

## Lived Experience of Nurses Diagnosed with COVID-19: A Phenomenological Study

Sonali Sharma<sup>1</sup>, Jithin Thomas Parel<sup>2</sup>, Mohit Varshney<sup>3</sup>

<sup>1</sup>M.Sc. Nursing, College of Nursing, ILBS, New Delhi

<sup>2</sup>Lecturer, College of Nursing, ILBS, New Delhi

<sup>3</sup>Assistant Professor, Psychiatry, ILBS, New Delhi

**Corresponding Author:**

Sonali Sharma, M.Sc. Nursing,  
College of Nursing, ILBS, New Delhi

**E-mail:**

[sonalishrm57@gmail.com](mailto:sonalishrm57@gmail.com)

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### Abstract

**Introduction:** During COVID -19 pandemic, nurses played an important role in taking care of the patients and while that, nurses may also get infected with COVID-19. Objective of the study is to gain insight about the psychological experience and coping mechanism adopted by nurses diagnosed with COVID-19.

**Materials & Methods:** Qualitative, descriptive phenomenological design was used for the study. Lived experience of nurses were assessed through one-to-one in-depth interview technique and was audio-recorded. An interview guide was used to collect the data. Rigor and trustworthiness were maintained. Data was analysed by Colaizzi's Method.

**Result:** Five themes were emerged after the data collection including personal experiences of COVID-19, psychological impact, coping strategies, support system and experiences of family. Nurses were stressed initially due to the severity of symptoms but later on it was decreased. Family played a major role by providing psychological support and fulfilling all the essential needs while they were quarantined. Different coping mechanisms were used to recover physically, mentally, emotionally and spiritually.

**Conclusion:** The experience derived from this study is that since nurses being front-line workers during COVID-19, they were aware and prepared for managing the illness. Hence, nurses were less worried about their illness. Nurses adapted well while diagnosed with COVID-19 with their coping abilities and resilience.

**Keywords:** *Lived experience, Nurses, COVID-19.*

### Introduction

COVID-19 was first reported in Wuhan, China in 2019 and is caused by severe acute respiratory syndrome (SARS-CoV-2).<sup>1</sup> Coronaviruses are large family of viruses (example: alpha, beta, gamma, and delta)<sup>2</sup> The most infectious diseases caused by coronaviruses are SARS, middle-eastern respiratory syndrome (MERS), and

COVID-19.<sup>3</sup> The patients with COVID-19 can also cause respiratory failure which can lead to death.<sup>4</sup> Every day new cases of COVID-19 with different variants are emerging and the cases are rising. In India, till November 2021, total COVID-19 positive cases were 3,44,78,517.<sup>5</sup>

Nurses works as front-line workers in combating the COVID-19 and delivering quality patient care.

They are at high risk of getting infection from the hospital premises. They were also worried about infecting their families .<sup>6,7</sup> Nurses diagnosed with COVID-19 had to join the work due to pandemic crisis before they actually cope up, physically and psychologically. Many literatures had expressed the nurses experience while handling COVID-19 positive patients.<sup>8,9,10</sup> However, few studies, to our knowledge, have investigated the experiences of nurses diagnosed with COVID-19.<sup>11</sup> In the scenario, this study was conducted to explore the experiences of nurses diagnosed with COVID-19 in tertiary care centre.

Nonetheless, past COVID-19 disease research did not analyse much about the lived experiences of frontline nurses who were infected by COVID-19. Therefore, the aim of this study was to explore the lived experience of nurses diagnosed with COVID-19 through a phenomenological approach. Objective of this study was to gain explore the psychological experience and Coping Mechanism adopted by Nurses diagnosed with COVID-19.

## MATERIALS & METHOD

The study was conducted among nurses diagnosed with COVID-19 in the Institute of Biliary Science (ILBS), Vasant Kunj, New Delhi from 1<sup>st</sup> November 2021 till 28<sup>th</sup> November 2021 after obtaining institutional ethical committee approval [Ref No. F15(2/2.25)/2017/HO(M)/ILBS]. Research approach was qualitative and research design was descriptive phenomenological research which details the structure of experiences as they present themselves to awareness, without recourse to assumption, theory or deduction from other methods.<sup>12</sup> Population were Nurses diagnosed with COVID-19. Participants were nurses diagnosed with COVID-19 and were willing to participate in the study and can speak both Hindi and English for

which purposive sampling technique is used and the sample size was 15 (till the data saturation is reached).

