

Feelings and Motivation of COVID Ward Nurses: Psychological Impact of COVID 19

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Abstract: The COVID 19 pandemic had a significant impact on the nurses working closely among patients with COVID 19. This study aimed at determining the psychological impact (staff feeling, motivating factors) of COVID 19 pandemic among nursing personnel involved in caring patients with COVID 19. Participants who had experience of taking care of COVID 19 patients for minimum of one week completed self-administered tool to determine feelings of nursing staff and motivating factors that would motivate the nursing staff to continue to care the patients in this pandemic and to involve themselves as care provider in the possible future outbreak. Descriptive and inferential statistics were used to interpret the results. Three fourth of staff (76 %) had expressed that they feel professionally obligated to continue taking care of patients with COVID 19. More than half (55%) of the staff had felt nervous and scared to work in COVID areas and 47% of staff had expressed fear of spending more time with patients with COVID. Availability of medical benefits (98.81%), adequate PPE (97.62%), counseling services (97.62%) including vaccine (91.67%) and consideration in the duty schedule (98.81%) were agreed to be major motivating factors by the staff. All the staff were happy about provision of refreshment in their respective clinical areas. These are the considerations that must be made in order to inspire and motivate nursing staff to work in the possibility of a pandemic in the future. There was no evidence of an association between demographic factors and psychological impact.

Keywords: COVID 19, psychological impact, staff feeling, motivating factors, nurses

1. Introduction

COVID 19 is an emerging infectious disease with a lot of uncertainties in regard to clinical picture, diagnosis and management measures. Nurses were the frontline forces to take up this challenge to provide care to the patients with COVID 19 though they too had a lot of mixed emotions, stress and anxiety towards possible contraction of the infection and spreading it to their family members and friends.

The experiences of the nurses on SARS (Severe Acute Respiratory Syndrome-CoV1) pandemic also brought out nurses' experiences of fear, uncertainty, mismanagement of information, negative feelings, unpreparedness, fear of contacting infections and possible mortality.¹⁻³

Impact on psychology of COVID 19 pandemic among nurses in China reveals that 62.03% had no anxiety symptoms, 34% had mild anxiety, 3.53% had moderate anxiety, and 0.44% had severe anxiety. 32.23% of participants had excessive stress. It was also found that 50.55% participants were more likely to respond positively to stress, while 49.45% were more likely to respond negatively.⁴

The severity of fear, anxiety, and depression was significantly different between clinical and nonclinical groups, according to a cross sectional survey conducted by Lu W, et al⁵(2020) on psychological status of medical workforce during COVID-19 pandemic. Front-line medical personnel with direct contact with infected patients, such as those working in the departments of respiratory, emergency,

infectious disease, and intensive care, scored higher on the fear scale than non-clinical staff, and they were 1.4 times more likely to experience fear, twice as likely to suffer anxiety, and twice as likely to suffer depression.

Being the part of COVID team nurses, the investigator also observed that nursing staff were under high psychological pressure due to workload, COVID protocols, fear of contracting infections to self and spreading to their family members. Hence this cross-sectional descriptive study was undertaken to determine the psychological impact of COVID 19 pandemic among nursing personnel involved in caring patients with COVID 19 with the following objectives.

Objectives

- 1) To determine the psychological impact (staff feeling, motivating factors) of COVID 19 pandemic among nursing personnel involved in caring patients with COVID 19.
- 2) To find an association between the selected demographic variables and psychological impact (staff feeling and motivating factors) of COVID 19 pandemic among nursing personnel involved in caring for patients with COVID 19

2. Method

Design and sampling

The research was conducted using a descriptive cross-sectional study design among staff nurses taking care of patients with COVID 19 in Medical Nursing Department of Tertiary care hospital of south India. The nursing personnel

who had the experience in taking for the patients with COVID 19 for minimum of one week were included in the study. The total number of nursing staff were 84, selected using random sampling method from all three shift. The informed consent was obtained from the participants. They were instructed to complete the self-administered questionnaire.

