



Assessment of The Experience and Mood of COVID-19 Pandemic Care Nurses

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ABSTRACT: Epidemics and pandemics have affected many societies at various times throughout human history. In the 21st century, the world is still struggling with epidemics and pandemics. Nurses play important roles in healthcare practices during infectious disease pandemics and other epidemic diseases. Therefore, they are at risk of direct patient care and exposure to contagious diseases. In this study, during the COVID-19 outbreak, pandemic care nurses; It is aimed to examine their experiences and moods with a questionnaire. This work; was conducted with the participation of 50 (13 Male + 37 Female) volunteer nurses who directly care for COVID-19 patients or suspects. Online survey questions were asked to determine the experiences and moods of the nurses during the interventions. The data obtained were analyzed with IBM SPSS 20® program. All of the participants were trained in care nursing. Participants were forced, 60% (30) of them in the habit of using personal protective, disinfectant and clothing. 78% (39) experienced insomnia, stress and anxiety, but only 2% (1) reported using sleeping pills, 36% (17) practiced meditation, muscle relaxation and breathing exercises. During this difficult period, 62% (31) of the nurses were found to be exposed to verbal/physical aggression by their patients/relatives. A significant relationship has been found between exposure to verbal or physical violence by patients / patient relatives and the Marital status-professional working year ($P < 0.05$). As a result, the COVID-19 Pandemic process imposes both an intense work pace and a heavy responsibility for nurses. Changes in work habits brought along both psychological and physical stress and looking at the data, the fact that the COVID-19 Pandemic process took longer than expected created psychological burnout in nurses. Despite all this, nurses overcome these difficulties with their experiences.

Keywords: COVID-19, Epidemics, Pandemic, Care Nursing, Nurse Experience

1. INTRODUCTION

Coronaviruses (CoV) are a large family of viruses that cause diseases ranging from the common cold to more serious diseases such as Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV) [1]. Emerging in Wuhan, China's Hubei province, the disease quickly spread to the whole country and then to the whole world [2-4]. The first case in our country was seen on March 10, 2020. The first death from COVID-19 disease occurred on March 17, 2020 [5, 6]. COVID-19 disease is usually transmitted by respiratory droplets or close contact. Therefore, hand hygiene and masks are important in preventing contamination. Healthcare providers are responsible not only for patient care but

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also for safe patient care and epidemic control to protect health [7, 8]. Doctors and nurses constitute the most important professional group of healthcare providers [9]. Nurses are at the forefront of healthcare delivery, both in the fight against epidemics and in the care process with other diseases. They look at patients directly and are in close physical contact. Therefore, they are directly exposed to such viruses and their risk of contracting the disease is high [10]. Studies have shown that many healthcare professionals are aware of the risks of their profession in the event of a pandemic [11]. Nurses perceived the personal risks of their profession as very high. So some of them even had to quit their jobs [12]. Pandemics are the simultaneous global transmission of emerging and recurring infectious disease outbreaks that affect large numbers of people. It often causes significant deaths and social and economic deterioration [13].

According to the World Health Organization, there are 49.2 million COVID-19 cases worldwide as of November 6, 2020. Data from 216 countries reported a total of more than 1.24 million deaths. More than 35.1 million people recovered from the epidemic [5]. The total number of cases in Turkey 386.8 thousand, the number of those killed has exceeded 10.6 thousand. Those who got sick and recovered were seen around 332.3 thousand [6]. The International Council of Nurses (ICN)'s analysis shows that on average 7% of all Covid-19 cases worldwide are among healthcare workers (HCWs), which means that nurses and other staff are at great personal risk, and so are the patients they care for [14]. The data of the Ministry of Health showed that this rate in our country is 6.5% [7].

The aim of this study is to ensure that pandemic care nurses during the COVID-19 pandemic outbreak; to observe their experiences and moods with a questionnaire.

2. MATERIAL AND METHODS

This survey, planned as cross-sectional research, covers the universe of the study; Nurses working in the COVID-19 Pandemic hospital. Nurses participating voluntarily were included in the study, a total of 50 (13 M + 37 F) nurses working in Bitlis, Van and Elazığ Pandemic hospitals. Participants were composed of nurses over the age of 18. Participants were included in the study as they were only working as nursing nurses in the pandemic hospital. The purpose and scope of the study were explained to 50 volunteer participants. A questionnaire form consisting of questions about age, gender, weekly working hours, professional working years, pandemic care training, and their professional experiences and mood was applied online. The survey was created as a result of the literature and the observations of a nurse who cared for patients in Bitlis pandemic hospital. For the volunteer participants, a total of 26 questions were asked online, 5 questioning demographic data and 21 questioning their professional experiences, experiences and moods. The questions asked to the participants were prepared using a 7-question Likert scale [15]. The data obtained were evaluated using IBM SPSS 17® program software, frequency and Pearson chi-square (χ^2) tests, $p < 0.05$ level was considered statistically significant.

