

Psychological Experiences of Nurses Caring for COVID-19 Patients: A Qualitative Study at Gauhati Medical College and Hospital, Assam

Nandita Deka¹, Dr. Kalpana Nath², Geeta Baishya³

¹Assistant Professor

Email: neetadeka4[at]gmail.com

²Lecturer

Email: kalpananath84[at]gmail.com

³Lecturer

Email: geetabaishya1984[at]gmail.com

Abstract: *This qualitative study explores the psychological experiences of nurses caring for COVID-19 patients at Gauhati Medical College and Hospital, Assam. Using a phenomenological design and purposive sampling, in-depth semi-structured interviews were conducted with 25 nurses. Thematic analysis revealed twelve major themes, including psychological distress, organizational challenges, emotional tolls, and coping mechanisms. The findings highlight nurses' fears of infection, feelings of isolation, exhaustion due to PPE use, and struggles with uncooperative patients. Despite these challenges, many participants expressed pride and personal growth through their roles. The study underscores the urgent need for better training, support systems, and recognition for nursing professionals during health emergencies.*

Keywords: Psychological Experience, COVID 19, Nurses' mental health, Coping strategies, Qualitative study

1. Introduction

‘Nursing is an art and if it is to be made an art, it requires an exclusive devotion, as hard a preparation as any painter or sculptor's work.’

Florence Nightingale

Background of the Study

COVID-19 has been listed as an international public health emergency^[1]. COVID-19 is a newly identified disease that rapidly infected populations worldwide. The World health organization declared the disease as a pandemic on March 11, 2020 due to its rapid spread throughout most countries across the globe^[2]. Coronavirus disease 2019 (COVID 19) is caused by the severe acute respiratory syndrome coronavirus 2 (SARS-Cov-2), which was discovered as result of unexplained cases of pneumonia in December 2019 in Wuhan, China for the first time^[3]. The official names of COVID 19 and SARS-CoV-2 were issued by the WHO on 11 February 2020.

Coronavirus disease 2019 (COVID-19) is considered as the most dreaded disease that has spread all over the world in the recent past. Despite its outbreak in December 2019–January 2020, a few continents and countries such as India started to experience a significant number of COVID-19- positive cases from March 2020. SARS-CoV-2, a highly contagious coronavirus, expanded from Wuhan, China to all over the world within few months and by the end of March 2020, COVID-19 spread was considered as the first wave of infection.^[3]

The first case of COVID-19 was confirmed in India on 30 January 2020 in three towns of Kerala, among three Indian

medical students who had returned from Wuhan, the epicenter of pandemic, which was the first one to be reported since the beginning of the outbreak in China in December 2019^[6].

Until July 14, 2021, the worldwide numbers of affected and deceased patients with COVID-19 were 188,806,829 and 4,068,854, respectively.^[8] In India, until July 14, 2021, the number of people contracting the virus was 30,954,549 with the death toll standing on 4,11,592.^[9] Until April, 2021 out of all infected patient around 4.29% have experienced severe symptoms necessitating oxygen therapy, and around 1.93% of them required admission to the intensive care unit (ICU) as per the data of Union Health Ministry, Govt. of India^[10].

As the number of cases and deaths increased, fear of infection spread throughout the country. During the COVID 19 pandemic, health care workers (HCWs) were exposed to a variety of new and unprecedented scenerios, and experienced a range of emotions in response to the critical situations. COVID-19 has caused high levels of perceived stress and has increased the mental health burden for health care workers.^[14]

COVID-19 outbreak has a significant psychological impact on various levels of society. Hence, high levels of anxiety, depression, stress, fear, boredom, loneliness, uncertainty, post-traumatic stress symptoms, confusion, anger and stigma, which are the signs of psychological distress, are significant in patients with confirmed or suspected COVID – 19 during this epidemic because they are in quarantine.^[16]

2. Need for the Study

Understanding nurses' psychological experiences during pandemics is essential to improving occupational health policies, ensuring mental well-being, and developing institutional preparedness. Over the course of the COVID 19 pandemic, nurses have continued playing their part in the health care sectors, including the prevention and control of infections. Nurses often face huge psychological pressure as a result of workload, long hours, and working in a high-risk environment. Nurses experience a great deal of psychological distress during care of COVID 19 patients. Detecting the factors that disturb nurses' mental health during care of these patients can help to reduce their psychological distress. COVID-19 is a new disease and the medical system and culture of different countries varies; further research is needed on the psychological experience of frontline nurses fighting against COVID-19.^[7]

It is spreading rapidly, bringing pressure and challenges in the nursing staff. The health worker who are exposed and in direct contact with the confirmed and suspected COVID 19 cases are vulnerable to both high risks of infection and mental health problems.