Data collection instrument

The study tool is derived and modified from the "SARS tool" by Lee et al⁶, 2003 and "MERS-CoV staff questionnaire" used by Imran Khalid et al⁷, 2012. This tool is further modified by the investigator of the current study with the permission of the authors to make it applicable to the setting and population of this study. The questionnaire was administered to 10 nursing personnel to pilot test and modifications were not needed. The tool had two parts. Part A dealt with the demographic variables of the study subjects and Part B had self-administered tool with two sections to determine the psychological impact of COVID 19 among nursing personnel caring patients with COVID 19.

The first section of the tool consists of 5 items that explored staff feelings during the COVID 19 outbreak. Each item needs to be rated as per the severity of the feelings on a 4-point scale (0=not at all; 1=sometimes; 2=Often; 3=Very often). The content validity index score of this section was 0.97.

The second section consisted of 10 possible incentives that could promote willingness to participate in any future COVID 19 or other epidemic. These were rated on a 4-point scale (0=Not at all important, 1=Important, 2=Very important to 3 = Extremely important. The content validity index score of this section was 0.98.

Data analysis

Statistical analysis was performed using SPSS 23.0 Statistics. Descriptive statistics was used to analyze the demographic distribution, feelings and motivating factors with frequency, proportions (%), mean, and standard deviations. Chi square test was used to find association between psychological impact and demographic variables. A 'p' value of < 0.5 was considered to be statistically significant in this study.

3. Results and discussion

Part A: Demographic Characteristics of nursing personnel

Table 1: Distribution of subjects based on demographic variables

Demographic characteristics	Variable	Percentage n=84
Age in years	21-40 years	96.4
	>40 years	3.6
Gender	Male	19.7
	Female	89.3
Marital status	Married	47.6
	Single	52.4
Children at home	Yes	47.6
	No	52.4

Elder at home	Yes	69
	No	31
Number of family members	Upto 4 persons	61.9
	5-6 persons	26.2
	>6 persons	11.9
Place of stay	Hostel	22.6
	Home	77.4
Place of work	General ward	27.4
	ICU	72.6
Work experience	Upto 5 years	53.57
	>5 years	46.43
Duration of working with COVID patients	2 to 8 weeks	21.5
	> 8 weeks	78.5

According to the demographic data, many of the nurses (89.3%) were female. The vast majority of the nurses (96.4 %) were between the ages of 21 and 40. Almost half of the nurses (46.53 %) have worked for more than five years. Around half of the nurses were married (52.4%), and 47.6% of them were having children at home. Most of the nurses (69%) had elderly relatives to look after at home.

More than three-quarters (77.4%) of them were working in intensive care units, since we had planned more intensive care units for managing patients with COVID 19. Most of the nurses (78.5%) had worked in COVID area more than 8 weeks.

There was no association between the demographic variables and the psychological impact of the nursing staff in regard to their feelings and motivating factors.

Part B: Psychological impact: feelings and motivating factors

Section 1: Feelings of nursing personnel

Table 2: Feelings of nursing personnel caring for patients with COVID 19

Staff feeling during COVID outbreak	Percentage of staff answered "yes"	Mean score $\pm$ SD (On the scale of 1 to 3)
General feeling		
I felt nervous and scared	65.47	1.40 $\pm$ 0.66
Job responsibility		
I felt that I had to do my job as it was my professional duty	76.19	2.45 $\pm$ 0.75
I have thought of quitting my job	26.19	1.55 $\pm$ 0.80
Risk of contracting infection:		
I feared spending more time with patient with COVID	55.92	1.40 $\pm$ 0.65
If alternate option was given to me, I would have opted to work in Non-COVID area	39.29	1.39 $\pm$ 0.70
Physical strain:		
I thought of availing sick leave/ availed sick leave	39.29	1.33 $\pm$ 0.65
I felt overloaded in work area compared to staff in Non-COVID area	55.95	1.38 $\pm$ 0.64
Social stigma about COVID 19:		
I felt that employees working in non-COVID areas are avoiding me	39.29	1.64 $\pm$ 0.82
I was disturbed that my neighbours and friends at home/hostel are avoiding me	50.00	1.69 $\pm$ 0.78

Section 1, which explored the feelings of the staff towards caring patients with COVID 19, yielded some interesting results (Table 2). Three fourth of staff (76 %) had expressed that they feel professionally obligated to continue taking care of patients with COVID 19. Though half of the staff had felt nervous and scared to work in COVID areas, only 33% of the staff had thought of the option of working in Non-COVID areas. Nearly half of the staff (47%) had expressed fear of spending more time with patients with COVID. These findings reflect the feelings of the health care workers during SARS and MERS outbreak measured by Lee et al⁶, 2005 and Imran Khalid et al⁷, 2016 respectively.