Data was collected through one-to-one in-depth semi-structured interview for which semi-structured questionnaire was prepared. Pilot study was conducted among 4 nurses to assess the feasibility and technicality of the study and audio trail was done by experts. Data was collected in a room with no disturbance. Informed consent was obtained after explaining the objective of the study. They were also informed that participation in the study is voluntary and they can withdraw at any point of time, if they wish.

After the interview, peer debriefing was done to check the credibility of the data. The interview recordings were initially transcribed and then were translated from Hindi (vernacular) to English language. Language validity was obtained by linguistic experts after transcription and translation of the interview recordings. To ensure the Rigor and trustworthiness of the research Guba and Lincoln assessment criteria was used. Researcher used Confidentiality and Anonymity, Credibility, Transferability, Conformability, Dependability. Colaizzi's Method was used for analysis and interpretation of data. Seven steps were followed: familiarization, identifying significant statements, formulating meanings, clustering themes, developing an exhaustive description, producing the fundamental structure and seeking verification of the fundamental structures. The results of the analysis were discussed with the experts in qualitative research.

## RESULT:

In the study, there were 15 nurse participants with the mean age of 35.4± 6.78 years out of which 11(73.3%) were females. (Table-1).

**Table-1 Demographic profile of participants**

Participant no.	Gender	Age	Area of work	Duration of interview
P1	Male	39	Emergency	26 min
P2	Female	39	Emergency	28 min
P3	Female	35	GI- Bleed Ward	22 min
P4	Female	44	GI- Bleed Ward	28 min
P5	Female	39	CT- scan	35 min

Participant no.	Gender	Age	Area of work	Duration of interview
P5	Female	39	CT- scan	35 min
P6	Male	28	Endoscopy day care	35 min
P7	Female	24	Onco- day care	24 min
P8	Female	39	Nephrology ward	27 min
P9	Female	28	General Ward	30 min
P10	Female	24	General Ward	20 min
P11	Male	30	General Ward	33 min
P12	Female	43	Onco- day care	24 min
P13	Male	40	Transplant workup	39 min
P14	Female	45	OPD	26 min
P15	Female	35	OPD	22 min

Experiences of nurses diagnosed with COVID-19 were examined under five themes: Personal experiences of COVID-19, psychological impact, coping strategies, support system and experiences of family (Table 2).

### Theme 1: Personal experiences of COVID-19

COVID-19 is a pandemic disease which had a great impact on the life of nurses from getting diagnosed till being in quarantine. The difference experience were: acceptance and preparedness, concern about spreading infection and spending time with family.

**Table 2 : Themes and subthemes**

S. No.	Themes	Subthemes
A.	Personal experiences of COVID-19	<ol style="list-style-type: none"> <li>1. Acceptance and preparedness</li> <li>2. Concern about spreading infection</li> <li>3. Spending time with family</li> </ol>
B.	Psychological Impact	<ol style="list-style-type: none"> <li>1. Psychological distress</li> <li>2. Loneliness</li> <li>3. Helplessness for individual role performance</li> <li>4. Fear of dying</li> </ol>
C.	Coping strategies	<ol style="list-style-type: none"> <li>1. Physical and recreational activities</li> <li>2. Engagement in self-care</li> <li>3. Spiritual faith</li> <li>4. Reducing exposure to negative news</li> </ol>
D.	Support system	<ol style="list-style-type: none"> <li>1. Family support</li> <li>2. Colleague support</li> <li>3. Social support</li> </ol>
E.	Experience of family	<ol style="list-style-type: none"> <li>1. Stress experienced by family</li> <li>2. Work burden on family</li> <li>3. Social stigma</li> </ol>

### **Subtheme 1: Acceptance and preparedness**

As healthcare front line workers, they had acceptance of being diagnosed with COVID-19 were prepared. Most nurses verbalized that:

“I was expecting because .....and it was high wave in that time I was expecting because my symptoms were like that and I was expecting and I was little worried because of my Co morbidities.”-P14

“.....So I went and got it. Actually, it was not scaring me at all, I am not at all bothered about it because everybody is getting it so I can cope up with that”-P12

### **Subtheme 2: Concern about spreading infection**

COVID-19 is contagious. Nurses were scared of spreading infection all around. Some of the nurses verbalized that:

“I felt bad that something may happen to me, and was afraid of people getting infected and can lead to death too.”-P11

“..... If anyone of them got infected and then anything happened to them, then what will I do.”-P9

### **Subtheme 3: Spending time with family**

Nurses were overburdened due to severity of pandemic since 2020. After being diagnosed, with no or mild symptoms, they enjoyed family time together as everyone was home quarantined. Some of the nurses verbalized that:

“Although, I was quarantine, but still all of the family members were around me, obviously not inside the room, but taking care of me. I liked to spend time with them.”-P14

“Had the enjoyable moment, for ourselves on the daily basis of the time we can't find out, it turned out to be time for us.”-P10

## **Theme 2: Psychological Impact**

There are many psychological impacts and important consequences in nurses diagnosed with COVID-19. They are: psychological distress, loneliness, Helplessness for individual role performance, fear of dying.

