ORIGINAL ARTICLE

Intensive Care Nurses' Fears about Returning to Work after Recovering from COVID-19: A Qualitative Study

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Abstract

Background: Experiencing coronavirus disease-2019 (COVID-19) disease is a difficult and exhaustive process. Intensive care unit (ICU) nurses return to the ICU after recovering from COVID-19.

Aim: This study was planned to determine the care difficulties and ethical problems faced by ICU nurses returning to work after being diagnosed with COVID-19.

Method: In-depth interview technique was used in this qualitative study. This study was conducted between January 28 and March 3 2021 with 20 nurses diagnosed with COVID-19, working in an ICU. Data were collected using face-to-face interviews with semi-structured questions.

Results: Average age of the participating nurses was 27 ± 5.8; 14 of them were not planning to leave the profession; 13 felt confused about the pandemic process and all experienced some ethical problems related to the care process.

Conclusion: Long work hours during the pandemic negatively affect ICU nurses' psychology. After experiencing the disease, the ethical sensitivity of the nurses in this group providing care to patients increased. Determining the difficulties and ethical problems experienced by ICU nurses after recovering from COVID-19 can be a guide in increasing ethical sensitivity.

Keywords: Coronavirus disease-2019 patient, Care ethics, Experiencing coronavirus disease-2019, Intensive care nurse.

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Highlights

- This is the first qualitative study designed to determine the emotional states of the nurses diagnosed with COVID-19 and the ethical difficulties they face.
- After recovering from COVID-19, the ICU nurses mostly experienced complex emotions.
- This study revealed that the ICU nurses who experienced COVID-19 had increased ethical sensitivity.

Introduction

Pandemics, infectious diseases on a global scale, cause large numbers of deaths, leading to social and economic changes. Unusual situations such as pandemics seriously affect healthcare services and causes shortages in the workforce.[1]

Nurses are the largest population of healthcare professionals in hospitals responsible for the care and treatment of patients. During a pandemic, the care provided by the nurses is influenced by the difficulties faced, and anxiety and illnesses experienced.[1,2]

Characteristics of the patients receiving care, the level of technology possessed, and the complexity of decision-making in the ICUs create ethical conflicts.[3] The COVID-19 outbreak has resulted in large flows of patients in the ICUs, raising ethical concerns about triage, withdrawal of life support decisions, and quality of family visits and end-of-life support.[4,5] Some of the factors that affect the quality of care provided and cause ethical problems during the pandemic are work stress, difficulties in care, and feelings of burnout,[2,6] challenges caused by large numbers of patients dying during the pandemic,[7,8] nurses' fear of getting sick, and worries and emotional burden in the care process.[9] Ethical problems arise due to safety concerns of nurses, patients, colleagues, and families during the pandemic, the allocation of scarce resources, and the changing nature of nurses' relationships with patients and families.[5,9,10]

Experiencing a disease is a difficult and exhausting process. Experiencing COVID-19 causes serious problems, especially the fear of death. Healthcare professionals return to work after experiencing COVID-19. In a case study in which the experiences of a midwife who had COVID-19 were conveyed, the midwife was reported to experience complex emotions such as sadness, shock, fear, anxiety, crying, and laughing at the same time; had feelings of guilt for infecting her spouse; received continuous social support during the illness; and experienced some symptoms related to the disease.[11] Fernandez et al. emphasized the importance of understanding nurses' experiences in determining the stress factors and strategies to provide psychosocial assistance to nurses.[1]

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Table 1: Research stages

Formulation of research questions	- Can you explain the feelings you experienced during your COVID-19 diagnosis and treatment? - What were the complementary medicinal practices you utilized to cope with the emotions you experienced during COVID-19 treatment? - What are the feelings you experienced while caring for patients in the ICU after your COVID-19 treatment? - What are the difficulties and ethical problems you experienced while caring for patients in the ICU after your COVID-19 treatment? - Can you explain the feeling you experienced when giving care to patients with COVID-19 in the ICU at your COVID-19 treatment?
Determining the individuals to participate in the research	Nurses working in the ICU
Determination of work conditions	Determination of the experiences and difficulties faced by the ICU nurses while providing care, their emotional status and awareness of ethical issues
Selection of individuals to participate in the study	Maximum variation sampling, one of the purposeful sampling methods
Data collection	Personal information form Semi-structured individual in-depth interview questionnaire
Analyzing data	Content analysis

This research is planned to determine the experiences, care difficulties, fears, and ethical problems faced by ICU nurses returning to work after being diagnosed with COVID-19.

Designs and Methods

Study Design

This qualitative study is conducted using a semi-structured questionnaire and an in-depth interview technique. Through qualitative content analysis, it aims to identify the care experiences, fears, and ethical problems faced by the ICU nurses returning to work after they have been diagnosed with and treated for COVID-19.

