 1,320 articles from Google scholar, 115 articles from EBSCO, and 70 articles from the PubMed database. Furthermore, the authors conducted a screening and obtained 45 duplicate articles so that there were 1,460 articles. Then carried out further screening was concerning the desired title so that the remaining 11 articles were appropriate. Then, eight articles are eligible and worthy of review.

In the table I, eight articles that meet the criteria are included in this systematic review. This study was conducted in Indonesia (n=3), China (n=3), Turkey (n=1), and the USA (n=1). Seven of the eight research articles are qualitative research, and one of eight research articles is a mixed qualitative and quantitative research. The largest research was conducted in China by (Sun et al., 2020) with a sample of 20 nurses, and the smallest sample was conducted in Indonesia, namely five nurses (Utama & Dianty, 2020) (4,7).

DISCUSSION

Based on the nine articles that have been reviewed,

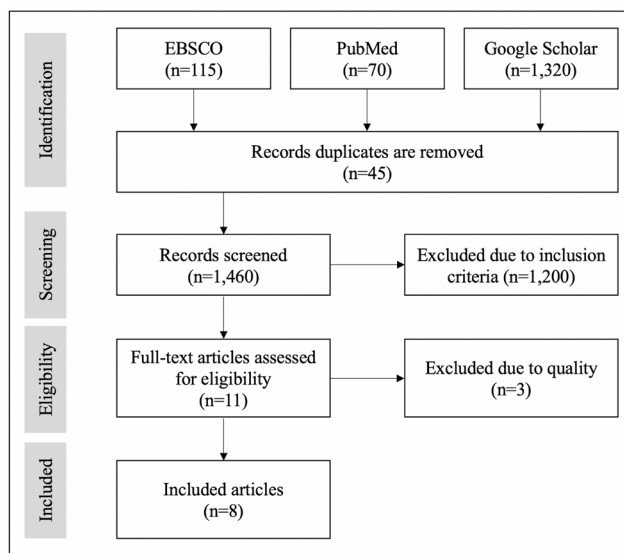


Figure 1. Article selection using PRISMA

the researcher will describe the experiences felt by nurses in dealing with COVID-19 patients. A study by (Utama & Dianty, 2020) stated that nurses' experience could be seen in knowledge, motivation, psychological conditions, efforts to reduce the risk of transmission, and nurses' role in providing nursing care (4). First, on the knowledge aspect, it was found that nurses had received information about COVID-19 from colleagues, read books, and participated in webinars held online. Respondents also stated that they experienced obstacles when treating COVID-19 patients by the condition of foggy google glasses and thick and hot PPE, making it difficult to take action on patients. Second, the motivation obtained by nurses comes from themselves and the environment. Third, the psychological conditions felt by nurses were anxiety, fear, and stress that were carried over to the quarantine area. Fourth, efforts to reduce the risk of contracting by using complete PPE. Fifth, the role of nurses in providing nursing care to the patient's family by providing education (4).

A study by Tallulembang et al. (2020) stated that nurses' experience was described in providing care starting from assessment to evaluation (8). First, at the assessment, the nurse felt anxious and afraid of contracting the COVID-19 virus. Then the experience of making a diagnosis, the obstacle felt by the nurse was when the patient data was incomplete. Next, experience during intervention and implementation is if the patient does not accept the illness he is suffering from, it hinders the provision of intervention. And lastly, the experience during the evaluation, the nurse usually gave a review after the action was completed.

