

INTERNATIONAL JOURNAL OF CURRENT RESEARCH

International Journal of Current Research Vol. 12, Issue, 05, pp.11667-11670, May, 2020

DOI: https://doi.org/10.24941/ijcr.38623.05.2020

RESEARCH ARTICLE

CHALLENGES FACED BY NURSING PROFESSIONALS WORKING IN HOSPITALS IN DEALING WITH COVID - 19 PATIENTS

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ARTICLE INFO

Article History:

Received 08th February, 2020 Received in revised form 14th March, 2020 Accepted 28th April, 2020 Published online 31st May, 2020

Key Words:

COVID-19, Nurses, Challenges, Nursing Professionals.

ABSTRACT

Background: Corona Virus Disease 2019 (COVID-19) pandemic, which has posed a major challenge to the health care systems across the world. Health care workers especially nurses are committed to serve the society and the biggest challenge they face today is to cure and care for the people affected with COVID-19. Objectives: This study aimed to identify the challenges faced by Indian nursing professionals working in hospitals and dealing with COVID - 19 patients. Methods: A self-administered questionnaire containing demographic details and challenges faced by nursing professionals in dealing with COVID-19 patients was prepared using Google forms and distributed to nurses of India through social media. Total 100 nurses from different hospitals of India were participated. Data were coded and analyzed using descriptive statistics. Results: The mean age of the participants was 35.09 ± 4.83 years, 72% were females and 60% had diploma education. 76% participants from Government hospitals setting and 88% were resided in urban areas. Majority of the participants 58% were responded that they were extremely concerned for the availability of PPEs in hospital. Approximately 84% participants reported that they required training related to donning and doffing of PPEs, infection control practices and care of COVID -19 positive patients. Separate screening and admission facilities for COVID-19 positive nurses, transportation, food and accommodation were found major workflow related challenges in hospitals. Approximately 32% participants were well prepared to provide care to COVID -19 positive patients and 75% were stressed and frustrated due to the workload. Conclusions: This study concluded that the common challenges faced by nurses across the country are: shortage of personal protective equipments (PPEs), inadequate training to deal COVID -19 patients, lack of accommodations, food and transport facilities for nurses, and separate screening, quarantine and admission facilities for nurses in hospitals. Flexible, adjustable policy and protocols can be made by hospital administrators and nursing leaders to overcome these challenges faced by nurses. Nurses are determined to win this war and make significant contributions to the health care of the society.

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Citation: Dr. Koushal Dave. 2020. "Challenges Faced by Nursing Professionals Working in Hospitals in Dealing with COVID - 19 Patients", International Journal of Current Research, 12, (05), 11667-11670

INTRODUCTION

The newest member of the corona virus family (2019-nCoV) has been recently identified that results in acute and severe respiratory syndrome in humans (Zhou et al., 2020). The first infected patient who had clinical manifestations such as fever, cough, and dyspnea (Du Toit, 2020) was reported on 12 December 2019 in Wuhan, China (Zhou et al., 2020). Since then, 2019-nCoV has spread rapidly to other countries via different ways such as airline traveling and now, COVID-19 is the world's pandemic problem (Worldometers, 2020). Low pathogen city and high transmissibility (Jiang, 2020) are the

two unique features of this new virus that distinguish it from other members of the corona virus family such as SARS-CoV and MERS-CoV; this subsequently makes it difficult to control so that after passing more than three months of identifying the first infected human, the rate of infection and mortality is still high and COVID-19 has become a great public health concern in the world. No antiviral agents have been recommended so far (Lu, 2019) and prevention is the best way to limit the infection. COVID-19 infection is a highly contagious disease and has affected a large population; the total number of deaths caused due to this virus has exceeded that caused by any of its predecessors. As on the morning of 7th May 2020, a total of 3595 662 confirmed cases has been reported from 215 countries of the world; also, there are 247652 confirmed deaths across the globe, as reported by the WHO.

India has registered a total of 53000 cases and around 1785 death due to COVID-19 infection till 7th May 2020 (MoHFW, 2020). It seems that the current widespread outbreak has been partly associated with a delay in diagnosis and poor infection control procedures (Omrani, 2015). As transmission within hospitals and protection of healthcare workers are important steps in the epidemic, the understanding or having enough information regarding sources, clinical manifestations, transmission routes, and prevention ways among healthcare workers can play crucial roles. Since nurses are in close contact with infected people, they are the main part of the infection transmission chain and their knowledge of 2019-n CoV prevention and protection procedures can help prevent the transmission chain (Al-Mohaissen, 2017).

