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CLINICAL EXPERIENCES

The experience of working as a nurse during the COVID-19 era

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Abstract

The spread of COVID-19 infection is still being an awareness for nurses working in the Hospital. As documented, several nurses were exposed to that infection leading to increased prevalence. To prevent this, innovation must be made to optimize care and reduce infection rates. This clinical experience highlighted the importance of creating personal protective equipment. Also, the recommendation is provided mainly for the stakeholder to increase the production and the availability of that equipment.

Keywords: COVID-19; nursing care; clinical experiences; quality of care; awareness.

Introduction

As the first line of medical defense, nurses do their best to care for the patients in charge properly. They have improved the nursing profession due to the significant experiences they have gained throughout the COVID-19 pandemic. This research aimed to investigate the caring experiences of nurses working during the COVID-19 pandemic. When caring for individuals diagnosed with COVID-19, nurses face various problems that ultimately benefit the health and nursing professions. Throughout and after the epidemic, governments, legislators, and management are required to assist nurses. Nurses may face significant psychological challenges if they do not receive sufficient assistance, which can lead to burnout and frustration. Nurses are involved in various concerns, including screening, therapeutic collaboration, and the care of patients with this disease. The nursing profession is fraught with difficulties, including a shortage of knowledge, excessive work, an absence of free time, and numerous emotional and familial pressures. The following is the clinical experience of nurses in Indonesia working in COVID-19 wards:

I am one of the nurses in one of the Magelang Regency Hospitals. Here I will share stories in dealing with corona or COVID-19 patients. Since last November 2020, I have been assigned to the COVID ward. When you first got the order for placement in the isolation room, there was a feeling of fear of serving COVID patients. Fear of contracting the COVID-19 virus. Moreover, many colleagues have been infected with COVID-19, and some have even become victims. However, because of the support from friends and family, I have to keep my spirits up in fighting at the forefront. Because I believe that I have implemented the appropriate protocol using PPE and others. The support from my family is also very supportive of me to stay healthy and keep the spirit of serving patients.

I also faced new challenges when I was confirmed to have my first job as a nurse for a Corona patient. One of them in the hospital is that many patients experience stress because they have to be away from their families. Then, the negative stigma from the surrounding environment also adds to the mental burden of COVID-19 patients. However, I and other nurses continue to try to entertain patients by chatting and singing. I think all the patients in the isolation room are memorable, but the most touching thing is when they take care of a grandmother whose mind returns to that of a child who misses her child very much. The grandmother, when communicating, can only use the phone. He always wanted to go home, and crying made my heart touch. When we eat, we have to be fed, coaxed and persuaded to eat and take medicine until she says when she gets better, she wants to take me and her friends to her house and give her the harvest. It makes us laugh and joke. I also feel delighted when I see that there are COVID-19 patients who have recovered and can go home. Not infrequently, patients' return is also celebrated by our health personnel and returns with gifts from the hospital in the form of necessities. We are delighted when my friends and I see patients who are so happy when they can go home. And we are so excited and happy to see their joy (Figure 1).



Figure 1. Working in COVID-19 ward



Figure 2. Wearing special clothes

As a nurse, I realize I must be ready to be placed wherever I am. No exception when asked to work in the isolation of infectious disease patients. Especially when it was my first experience using a hazmat, usually I only used a hand soon, mask and medical gown. Still, because of the pandemic, I have to wear PPE complete with PPE that is so hot for about 5 hours, better known as hazmat. Hazmat, or decontamination clothing, is personal protective equipment consisting of waterproof materials to protect against harmful materials or viruses. To wear a hazmat, you must memories several steps in using and removing it. For the previous step, I had to change clothes from the uniform I wear from home to work clothes, don't forget to use pampers and then coat it with a gown that the hospital has provided.

*First, wear an N95 mask and then cover it with a surgical mask. Next, wear a nurse cap, either for me, who wears a hijab or my friends, whether non-Muslim or male, whose purpose is to keep hair from sticking out. Then proceed to wear a head covering or hair cap. Next, put on hazmat and sterile gloves that are long until the arms are covered with sterile gloves up to the wrist, plus a third layer of gloves. Because of my tiny body, I don't forget to modify the hazmat because no hazmat is small and fits me. I usually add a rubber band to the back of my head so the hazmat shirt doesn't sag. After that, I put on the cover shoes and the boots. Then wear an apron (white colour), glasses, and use the last helmet face shield. And make sure that there are no cavities or blemishes when using the equipment. The personal protective equipment must be worn for at least five hours while on duty. Every day I work three shifts. The shifts are divided into morning at 05.00-13.00 WIB, afternoon at 13.00-21.00 WIB and evening at 21.00-05.00 WIB. During 8 hours per shift, if the patient is safe, we divide two to enter 4 hours, but if the patient is not conducive, my friend and I have to use a full 8-hour hazmat (**Figure 2**).*

So sometimes I have to endure thirst, and hunger, hold back to urinate, and I can't be the least bit negligent, whether taking off or tearing. I must be disciplined until I take off my PPE, shower, clean up, and change clothes. For the first PPE removal, I had to spray alcohol on the hazmat clothes I was wearing from the top down to the boots. First, remove the face shield. Then go into a room to remove the boots, put them in the provided bucket, and close it again. Then remove the hazmat, cover shoes, medical mask, and second and third layer of gloves. Remember always to wash your hands with hand sanitizer after every step. Then using clean sandals, moved to the first room to remove the first cover and gloves. Throw away the diapers and put the work clothes in use along with the medical gown in the provided bucket. Then I took a shower using chlorhexidine, making my body slightly itchy. Many of my friends are also allergic to using chlorhexidine liquid. After cleaning, everyone changed into clean clothes.

