

## Beyond the Boundaries of Nursing Care: A Phenomenological Study

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### Abstract

The COVID-19 pandemic created an emergency and challenging situation, especially for nurses, who have experienced feelings including fear and questions concerning their job responsibilities and professional ethics. They needed to maintain safety on the basis of their knowledge and skills. This study aimed to explore nurses' experiences related to the pandemic. This research was conducted by using qualitative research with a descriptive phenomenological design. The participants were 15 nurses on duty in COVID-19 units at hospitals and who were delivering or had delivered direct care to patients with COVID-19. Data were collected from in-depth interview and analyzed with Colaizzi technique. The nurses experienced psychological disorders while they were performing their roles through the professional care models, and coping with the management of their workload during the pandemic. These circumstances were caused by the responsibility of nurses to give all forms of support and protection to patients. The study has shown that nurses faced some challenges regarding nursing workload to provide nursing care during the pandemic.

**Keywords:** coping management, nurses' management, professional care, psychological disorder

### Abstrak

*Melampaui Batas Asuhan Keperawatan: Sebuah Studi Fenomenologi.* Pandemi COVID-19 menimbulkan situasi darurat yang menantang, terutama bagi perawat yang mengalami berbagai perasaan dalam menghadapi pandemi termasuk rasa takut, tanggung jawab pekerjaan, dan etika profesi. Perawat perlu menjaga keselamatan dengan pengetahuan dan keterampilan mereka. Penelitian ini bertujuan untuk mengetahui pengalaman perawat terkait pandemi. Penelitian ini dilakukan dengan menggunakan metode kualitatif dengan desain deskriptif fenomenologi. Partisipan dalam penelitian ini adalah 15 perawat yang bertugas di unit COVID-19 di rumah sakit dan sedang atau pernah memberikan perawatan langsung kepada pasien COVID-19. Data dikumpulkan melalui wawancara mendalam dan dianalisis dengan teknik Colaizzi. Penelitian ini menemukan gangguan psikologis pada perawat dalam menjalankan perannya, manajemen koping terkait beban kerja keperawatan, dan model asuhan profesional selama pandemi. Kondisi ini disebabkan oleh tanggung jawab perawat dalam memberikan segala bentuk dukungan dan perlindungan terhadap pasien. Penelitian ini menemukan bahwa perawat menghadapi berbagai tantangan dalam menjalankan beban kerja mereka untuk memberikan asuhan keperawatan selama masa pandemi.

**Kata Kunci:** gangguan psikologi, manajemen koping, mekanisme perawat, model asuhan keperawatan

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## Introduction

Countries around the world are dealing with circumstances that were previously unimaginable. The emergence of a virulent new virus in 2019 affected all countries and changed lives (Mendrofa et al., 2021; Rock, 2020; Sadang et al., 2021). The high prevalence of COVID-19 in some countries, its new and highly contagious properties, and high morbidity and mortality rates mean the conditions of service have

changed. This study reviewed the phenomena in nursing care during the COVID-19 pandemic around the world, specifically in Indonesia. For example, the situation of nursing care that has existed during the COVID-19 pandemic, from the process of receiving patients to the nursing actions involved, in addition to the admission to hospitals of critically ill patients and treatment following COVID-19 protocols, and care demands on nurses and care assistants, which have increased in the community (Maben & Bridges,

2020). The job demands of nurses are getting higher due to the increasing number of patients during the pandemic. The proportion of nurses and patients who are treated becomes unbalanced and causes excessive workload. (Maben & Bridges, 2020).

During the COVID-19 pandemic, nurses have been at the forefront of health and social care in the most extreme situations. They are not only faced with the danger of disease transmission, but also with fatigue as the number of nurses is not proportional to the number of patients (Maben & Bridges, 2020). Nurses provide care and develop creative and innovative solutions based on their knowledge and skills to deal with health crises (Jackson et al., 2020).

The role of nurses in providing care during the COVID-19 pandemic has had to be modified in terms of the protocols they must follow. Secure nursing care needs complete personal protective equipment for nurses to securely deliver the nursing care to their patients during the COVID-19 pandemic. The complicated personal protective equipment consisting of gowns and masks, together with the strict protocols, are necessary for nurses to protect their clients (Mendrofa et al., 2021; Zhang et al., 2021).

