Life Inside COVID’s Den, A Nurse’s Perspective
I knew that I was getting into it and I choose it

Kusum
G D Matron, Military Hospital Kirkee, Pune, Maharashtra (410020), India

Abstract: I was looking through the window of COVID ICU and I realize I might see someone die, I did not know who that patient was but I was filled with immense grief as she edged closer to death by the hour, what I did not know yet was by the time I leave after 8 hours I would witness two more deaths. The vaccine offers hope but the sad truth is that the virus continues its brutal slaughter inside the ICU’s all over the world, and the health workers are over worked, underpaid and emotionally as well as mentally traumatised in this pandemic situation after witnessing so much of deaths. Besides these they fear infecting their near and dear ones or themselves falling prey to the deadly foe. Its war out there but no cease fire in the horizon.

Keywords: ICU, HCW, COVID19, NIV, COVID care units, nurse

1. Why you should read this article

- To understand the emotional, mental, physical and psychological stress of nursing staff working in COVID ICU and acute COVID care units
- To identify the changing trends in nursing specially related to this pandemic condition
- To learn from the first hand experiences of a COVID ICU nurse

2. Introduction

Since the first outbreak of disease in Wuhanchina, the health care workers were really put to test all this time as COVID 19 has spread across the globe. The rapid and undetected spread of COVID 19 and the high mortality rate from COVID 19 related pneumonia have combined to create current pandemic crisis which is impacting greatly on health economics and social life on global scale. Massive medical manpower and resources have been invested in the prevention and treatment of severe COVID, increasing the burden on and even threatening the exhaustion of healthcare system across the world. Along with this restrictions on normal life, trade activities and travel as well as lock downs in cities and countries to prevent the spread of this disease has affected the economy of world adversely. Threatening an economic depression. In addition to financial woes, psychological reactions such as fear of infection, uncertainty, worry, anxiety and panic have been reported globally.

Learning outcomes
The aim of this article is to express and share learning experience of working in a COVID ICU under a pandemic situation where world is experiencing a health care emergency and shortage of health care facilities and HCW as well. The global COVID 19 pandemic has challenged nursing leaders in many ways that could not be imagined some time back

Role of nurse
Nurses are the frontline healthcare workers, who work across the length and breadth of the world in acute care hospitals under this pandemic situation. The multiple roles and functions played by nurse are important particularly their ability of adapting to the new normal, the zeal, enthusiasm and resilience in providing health care to the sick and grieved ones.

Various domains under which nurses work

Health education
It should cover the activities of infection prevention which includes
- Washing hands regularly
- Avoiding touching eyes, nose, mouth
- Cancellation of group activities and communal dining

Early detection of disease
- Worsening Respiratory symptoms

Screening services - screening team of nurses basically focus on screening the individuals who are on potential risks for infections whereas a support group helps those who are under isolation due to COVID 19

Preventing Nosocomial infection – it includes both nosocomial infection prevention and surveillance, nurses screen suspect cases, implement precautions, (injection safety, medication storage, disinfection, wastage handling, PPE, disinfection) educate and train families and health care staff to prevent nosocomial infection.

Protecting vulnerable groups - protecting patients with immune deficits or underlying respiratory illnesses. these patients are at significantly high risk for COVID 19 rather than general population for e.g. Patients with cancer who are currently receiving chemotherapy as well as those who are on immunsuppressive drugs must be educated enough and cared for to prevent infection.
Direct care to COVID 19 patients these patients are generally present with minor ILI symptoms to severe pneumonia which may lead to mortality in every age group but high risk group include older adults and patients with immune deficits. Nurses provide high level of care to those who are infected and symptomatic particularly with severe condition. In ICU health care staff gears themselves in PPE and provide direct care to those who require so that they can recover from COVID 19 pneumonia and other complications, along with life sustaining care psychological support is given to the patient so that they recover from the panic and distress.

