## Introduction

- The Pandemic that started in December of 2019, COVID-19, will, forever and vividly, be remembered by all whom experienced it.
- Nurses in both COVID and non-COVID units were at higher risk of experiencing psychological distress compared to other groups of HCWs
- Ruiz (2020) compares front line HCWs to combat veterans. Like combat veterans, many HCWs
- experienced "war zones" for more than a year • Nurses have been isolated and separated from loved ones, struggling with feelings of helplessness and self-blame for patient outcomes out of their control
- Current literature indicates that nurses who worked with COVID patients reported higher levels of psychological, behavioral, physical and emotional reactions such as:
  - ✓ posttraumatic stress disorder (PTSD)
  - ✓ depression, anxiety, acute stress disorder
  - ✓ complicated grief
  - $\checkmark$  negative affect
  - $\checkmark$  physical health problems
  - $\checkmark$  poor sleep quality

# **Study Design/Methods**

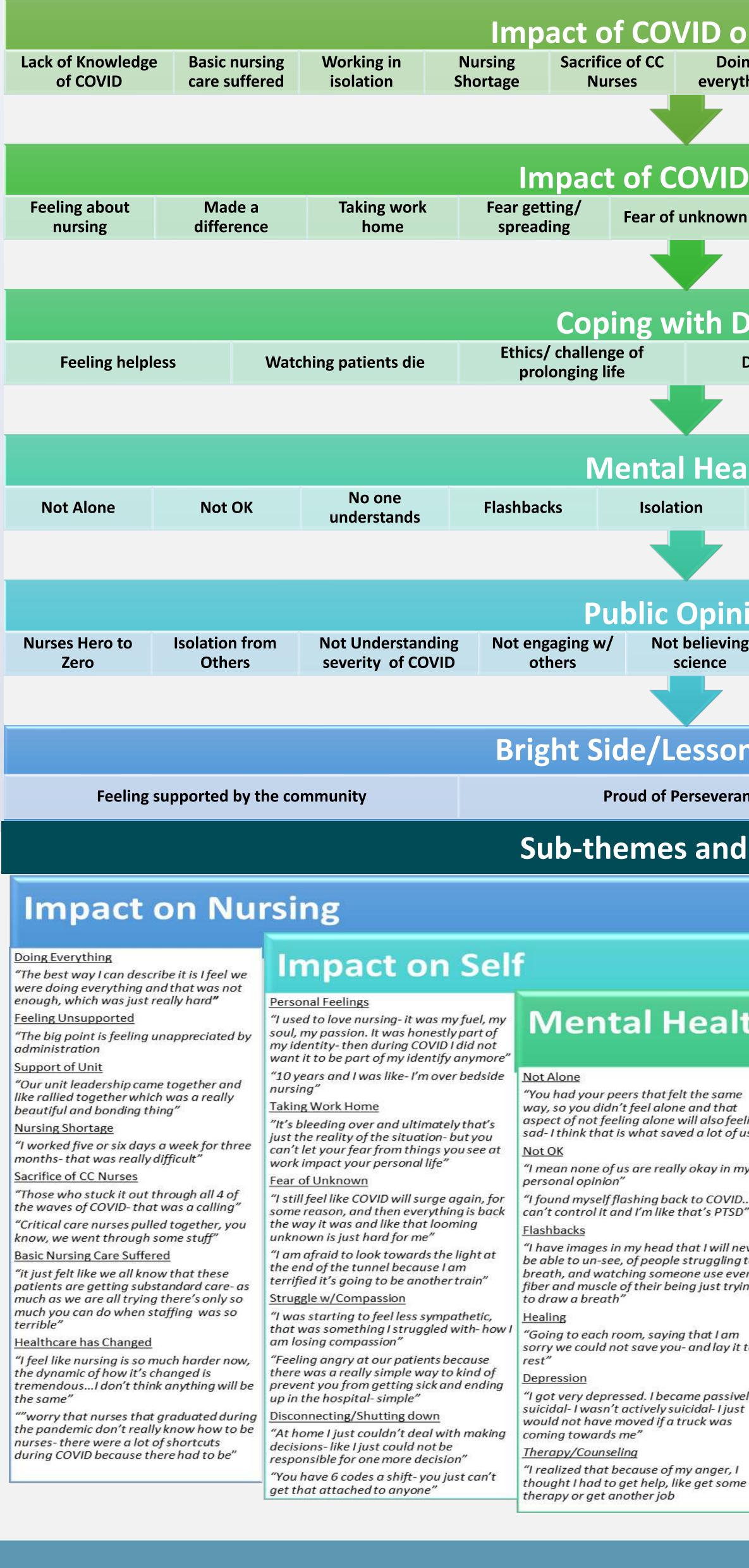
- > Qualitative phenomenological study using Interpretative Phenomenological Analysis (IPA) approach.
  - IPA is used to understand the lived experience of individual and explore how they make sense of that experience in their own personal context
- $\succ$  There were 9 participants that met the inclusion criteria
- Participants were consented and scheduled for an individual semi-structured interviews that was conducted by the PI via Zoom due to limitations of COVID and in person meetings
- > Participant were de-identified by assigning each interview a number
- > The individual interviews were transcribed and analyzed by the research team using IPA coding and theming
- Individual interview themes were than compared where the final overarching themes and sub-themes were determined