The corona virus disease 2019 (COVID-19) pandemic which has posed a major challenge to the health- care systems across the world. Humans are at war with an invisible enemy that has endangered the health and life of people beyond imagination and has brought a lot of fear, stress, and uncertainty. These unforeseen circumstances have made to think, introspect and make prompt decisions as health-care professionals. As nurses are committed to serve the society and the biggest challenges are face today is to cure and care for the people affected with COVID-19. In recognition of nurses' contributions, the year 2020 was designated by the World Health Organization as the "International Year of the Nurse and the Midwife." Nurses, being one of the strongest pillars of the health-care delivery system are always ready to face challenges as frontline warriors. However, amidst the COVID-19 pandemic, health-care delivery has been severely impacted in India and nursing professionals across the country are facing various challenges in the current situation.

Objective: The purpose of this study was to identify the challenges faced by Indian nursing professionals working in hospitals in dealing with COVID - 19 patients.

METHODS

Study Design and Data Collection: To prevent the 2019nCoV outbreak through droplets and contact, an electronic web-based questionnaire was designed for data collection by using Google forms, with a consent form appended to it. The questionnaire was available to the participants through social media (Whats App, Facebook and Instagram). Study participants included nursing professionals of India working in the hospitals dedicated to the admission and hospitalization of COVID-19 patients. The participants were encouraged to roll out the survey to as many people as possible. On receiving and clicking the link the participants got auto directed to the information about the study and informed consent. Participation in this study was voluntary and the identification information of participants was not recorded anywhere on the questionnaire. Total 100 nurses from different hospitals of India were participated. Data was collected from April 6 to April 13, 2020.

Questionnaire and Data Processing: The online self-reported questionnaire developed by the investigators contained the following two sections. The first section included demographic data of the participants (sex, age, education level, and work experience etc). The second section identifies the challenges faced by nursing professionals to deal with CVID-19 patients.

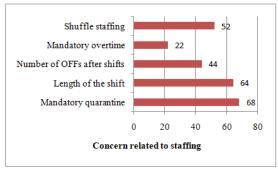
In this part of the questionnaire, total 30 items were included. Concern related to PPEs, safety, staffing, nursing training and knowledge, facilities available, workforce challenges, preparedness, direct care and workload related items were included to identify the challenges. The coded data were analyzed and the forms with considerable missing data were excluded. Descriptive statistics were used to describe the quantitative and categorical variables. Mean and standard deviation have been used to estimate the results of the study.

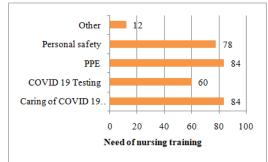
RESULTS

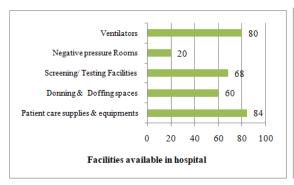
Demographic Characteristics of Participants: Total 100 responses were recorded. The mean age of the participants was 35.09 ± 4.83 years. Out of total 100 participants, 50 (50%) nurses were in the age group of 30 to 40 years. 72% were females and 80% participants were married. Regarding educational qualifications, 60% had diploma, 30% were graduate and 10% participants were post graduate nurses. Majority of the participants 76% were from Government hospitals setting and 88% participants were resided in urban area. More than half of the participants never worked in epidemic of infectious diseases. Most of the subjects were posted in COVID – 19 wards and screening centers. Approximately 28% of the participants were exposed to suspected or confirmed COVID-19 patients.

Challenges faced by nursing professionals: Out of 100 participants, majority of the participants 58% were responded that they were extremely concerned for the availability of PPEs in hospital. Approximately 80% participants reported that there was short supply of N95 mask and 44% and 40% reported limited availability of goggles and hood respectively. 64% participants were highly concerned for personal safety and safety of family members.

As shown in different bar graphs of Figure 1, 64% and 68% participants were concern related to mandatory quarantine and length of the duty shift and 44% were concerned for number of offs after duties. Approximately 84% participants reported that they required training related to donning and doffing of PPEs and care of COVID -19 positive patients. 78% participants responded that they need training related to personal safety. Moreover, 84% participants were concern related to patient care supplies and equipments and 68% were concerned for donning and doffing spaces in COVID - 19 wards. 80% participants also shown concern related to availability of ventilators for patients in hospital. Transportation and accommodation facilities of staffs and separate staff screening for COVID - 19 were reported major workflow related challenges in hospitals. Around 56% participants were reported supplies of linen, kits and equipments related workflow challenges. As shown in different pie graphs of Figure 2, 54% participants acknowledged that they were somewhat prepared to deal with COVID-19 patients and 32% were well prepared to provide care of COVID -19 positive patients in hospital. 72% nurses reported that they had never provided care to COVID-19 patients. Moreover, 75% participants responded that they were stressed and frustrated due to workload. 44% nursing professional were extremely concerned because of their underlying health issues and 18% were concerned because they were living with COVID-19 positive person.







