

The Lived Experience of Critical Care Nurses During COVID-19

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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
 - ✓ negative affect
 - ✓ physical health problems
 - ✓ poor sleep quality

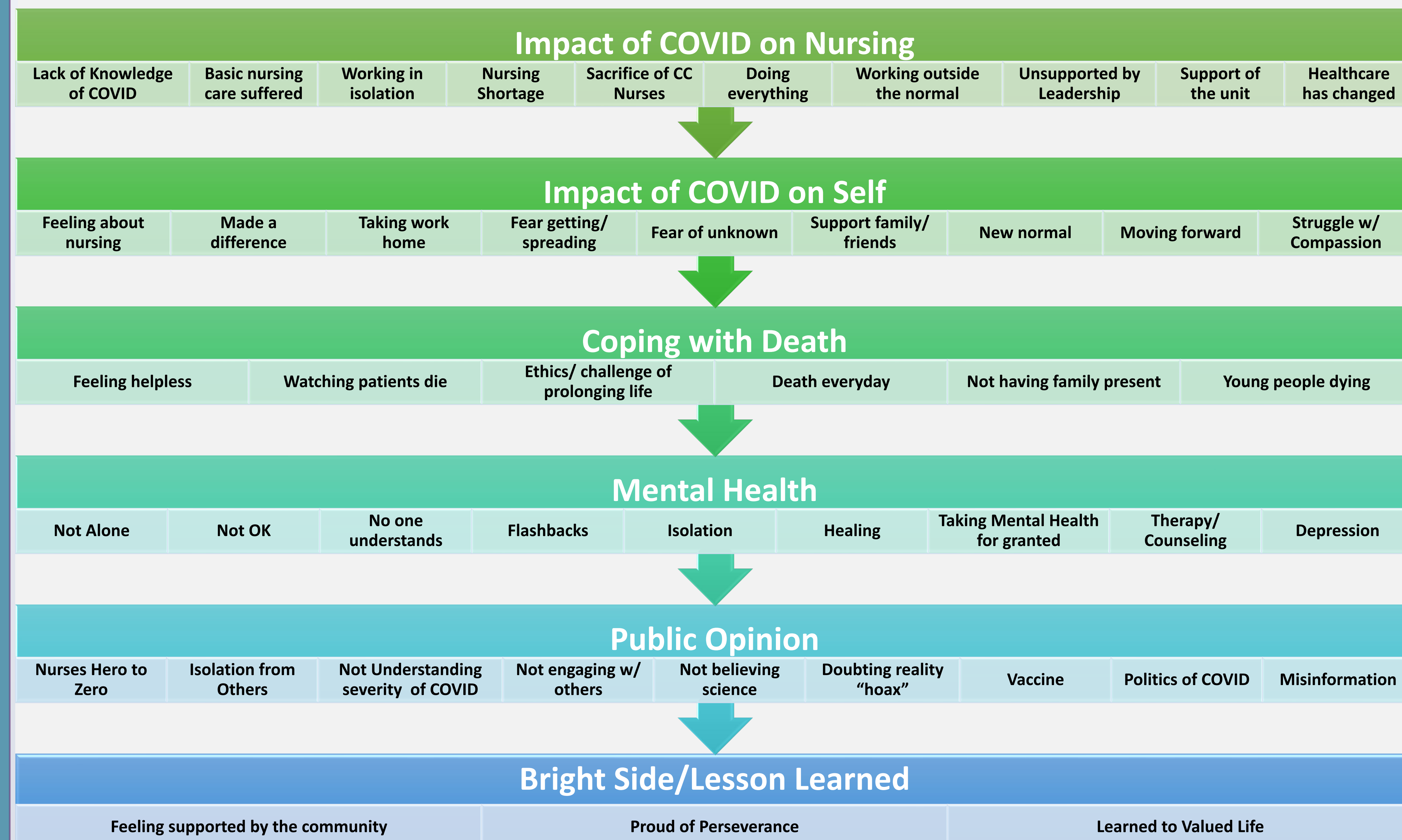
Study Design/Methods

- 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
- 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 then compared where the final overarching themes and sub-themes were determined

Themes and Sub-themes

After analysis using Interpretative Phenomenological Analysis (IPA) there were 6 overarching themes emerged and within each theme 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.