# The Lived Experience of Critical Care Nurses During COVID-19

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# **Themes and Sub-themes**

After analysis using Interpretative Phenomenological Analysis (IPA) there were 6 overarching themes emerged and within each themes there were sub-themes that were identified. (a) Impact of COVID on Nursing, (b) Impact of COVID on Self, (c) Coping with Death, (d) Mental Health, (e) Public Opinion, (f) Bright Side/Lessons Learned.



n	Nursing								
ng	Working ou	tside	Unsupport	ed by	Support of	Healthc	are		
hing			Leadersh	-	the unit	has chan			
0	n Self								
Support family/			w normal	Movir	g forward Struggle w/				
	friends					Compassio	on		
)ea	ath	0							
Deat	h everyday	Not l	ot having family present			Young people dying			
ltł									
	1	aking M	Iental Health	т	herapy/				
	Healing	-	granted		unseling	Depressio	on		
ior	ſ								
5	Doubting reality	Î	Maasiraa	Daliti		N 4 is in formers	tion		
	"hoax"		Vaccine	Politi	cs of COVID	Misinforma	τιοη		
n L	earned								
nce			L	.earned	to Valued Life	•			
Q	uotes								
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	Coping	wit	h Dea	th					
	eeling Helpless								
s" 10	Sitting there holding a pa ayers of PPE, barely heari	ng each oti	d in 15 her, and PU	Ibli	c Opir	nion			
a	the family is just sobbing and there is absolutely nothing you can do- yeah that's awful"								
Watching Patients Die			"In the l	Nurses Hero to Zero "In the beginning healthcare workers were like heros, and now its like nobody cares"					
death- it was dysfunctional for that long and keep doing it- you know?"			ong and "with a then the	"with a flip of a switch they are so thankful then they turn around and don't believe					
ver Death everyday <i>"I took care of I think 8 or 10 patients and by</i>			commu	anything that is being put out by the medical community					
ry the end of that six weeks not one of them ng survived"			hem Just be	Understanding the severity of COVID "Just because they didn't see it doesn't mean it					
"They will crash and burn and by the end of that day- the perfect storm- we 6 patients in			ients in pandem	wasn't someone else's lived reality. The pandemic was incredibly serious, and it really affected a lot of people's lives"					
to N	<i>4 hours"</i> O Not Having Family Present			Misinformation "So much could have been prevented but					
ti	with COVID ()you just di ime to build rapport and l he details"		through people v		ccinated because				
ly "	watching patients die alo		n the	Politics of COVID					
hardest- we are like their family" Ethical Challenges of Prolonging Life			"The firs	"Science is getting blocked by politics" "The first wave was hard because we didn't know what treatments worked- with the					
p	Is this right or ethically m atients we would keep al ecause the family wasn't	ive for wee	eks subsequ	subsequent waves,, politics made it difficult"					
d d	Death isn't always a failu leath is actually a better o	re- someti outcome be	mes "Frustra ecause engulfe	ted at peop d my life fo	ole saying it's a hoo r 2 years and you'r	e going to			
N	ve are prolonging things t	hat should	not be"   tell me	that this is r	not real- you're an	idiot!"			

Participant #	# Years in Nursing	# of Months worked	States worked	Days worked (per week)	Marital Status	# of Children
1	10	13	GA	3	Married	1
2	4	11	GA, NY, FL	5	Married	0
3	35	20	GA, FL	3	Married	2
4	9.5	20	GA	3	Married	1
5	7	5	ТХ	3-4	Single	0
6	12	17	GA	5	Married	0
7	10	24	GA	2-3	Married	1
8	5.5	10	CA	2-3	Single	0
9	10	24	IL	2-3	Married	0

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Special thank you to all the nurses that transparently shared their lived experiences with the team



Northeast Georgia Health System

# **Demographics of Participants**

# **Discussion/Limitations**

The study explored the lived experiences of nurses who cared for COVID patient and when analyzed there were many shared themes that reflect the emotions and feelings of nurses over two and a half years into the pandemic.

There are inherent limitations to qualitative research studies that aim to explore the lived experience from a small size. The sample is a result of purposeful sampling of nurses that cared for COVID patients. The analysis was systematically completed based on IPA guidelines and codes and themes were agreed upon by the three team members, however they are still limited to the interpretation of the team.

## **Implications for Practice**

The study highlighted the lived experiences of Critical Care nurses caring for COVID patients.

• Understanding the lived experiences of nurses can provide insight into the key factors contributing to employee satisfaction, engagement and ultimately retention

• Help hospital and nursing leadership to develop next steps to address the most important issues facing the nurses considering the impact that COVID-19 has had • Validates the lived experiences of critical care nurses and being heard can be the start for the healing process for so many other critical care nurses.