The feeling changes since handling COVID-19 patients, namely physically, psychologically and socially (9). Physically nurses feel tired, psychologically, nurses experience anxiety and fear, and perceived social

Table I: Main Findings from Research Articles

Citation	Country	Methods	Sample	Results
(4)	Indonesia	Qualitative	5 Respondents	Experience of nurses feeling anxious, afraid, tired, and lacking rest, must wear complete PPE to avoid contracting the covid-19 virus and provide education to families to follow health protocols.
(8)	Indonesia	Qualitative	10 Respondents	Experience of nurses during nursing care experienced feelings of anxiety, anxiety, obstacles in implementing such as the use of PPE and equipment or facilities lack of
(9)	Indonesia	Qualitative	10 Respondents	Experiences of nurses such as fatigue, discomfort, social change by keeping a distance from colleagues, family, and the environment as well as online communication, less availability of PPE, longer time to perform each procedure, and negative responses from patients and families, than to nurse expectations.
(7)	China	Qualitative	20 Respondents	The psychological experiences of nurses caring for COVID-19 patients can be summarized into four themes: 1) Negative emotions. 2) Self-copying styles. 3) Growth under stress. 4) positive emotions coexist with negative emotions.
(10)	Turkey	Qualitative	19 Respondents	Five themes were identified: 1) First meeting and being caught unprepared; 2) Social isolation and loneliness; 3) Dilemma and conflict in professional roles; 4) Care: strengths that emerge from adversity; 5) Organizational expectations Be aware of feelings; obscurity, fear of infection and contamination
(16)	China	Qualitative	13 Respondents	Three themes were emerged: 1) Fully responsible for patient welfare; 2) Challenges of working on 2019 coronavirus disease ward; 3) Resilience amid challenges.
(5)	USA	Mixed-Methods	43 Respondents	They often feel helpless, and they also express frustration by changing PPE guidelines and the need to reuse PPE throughout the day or even a week. They are emotionally shaken by bridging the gap for their patients.
(17)	USA	Qualitative	11 Respondents	Critical nurses experience of emotions; physical symptoms; environmental challenges; social effects; and short-term coping strategies.

changes are social limitations in social isolation and limited communication. Then there are ways for nurses do to overcome these changes, among others, by resting. This is in line with the previous study, which states that most nurses choose to sleep or rest when the workload is high (7). Then, overcome social change by keeping a distance from colleagues, family and the environment, and online communication. Obstacles encountered while in service are limited personal protective equipment. This is in line with the previous study, which states that a complicated problem for nurses during the pandemic is logistical problems related to the supply of personal protective equipment (PPE) and lack of other resources needed to support service delivery.

The previous study has stated that nurses have a high risk of COVID-19 infection and sacrifice their well-being. This condition increased psychological stress (7). The previous study has shown that nurses in critical conditions such as disaster and outbreak disease will sacrifice their needs to participate. Moreover, when facing a high workload, they will become stressed and exhausted. It will lead to the quality of care. Nurses working in infectious diseases can feel lonely, fatigue, insomnia, and physical and psychological problems. During the COVID-19 pandemic, nurses were concerned about their health and worried about families. Most nursing staff also choose to regulate their sleep when

they are under pressure at work. Some nurses increased their exercise and food intake regularly to maintain physical strength. Apart from these problems, they also complained about their overtime to work that affected their body health. They also feel uncomfortable after wearing PPE for a more extended time because it acts to headaches, chest problems, and heart arrhythmias.

Nurses play important roles to ensure the sustainability of the global health system and improving health practices (10) such as infection control and prevention, palliative, and intensive care in clinical settings. During the pandemic, the number and intensity of nurses' jobs have increased, and they must adapt to new conditions with a high risk of infection, improve skills and agreements. This situation required the physical, psychological, and social (11). The previous study about COVID19 and other similar epidemics has shown that caregivers who are directly exposed to this potentially deadly virus are increasingly concerned about themselves and their family's health.

The study found that during the COVID19 pandemic, nurses' most common experience was ambiguity and fear of infection and spread. Similarly, many studies report that nurses experience fear and anxiety due to a lack of updated information or constantly updated information on the causes, treatment, and protective

measures of infectious diseases. (12,13). Although various studies have reported problems related to lack of equipment, the nurses in this study did not mention any problems with lack of equipment (14). However, caregivers are more likely to talk about the difficulties of using the equipment than the lack of equipment. As reported in similar studies, the nursing staff in this study also reported that due to personal protective equipment, they experienced physical symptoms such as shortness of breath, headaches, muscle pain, and excessive sweating, which increased their Stress level (15). These results emphasize the importance of proper, ergonomic and tested protective equipment.