3. RESULTS AND DISCUSSION

The nurses participating in the study were seen as 26% (13) male and 74% (37) female. The mean age range of the participants was found to be between 25-40 with 78% (39). Marital status, work experience and weekly working hours are given in Table 1. It was determined that %48(24) of the nurses worked between 48-72 hours a week (Table 1).

Table 1. Demographic data of the participants

Parameters		n	%	Parameters		n	%
Gender	Male	13	26	Work Experience (Year)	<1	8	16
	Female	37	74		1-5	23	46
	Total	50	100		6-15	14	28
Age	18-24	6	12		>15	5	10
	25-40	39	78		Total	50	100
	>40	5	10	Weekly Working Time (Hours)	<10	1	2
	Total	50	100		10-24	8	16
Marital Status	Single	26	52		> 72	9	18
	Married	24	48		25 - 48	8	16
	Total	50	100		48 - 72	24	48
					Total	50	100

96% (48) of the participants were working in a public institution. It was observed that 76% (38) of the nurses received training on COVID-19 pandemic care. They also provided care to patients diagnosed or identified as suspected. 40% (20) of the participants stated that they had difficulty in using personal protectors, disinfectants and clothes. Fever, cough and shortness of breath, etc. Any of the symptoms such as were seen in 60% (30). Despite this, 46% (23) continued to work and 56% (28) stated that they were tested regularly for COVID-19 at certain time intervals. Of the participants, 78% (39) showed insomnia, stress and anxiety symptoms, 2% (1) used sleeping pills, 36% (17) did meditation, muscle relaxation and breathing exercises, 62% (31) ' stated that he was exposed to verbal/physical aggression by his patients/relatives. Despite all these, 94% (47) stated that they did not receive psychological and counseling support. Those who received Covid-19 pandemic care training and those who applied methods such as meditation or breathing practices to sleep more comfortably and those who had regular tests, those who worked in an isolated pandemic unit were compared, and a significant relationship was observed between them ($P < 0.05$)(Table 2).

Table 2. Pandemic care nurse and professional moods

Questions		n	%	P	P
Do you also work at a medical institution that cares for COVID-19 patients?	Yes	48	96	0.823 ^a	0.928 ^c
	No	2	4	0.380 ^b	0.979 ^d
	Total	50	100		
Is there a special isolated area in the institution where I work for patients with suspected COVID-19?	Yes	41	82	0.248 ^a	0.530 ^c
	No	9	18	0.014^b	0.071 ^d
	Total	50	100		
Did you provide direct care to a patient admitted to the COVID-19 service?	Yes	38	76	0.681 ^a	0.392 ^c
	No	12	24	0.100 ^b	0.096 ^d
	Total	50	100		
	Yes	38	76		0.156 ^c

Have you been trained by your unit on how to protect against COVID-19 infection?	No	12	24	-----	0.310 ^d
	Total	50	100		
Have you had problems accessing personal protective equipment while caring for or treating a COVID-19 patient?	Yes	30	60	0.059 ^a	0.599 ^c
	No	20	40	0.224 ^b	0.124 ^d
	Total	50	100		
Did you experience at least one of the symptoms during the COVID-19 outbreak, such as fever, cough, shortness of breath?	Yes	30	60	0.082 ^a	0.065 ^c
	No	20	40	0.417 ^b	0.036^d
	Total	50	100		
Did you have to work during the COVID-19 outbreak, even though you had symptoms such as fever, cough, shortness of breath?	Yes	23	46	0.105 ^a	0.054 ^c
	No	27	54	0.730 ^b	0.013^d
	Total	50	100		
Have screening tests for the COVID-19 outbreak been conducted at the institution where you work?	Yes	28	56	0.194 ^a	0.406 ^c
	No	22	44	0.013^b	0.013^d
	Total	50	100		
Have you experienced split sleep or insomnia problems due to increased stress and anxiety during the COVID-19 process?	Yes	39	78	0.883 ^a	0.503 ^c
	No	11	22	0.190 ^b	0.792 ^d
	Total	50	100		
Did you take sleeping pills because of your sleep problems?	Yes	1	2	0.453 ^a	0.549 ^c
	No	49	98	0.072 ^b	0.575 ^d
	Total	50	100		
Have you used methods such as meditation or breathing practices to sleep more comfortably?	Yes	17	34	0.418 ^a	0.775 ^c
	No	33	66	0.041^b	0.375 ^d
	Total	50	100		
Have you been subjected to verbal or physical violence by patients and/or relatives of patients due to the COVID-19 outbreak?	Yes	31	62	0.020^a	0.171 ^c
	No	19	38	0.326 ^b	0.003^d
	Total	50	100		
Have you received counseling or psychological support because of the COVID-19 outbreak?	Yes	3	6	0.290 ^a	0.290 ^c
	No	47	94	0.315 ^b	0.203 ^d
	Total	50	100		