Nurses are not only delivering nursing care as usual, but they also need to be responsible for the performance of such care in new and potentially stressful working environments. The new protocols for nursing care may increase the workload for nurses as they are concurrent with their routine tasks (Jackson et al., 2020). During the pandemic, nurses have had to be resilient, have high empathy, and be professional (Maben & Bridges, 2020). Previous studies of infectious respiratory disease outbreaks have shown great concern among nurses for personal health in the face of direct contact with potentially deadly viruses and for a balance between the regulation of stressful personal circumstances and their work associated with providing care (Cai et al., 2020). At the same time as these worries, nurses have to continue delivering care during the

pandemic, despite concerns about the lack of personnel and personal protective equipment (PPE) or about the proper nursing care management systems during COVID-19 pandemic (Kim & Choi, 2016).

The challenges faced by nurses in providing care during the pandemic require a study to understand how to perform their responsibilities of providing optimal nursing care, especially in COVID units. This study explores the nursing care during the pandemic.

## Methods

This study used a qualitative method with a phenomenological approach to explore the experience of nurses treating COVID-19 patients in Semarang City, Indonesia. The participants were selected based on the aim of the study with the appropriateness of the sample composition and size considering the quality and trustworthiness of this study. The criteria for participant inclusion included that they were nurses in COVID-19 units and delivering care for COVID-19 patients at four hospitals in Semarang City.

Data collection took place from April to June 2020 through the involvement of willing participants after they had received an explanation of the research. Data were collected through in-depth interviews conducted through recorded online video calls. The interviews explored the participants' feelings in treating COVID-19 patients, performing their nursing duties and providing nursing care in the pandemic situation, and how their families responded to their duties. Data saturation was reached by the 15th participant, so the data collection was ended. In addition, the availability of time and resources was also taken into consideration in completing the collection.

Thematic content analysis was conducted based on the Colaizzi approach. Keywords found in the interview transcripts were organized into categories, subthemes, and themes. The whole

study was conducted in Bahasa, and the data were then translated into English. The study was declared to have passed the ethical review by the Research Ethics Committee of Karya Husada Health and Science College of Semarang No: 720/KH.KEPK/KT/III/2020.

## Results

The study results describe the experience of nurses in carrying out their role in the COVID unit. Three themes were identified: psychological disorders; performing the nursing role; and professional care models.

The participants were 15 nurses working in Covid-19 units, six of whom were women. They were 26 – 45 years old, with 1 – 30 years' work experience. Thirteen of the participants were married with children, while two were single. Almost all the participants were bachelor nurses, although one was a diploma nurse.

**Psychological Distress Among Nurses in Performing Their Roles.** All the participants said that they had psychological disorders and expressed their fears and worries, and their denial of the pandemic environment. They felt fear when giving direct treatment to patients.

*“Sure, I feel anxious, all the staff over there....”* (P1, P4)

*“Tasks in this Covid unit rotate. When the schedule came out in the second week, there was my name, I felt confused.”* (P1, P2)

*“Yes...it is a natural feeling as a human being, I felt anxious”* (P1, P4)

*“I feel... between fear and confusion, over-thought about what I need to prepare.”* (P2, P3, P4, P10)

*“At first, I felt worried. Not because I'm a woman, but as a mother with two children.”* (P5)

*“I am in denial. I am not sure if I am charged with this duty.”* (P6, P15)

*“I feel worries. Being the first person to treat isolated patients, I am so afraid of getting infected.”* (P8, P18)

*“As the others, I feel worries, afraid of getting infected”* (P9, P11)

Eight participants felt throat pain. They sometimes felt this when swallowing, but this was indicated as somatoform, in which individuals felt physical discomfort, but nothing abnormal was shown when examined.

*“It is hard to breath, I feel tight”* (P1, P7, P14)

*“...suddenly feel discomfort in my throat, but it is not a sore throat...”* (P1, P4, P9)

*“Suddenly, the pain when swallowing feeling unwell.”* (P4, P7)

All of the participants were worried about the pandemic.

*“I feel worried not only about myself, but I worry if my family are also infected.”* (P1, P4, P11, P15)

*“I felt sorry when my colleagues died from COVID-19”* (P3, P8, P9)

**Coping Management Regarding the Nursing Workload.** The study shows that all the participants experienced a rejection phase. They were unable to believe that this pandemic was happening.

