Nurses’ Lived Experience of Caring for COVID-19

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Learning Outcomes

1. Describe the theoretical framework use in the Nurses’ Experience with COVID-19 Study.
2. Identify the link between international, national and statewide effects on Nurses’ experiences with the pandemic.
3. Describe reasons for why we need to address self-care among Nurses’ who care/prepare to care for COVID-19 patients.
To open and close your control panel click the orange arrow.

Submit questions and comments via the Questions panel.

Note: Today’s presentation is being recorded and will be available on the Sigma Repository in 48 hours.
PURPOSE

➢ **Purpose**: The purpose of this phenomenological descriptive qualitative study is to describe the lived experiences of Nurses who cared/prepared to care for COVID-19 patients.

➢ **Specific aims**:

- 1. To gain understanding of the lived experiences, perceptions, thoughts and feelings among Nurses who cared/prepared to care for COVID-19 patients in the Centura Healthcare System.

- 2. To capture psychological impact including fear and uncertainty among Nurses who cared/prepared to care for COVID-19 patients in the Centura Healthcare System*.

*Large Regional Healthcare System for Colorado and Western Kansas
BACKGROUND

Global Effects

- The first patient with the novel Coronavirus (COVID-19) was identified in Wuhan City, Hubei Province, China, January 2020.
- By February 2020, COVID-19 had spread around the world.
- Due to the rapid and unknown spread throughout the world, many uncertainties existed, particularly about how easily the virus spreads person-to-person\(^1\).
- The World Health Organization (WHO) published guidance for all countries on how to monitor, test, treat and control COVID-19 infections.
  - Focus on needed supplies, communication with the public; rapid isolation, strict adherence to infection control precautions, and administrative controls were immediate priorities\(^2\).
- Policies on respiratory protection and other strategies to protect healthcare workers became a major concern around the world.
BACKGROUND
United States Effects

- What emerged in the United States was a “hot spot” focused epidemic.
- The COVID-19 health issue tested the primary capacity and delivery of healthcare across the United States.
- In a recent Health Affairs blog, the discussion of not having enough nurses to handle the surge of coronavirus patients became the predominate topic for the healthcare system.
- With intensive care unit (ICU) beds either doubled or tripled, there would not be enough nurses to staff these units. It is estimated that 3.3 million of the 4 million Registered Nurses (RNs) in the US are employed in nursing positions and approximately 60% work in hospitals.
BACKGROUND

United States Effects

- About 15% of hospital-employed RNs (approximately 290,000) work in critical care units (adult, pediatric, and neonatal combined).
  - Shortage created a few creative solutions: incentivizing nurses to serve in ICUs, reactivating expired licenses, allowing nurses to practice across state lines, and relaxing the scope of practice and oversight laws.
- Leveraging the skills of nursing students, childcare options and taking care of healthcare workers personal and emotional needs were other strategies used to address this pandemic.
- Even the military activated a retire recall to assist with the shortages of critical care nurses⁴.
BACKGROUND

Colorado Effects

- The Colorado Nurses Association (CNA) immediately responded to the crisis with outreach to nurses across the state to assist in this pandemic\(^5\).

- Resources with general information, self-care resources and work-related information was distributed via the CNA website. Healthcare systems across the state identified that local, national and international levels of government need to work together.

- With such uncertainty and fear, Healthcare systems, particularly nurses, questioned if they were appropriately equipped to cope with this pandemic.

- Perspective, attitudes, knowledge, expectations, concerns, restrictions, lack of social contact, anxiety, and preventive measures/strategies were identified as issues in an editorial\(^6\).
BACKGROUND

- 2020 designated as International Year of the Nurse and the Midwife by the World Health Assembly
  - Field of nursing tested to its limit with ensuring that accurate, trustworthy and consistent information is provided to the patients they care for. This uncertain time introduces challenges and issues that can impact the outcome of the care delivered by nurses.

  - WHO publication to strengthen the workforce. Ironically, the pandemic has demonstrated the need for additional nurses both locally, nationally and internationally\textsuperscript{7,8}. 

Survey findings for the state of Colorado:

- **General concerns**: education of PPE (80%), working short (64%), public social distancing (75%) and hand washing (59%).

- **Nurses’ experiences**: 57% had not had adequate training on how to administer the COVID-19 test; 58% had taken care of a patient using optimal PPE supplies; 37% had provided care to a known COVID-19 patient; 33% were told by their charge nurse they would be caring for COVID-19 patients; 49% stated they were somewhat prepared.