### Changing trends in nursing during pandemic

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### Adapting boldly

Nurses are adapting to this new stressful working environment, as where they have too less time for decision making with sometimes too little, too much, or conflicting information, shifting priorities and indecisiveness which is a part of such environment. In this situation where nursing leaders don’t have luxury to take adequate time to take and rethink and reanalyze their decisions. But nurses have not only shown but proved to be effective leaders and presented their excellence in bold decision making

### Emotional volatility

– nurses are considered to be empathetic professionals, in this contagious disease scenario when they can’t provide warmth by a hug, it is expressed to patients by their smiles, reflecting in their eyes, their cheerful voices. “Managing patients with complex illness without presence of family members was not only difficult for the patients but also challenging for the staff”

### New normal

I haven’t seen my family for a month, I may have social blunting

I have kept myself safe for you, I am a COVID nurse

It was early in the morning the patient was not maintain saturation and refusing for non invasive ventilation, due to immense fear and trauma of death. I feared that, I might not have time to be at patient bedside due to high demands of providing care, but I was able to program a video call for the patient with her new born twins and virtually connect her to her family, the patient got hope to live and fight for life

### No visiation policy diseased /not

As I write this experience, I believe this has made me a better nurse leader, i realized that sometimes we can make exceptions balancing the risks and benefits carefully to assure our professional ethics as well as provide the care with compassion they need

It was after almost handing over time of the shift when we were witnessing one more death of an 62 year old in COVIDICU. But due to strict no visitation rules, apart from patient we had to simultaneously witness grieving relatives of that patient who was inclining towards death every minute. My colleague asked me, with heavy voice “can’t we do something for them beyond black and white policy” After weighing the risk and benefits and permission of administrative authorities we let the relative see the patient with personal protective equipment

### Staffing and resource shortage

While hospitals, teaching institutions and health care delivery system develops plans for disaster management but when this pandemic played up, our disaster drills almost failed out. sub acute wards converted to ICU’s with least resources schools, accommodations, gymnasiums, parking lots converted to health care facilities and patient care units. new and creative ways came up to fulfill the resources as the pandemic flared out. as it became clear that more trained staff would be required for providing care for COVID 19 patient for short term training was given to already existing health care workers. to increase the effectivity of care and to prevent nosocomial infection--

“in a hectic scheduled day working alone inCOVIDICU, looking after 16 patients including three on mechanical ventilation, three on NIV and rest on oxygen reminds me of scope of improvement for staffing patterns in our COVID care units”

“As a part of new normal I began my day and was taking round in COVIDICU with medical and critical care team as, finished the round in COVIDICU and reached to step down side, a young 57 - year - old lady was not maintaining O₂ saturation. Intensivist examined the patient and declared she requires mechanical ventilation. "Due to non availability of ventilator bed the patient was shifted to another branch of hospital.

### Telemedicine & Telenursing

It is an important aspect which was existing prior undoubtly, but has become more common and handy for medical and nursing staff these days, as it is difficult for the staff and senior physicians to visit the patient care units after the scheduled rounds, due to scarcity of HCW as well as to avoid the risk of infection and preventing wastage of available resources

“First day of screening ICU, i being the senior nurse on duty had to take virtual rounds with senior most physician of the hospital, facing him through a glass window it was challenging for me to carry charts of all the patients, keeping phone in one hand and simultaneously explaining about the
patients showing from the glass window and demonstrating charts as well as writing instructions”

Tele-health has a potential to reduce healthcare costs, improve patient outreach and health outcomes and change the way providers treat their patients.

Similarly, tele-nursing or tele-health nursing is defined as the nursing services provided through an electronic platform, this includes phone calls, video conferencing and remote monitoring through devices like blue tooth connected blood pressure monitors

**Continuing nursing education**

in view of spread of COVID 19 disease CNE has been affected in a different way, because mass gathering restrictions are there so, seminars, induction training and other individual interactive sessions are not possible these days. But at the same time updating of knowledge is must for combating this newly spread viral infection and as well as for professional growth of nurses across the world which is done these days, in form of webinars, workshops, online courses, Video conferencing, publications. Many authors have pen down their experience about their journey in COVID 19.

**Self care trends**

Self care is a vital component of nursing practice is essential for wellbeing of human beings that is both patients and nurses however; nurses tend to focus more on patient care and often pay little or no time to self-care. nurses tend to neglect the self care practices which improve their emotional and psychological health. But in this pandemic situation many online classes, groups for stress relief have been activated to help health care workers so that they can cope up with stressful work environment.

**Self care tips for nurses**

- Take restroom beaks whenever possible
- Plan healthy meal & snacks
- Choose exercise you enjoy
- Keep in touch with family and friends
- Be mindful
- Stay hydrated while this may be seem obvious, staying hydrated is often a challenge for nurses
- Be mindful

3. **Conclusion**

Nursing is a profession requires great intelligence, motivation and determination since nursing school can be hard and shift duties are even more challenging, its important to remain inspired specially in this pandemic situation when we are the pillars of health care system

**Focus on facts**

- Avoid using sensational news on social media, which impact your mental state
- Don’t spread and share any unverified news or information further

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