

A Study to Explore the Nursing Staff Perception during COVID-19 Pandemic While Taking Care for This Patient.

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Abstract

Background: COVID -19 is caused because of coronavirus which is associated with other severe respiratory diseases like SARS. This outbreak was first caused in China in Wuhan. and the first case was reported in December 2019. After that rapid outbreak was caused and the fatal effect was seen in many countries.**Aim of this study:** is to find you the perception and experience of frontline workers while taking care of this patient in the hospitals. **Design:**In this study interview method was used. And the verbatim was categories into the codes and then extraction was done and hidden concepts was identified and merged in analysis. **Results:** The analysis was done of the data for 3 sub categories and eight categories .**Conclusion:** The study results reveals that it can create the pathway for more researches on in which way the physical and mental health of frontline working can be improved while caring for such patient

Keywords:Exploring, Perception, coronavirus disease (COVID19)

Introduction:COVID -19 is caused because of coronavirus which is associated with other severe respiratory diseases like SARS. This outbreak was first caused in China in Wuhan. and the first case was reported in December 2019. After that rapid outbreak was caused and the fatal effect was seen in many countries.

Aim of this study: is to find you the perception and experience of frontline workers while taking care of this patient in the hospitals

Research Methodology

Research Approach: Phenomenological approach

Research Design: Qualitative research design

Target Population: Staff nurses working in COVID care centers who have provide care for COVID positive clients in selected COVID care centers of Pune city.

Sample: Staff nurses working in selected COVID care centers of Pune city.

Sample Size: 15

Sampling technique:Probability sampling technique

Data Collection & Analysis :In this study interview method was used. And the verbatim was categories into the codes and then extraction was done and hidden concepts was identified and merged in analysis.

Results:

Table: 1 - Demographic Data

Code No of Sample	Sex	Education	Area of work in hospital	Married /Unmarried	Number of Child	Post
1.	Female	B.Sc Nursing	ICU	Married	0	Nursing staff
2.	Male	GNM	COVID ward	Married	0	Nursing staff
3.	Female	B.Sc Nursing	ICU	Married	3	Nursing staff
4.	Male	B.Sc Nursing	Casualty	Unmarried	0	Nursing staff
5.	Female	GNM	COVID ward	Unmarried	0	Nursing staff
6.	Male	GNM	ICU	Married	0	Nursing staff
7.	Male	B.Sc Nursing	Casualty	Unmarried	0	Nursing staff
8.	Male	B.Sc Nursing	Casualty	Unmarried	0	Nursing staff
9.	Male	B.Sc Nursing	ICU	Married	1	Nursing staff
10.	Female	B.Sc Nursing	ICU	Married	2	Nursing staff
11.	Female	B.Sc Nursing	ICU	Married	1	Incharge Nurse
12.	Female	GNM	COVID ward	Unmarried	0	Nursing staff
13.	Female	GNM	COVID ward	Unmarried	0	Nursing staff
14.	Male	GNM	COVID ward	Married	2	Nursing staff
15.	Male	GNM	COVID ward	Married	1	Nursing staff

Table 2. Data as per the category

Main category	category	Sub-category
Care attrition	Feeling sad of inefficiency	
	Confused between nursing care delivery	
	convict in a fence of defensive equipment	
	Too much of work	
growth in future	The brilliancy	
	emergence during nursing care	feel affection
		human being care
supplies	The need to support	
	The need for psychological counselling	

Discussion: Analysis showed that nurses experienced many issues and challenge in such a sad and pathetic situation while taking care of corona positive client.

Conclusion: The study results reveals that it can createthe pathway for more researches on in which way the physical and mental health of frontline working can be improved while caring for such patient.

Ethical Considerations:Ethical approval was obtained from Institutional Ethics Committee.

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Conflict Of Interest: Nil

References:

1. Adams, J. G., & Walls, R. M. (2020). Supporting the health care workforce during the COVID-19 global epidemic. *JAMA*, 323, 1439. <https://doi.org/10.1001/jama.2020.3972>
2. Bai, Y., Yao, L., Wei, T., Tian, F., Jin, D.-Y., Chen, L., & Wang, M. (2020). Presumed asymptomatic carrier transmission of COVID-19. *JAMA*, 323, 1406–1407. <https://doi.org/10.1001/jama.2020.2565>
3. CDC. (2020). *Coronavirus Disease 2019*. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
4. Chung, B. P., Wong, T. K., Suen, E. S., & Chung, J. W. (2005). SARS: Caring for patients in Hong Kong. *Journal of Clinical Nursing*, 14, 510–517. <https://doi.org/10.1111/j.1365-2702.2004.01072.x>
5. Coronavirus Mortality Rate. (2020). *Death rate by age and sex of Covid-19 patients*. Retrieved from <https://www.worldometers.info/coronavirus/coronavirus-death-rate/>
6. Coronavirus Pandemic (2020). Retrieved from <https://www.worldometers.info/coronavirus/?#countries>. Accessed, A.

7. Eghbali, M., Negarandeh, R., & Froutan, R. (2020). COVID-19 epidemic: Hospital-level response. *Nursing Practice Today*, **7**, 81– 83. <https://doi.org/10.18502/npt.v7i2.2728>
8. Gorbalenya, A. E. (2020). Severe acute respiratory syndrome-related coronavirus—The species and its viruses, a statement of the Coronavirus Study Group. *BioRxiv*, 1–20. <https://doi.org/10.1101/2020.02.07.937862>
9. Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness. *Nurse Education Today*, **24**, 105– 112. <https://doi.org/10.1016/j.nedt.2003.10.001>
10. Hsu, C. C., Chen, T., Chang, M., & Chang, Y. K. (2006). Confidence in controlling a SARS outbreak: Experiences of public health nurses in managing home quarantine measures in Taiwan. *American Journal of Infection Control*, **34**, 176– 181. <https://doi.org/10.1016/j.ajic.2005.11.008>
11. Hui, D. S., I Azhar, E., Madani, T. A., Ntoumi, F., Kock, R., Dar, O., ... Petersen, E. (2020). The continuing 2019-nCoV epidemic threat of novel coronaviruses to global health—The latest 2019 novel coronavirus outbreak in Wuhan, China. *International Journal of Infectious Diseases*, **91**, 264– 266. <https://doi.org/10.1016/j.ijid.2020.01.009>