That is a bit of my experience in the isolation room. Between worry, endure fatigue, heat. But it takes sincerity, sincerity and trust in Allah to carry out this task, and the most important thing is to consider the patient as our own family. And to avoid COVID-10, keep your health and fitness so that your stamina remains excellent and always think positively. Wash your hands properly with soap and water or an alcohol-based hand scrub. Wear a mask. Avoid going to public places. Avoid touching your eyes, nose and mouth before washing your hands and postponing travelling out of town where the virus is found. Avoid going out of the house if you feel unwell.

Discussion

Working as a nurse during COVID-19 is challenging. This is due to the workload in work times (Cheong et al., 2022). As the severity of COVID-19 patients increases, the number of HCWs should be increased. The workload of HCWs responding to the COVID-19 pandemic is much greater than in other clinical situations. A comprehensive workforce management plan for this phenomenon is needed to prevent nurses' burnout. Regular sleep could be a usual issue during practice. Some nurses may be working long days and have some difficulty in several situations (Al Maqbali, 2021). Therefore, it is essential to get quality sleep when having time during the day. In addition, Nurses caring for patients contracting COVID-19 have experienced significant psychological traumas due to workloads, adverse patient outcomes, and less social support (Shen, Wei, Li, Li & Zhang, 2022). Clinical nurses should be fully provided with information about early detection skills, coping skills and intervention for depression, anxiety, post-traumatic stress syndrome (PTSS)/post-traumatic stress disorder (PTSD), and other mental health problems (Havaei, Ma, Staempfli & MacPhee, 2021). Consequently, early intervention is critical as mental health disorders lead to body dysfunction and suffering and, in the most extreme situations, lead to fatality if not adequately cared for by professionals (Riedel, Horen, Reynolds & Jahromi, 2021).

Nurses and other health professionals do the work often overshadowed by other challenges, such as a shortage of personal protective equipment, artificial ventilators, oxygen generators, medicines, and immunizations (Firouzkouhi et al., 2022). During a pandemic, the healthcare systems try to control the situation and provide patients with a wide range of services. Even though nurses play a significant part in ensuring the public's health in emergencies such as pandemics, they confront unique challenges in managing the events when there are no predetermined specific standards or protocols (Liu et al., 2020). On the other hand, insufficient information is provided to adequately prepare frontline nurses for unforeseen occurrences such as epidemics of infectious diseases. The COVID-19 pandemic has provided nurses with a wealth of experiences that have the potential to be game-changing for the nursing profession (Roe et al., 2022).

Both nursing's strengths and faults become more apparent during the pandemic epidemic and the nurses' response to it until working conditions become more stable (Nair et al., 2022). The nursing profession is struggling with a lack of knowledge, insufficient preparation for the management of the pandemic, as well as staffing, facility, and equipment limitations. Aside from that, people have developed a newfound respect for nursing services due to the epidemic and have realized the importance of the nursing profession to humankind (Jerome-D'Emilia, Suplee & Linz, 2022). In addition, the good qualities of nurses' work, such as working as a team, having compassion for patients, and being willing to make personal sacrifices to save lives, are highly valued in healthcare systems. The findings of this study are compatible with the findings of another study, which found that nurses' lack of understanding of the COVID-19 pandemic, shortages of personal protective equipment, and lack of management procedures directly affect nurses' duties and result in challenges in giving correct treatment (Ding et al., 2022). The majority of the difficulties that nurses experience includes the potential for the spread of an infection, a lack of resources, workplace change, a lack of information, uncertainty, and fear, all of which contribute to poor performance and quality of care services. As a result of an increase in the number of patients who required extensive medical care during the COVID-19 epidemic, the tasks of nurses were reorganized. Because of the paucity of nurses, working shifts have been stretched out, and nurses now have additional responsibilities (Tan et al., 2020). The workload that nurses endure under normal circumstances is expected to increase significantly during a lethal pandemic since the likelihood of them facing even more unpredictable conditions is higher, and the nursing profession is more in the spotlight than it was previously (Kwon, Han & Park, 2022).

The shortage of medical facilities and staffing, high expectations of nursing, and nursing working at the treatment frontline are some subcategories that fall under the umbrella term "nursing beyond the challenges related to the pandemic." As a result of the COVID-19 epidemic, nurses are at the forefront of the treatment effort, which raises the bar for their management (Dziurka et al., 2022). Despite a lack of necessary safety equipment, the management and caregivers expect the nurses to provide standard care (Vejdani et al., 2021). As a result, nurses must spend a significant amount of time working at the hospital so that human resources shortages can be covered

and current protective equipment can be preserved in case additional shortages occur (Akkuş, Karacan, Güney & Kurt, 2022). During the COVID-19 epidemic, it is vital for healthcare facilities, particularly Intensive Care Units, where highly qualified nurses and staff cannot be efficiently supplanted. Protecting and sustaining the health of staff members is a top priority for these institutions. Finally, clinical nurses should be well prepared when working in the high-risk wards.

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