The previous study explains that through their life experience against COVID19, nurses and other medical staff feel the responsibility to alleviate the suffering of patients and the need to protect the entire country from the virus (16). In the face of this unknown disease with unpredictable risks, nurses and health workers have concerns about the possibility of infection and the condition of their families. Still, they struggle, take responsibility, concentrate on their duties, and display a united and professional spirit. Nurses and healthcare professionals use various support systems and adjustment skills to relieve stress, stay strong, and focus on their job to save more lives. However, they also express sadness and helplessness when witnessing the suffering of patients and the sudden loss of life. Frontline nurses and health workers feel fear, anxiety, and frustration and are at increased risk for mental health problems after a pandemic (e.g., post-traumatic stress disorder). However, they do not take the emotional distress they feel seriously enough to seek psychological counselling. In a study conducted by LoGiudice & Bartos regarding health protocols today, respondents said that their stress increased because hospital protocols changed every day (5). They are worried about being exposed to the virus when using PPE. They are also worried that N95 masks have not been tested and can be damaged, putting nurses at a higher risk of being exposed to COVID-19. Regarding family relationships, Overall, nurses recognize if the patient is experiencing depression and fear. They noted that the patients smiled less because there were no family members around them. Nurses reveal the heavy emotional burden associated with patients who die without their families present and how they, as nurses, do their best to bridge the gap and to become family. Nurses mention how they provide compassionate care when patients are alone, and also nurses make sure patients can have virtual chats and phone calls between patients and their family members. These nurses openly expressed their fear of inadvertently spreading the virus to their children, parents, or co-workers. They go to great lengths to try their best to protect their families and the people who live with them, and they express feelings that show all their efforts to take precautions. Overall, nurses struggled with major downsides such as postponed or changed wedding plans, postponed

or cancelled graduation celebrations, family time off, cancelled vacations, or delayed personal appointments. Research by Gordon, Magbee & Yoder, states that caring for COVID-19 patients can affect nurses' psychological and physical conditions such as emotions, physical symptoms, environmental challenges, social effects, and coping strategies (17). These psychological and physical effects are supported by research conducted by Sun et al., who reported that nurses in China experienced fear, anxiety, helplessness, fatigue, and discomfort (7). At the same time, according to data from the American Association of Nurses (ANA), nearly 10,000 nurses were surveyed, half of them felt overwhelmed, almost 30% suffered from depression, and more than 70% suffered from insomnia. The findings of this study support the results of the survey conducted by ANA. In addition, the survey by Kackin et al. emphasized environmental factors such as the availability of PPE. It is said that there is a feeling that you cannot immediately intervene in an emergency. In addition, in this study, caregivers correlated adverse changes in the patient's condition with processing delays due to PPE restrictions (18).

CONCLUSION

The journal results that the authors have obtained show that nurses who treat COVID-19 patients experience stress physically, psychologically, environmentally, and strategically. Nurses need to recognize experience in handling COVID-19 patients during a pandemic. Then, nursing organizations should give priority to nurses to take COVID19 and understanding their needs. Nurses must obtain physical, psychological, and emotional resources and appropriate equipment in their skills to reduce the problems that may arise while caring for COVID19 patients. It can be provided by a provision of psychiatric clinical nurse specialists and adequate PPE.