- **Nurse’s facilities**: 79% worked in a facility that cares for COVID patients and 79% annotated there is a plan in place.

- **COVID challenges**:
  - Getting N95 annual testing was expressed differently; 34% yes and 27% no. For adequate COVID-19 testing kits available, 31% stated yes and 24% stated no. Exposure, 50% of the nurses had been exposed and 9% have had symptoms.
  - 37% who were exposed were given CDC guidelines to follow. However, 30% still had questions about what to do. 44% said they were somewhat concerned/afraid to work. 38% said they were very concerned. 82% were concerned with having enough supplies. 79% concerned with keeping family safe.
**THEORETICAL FRAMEWORK**

- The theoretical framework to support this study is **Uncertainty**.
- Uncertainty has been studied in several disciplines from organizational behavior to health care⁹.
- However, the experience of uncertainty in nursing practice has received little attention. In nursing, uncertainty has been examined more in the context of nursing management (rapid changes in the practice environment). The uncertainty framework will serve as the theoretical basis for this study¹⁰, ¹¹.
- Fear is a major factor due to psychosocial challenges associated with the rapid and invisible nature of COVID-19 ¹², ¹³, ¹⁴, ¹⁵.
- Preliminary studies on COVID-19 center on the issues of treatment and vaccination ¹⁶, ¹⁷. Editorials have been published to bring light to the issue of nursing within the pandemic of COVID-19. In the context of caring for COVID-19 patients, fear of contacting the virus is presented in the literature ¹⁸, ¹⁹, ²⁰, ²¹.
METHODOLOGY
A Mixed Method Study: Descriptive Phenomenology

- IRB Approved
- Centura Nurses who cared or prepared to care for patients with COVID-19
- Zoom Focus Groups/Individual Interviews
- Confidential, 60-90 Minutes
- $20 gift card upon completion of focus group or interview
- Used REDCap and Nvivo qualitative data analysis software
- Analysis
  - 89 subjects expressed interest in study
  - 19 Focus Groups held
  - 38 subjects completed focus groups
- Actively coding transcripts
# METHODOLOGY: Areas of Interest Explored

<table>
<thead>
<tr>
<th>Area of Interest</th>
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<tbody>
<tr>
<td>Overall experience with caring for/preparing to care for COVID-19 patients</td>
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<tr>
<td>Negative experiences while caring for/preparing to care for COVID-19 patients (Emotions)</td>
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<tr>
<td>Positive experiences while caring for/preparing to care for COVID-19 patients (Emotions)</td>
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<td>Feelings about the nursing profession: leaving/encouraging others to come into the profession; views toward nursing</td>
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<td>Effect on your health behavior</td>
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<td>Impact on personal health</td>
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<tr>
<td>Impact on mental health</td>
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# METHODOLOGY: Areas of Interest Explored

- Feelings about receiving vaccine as a healthcare worker
- Feelings about nurses who are not working with COVID-19 patients
- Suggestions for improving your experience
- Tools/resources to improve the situation
- Emotional resources and/or physical resources (i.e. testing, vaccine, etc.)
- Communication issues that you would improve
- Negative or positive experiences with leadership
- Advice would you give providers, staff or fellow nursing colleagues or leadership
- Academia help with training new nurses
METHODOLOGY
Intolerance of Uncertainty Scale


- Short version: 12 questions
- Five-item Likert-type scale
  - “Not at all characteristic of me”
  - “A little characteristic of me”
  - “Somewhat characteristic of me”
  - “Very characteristic of me”
  - “Entirely characteristic of me”
- Internal consistency (α = .91)
METHODOLOGY
Fear of COVID-19 Scale


- 7 Questions
- Five-item Likert-type scale: “strongly disagree,” “disagree,” “neutral,” “agree,” & “strongly agree”
- Score: 1 minimum; 5 maximum
- Corrected item-total correlation (0.47 to 0.56) were retained and confirmed by significant and strong factor loadings (0.66 to 0.74)
- Internal consistency (α = .82)
RESULTS

- A total of 89 individuals expressed interest in the study
- 82 completed electronic demographic information and quantitative surveys
- 19 Focus Groups with 38 individuals participated in the small group discussions
- Demographics:
  - Mean age was 36-years-old (SD=8.9)
  - 93% female; 89% white; 75.6% married
  - 71% BSN; 19.5% have 5-10 years of nursing experience
  - 29.3% worked in ICU; 33.3% worked in Medical-Surgical area
  - 83% worked full-time and 92% actually cared for COVID-19 patients, with 68.3% who worked more hours during the pandemic
RESULTS: “A glimpse”

The Fear of COVID-19 Scale question “I am afraid of losing my life because of Corona” indicated 11% were concerned.