### **Subtheme 1: Psychological distress**

When nurses got diagnosed with COVID-19, they also got stressed because of the mortality rate of

infection. Most of nurses verbalized that:

“Actually, at the moment I was so afraid and apart from that I was so worried .....”-P15.

“I was a little scared, I mean everyone had a problem at that time. ....”-P5

### **Subtheme 2: Loneliness**

Nurses diagnosed with COVID-19 were quarantined from everyone all around. Due to which they felt alone. Some of the nurses verbalized that:

“So, at that time it was just that Covid-19 has been diagnosed, so it has to keep us imprisoned for 21 days.”-P6

“As, initially I was only positive and I used to get bore and feel like alone in a room as my husband was taking care of children and me also.”-P8

### **Subtheme 3: Helplessness for individual role performance**

Nurses diagnosed with COVID-19 were isolated, which resulted in restricted function and responsibilities in personal life. Some of the nurses verbalized that:

“... That time, I was feeling so helpless that although I'm a healthcare worker, but still I'm not able to help my niece.”-P5

“..., so there was no one to see my child, not even maid, none. So that time was very bad.”-P3

### **Subtheme 4: Fear of dying**

Covid-19 is a disease with increased mortality rate, that is why diagnosed with COVID-19 were scared of losing family members and their children. Few nurses verbalized that:

“The severity of the symptoms ..... bothering me more that will she survive or not.”-P13

“the child was more scared thinking that he would die if he had covid-19....”-P4

## **Theme 3: Coping strategies**

Coping strategies are used to reduce the unpleasant emotions and in isolation, nurses used different coping strategies like exercises, self-care, spiritual faith, recreational activities and reducing the exposure to negative news.

### **Subtheme 1: Physical and recreational activities:**

Nurses diagnosed with COVID-19 were isolated and tackled their loneliness with activities like yoga, exercise watching Television, singing, etc. Some nurses verbalized that:

“I used to do slight yoga to stretch the body because all of my body used to ache because of resting on bed.”-P4

“When it comes to entertainment, we didn't watch news, yes, we used to watch it again on Netflix.”-P13

### **Subtheme 2: Engagement in self-care**

Nurses were aware of the management of COVID-19 patients, which helped them in taking care of each and every aspect of the treatment like nutrition, exercise, medicines as per prescription, and continuous surveillance on the vitals. Some nurses verbalized that:

“..... I was proper, drinking my food was all different, just making me mummy, the rest I used to eat.”-P11

“I didn't get my things right. I did it that I ate proper diet. Ate fruit, kept too much hydration myself”-P7

### **Subtheme 3: Spiritual faith**

Nurses diagnosed with COVID-19 worshiped their respective Gods, for the healthy recovery. Some nurses verbalized that:

“I used to pray at that time, then I used to tell someone to pray for me. I also prayed for reading the Bible.”-P5

“At times, I used to close my eyes and just pray god to take care of all the family members.”-P6

### **Subtheme 4: Reducing exposure to negative news**

In pandemic, nurses avoided news which helped them and their family members from getting stressed and scared. Some nurses verbalized that:

“The TV was switched off because you would be afraid to watch more news”-P4

“Neither did we see much news about Covid-19 diagnosed people died. It had all been avoided.”-P2

### **Theme 4: Support System**

Nurses had different needs at the time of quarantine

which were fulfilled by their family, friends and colleagues.