Nurses, as a major population of healthcare professionals serving in the COVID-19 pandemic, continue to serve in diagnosing, treating and caring for patients for weeks with limited resources (Newby et al., 2020). The literature states that nurses, who are faced with this critical condition and who are at risk of infection, are exposed to significant stress, and this intensely experienced stress brings psychosocial problems along with it.^[12]

During the pandemic, nursing remains at the frontline of patient care, in hospitals and closely involved in assessment and monitoring. Hence, they are highly exposed to psychological distress and experience enormous physical stress. Therefore, the present study aimed to explore the psychological experiences of nursing caring for COVID-19 patients.

The emotions and stress experienced by nurses caring for severe COVID-19 patients may be related to their experience. The health departments of various countries and regions paid attention to the protection of nurses but were limited. Thus understanding nurse's experience while treating patients in ICUs during the pandemic would help to understand their need.^[1]

There is lack of data as COVID 19 is a new disease. Very few research studies are conducted till now. Therefore, the investigator decided to conduct a qualitative study to explore nurses' experiences of psychological distress during care of patients with COVID-19. Recognizing the factors affecting nurses' mental health can help to create a safer workplace for them and help to reduce their psychological distress.^[2] The aim of this study to understand the subjective experience of nurses participating in giving care of COVID-19 patients through semi-structured interview and to analyse the data using thematic analysis.

Statement of the problem

"Psychological Experience of Nurses Caring for COVID 19 Patients in Gauhati Medical College & Hospital (GMCH) Kamrup (M), Assam: A Qualitative Study"

Objective of the study

To explore the Psychological Experience of Nurses caring for COVID 19 patients.

Operational definition of the terms

- **Psychological Experience:** It refers to Nurses feelings, thoughts, stress and ways of coping etc during caring of COVID 19 patients as assessed by semi-structured interview.
- **Nurses:** It refers to those staff Nurses who have experience of caring for COVID 19 patients admitted in the Gauhati Medical College & Hospital (GMCH) Kamrup(M), Assam.
- **COVID 19 Patients:** It refers to the patients who are diagnosed with COVID 19 and admitted in the Gauhati Medical College & Hospital (GMCH) Kamrup(M), Assam.

Assumption

The study assumes that the Nurses caring for COVID 19 patients may experience various level of psychological problems.

Summary:

This chapter dealt with the introduction of the study, need for conducting the study, problem statement, the aim and objectives of the study and the operational definitions in the study.

3. Methodology

This study employed a qualitative approach to explore the psychological experience of nurses caring for COVID 19 patients in Guwahati Medical College & Hospital, Kamrup (M) Assam. A phenomenological research design is adopted as the study aimed to trace out precisely the live experiences of nurses caring for COVID 19 patients. The population of the present study was twenty- Five Nurses who were working with COVID 19 patients in Gauhati Medical College & Hospital, Kamrup (M) Assam through purposive sampling technique. The variables are divided as:

- a) **Research Variables:** Psychological experience of Nurses caring for COVID 19 patients.
- b) **Demographic Variables:** Demographic variables such as age, religion, educational profile, working experience, setting of work, marital status and offspring, type of appointment, residential status, mode of transportation.

4. Data Analysis and Interpretation

- **Section-I:** Frequency and percentage distribution of participants according to the socio-demographic variables
- **Section II:** Description of Psychological Experiences of Nurses Caring for COVID-19 Patients

Section-I

Frequency and percentage distribution of participants according to the socio-demographic variables

Table 1: Frequency and percentage distribution of participants according to age-group, n=25

Socio demographic proforma		Frequency (f)	Percentage (%)
Age Group	20-30	14	56
	30-40	5	20
	40-50	5	20
	Above 50	1	4
Religion	Hinduism	20	80
	Muslim	4	16
	Christianity	1	4
Educational Profile	GNM	12	48
	B.Sc. Nursing	11	44
	Post basic B.Sc. Nursing	1	4
	M.Sc. Nursing	1	4
Working experience	1-5years	14	56
	6-10 years	5	20
	11-15 years	4	16
	More than 15 years	2	8
Setting of work	General ward	13	52
	ICU	12	48
Marital Status offspring	Married with children	9	36
	Married without children	3	12
	Unmarried without children	13	52
Type of appointment	Permanent	25	100
Residential status	Hostel	5	20
	Own house	7	28
	Rented house	13	52
Mode of transportation	Walking	5	20
	Auto	7	28
	Two wheeler	13	52