“When I watch news and stories about Corona on social media, I become nervous or anxious” indicated 30% agreed with this.

The Uncertainty Scale indicated that 32% believe “One should always look ahead so as to avoid surprises.”

“Has anybody reached out to me, asking me how I am after those deaths? Not a one. Not a single person has reached out to me and said, “Are you okay? Do you need anything?” That was a hard loss.”

543 Codes

Parent Codes

• Academia, Advice for colleagues, Angry, Anxiety, Backed in the corner, Beyond stress, Camaraderie, Changing all the time
• Confidence, Community Support, COVID-testing, Crying, Didn’t feel like my life mattered
• Doing my part, Faith, Family, Fear of COVID, Fear of unknown, Frustrated, Helplessness,
• Leaving profession, Losing patients,
• Impact on Mental Health
• Self-care/Personal-care
"my mental stability hasn't been the best, I wouldn't say, over this whole time--personal factors play into that too, but overall, yeah, I’m not as grounded as I used to be for sure"

"I think it takes a stronger person [to be a nurse] than I used to believe. I used to believe that anybody could get through this as long as your critical thinking skills are there, but it takes a level of tough skin to go through like all the things that we’ve been through and not lose your mind over this…I went through moral injury because I was put in a situation that I could never win."

"Therapy, lots of therapy, access to therapy, normalizing therapy, removing the stigma to therapy, any, anything that we can do to let our fellow nurses know that talking to somebody is healthy, and normal, and necessary."

"But I mean, still now, I really do have to make sure that I’m taking the time to address my mental health, how I’m feeling both at work and at home. And a lot of it just comes from reminding myself that every night’s a new night and it might be difficult but it will eventually be over and I will go home and I can make it. And making sure that I’ve relied on the people who are available to talk to me if I need it whether it’s my manager, who’s been excellent, or if it’s my family, or just looking for resources online for, you know, what can I do to take care of myself in this moment."
## Self Care Reflections

<table>
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<tr>
<th>Code Lavender during the shift – time-out for self-care/resilience</th>
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<tr>
<td>First responders conduct standard debriefings, why can’t nursing do this?</td>
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<tr>
<td>Self care measures which allow nurses to talk outside family members</td>
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<td>Simple check in by leadership: How are you doing?</td>
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<td>Set up committee for self-care and make videos available to staff</td>
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<td>Chair massage on units—why not?</td>
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<td>Preventive mental health</td>
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<td>Academic: we don’t practice taking breaks or ask for help</td>
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Using a “tree” that symbolizes a place to drop the craziness of work before going home
Why we need to address Self Care

Alcohol drinking behaviors

Loneliness – “I’ve never felt this alone in my entire life”

Prepare nursing students for resilience

Prepare nursing students for real life nursing profession

Need formal counselor – why can’t staff use their own counselors?

Recognize bonds of other colleagues – strong team = shared caring

Self-reflection on own life and the relationship between own life and co-morbidities that impacted COVID-19 outcomes
RESULTS

- This study offers an insight to the experiences of nurses during the pandemic.
- The perspectives of self-care in relationship to mental health, attitudes of society, the knowledge, expectations, concerns expressed by nurses identified concerns related to lack of social contact, anxiety, and preventive measures/strategies.
- Nurses want and need for leaders and nurse scientists to be the voice for them.
LET’S BE THE VOICE FOR OUR NURSES AROUND THE WORLD

“Thank you for offering us a platform to talk. For however little it might do, it feels nice to know that somebody’s actually trying to listen because it’s been a frustrating year. So, I hope that this is a valuable study for you guys.”
NURSING IMPLICATIONS

- The lived experiences of nurses who cared/prepared to care for COVID-19 patients provided an opportunity for healthcare systems, nursing departments, nursing organizations, and legislation to address the link between
  - Self-care
  - Mental health
  - The future state of the nursing profession throughout the world
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