*“From the beginning of this pandemic, I was charged in the Covid-19 unit... yes... what kind of feeling is it? I feel... how come I'm here.”* (P1, P5)

*“How come this virus has been in my room...”* (P2)

*“In my first experience (in the COVID unit), I deny it.” (P3)*

*“If only I can reject this duty, it makes me scared.” (P4, P10)*

*“In transforming into a COVID-19 unit, I can’t believe it, but it is the fact.” (P8, P9)*

The participants assumed that it was not a pandemic and needed to continue performing their roles calmly. The feeling was experienced by nurses who were at first in the COVID-19 unit and wanted to bargain to the manager about their duty.

*“I wish I could refuse it, but I can’t. I have to keep delivering the nursing care.” (P8, P9)*

*“But after thinking for days, and coming back to my will, the intention to worship, the intention to be responsible at work, I finally faced it.” (P5, P6)*

After two weeks of performing their duties, all the participants were in the final stages of grief. Finally, they accepted their duty in the pandemic situation.

**Professional Care Models During the Pandemic.** The nurses were faced with greater demands and higher risk during the pandemic, with increased responsibility in providing nursing care. All the participants were required to apply professional nursing methods in delivering nursing care, specifically in the COVID units.

*“It is the same nursing care as usual, but the high risk of the infectious virus has been of special attention.” (P3, P12)*

*“The isolation room has been there for a long time, but it is a COVID room now.” (P4)*

*“COVID-19-confirmed patients are treated in a certain room called the COVID unit that needs strict health protocols.” (P8)*

*“COVID is a new case, so the patients are placed in a special room.” (P10)*

The nurses also had to use team-based nursing care to provide an excellent service.

*“After the order was issued to work in the Covid unit, we were given a briefing in a team.” (P1)*

*“We are equipped with COVID service management.” (P3)*

*“We work in shifts as usual, only our schedule is made in such a way as to minimize fatigue.” (P9, P12)*

Hospital management is fully supportive of the nurses in performing their role in providing nursing care. Such support is not only from the hospitals where the nurses work, but also from professional bodies and governments.

*“I was given special housing facilities for temporary stays.” (P3)*

*“We were equipped with skills, immune boosters such as vitamins, then PPE, such as masks.” (P7)*

*“We are routinely scheduled for rapid tests and PCR test, possibly to ensure our condition is healthy.” (P10, P15)*

## Discussion

**Coping Management Regarding Psychological Distress Among Nurses.** Nurses make various forms of response to their professional roles and responsibilities. Nursing is a uniquely hazardous occupation. In providing health services, nurses face various occupational risks including exposure to disease or viruses. During the COVID-19 pandemic, nurses realized the greater risk of exposure to viruses and disease. This is a stressor for nurses, as in addition to performing their roles in caring for patients, they also have a role in caring for their families.

The issue of burnout in nurses appears to be related to physical, psychological, and emotional exhaustion (Choi et al., 2018).

Various roles and responsibilities, not only in their profession, but also their individual roles within their families, require nurses to be able to adapt to the environment and situations that have an impact on their duties (Pujiyanto et al., 2022; Pujiyanto & Hapsari, 2020), including in the pandemic situation. The study found that at the beginning of the pandemic the nurses experienced situations that were previously unimaginable, so hope was only a dream. There was a sense of rejection of the bad situation at hand. At this time, the nurses' negative responses appear to have been more dominant, with positive ones appearing gradually (Sun et al., 2021). They often felt they could not believe that the virus that had become a national and even international disaster has reached their workplace. However, the obligation to perform their professional role made the nurses accept the situation that had to be faced during the COVID-19 virus outbreak (Ornell et al., 2020). Their acceptance of the situation was in line with their great efforts to manage their emotions, their anxiety about the situation, their feelings of insecurity, and ultimately being able to adapt to the conditions (Cowlan, 2020; Kim, 2018).

Knowledge and awareness of the dangers of the virus increased nurses' concerns about being infected. As shown in this study, the nurses felt worried, afraid, and anxious about performing their duties in the Covid isolation room, in addition to their increased fatigue. Worries were felt not only for the nurses themselves, but also for their closest family (Jennings & Yeager, 2020). However, on the other hand, the knowledge they possessed was a reinforcement for completing their tasks (Alharbi et al., 2020; Cowlan, 2020; Gupta & Sahoo, 2020). This condition is defined as the strength of one's mind to face danger or endure pain with courage, which is currently felt by nurses while on duty (Cai et al., 2020; Garcini et al., 2022).