Section II

Description of Psychological Experiences of nurses caring for COVID -19 Patients

Theme	Subtheme	Quotations
1.The Psychological distress of Nurses	I. Fear of being contaminated and concern for family member	“Initially when I heard about Covid19 and got to know that I have to perform COVID duty, I was very much scared. At first when I have seen about COVID 19 in Television various questions came to my mind: What if I get infected? What if I had to stay in Isolation? What if I Die?” (R1) (R2) (R5) “After appointed in COVID duty I was always worried about getting myself infected and my family members. What if my family members get infected from me? ” this disease infected many people I felt anxious. (R3) (R8) “I have little children and was maintaining distance from them in fear what if they get infected from me” (R6) “When Patients were suffering in front of my eyes then I was afraid to get myself infected. What if I suffer too? Thinking about my family I always prayed that they should not be in that suffering situation.” (R16)
	II. Anxiety and discomfort due to the unknown disease and delivering the care	“I left my family alone... my mother suffers from high blood pressure, what happens if she becomes infected....there is the fear of losing her.” (R17) “At the early stage, COVID 19 was totally an unknown disease for us, did not know anything about it. It was a new environment and experience for us as we did not know how to treat a COVID 19 patients, how to take proper care to them. I felt anxious (R4) “I was in anxiety whether I can care the patients by wearing PPE kits” (R15) “Doing any work without proper knowledge causes fear. I felt similar like this during COVID duty due to lack of knowledge. I felt anxious whether I can protect the patients! or Protect myself!” (R12) “During initial period it was totally unknown to us about donning and doffing of PPE kits... I was very much afraid” (R18)
	III. Feeling of loneliness during the period of quarantine	“Question of touching and getting infected from the patients even while wearing PPE kits came to my mind... it was very disturbing” (R19) “It was really painful for not meeting family and friends for long period of time due to an extended period of quarantine and duty. I have not faced this amount of loneliness during my previous duty life. Telephone and video call was only medium to interact with family members.” (R1) (R8) “We are socially attached human being. We are not used to cut our selves totally from our families. This COVID situation has made us to feel lonely like never before”. (R12)

1317

1318

		“ There was always fear in my mind. What if I die and my family can not see my dead body. nobody will touch me because of fear ” (R24)
7) Public ignorance	I. Social Stigma and discrimination.	“We staff nurses were there with the patients for 24 hours. We worked with our heart and soul and tried to give the best care possible to the patients but for any deficiency we were only held responsible. For any complaint we were responsible. All these things made me sad.” (R9) (R14) “People used to avoid us as we were caring the COVID19 patients. The society has boycotted our family. They were avoiding us completely as if we are carrying the virus everywhere.” (R10) “I was in a rented apartment during the duty period. The owner of the apartment has asked me to leave the apartment as I was coming from COVID ward every day. I was in so much stress already and this incident has resulted a more burden on me. Instead of supporting many people in the society were treating us very differently which was painful.” (R12) “It was mentally disturbing when people tried to stay away from me and maintain distance.” (R16) “I felt like that some of the people in the society has not recognized the efforts of staff nurses. We have not received the recognition we deserved. It felt like we won't be recognized for our contribution for whatever effort we put.” (R18)
8) Discrimination of nursing profession	I. Unsatisfied with quarantine facilities.	“We all were doing the same COVID duties. Risking our life for the humanity but during 1st COVID wave I was surprised to see that we staff nurses were allotted shared hotel rooms for the quarantine period where doctors were allotted single rooms. Three staff nurse had to share same room and a risk of getting infected was always there. This had an adverse effect on our motivation level”. (R13) “ I was happy that Government has provided us quarantine facilities after COVID duties. But we were discriminated. The quarantine facilities provided to us was different to that of the doctors...I was not satisfied.. ” (R20) “We all have equally done our part during COVID duty. But I felt very bad because we were not getting the same quarantine facilities.” (R22)
9) Use of coping strategies and self - care styles.	I. EXPRESSION OF FEELINGS. 9.2 Adjustment to neo normal life.	“After duty hours I used to talk with my family members, they supported me a lot.” (R2) “ After the COVID duties talking with family members gave me strength. It was a driving factor. My parents always supported me and gave me motivation during that period.” (R13) “Coming from duty and talking to friends and family members was a stress buster.”(R24) “Talking with the colleagues and sharing experiences gave me sense of support. Talking with some - one who has gone through the same feeling and relate to the emotions was a major support during that time.” (R25) “ I adjusted with that environment because I understood that I have to work in COVID 19 so I was mentally prepared for that. I took proper sleep and nutritious food to be healthy. My family ,friends supported and motivated me during my posting of COVID 19”. (R8) “I adjusted myself with the wearing of PPE Kit because it was important to use the PPE to protect myself and others”. (R15) “I was doing meditation, yoga for refreshing my mind. I used to watch inspirational you tube video to divert my mind from my COVID duty.” (R23)
10) Needs of nurses	1 Need for prior training and counselling	“This pandemic is coming suddenly. We do not have prior knowledge about the COVID 19. Without getting proper training and knowledge it was very difficult for us to go to the COVID area.” (R5) (R7) (R9) “We had much stress and fear in carrying out the duties in the isolation room. ...because we did not get any prior training.” (R6) “ In the early stage, I feel really stressed out and somehow fear and anxious because this disease is dangerous and have no knowledge how to treat the disease .” (R14) “Initially I was placed in the COVID duty...I had to do everything.. but I didn't have any training. .I always felt I would contaminate because I didn't know how to do.” (R16) “I was very much anxious... It was little training.. to wear PPE and how to do the cleaning.. but when I went to the ward, I thought, it was not enough. Only demonstration was not adequate for wearing PPE.. nurses should have even one opportunity to wear a PPE kit before the actual practice...” (R24) “I think it would be nice to have counselling for nurses at the very beginning..” (R21)
11) Expressing positive emotions	I. Feeling happy to be a part of this pandemic.	“It feels good to know that I am able to contribute my bit at this pandemic”. I also do not have experience before.. I let myself be happy with all situations that should be handled as a nurse.” (R1) (R13) (15) “Today proudly I can say that I am a nurse and I thank God to give me this chance to serve the people.” (R9) (R19) “When I am giving care to the patient and they blessed us. It give me more strengths and positivity to work.” (R21) “I never thought I could be so strong.... Now I am proud of myself...I have enough confidence that I could protect myself from the COVID 19.” (R12)