^a professional working year or work experience^b Getting COVID-19 pandemic care training^c Gender status^d Marital status

The answers expressing the experiences of the nurses against the difficulties they encountered during care were measured using the Likert scale (Likert). 94% (47) of the nurses marked "I agree", "strongly agree" with the sentence "I am worried that I might get COVID-19 infectious disease". The nurses who said "I am worried about carrying the COVID-19 contagious disease to my family and friends" were found to be 96% (48) "agree" and "strongly agree". Those who mark "excessive weekly working hours reduce my work efficiency and endurance" with 90% (45) are "agree", "strongly agree". 72% (36) marked the sentence "I am convinced of the risks and difficulties of my profession during the COVID-19 pandemic process" as "I agree" and "strongly agree". The nurses, who stated that they were overwhelmed and exhausted due to the workload and protective equipment they used during the COVID-19 process, marked "I agree" and "strongly agree" with 92% (46). 64% (32) of the nurses marked "I agree", "I strongly agree" "If it was not mandatory, I would not work in the COVID-19 pandemic hospital during this period, or I would go on leave". 54% (27) of the nurses marked "I agree", "strongly agree" "I am happy and proud to serve in the COVID-19 pandemic process as a healthcare worker". When nurses who said that they were happy to serve and work with patients during the gender

and pandemic period were compared, a significant relationship was found. ($P < 0.05$) (Table 3).

Table 3. Likert scale data on COVID-19 pandemic care nurses and the difficulty of the profession

Experience and Achievements		n	%	P
I'm worried I might get COVID-19.	Neutral	1	2	0.692 ^a 0.785 ^b 0.307 ^c 0.601 ^d
	Agree	17	34	
	Disagree	2	4	
	Strongly Agree	30	60	
	Strongly disagree	--	--	
	Total	50	100	
I am concerned about carrying the infectious disease COVID-19 to my family and friends.	Neutral	--	--	0.706 ^a 0.720 ^b 0.590 ^c 0.594 ^d
	Agree	12	24	
	Disagree	2	4	
	Strongly Agree	36	72	
	Strongly disagree	--	--	
	Total	50	100	
Excess weekly working hours reduce my productivity and endurance.	Neutral	1	2	0.797 ^a 0.264 ^b 0.319 ^c 0.493 ^d
	Agree	22	44	
	Disagree	3	6	
	Strongly Agree	23	46	
	Strongly disagree	1	2	
	Total	50	100	
For the first time in the process of the COVID-19 pandemic, I was convinced of the risks and difficulties of my profession.	Neutral	2	4	0.600 ^a 0.261 ^b 0.000 ^c 0.575 ^d
	Agree	11	22	
	Disagree	11	22	
	Strongly Agree	25	50	
	Strongly disagree	1	2	
	Total	50	100	
Along with the workload that fell on us during the COVID-19 pandemic, I am overwhelmed/exhausted by the protective suits we use to avoid getting infected.	Neutral	2	4	0.513 ^a 0.267 ^b 0.054 ^c 0.739 ^d
	Agree	10	20	
	Disagree	2	4	
	Strongly Agree	36	72	
	Strongly disagree	--	--	
	Total	50	100	
If it wasn't mandatory, I wouldn't be on leave or working at the COVID-19 pandemic hospital.	Neutral	3	6	0.589 ^a 0.155 ^b 0.076 ^c 0.649 ^d
	Agree	13	26	
	Disagree	10	20	
	Strongly Agree	19	38	
	Strongly disagree	5	10	
	Total	50	100	
As a health worker, I am happy and proud to serve in the process of the COVID-19 pandemic.	Neutral	17	34	0.748 ^a 0.001 ^b 0.247 ^c 0.812 ^d
	Agree	16	32	
	Disagree	6	12	
	Strongly Agree	11	22	
	Strongly disagree	--	--	
	Total	50	100	

^a professional working year or work experience

^b Getting COVID-19 pandemic care training

^c Gender status

^d Marital status

Nurses stated that during the COVID-19 pandemic outbreak, their moods expressed burnout in 54% (27). This situation showed a significant correlation when compared with gender ($P < 0.05$) (Table 4).