Sub-themes and Quotes

Impact on Nursing	Impact on Self	Mental Health	Coping with Death	Public Opinion
<p>Doing Everything "The best way I can describe it is I feel we were doing everything and that was not enough, which was just really hard"</p> <p>Feeling Unsupported "The big point is feeling unappreciated by administration"</p> <p>Support of Unit "Our unit leadership came together and like rallied together which was a really beautiful and bonding thing"</p> <p>Nursing Shortage "I worked five or six days a week for three months- that was really difficult"</p> <p>Sacrifice of CC Nurses "Those who stuck it out through all 4 of the waves of COVID- that was a calling"</p> <p>Basic Nursing Care Suffered "Critical care nurses pulled together, you know, we went through some stuff"</p> <p>Healthcare has Changed "I feel like nursing is so much harder now, the dynamic of how it's changed is tremendous...I don't think anything will be the same"</p> <p>"Worry that nurses that graduated during the pandemic don't really know how to be nurses- there were a lot of shortcuts during COVID because there had to be"</p>	<p>Personal Feelings "I used to love nursing- it was my fuel, my soul, my passion. It was honestly part of my identity- then during COVID I did not want it to be part of my identity anymore"</p> <p>Taking Work Home "It's bleeding over and ultimately that's just the reality of the situation- but you can't let your fear from things you see at work impact your personal life"</p> <p>Fear of Unknown "I still feel like COVID will surge again, for some reason, and then everything is back the way it was and like that looming unknown is just hard for me"</p> <p>Struggle w/Compassion "I was starting to feel less sympathetic, that was something I struggled with- how I am losing compassion"</p> <p>Disconnecting/Shutting down "At home I just couldn't deal with making decisions- like I just could not be responsible for one more decision"</p> <p>"You have 6 codes a shift- you just can't get that attached to anyone"</p>	<p>Not Alone "I have images in my head that I will never be able to un-see, of people struggling to breathe, and watching someone use every fiber and muscle of their being just trying to draw a breath"</p> <p>Healing "Going to each room, saying that I am sorry we could not save you- and lay it to rest"</p> <p>Depression "I got very depressed. I became passively suicidal- I wasn't actively suicidal- I just would not have moved if a truck was coming towards me"</p> <p>Therapy/Counseling "I realized that because of my anger, I thought I had to get help, like get some therapy or get another job"</p>	<p>Feeling Helpless "Sitting there holding a patient's hand in 15 layers of PPE, barely hearing each other, and the family is just sobbing and there is absolutely nothing you can do- yeah that's awful"</p> <p>Watching Patients Die "It is really hard to deal with that much death- it was dysfunctional for that long and keep doing it- you know?"</p> <p>Death everyday "I took care of I think 8 or 10 patients and by the end of that six weeks not one of them survived"</p> <p>Not Having Family Present "With COVID (...) you just didn't have a lot of time to build rapport and lead them through the details"</p> <p>Ethical Challenges of Prolonging Life "Is this right or ethically moral- we have patients we would keep alive for weeks because the family wasn't ready to let go"</p> <p>"Death isn't always a failure- sometimes death is actually a better outcome because we are prolonging things that should not be"</p>	<p>Nurses Hero to Zero "In the beginning healthcare workers were like heroes, and now it's like nobody cares"</p> <p>Understanding the severity of COVID "Just because they didn't see it doesn't mean it wasn't someone else's lived reality. The pandemic was incredibly serious, and it really affected a lot of people's lives"</p> <p>Misinformation "So much could have been prevented but people were not vaccinated because of misinformation"</p> <p>Politics of COVID "Science is getting blocked by politics"</p> <p>"The first wave was hard because we didn't know what treatments worked- with the subsequent waves, politics made it difficult"</p> <p>Doubting reality "Frustrated at people saying it's a hoax- it has engulfed my life for 2 years and you're going to tell me that this is not real- you're an idiot!"</p>

Demographics of Participants

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	TX	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

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.

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