		"After doing COVID duty I found I have survived, I did a good job. I understood that if I take proper preventive measures I would be safe. I am ready to do the COVID duty again as I am enough self-confident." (R18)
12) Psychological change from 1 st wave to 2 nd wave	I. Mixed attitude of staff during COVID 19.	"There was a major difference between 1st and 2nd COVID wave. During the 1st COVID wave I was more anxious since the disease was very new to us. However during 2nd COVID wave I was more confident and there was no fear then." (R1) (R2) "The quarantine facility was not provided during 2nd COVID wave unlike the 1st wave. I had to stay in my own house after duty and was scared of getting my family members infected". (R3) "During 1st wave of COVID there was a lack of equipment facilities. Work pressure was more in 1st wave than 2nd wave. Fear of caring patients also reduced in 2nd wave" (R5) "Since we were wearing PPE kit for the first time hence there was a uncertainty regarding wearing of PPE kits during 1st wave. Although it was uncomfortable to wear PPE kits but this discomfort was less in 2nd wave in comparison to 1st COVID wave" (R6) "There was a fear of going near to patients during 1st wave. What if I die! However this fear was not there during 2nd wave" (R13) "The disease was totally new, no medicine was present hence there was a fear of dying from the disease during 1st wave. However during 2nd wave this fear has disappeared to large extent as vaccination has been done" (R20)

5. Discussion

A. Demographic Variables of the Nurses Caring for Covid 19 Patients.

Age group

Findings indicated that majority i.e. (56 %) of nurses belongs to the age group 20-30 years and (4 %) of the nurse belong to the age group of above 50 years.

Religion

In the present study (80 %) of the nurses belong to the religion of Hinduism and (4%) of the nurses belongs to the religion of Christianity.

Educational profile

Findings data revealed that the majority i.e. (48%) of the nurses are GNM, (44%) of the nurses are B.Sc. nurse, (4%) of the nurse post basic B.Sc. nurse, (4%) of the nurse are M.Sc. nurse. This reflects that most of the nurses have desired qualifications and skills required to manage the patients.

This finding was contradicted by a similar study conducted by Gordon M J, Magbee T, Yoder L (2021) ^[31] this study revealed that (63.6%) of the nurses were B.Sc. nurse, (9.1%) of the nurses were M.Sc. nurse, (27.3 %) of the nurses had associate degree among 11 nurses.

Working experience

Findings indicated that majority i.e. (56 %) of the nurses had working experience of 1-5 years and (8 %) of the nurses had working experience of more than 15 years. This reflects that the nurses has an extensive working experience and may have encountered various difficulties and challenges within their working period.

The finding is contradicted by a similar study conducted by Rony K.K.M et.al (2021) ⁽³³⁾, which revealed that (45%) nurses having more than six years of working experience among 20 nurses.

Setting of work

In the present study, majority of the nurses i.e. 52 % (13) were posted in General ward and 48% (12) were posted ICU.

Marital status and offspring

Findings indicated that majority i.e. 52% (13) of the nurses were unmarried without children, 36 % (12) of the nurses were married with children, 12% (3) of the nurses were married without children,

The findings is supported by similar study conducted by Sun N, Wei L, Shi S, Jiao D, Song R, Ma L et.al (2020) ⁽⁵⁾ which revealed that 35%(7) of the nurses were married with children, 25% (5) of the nurses were married with children, 40% (8) of the nurses were unmarried without children.

Type of appointment

(100 %) of the nurses had permanent appointment.

Residential status

In the present study, majority of the nurses i.e. (56%) resided at the rented house, and only (20%) of the nurses resided at Hostel.

Mode of transportation

In the present study, majority of the nurses i.e. (52%) used two- wheeler for coming to the hospital and (20%) of the nurses came to duty by walking.

B. Psychological Experience of Nurses Caring for COVID 19 Patients.

1) The Psychological Distress Among Nurses.

a) Fear of being contaminated and concern for family member

Finding indicated that most of the nurses felt fear of being contaminated from the disease since media reports has carried a panic among people. They were in extreme fearful situation as this disease might attack their family also.