### **Subtheme 1: Family Support**

Family members of the nurses became their constant support at the time of quarantine. Most of the nurses verbalized that:

“..... Family members took good care of my in every aspect even for food, and for everything. ....”-P9

### **Subtheme 2: Colleague Support**

Nurses are healthcare workers and they always work as a team and were very supportive. Related to this, most of the verbatims are:

“Colleagues.... Were very good. Everyone used to call me daily, sometimes even twice and ask if I was in good health, there was no problem”-P9

### **Subtheme 3: Social Support**

Nurses diagnosed with COVID-19 also got support from society and friends. Most nurses verbalized that:

“So, one my neighbour .... everyday morning, she walks carrying food and for the afternoon lunch some tea should prepare and sambhar something and she'll come and keep it in door.”-P12

### **Theme 5: Experiences of Family**

Apart from being supportive, family members also experienced stress, increased work burden and social stigma when nurse in their family got diagnosed with COVID-19.

### **Subtheme 1: Stress experienced by family**

Family of the nurses was worried about the health of the nurse diagnosed with COVID-19. Nurse have verbalized that:

“....., my in laws and my sister-in-law is nurse but my sister and my parents and all were panicked because they are in south ...”- P12

### **Subtheme 2: Work burden on family**

When nurses were diagnosed with COVID-19, their responsibilities as a family member were shifted to rest of the family. Some nurses have verbalized that:

“it was my responsibility to bring the essentials from market. But as I was quarantined. So all of these responsibilities lied on my mother's shoulder. ”-P6

“It was a little difficult to work in the kitchen because the husband had to take care of me as well as children.....”-P4

### **Subtheme 3: Social Stigma**

COVID-19 is contagious and dreadful disease, family of the nurses had faced social discrimination. Some nurses verbalized that:

“Even some of my friends who, when they found out that I was covid-19 positive, refused to talk to me because of fear of getting covid positive. ....”-P6

### **DISCUSSION:**

This study contributes true experiences of nurses diagnosed with COVID-19 which were examined under five main themes: Personal experiences of COVID-19, Psychological Impact, Coping strategies, Support system and Experience of family.

In this study, majority of the nurses had acceptance and preparedness of getting infection because of severity of disease condition. Nurses were also concerned about infecting their children and family members. But some of them were stressed for deterioration of the physical health when they were diagnosed COVID-19 positive. Similar study conducted in Turkey showed that nurses had both the feelings, i.e., positive and negative.<sup>11</sup> Other study conducted about nurses working in COVID-19 department, has also suffered emotional and physical stress.<sup>13</sup>

After being quarantine for the time period, some of them were stressed and worried for themselves and for the family, some of them had fear of dying due to severity of the symptoms. Few of nurses shared that their children also got COVID-19, therefore they were very tensed for their recovery. In a study conducted, they found that nurses have fear of getting sick to severe stage.<sup>14</sup>

Other than this, as nurses were isolated i.e., all alone in the room and they had feeling of loneliness inside the room, because they had limits to their activities. No one can meet them, or talk face to face. They had a room to do all of their work. Illness and with isolation aggravated the situation and they felt all alone. A study conducted found that the nurses and the health care workers diagnosed with COVID-19

had fear and loneliness.<sup>14</sup> Most of the nurses were females and were mother also. They had family responsibilities which they were not able to manage as they were isolated. So, they were helpless because of being positive for COVID-19 and they quarantined and were not able to perform their role in the family. A study conducted in Wuhan expressed the imbalance in life and responsibilities of patient diagnosed with COVID-19.<sup>15</sup> Some of the nurses took the quarantined time in positive by considering it as a break from clinicals and rested because most of them were continuously working since first wave till the time they got COVID-19 positive. So, they spent nice family time after long time ago. A study conducted in Australia showed that the patients diagnosed with COVID-19 has experiences positive and negative feeling in isolation, illness and and infection.<sup>16</sup>

While nurses were physically and mentally ill, they got support from their family, colleagues and the society. Family was the biggest support system as they took care of all the needs as well as motivated them to recover faster. Colleagues and society were also supportive in motivating and standing behind for emergency requirement. A study conducted in South Korea expressed that patient diagnosed with COVID-19 got support from family and friends.<sup>17</sup>

### **CONCLUSIONS**

This study showed that nurses diagnosed with COVID-19 encounter negative approaches such as exclusion/stigma and being left alone in society due to being in the high-risk group for COVID-19 transmission, in addition to experiencing psychological symptoms such as depressive mood, sadness, disappointment, and fear of death and in positive approaches such as acceptance and preparedness for disease, support from family and friend and enjoyed the isolation time. They went through the process using various coping methods. Studies should focus more comprehensively on the problems faced by nurses diagnosed with COVID-19 and on solutions to these problems by using a mixed-method design, and necessary arrangements should be made in line with the findings obtained to assist nurses to overcome the process with the least damage.<sup>18</sup>

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