Nurses' efforts to improve their ability to respond to situations that cause anxiety help them adapt to such circumstances (Feng et al., 2020; Pujiyanto & Hapsari, 2020). The response of concern was felt by nurses in the first week on duty in the Covid unit. However, their knowledge and skills about caring for infectious disease patients and their encouragement to follow COVID-19 issues was able to reduce these concerns, enabling them to continue performing their duties (Han et al., 2020; Smith et al., 2017).

Nurses have experienced a different care situation than before the pandemic. In performing their duties and functions for patients with confirmed COVID-19, they are required to strictly adhere to health protocols (Huang et al., 2020; Shanafelt et al., 2020). They are also finally able to adapt to the treatment room settings that are specifically designed to treat infectious patients, and ensure safety for health workers (Jennings & Yeager, 2020). For nurses, the pandemic should not be an obstacle as professionals. Current research shows that psychological factors, as well as support from various parties including family, can increase nurses' willingness to execute their duties (Mak et al., 2009; Ornell et al., 2020; Zhang et al., 2021).

**Professional Nursing Care Model as A Lesson Learned from the Pandemic.** The task of nursing care during the COVID-19 pandemic is slightly different because nurses not only use their knowledge and skills, but also need good adaptability to the outbreak (Mishra et al., 2016; Mo et al., 2020). Nurses are involved with various issues of trauma and fear, both physically and psychologically. During the pandemic, nurses have delivered more complicated nursing care. However, nurses have opportunities for self-actualization by being actively involved in care during the pandemic (Kang et al., 2020; Piredda et al., 2020). With a sense of responsibility towards the profession, nurses receive positive enthusiasm and support from various parties, which encourage them to stay focused on their work as nursing care

providers (Kang et al., 2020). Nursing care during a pandemic emphasizes the use of personal protective equipment at several levels, including hazmats, masks, and full gloves (Chen et al., 2020; Huang et al., 2020). However, PPE often causes discomfort and various limitations in communicating. Often nurses modify the form of communication with patients and the implementation of nursing actions. They are required to think critically about the safety of nurses and patients, and be creative in making therapeutic communication (Mo et al., 2020).

Inconvenience in using complete personal protective equipment is not a reason for nurses not to provide professional nursing care by following the ethics of the nursing profession (Mo et al., 2020). The COVID-19 pandemic has in fact stimulated various nursing care methods in the form of case methods in which nurses provide care within a certain time span until the patient returns home from treatment in the isolation room. COVID-19 is prone to rapid spread of transmission, so the applied nursing care model requires modification between cases and functionalities. Nurses often have to use digital technology as an intermediary in providing nursing care before they meet directly with patients (Keesara et al., 2020). Hospital management provides guidance to its staff, especially nurses, about their roles and duties during treatment in the COVID-19 unit. In addition, management provides support in the form of moral support facilities for nurses, enabling them to provide nursing care professionally (Adams & Walls, 2020). Both material appreciation and mental support are supporting factors found in this study, which explain that there is a demand for nurse professionalism in providing care during a pandemic (Adams & Walls, 2020; Waugh, 2013). Nurses are continuing to be strong in performing their obligations, even though at the same time there is a fear of both nurses and the community in the midst of the COVID-19 pandemic. Therefore, limitations are not an obstacle for nurses in carrying out their functions and roles, but rather there is a positive spirit against fear that increases adaptability in providing

nursing care during a pandemic (Carbone & Echols, 2017).

## Conclusion

Through phenomenological approaches, this study has described the experience of nurses delivering their care in COVID-19 units. It found that their initial response, when given the task, was to refuse it or not believe it, bargaining until they finally accepted the situation. Such response mechanisms are reasonable when a person obtains a piece of information or is given a task that is out of their experience. This is related to new and challenging assignments, where nurses must be in a specific room and use personal protective equipment according to the protocol, while still fulfilling their responsibilities in providing optimal nursing care. The results of this study describe the initial response of nurses to tasks in the covid unit with various acceptances that are sought as a distraction to their anxiety. Nursing services during a pandemic situation are not a limitation in providing nursing care. The spirit of professionalism of nurses to carry out their professional responsibilities actually enables challenging nursing services. Nurses in a pandemic situation experienced the process of accepting for their assignments and completing nursing care tasks in an excellent service.

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