The findings of the study were supported by a qualitative study conducted by Sun N, Wei L, Shi S, Jiao D, Song R, Ma L et.al (2020)⁽⁵⁾ on the psychological experience of caregivers of COVID 19 patients where one of the participant expressed fear of being infected and she was very much concern for her family.

The findings of the study were supported by another qualitative study conducted by Dang P et.al (2021) ⁽²⁸⁾ on psychological experiences of health care workers during the COVID 19 pandemic where nurses reported fear of being infected and chances of transmitting the infection to their family members.

The findings of the study were supported by another qualitative study conducted by Gordon M J, Magbee T, Yoder LH(2021) ⁽³¹⁾ on the experiences of critical care nurses caring for patients with COVID 19 during the 2020 pandemic where nurses were fearful of being contaminated and felt powerless against COVID 19.

b) Anxiety and discomfort due to the unknown disease

Findings reported that most of the nurses have experienced high level of anxiety and discomfort in early stage as they have lack of knowledge about the COVID 19 disease. They have not performed any duty wearing of PPE kit earlier, it has caused a fearful situation since this disease is highly contaminated. As no drug or vaccine was available at that stage, they feel in secured for themselves and their family during early stage.

The findings of the study were supported by a qualitative study conducted by Sun N, Wei L, Shi S, Jiao D, Song R, Ma L et.al (2020) ⁽⁵⁾ on the psychological experience of caregivers of COVID 19 patients where nurses were experienced the anxiety and discomfort due to the unfamiliar disease and environment.

The findings of the study were supported by another study conducted by Ismail S, Ridlo M, Rochana N (2021) ⁽¹⁷⁾ on a qualitative description of nurses' psychological responses in caring for COVID 19 patients: An Indonesian Context where it was showed that anxiety occurs due to a lack of knowledge about COVID19 and changes in the environment during pandemic.

c) Feeling of loneliness during the period of quarantine

Participants reported loneliness during the period of quarantine. They expressed that the quarantine period was very challenging for them and almost all of them felt loneliness during the period of quarantine.

The findings of the study were supported by a study conducted by Ismail S, Ridlo M, Rochana N(2021) ⁽¹⁷⁾ on a qualitative description of nurses' psychological responses in caring for COVID 19 patients: An Indonesian Context where it was showed that the most significant stressor of feeling of loneliness for nurses after treating COVID 19 patients. Self-isolation leads to a lack of communication with family members.

d) Emotional distress of delivering the bad news to the family members

In the present study it was found that most of the nurses experienced emotional distress when they had to inform the patient's family members about the decrease prognosis of the patient and death of their loved one.

The findings of the study were supported by a qualitative study conducted by Galehdar N, Kamran A, Toulabi T and

Heydari H (2020) ⁽²⁾ on exploring nurse's experiences of psychological distress during care of patients with COVID 19 where the emotional distress of delivering the bad news was another stressful experience reported by participants. Telling bad news is one of the difficulties of the medical profession, and having skills to impart such news is one of most essential communication skills required for health staff.

2) The Unpleasant Experiences of Wearing Personal Protective Equipment

a) Distress, discomfort due to wearing of personal protective equipment.

Most of the nurses experienced uneasiness, sweating, rashes in skin, ear pain due to wearing of PPE Kit during the COVID duty. All participants expressed that the duty was very challenging with full personal protective equipment. They expressed that after doffing they feel body pain, headache. All participants expressed that without drinking water, eating food and urinating, after worn personal protective equipment was the toughest time in COVID duty.

The finding is consistent with a qualitative study conducted by Galehdar N, Kamran A, Toulabi T and Heydari H(2020) ⁽²⁾ on exploring nurse's experiences of psychological distress during care of patients with COVID 19 where wearing PPE was reported to be unpleasant, hard and tedious for the nurses. Due to prolonged usage of personal protective equipment, traces of scars have been seen on nurses faces.

Another qualitative study conducted by Gordon M J, Magbee T, Yoder LH (2021) ⁽³¹⁾ on the experiences of critical care nurses caring for patients with COVID 19 during the 2020 pandemic is consistent with the above findings where the use of PPE while caring for patients with COVID 19 caused exhaustion, breathlessness and discomfort.

Another qualitative study conducted by Dang P et.al (2021) ⁽²⁸⁾ on psychological experiences of health care workers during the COVID 19 pandemic is consistent with the above findings where health care workers reported experiencing significant distress due to wearing PPE for long hours. It was a major physical and professional challenge for them.

b) Mixed Feeling during the Time of Doffing.

Participants reported feeling of happiness of removing the personal protective equipment after the duty was over, on the other hand they were afraid of being infected during the time of doffing. Due to difficulty, suffocation in PPE kits they were eagerly waiting to remove the PPEs. On reaching the doffing area they just wanted to remove the PPE kits as soon as possible. It was a moment ecstasy for them. However, they had to share the same doffing area with other staff nurses. It also caused a fear among them of getting infected while doffing. In the doffing area the nurses have a mixed feeling of both happiness and fear.