REFERENCES

1. WHO. Coronavirus. 2020.
2. COVID-19 TF for H. Map of the Distribution of COVID-19 in Indonesia [Internet]. 2021. Available from: <https://covid19.go.id/peta-sebaran>.
3. Widiasih R, Ermiami, Emaliyawati E, Hendrawati S, Susanti RD, Sutini T, et al. Nurses' Actions to Protect Their Families from COVID-19: A Descriptive Qualitative Study. *Glob Qual Nurs Res*. 2021;8:23333936211014852.
4. Utama TA, Dianty FE. Pengalaman Perawat Dalam Memberikan Asuhan Keperawatan Pada Pasien Terinfeksi Covid - 19. 2020;1(2):13-9.
5. LoGiudice JA, Bartos S. Experiences of Nurses during the COVID-19 Pandemic: A Mixed-Methods Study. *AACN Adv Crit Care*. 2021;32(1):14-25.
6. Susilaningih FS, Komariah M, Mediawati AS, Lumbantobing VBM. Quality of work-life among lecturers during online learning in COVID-19 pandemic period: A scoping review. *Malaysian J*

- Med Heal Sci. 2021;17(June):163–6.
7. Sun N, Wei L, Shi S, Jiao D, Song R, Ma L, et al. A qualitative study on the psychological experience of caregivers of COVID-19 patients. *Am J Infect Control* [Internet]. 2020 Jun;48(6):592–8. Available from: <https://linkinghub.elsevier.com/retrieve/pii/S0196655320302017>
 8. Tallulembang A, Widani NL, Bandur A. Pengalaman Perawat Dalam Memberikan Asuhan Keperawatan Pada Pasien Covid-19 di DKI Jakarta. *MPPKI (Media Publ Promosi Kesehatan Indones Indones J Heal Promot.* 2020;4(1):74–91.
 9. Sukiman O, Waluyo A, Irawati D. Studi Fenomenologi: Pengalaman Perawat Dalam Menangani Pasien Dengan Covid-19 di Rumah Sakit di Jakarta Tahun 2020. *J Penelit Kesehatan Suara Forikes.* 2021;12(2):141–7.
 10. Muz G, Erdoğan Yüce G. Experiences of nurses caring for patients with COVID-19 in Turkey: A phenomenological enquiry. *J Nurs Manag.* 2021;29(5):1026–35.
 11. Maben J, Bridges J. Covid-19: Supporting nurses' psychological and mental health. *J Clin Nurs.* 2020;29(15–16):2742–50.
 12. Alsubaie S, Hani Tamsah M, Al-Eyadhy AA, Gossady I, Hasan GM, Al-Rabiaah A, et al. Middle East Respiratory Syndrome Coronavirus epidemic impact on healthcare workers' risk perceptions, work and personal lives. *J Infect Dev Ctries.* 2019 Oct;13(10):920–6.
 13. Nemati M, Ebrahimi B, Nemati F. Assessment of Iranian Nurses' Knowledge and Anxiety Toward COVID-19 During the Current Outbreak in Iran. *Arch Clin Infect Dis.* 15(COVID-19):e102848.
 14. Catania G, Zanini M, Hayter M, Timmins F, Dasso N, Ottonello G, et al. Lessons from Italian front-line nurses' experiences during the COVID-19 pandemic: A qualitative descriptive study. *J Nurs Manag.* 2021 Apr;29(3):404–11.
 15. Kim YG, Moon H, Kim S-Y, Lee Y-H, Jeong D-W, Kim K, et al. Inevitable isolation and the change of stress markers in hemodialysis patients during the 2015 MERS-CoV outbreak in Korea. *Sci Rep.* 2019;9(1):5676.
 16. 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.
 17. Gordon JM, Magbee T, Yoder LH. The experiences of critical care nurses caring for patients with COVID-19 during the 2020 pandemic: A qualitative study. *Appl Nurs Res.* 2021/03/11. 2021 Jun;59:151418.
 18. Kackin O, Ciydem E, Aci OS, Kutlu FY. Experiences and psychosocial problems of nurses caring for patients diagnosed with COVID-19 in Turkey: A qualitative study. *Int J Soc Psychiatry.* 2021 Mar;67(2):158–67.