Table 4. Participating COVID-19 pandemic care nurses and their moods

Questions		n	%	P
How do you express your feelings and thoughts due to the COVID-19 pandemic outbreak?	Desperate	4	8	0.141 ^a 0.240 ^b 0.029^c 0.383 ^d
	Worry	8	16	
	Strong	1	2	
	Fear	4	8	
	Burnout	27	54	
	Full of hope	2	4	
	No hope	4	8	
	Total	50	100	

^a professional working year or work experience^b Getting COVID-19 pandemic care training^c Gender status^d Marital status

Nurses are leading healthcare professionals working in acute care hospitals, long-term care institutions, nursing homes, schools, community and government health institutions [16-18]. The multiple roles and functions played by nurses are particularly important during this COVID-19 pandemic. These important roles and functions cover five domains [18]. The first area is to provide health education, screening services, and support to individuals at high risk. The second area is Nosocomial Infection Prevention and monitoring. The third area is to apply the necessary preparations and precautions in nursing home and long-term care settings. The fourth area is the protection of patients with immunodeficiency or underlying diseases such as chronic obstructive pulmonary disease, chronic diseases and cancer. These patients are a group of patients facing significantly higher health risks than the general population. The fifth and final area is providing care for COVID-19 patients in acute or critical condition [18-23].

The news of the COVID-19 disease caused anxiety and fear in the community. Depression, insomnia, Obsessive-compulsive disorder (OCD) symptoms, hopelessness, suicide, loneliness, rejection, anxiety and fear have been encountered in both suspected and confirmed COVID-19 cases [24]. Especially in quarantined patients with COVID-19 infection, compared to the general population; the increased prevalence of depression and anxiety, depressive mood, being easily disturbed, and similar situations can be observed [25]. For this reason, healthcare professionals make extraordinary efforts to adapt patients to the treatment and quarantine process in order to overcome the process more smoothly.

Nurses are doing their job meticulously during this epidemic, as always. Although the nurses working in the field seem calm and professional; they are worried about themselves, their patients, colleagues, family and friends [26]. COVID-19 virus can spread rapidly after being transmitted in a unit where nurses work. This causes significant morbidity and mortality. Thus, it may have negative consequences on regional health systems. Unrecognized symptomatic and asymptomatic infections accelerate transmission in these settings. During the COVID-19 outbreak, all care and treatment facilities must quickly take preventive measures to prevent the spread of the epidemic. These protective measures include preventing visitors and non-essential personnel from entering the building, using face masks by all personnel within the facility, and strict screening of medical personnel [27].

Since a nurse is always face to face with those who lost their lives, she knows what death is and witnesses the suffering of those who remain [26]. Nurses may face various psychological problems with the risk of pandemics and epidemics [25]. Nurses are aware of the risk of infection as part of their chosen profession. These problems have been found to increase especially during the COVID-19 epidemic process. Family members, particularly the elderly, are constantly concerned about other patients at risk [27, 28]. Insults and violence by the patients they care for or by their relatives can also create stress for nurses. Studies have shown that nurses treating COVID-19 patients face health problems such as intense stress, anxiety, insomnia and depression [25]. For this reason, situations such as psychological support, appreciation, protection, and trust to the nurse are very important for the nurse. Thus, the nurse will know how to cope with every challenge more easily and will be able to work more efficiently during the pandemic [26].

The COVID-19 pandemic process has additionally brought a socio-economic burden to mental health services worldwide [29]. Health authorities also provide support to both patients and healthcare providers at the national and regional level in dealing with psychological health problems. All nursing nurses feel this in every sense and do their best.

4. CONCLUSIONS

Although it has not been very successful in combating the Covid 19 pandemic epidemic globally, our country has taken very successful steps in combating this pandemic epidemic and it has been revealed that we are more systematic and thus manage the process better. It has also emerged that there are major shortcomings in health education worldwide and more struggles are needed to improve health knowledge. Of course, the intense efforts of healthcare professionals, especially the nurses, are admirable. As a result, COVID-19 is a highly contagious disease and hospital transmission still poses a major threat to healthcare professionals. Nurses have always been involved in the beginning, middle and end of the process, working full time. Changes in nurses' working habits have brought both psychological and physical stress. Despite all this, nurses have overcome these difficulties with their experiences and experiences.

Notes from the Pandemic Care nurse observations;

In this context, patients admitted to the service are informed in detail by nurses and physicians about possible situations related to treatment processes and discharge procedures when they first come to the service. Nurses give general information about the room to be held during the treatment, general restrictions, rules, meal times, treatment hours, invasive procedures and examinations to be performed. Patients try to reduce their anxiety by answering all the questions they are curious about. Patients also start symptoms of compliance the day after their hospitalization. In particular, female patients exhibit more selfless behavior than male patients in this process and adapt more to the treatment process. The attitudes and behaviors of families are important from the moment the patients are treated to the day they are discharged. Families and their patients can indirectly complicate or facilitate the treatment process in helping healthcare professionals do their jobs. Families can usually look after their relatives who are hospitalized during the treatment process. They do not leave their relatives alone by calling them, and they provide their needs and do not insist on seeing them. Patients recovering in the clinic are informed and discharged before their families are discharged. Nurses and responsible persons cover the needs of patients during their stay in the hospital. In this process, all opportunities are offered to patients in our country for free.

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