3) Handling Patient's Unpredictable Behaviour

a) Handling emotionally distress patients

Nurses faced a huge challenge while handling the emotionally distress patients and patient's uncooperative behaviour. Most of the COVID 19 patients were emotionally distressed due to

the discomfort of not able to take oxygen properly, separated from their family, loneliness. So, nurses are responsible for delivering the emotional support to the patient and handling the uncooperative patients which increases the nurses work stress and anxiety.

4) Severity of Disease

a) Feeling of helplessness due to the nature of the disease. In the present study, it was found that most of the participants expressed helplessness even after giving their full effort due to severity of disease sometime they were unable to save a patient's life. In some cases the patient's condition becomes critical which leads to death of the patients. The participants regretted that they could do nothing when patient suffering deprivation of oxygen.

b) Guilty feeling related to inefficiency of care.

Participants reported feeling of guilty as they were unable to provide efficient care to the COVID 19 patients. They were mentally disturbed when they were not able to reach out to each and every patient that needed us. The nurses were working in immense work load and tried to give each and every patient equal care possible. However, this immense work pressure sometimes reduced their work efficiency and they felt a sense of guiltiness.

The findings of the study were supported by a phenomenological study conducted by Rathnayake S, Dasanayake D, Maithreepala D S, Ekanayake R, Basnayake Lakmali P (2021) ⁽²³⁾ on nurses' perspective of taking care of patients with coronavirus disease 2019: where nurses reports sadness, worries and feeling of guilt related to care provision among nurses. Nurses experienced feeling of guilty because they have to provide limited care due workload and wearing of PPE.

5) Organizational Challenges

a) Shortage of manpower and equipment

Findings indicated that nurses have experienced organizational challenges such as a fixed numbers of equipment such as pulse oximeter, ventilators etc and shortage of manpower. Nurses were frustrated as they experiencing longer hours than even before due to a shortage of nursing staff. Workload and improper rest due to the shortage of manpower has resulted fatigue among the nurses. However, since the rapid rise of COVID 19 infected patients in the hospital, they had to monitor the patients and provide care with the definite number of health care equipment. This shortage of equipment created an unnecessary work load and pressure among them. They had to deal and provide care to the patients with limited resources available to them.

The findings of the study were supported by a qualitative phenomenological study conducted by Chegini Z, Zozani A M, Rajabi R M, Kakemam E (2020) ^[32] on experiences of critical care nurses fighting against COVID-19 where critical care nurses have experienced organizational challenges such as improper planning, lack of personal protective equipment, staff shortage, challenges concerning protocols and guidelines, lack transparency in reports and statistics and poor communication.

b) Work pressure

Most of the participants faced the organizational challenge such as increased workload. They experienced exhaustion in the COVID duty due to increased work load. Nurses were experiencing longer hours than even before due to an increased in the number of the COVID 19 patients. Workload results in nursing burnout.

The findings of the study were supported a qualitative study conducted by Dang P et.al (2021)⁽²⁸⁾ on the psychological experiences of health care workers during the COVID 19 pandemic where nurses experienced overburdened due to increased workload and facing shortage of workforce.

The findings of the study were supported by another study conducted by Rony M.K.K et.al(2021) ⁽³³⁾ on experiences of frontline nurses caring for patients with COVID 19 in Bangladesh where nurses faced challenges due to the burden of excessive and lack of equitable work pressure which reduces the quality of patient care and the nurse's motivation.

6) Negative Emotions Related to Corpse Burial

a) Anxiety, depression related to the corpse burial

The nurses have experienced high level of anxiety after the death of COVID 19 Patients as COVID 19 Patients family members could not hold funeral and burial ceremonies based on their culture and beliefs because the burial of deceased patients should have been done according to health instructions. Patients family member could not touch and see their loved ones, this itself can negatively affect the nurse's spirit and led them to be depressed.

The findings of the study were supported by a qualitative study conducted by Galehdar N, Kamran A, Toulabi T and Heydari H (2020) ⁽²⁾ on exploring nurse's experiences of psychological distress during care of patients with COVID 19 where nurses experienced anxiety and distress due to COVID 19 patient's death and corpse burial. Nurses expressed they are mentally affected by seeing when the family members of the death patients can not touch, see, even choose the type and place of the burial.

b) Fear of dying alone and separated from the family.

In the present study, most of the nurses expressed fear of dying alone. Nurses were anxious by thinking if they would die or their family members could not see them again

They were depressed as they were unable to meet their families and had to maintain a quarantine period after performing COVID 19 duties. Since many of the health care workers were getting COVID 19 infected during duty, It created a sense of fear among the nurses.