Whatever is the medical emergency, nurses are the front liners to respond to it. Outbreak of the infectious diseases places a huge responsibility over the nurses along with psychological consequences. Hoesinabadi et al⁸ (2020) also confirmed in their study that nurses burn out overtime due to their nature of nurses' job faced with various challenges arising from emerging diseases and the burnout level is almost higher in frontline nurses in comparison to other nurses during COVID pandemic.

Section 2: Motivating factors of nursing personnel

Table 3: Motivational factors of nurses to encourage continuation of work in future outbreaks

Motivating factor	Percentage of staff answered yes	Mean score and SD On the scale of 1 to 3
Supply of adequate personal protective equipment	97.62	2.65±0.62
Availability of Vaccine	91.67	2.2±0.85
Medical benefits if infected from work area	98.81	2.36±0.74
Recognition by providing certificate from management	86.90	2.23±0.79
Availability of counselling services	97.62	1.85±0.65
Provision of extra off in duty schedule	98.81	2.36±0.74
Reduced working hours during outbreaks	95.24	2.24±0.80
Rotating staff between infectious and Non-infectious clinical areas	77.38	1.92±0.89
Support from immediate supervisors	98.81	2.18±0.75
Provision of refreshment in clinical area	100	2.27±0.70

Availability of medical benefits (98.81%), adequate PPE (97.62%), counseling services (97.62%) and vaccine (91.67%) and consideration in the duty schedule (98.81%) were considered to be major motivating factors by the staff. All the staff were pleased with the provision of refreshments in their respective clinical areas. These are the factors need to be considered to motivate the staff to work with any pandemic situations even in the future

Study findings of Poortaghi, Shahmari and Ghobadi⁹ (2021) brought out the nursing managers perceptions of workforce management during outbreak of COVID 19 that management of workforce in terms of recruitment, arrangement and retention such as considering willingness of the staff to work in COVID ,flexible work schedule, rearrangement of the workforce, motivational measures, and

psychological support were vital elements in managing the COVID 19 pandemic. In our setting also measures were taken to support the work force of nurses to continue their enthusiasm and prepare them to work effectively in the future possible outbreaks with different strains.

Shortage of nurses in COVID area was predicted worldwide due to high volume of workload and fear of contacting infections. As a result, meticulous steps were taken to ensure that the COVID area had a suitable and sufficient workforce. Careful screening of the staff was done by the nurse managers to find out contraindications to work in COVID and the staff those who were pregnant, having comorbidities and immunological disorders were carefully excluded. All the staff those who were allotted to work in the COVID area were trained on nursing care of patients with COVID focusing on infection control and their donning doffing competencies were assessed before placing them in COVID area. Duty schedule was made to rotate the staff in COVID area with other wards. Adjustments were made in the shift duties to provide adequate rest periods.

4. Limitations

There are few limitations of our study. The sample size was not large enough to focus the staff responses based on levels of COVID care setting. It is a single center experience in a NABH accredited multi-specialty tertiary care hospital. The results could vary in smaller hospitals.

5. Conclusion

Guidelines from administrators who systematically approached all the surging issues, and the appropriate and timely solutions were great strength amidst the challenges faced by the nurses. Measures were taken to make them feel that they are not alone. When doubts were clarified, they expressed sense of confidence in taking care of patients with COVID 19. Strong professional support from nurse leaders, and when regularly updated with the developments in treatment for COVID-19 infection motivated them to provide comprehensive care to their patients.

Nursing supervisors need to be supportive and take efforts in understanding their feeling and emotions of their staff and take measures to resolve them and ensure positive feelings among the nursing staff. Effective and systematic stress management program need to be developed to equip nurses to cope against possible future outbreaks of infectious disease pandemic.

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