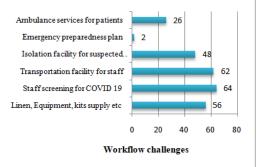
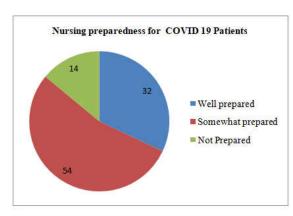
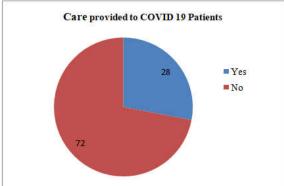
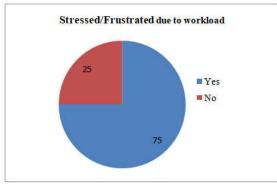


Figure 1. Bar graphs showing challenges faced by nursing professionals







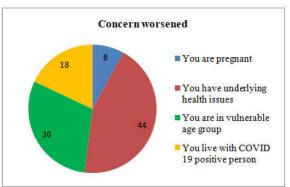


Figure 2. Pie graphs showing challenges faced by nursing professionals

DISCUSSION

All epidemics and pandemics have their unique characteristics in terms of causality, progression and control measures. It is crucial to provide health education and create awareness during such situations for effective prevention of disease spread (Johnson, 2017). COVID-19 is a highly contagious disease, hospital-related transmission of the virus is still a very large threat to health-care workers and nurses are at the front lines of care and are thus more susceptible to infection (Lishan Huang *et al.*, 2020).

Some of the common challenges faced by nurses across the country in this situation are: shortage of experience staff in dealing with infectious diseases, shortage of personal protective equipment (PPE) essential to prevent spread of infections such as mask, lack of accommodations and transport facilities for nurses, separate screening, quarantine and admission facilities for nurses, physical exertion and stress due to workload, concern regarding personal and family safety, communication gap between the hospital authorities and nursing leaders causing confusion and delay in decisions.

It is essential to empower nurses with the right education and skills in handling crisis so that they can confidently deal with challenges. Communication with the management on a day-today basis and implementation of decisions will be effective to deal with this situation. Standard operating procedures and infection control policies should be formulated by experts and made readily available to all nurses for reference, whenever required. Regular visits from the supervisors and daily monitoring of the clinical areas can motivate the nursing staff to adhere to their duty schedules. The duty could be designed in such a way that the nurses get sufficient time to rest. Special care can be taken when assigning duties to the nurses working in the intensive care units, isolation wards and screening outpatient departments, so as to reduce their exposure to suspected COVID-19 positive patients. Administrator can be deputed and trained a few nurses to attend to fever and suspected isolation patients and ensured that they can available in all shifts to deploy in case of absence of the designated staff. Accommodations, nutritious food and other facilities must be made available to nurses who are working in COVID-19 areas and during their quarantine period. Separate screening and admission facilities in hospitals must be made available for nurses who tested positive for COVID-19.

Arrangement of transport facilities to and from the hospitals can be ensured safe travel for the required number of nursing staff for continued care of the patients. Quarantine beds and facilities for personal hygiene can be assigned in designated areas for nurses who are suspected of having contracted the infection to rest in quarantine when awaiting the reports. An adequate number of PPEs can be made available in the required areas, their judicious use should be ensured by personal communication as well as logbooks maintain in these areas; this can be helpful in restricting the visits of health-care personnel to isolated areas. Online or telephonic counseling session can be provided to nurses and their families to reduce their anxiety and stress.

Limitations

The study is limited to the nurses who had smart phones, e-mail IDs and access to social media (Wtsapp, Face book and Instagram). Study was done on small sample size and cannot be generalized to the whole population.

Conclusion

Nurses are one of the strongest pillars of the health-care delivery system and they are always ready to face challenges as frontline warriors.

Flexible, adjustable policy and protocols can be made by hospital administrators and nursing leaders to overcome these challenges faced by nurses. Battle with COVID-19 has presented with learning opportunities for nurses of India. Nurses are determined to win this war and make significant contributions to the health of the society.

Conflict of Interests: The authors report no conflicts of interest.

Funding / Support: None.

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