7) Public Ignorance

a) Social stigma and discrimination

Most of the nurses expressed that People behaves with them as if they are carrying the disease with them. . There was a social stigma around it and people tries to maintain a physical distance from them. Nurses felt a discrimination towards them in the society after COVID 19 duties. However instead

of social recognition they felt discrimination in behaviour towards them by the society.

The findings of the study were supported by a phenomenological study conducted by Rathnayake S, Dasanayake D, Maithreepala D S, Ekanayake R, Basnayake Lakmali P (2021)⁽²³⁾ on nurses' perspective of taking care of patients with coronavirus disease 2019 where participants reported not only the behaviour of general public but also the behaviour of staff who did not work in the COVID 19 frontline contributed to stigmatization and discrimination. They stated that to minimize the possible social stigma and discrimination, improving public awareness needs to be expanded.

The findings of the study were supported by another study conducted by Dang P et.al (2021)⁽²⁸⁾ on the psychological experiences of health care workers during the COVID 19 pandemic where health care workers reported feelings of sadness due to discriminatory behaviour by neighbours and society. Social stigmatization and contact with infected patients have increased the levels of stress and anxiety in medical staff.

8) Discrimination of Nursing Profession

a) Unsatisfied with quarantine facilities

In the present study, it was found that most of the nurses felt discrimination when the nurses had undergone a quarantine period after completion of the allotted COVID 19 duties. Nurses expressed their dissatisfaction during their quarantine period. They expect the same quarantine facilities.

The nurses felt that even after giving their full effort they have been discriminated by the administration. The quarantine facilities provided to them was not as per with the facilities provided to the Doctors. The nurses felt that too little was said about their contribution in the COVID 19 crisis than that of the Doctors. The nurses felt that the assigned COVID 19 duty period was designed ignoring their work load, working hours of the nurses.

9) Use of Coping Strategies and Self - Care Styles

a) Expression of feelings

In the present study, it was found that most of the participants have spent time by talking with family members and friends after the duty hours and felt motivated. Some participants have chosen sleep as a coping strategy when they were stressed by excessive workload. Some of the participants have chosen crying as a coping strategy for releasing their exhaustion coming from work pressure.

The findings of the study were supported by a qualitative study conducted by Kalal N, Kumar A, Rani R, Suthar N, Vyas H, Choudhury V(2020)⁽¹³⁾ on the psychological experience of nursing officers caring COVID 19 patients where nursing officers faced many challenges during posting and they showed great strength and positive attitude by using coping strategies and self- style to relieve stress and make them comfortable in COVID duties

The findings of the study were supported by phenomenological study conducted by Rathnayake S, Dasanayake D, Maithreepala D S, Ekanayake R, Basnayake Lakmali P (2021)⁽²³⁾ on nurses' perspective of taking care of patients with coronavirus disease 2019 where nurses reported coping strategies were sharing with family members and peers, crying, repression, rationalization.

b) Adjustment to neonormal life

Participants reported that they adapted to that new environment and realized that they have to live with the COVID 19. The nurses were mentally prepared for the challenges coming in front of them. They were practicing meditation watch comedy video in you tube to divert mind and relax from hectic and long hours duty.

The findings of the study were supported by a qualitative study conducted by Kalal N, Kumar A, Rani R, Suthar N, Vyas H, Choudhury V (2020)⁽¹³⁾ on the psychological experience of nursing officers caring COVID 19 patients where participants adopted relaxation therapy, music, meditation, watching comedy serials.

The findings of the study were supported by another study conducted Sun N, Wei L, Shi S, Jiao D, Song R, Ma L et.al (2020)⁽⁵⁾ on the psychological experience of caregivers of COVID 19 patients where participants adopted breathing relaxation, music, meditation, mindfulness to reduce the stress.

10) Needs of Nurses

a) Need for prior training and counselling

In the present study, it was found that some participants felt that the training provided to them prior to COVID duty was not enough. Some participants experienced inadequate or no prior training opportunities has caused an increase in fear among them which has affected the care provided to the patients. Some participants stated that a periodic counselling would have been better for them in controlling the fear and anxiety.

The findings of the study supported by a phenomenological study conducted by Rathnayake S, Dasanayake D, Maithreepala D S, Ekanayake R, Basnayake Lakmali P (2021)⁽²³⁾ on nurses' perspective of taking care of patients with coronavirus disease 2019 where nurses experienced psychological burden and insecurity due to improper prior training and education. Nurses expressed that lack of knowledge about donning and doffing of PPE, performing nursing procedures is one of the main reason for insecurity, fear, psychological distress and providing education on prevention and control of COVID 19 can reduce the psychological burden.

11) Expressing Positive Emotions

a) Feeling happy to be a part of this pandemic

In the present study, it was found that most of the participants stated that they are blessed to serve for the cause of humanity in this pandemic. They stated that the sense of contributing to the society has motivated them and made them proud.

The findings of the study were supported by a qualitative study conducted by Kalal N, Kumar A, Rani R, Suthar N, Vyas H, Choudhury V (2020) ⁽¹³⁾ on the psychological experience of nursing officers caring COVID 19 where nurses expressed the positive emotion, feeling proud to a part of this pandemic.

The findings of the study were supported by another study conducted by Sun N, Wei L, Shi S, Jiao D, Song R, Ma L et.al (2020) ⁽⁵⁾ on the psychological experience of caregivers of COVID 19 patients where nurses expressed the existence of positive emotion such as confidence, calmness, relaxation and happiness.

12) Psychological Change from 1st Wave to 2nd Wave

a) Mixed attitude of staff during COVID 19

In the present study, most of the nurses experience has revealed that there was difference in their approach and attitude from 1st COVID wave to 2nd wave. During 1st COVID wave nurses were more anxious and feared even before joining the duties due to various media reports. The nurses have expressed that very little was known to them about the disease. They were sceptical about the protection by PPE Kits. There was lack and inadequate knowledge about the disease among the nurses. On the contrary during the 2nd wave the nurses were less fearful as vaccination was provided to them. They had more knowledge of Covid19 and its treatment. The nurses have gained more confidence from the experiences of 1st COVID wave.

6. Nursing Implications

Nursing practice

- The finding of the study provide an insight to the nurses to identify and deal with psychological experience of nurses faced while caring the COVID 19 patients and emergencies by avoiding negative experience in nursing practice.
- The finding of the research study provide an insight to healthcare organizations about the necessity of enough hospital resources, adequate medical equipment and quality personal safety equipment.
- This can help the nurses to enhance their skills and competence to deal with various challenges.

Nursing education

Nursing education focuses on educating nurses the effective ways to deliver the health care to people. With respect to nursing education, the focus should be on planning curriculum for integrating theory and practice and to ensure that nurses are able to obtain competence in dealing with various emergencies. Continuing nursing educational opportunities, training programme can be conducted giving emphasis on handling emergency situation by reducing negative psychological emotion, awareness of self and utilizing coping skills to deal with these situations. This will facilitate the nurses in understanding the philosophy and concept of nursing which will prepare them to face with these situations during their nursing practice through training and exposing them to various demanding situation. It also shows the need of prior proper training and education for the nurses

to handle any emergency situation like COVID 19 pandemic without any negative emotion.

Nursing administration

- Nursing administration plays an important role in the supervision and management of nursing professionals in order to improve their knowledge, skills and make them aware of the latest advancement in the field of technology.
- The present study findings will help the nursing administration to plan strategies to overcome psychological distress and challenges faced by the nurses in their workplace. Nurse administrators can arrange meetings or panels discussion so that the employed nurses get an opportunity to discuss their experiences they face while caring for COVID 19 patients.
- The nurse administrators implement the strategies to ensure standards in nursing guidelines. The nurse administrator in collaboration with the hospital authorities can organize a periodic counselling of nurses to ease their anxiety, depression

Nursing research

Nursing research is a problem- solving process. It helps in the growth of professional and personal development. Findings of the present study may be utilized as research base to conduct further researches in other health care personnel and other setting. Also the findings can also be utilized to identify solutions to cope with the psychological experience of nurses caring for COVID 19 patients. This is an important area for research to explore the lived experience of nurses regarding the psychological experience of nurses while caring the COVID 19 patients to formulate guidelines for better nursing care.

7. Limitations

The limitations of the study were:

- 1) The study was conducted only in one selected Government Hospital in Assam, therefore the generalization was limited to the population under study.
- 2) The study findings may not be generalized as the sample size is small due to the qualitative in nature.
- 3) The use of audio recorder caused hesitancy and fear in the participants to share certain psychological experience of nurses during the pandemic.

8. Recommendations

From the findings of the present study, it would be worth to recommend the following:

- 1) More researches can be carried out in other Hospitals to explore the psychological experience of nurses.
- 2) Comparative study can be carried out to explore the psychological experience of nurses and other health care worker caring for COVID 19 patients in selected hospital.
- 3) A comparative study can be done between Government and private hospital nurses.
- 4) More research can be conducted on how to improve nurse's mental health during the COVID 19 outbreak.

9. Conclusion

This study provides critical insights into the psychological burdens faced by nurses during the COVID-19 pandemic. Nurses encountered profound emotional distress, fatigue, and social stigma while striving to provide optimal patient care. Despite these challenges, they employed various coping mechanisms and demonstrated resilience. The findings highlight the need for institutional support systems, equitable treatment, and mental health resources for nurses. These insights are vital for informing future policies and preparedness strategies in public health crises.

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Author Profile



Nandita Deka, Assistant Professor. Email: [neetadeka4\[at\]gmail.com](mailto:neetadeka4[at]gmail.com)



Dr. Kalpana Nath, Lecturer.

Email: *kalpananath84[at]gmail.com*



Mrs. Geeta Baishya, Lecturer.

Email: *geetabaishya1984[at]gmail.com*