Sampling and Recruitment

The participants were ICU nurses providing care to patients with COVID-19 in hospitals in the province where the research was conducted. Those nurses who volunteered and were diagnosed with and received treatment for COVID-19 were included in the sample.

A descriptive (phenomenological) design was used in this study. Having a sample size of at least six participants in qualitative studies increases the quality and credibility of the research.[12] During data collection, a sampling approach was used that required researchers to continue collecting data through repeated processes until sufficient numbers were reached to answer the research question (e.g., the saturation point was reached) (Table 1).

Data Collection

The data were collected by the researchers using two different techniques in line with the literature: deep conversation and semi-structured interview.[4,11] The first part of the questionnaire consisted of 14 questions about the sociodemographic characteristics of the participants such as age, gender, marital status, experiences working as a nurse, hours worked weekly, and the number of patients cared for. The second section focused on the physiological and psychological difficulties experienced during and after COVID-19 treatment. The third section consisted of semi-structured questions addressing difficulties faced after returning to work in the ICU in caring for patients with COVID-19 and care ethics.

Data were collected between January 28 2021 and March 3 2021 using face-to-face in-depth interviews with semi-structured questions with 20 nurses who were working in the ICU and had undergone COVID-19 treatment. The interviews took place online during a convenient time for ICU nurses. The interviewer wrote down the responses given by the participants. On average, an interview took 30–35 minutes to complete.

Data Analysis

The participants' demographic data were evaluated using percentage, mean, frequency, and standard deviation. All data obtained from the study were copied without any changes. The statements during the interview were grouped. Computerized algorithms were not used in data analysis. The analysis was conducted independently by two researchers who are trained and experienced in qualitative research. The qualitative data analysis method by Braun and Clarke was used for finding the following: (1) Familiarizing oneself with data; (2) generation of initial codes; (3) searching for themes; (4) reviewing themes; (5) defining and naming themes; and (6) producing the report. In this study, codes were evaluated, associated with the phenomenon, and conceptually similar codes were classified, and sub-themes were created.[13]

Ethical Considerations

Permission was obtained from a university clinical research ethics committee (dated 20 January 2021, No.02/68). Approval was also obtained from The Scientific Research Platform of the Ministry of Health of the country of employment and the permission to be obtained were specified. Republic of Turkey Ministry of Health Scientific Research Platform approval was also received (Posted: 04 January 2021, Number: 2021-01-04T00_26_38). After informing the nurses about the method and purpose of the study, verbal and written consent was obtained.

Results

The average age of the participants is 27 ± 5.8 (minimum: 23, maximum: 44); 14 of them are female; 15 are single; 16 have a graduate degree; 11 work at internal medicine ICU—4 at surgical ICU and 5 at children's ICU (n = 20). The nurses stated that

Table 2: Themes derived from responses of the participants

Main theme	*Sub-theme*
Theme 1. Emotions experienced by ICU nurses during their diagnosis and treatment of COVID-19 and coping methods	- Positive, negative, and complex emotions experienced - Complementary medicinal practices used to cope with negative emotions
Theme 2. Positive, negative, and complex feelings ICU nurses that recovered from COVID-19 experience while providing patient care in the ICU.	
Theme 3. Difficulties and ethical problems ICU nurses that recovered from COVID-19 experienced while providing care to patients	- Difficulties and ethical issues related to the work environment - Difficulties and ethical issues related to pandemic restrictions

they worked an average of 51.8 ± 11.4 hours a week before the COVID-19 pandemic, and 55.4 ± 12.3 hours a week afterward. While 15 nurses stated that they received training on the pandemic, 12 stated that the care given to COVID-19 patients was sufficient. Also, seven nurses stated that some of the care provided was incomplete due to a lack of sufficient materials and health professionals, and the fear/risk of contamination. Furthermore, 14 nurses stated that they do not think of leaving the profession. When asked where they received information about the COVID-19 pandemic, 8 stated from social media, 12 stated from official sites, and 13 stated that they are confused about information received about the process.

When asked about the types of problems with vital signs experienced during COVID-19 treatment, five nurses stated high blood pressure, nine stated breathing difficulties, and eight stated tachycardia. Also, 10 nurses experienced cough, weakness, joint pain, fatigue, muscle pain, insomnia, 4 joint pain and weakness, and 3 weakness. Eleven of the participants stated that they still experience weakness, joint pain, and decreased taste sensation after the treatment.

- Theme 1. Emotions experienced by ICU nurses during their diagnosis and treatment of COVID-19 and coping methods (Table 2).
  - Positive, negative, and complex emotions nurses experienced during the diagnosis and treatment of COVID-19.

    Nurses expressed having positive feelings during COVID-19 diagnosis (N16, N18). and treatment such as "I've had positive feelings like joy, hope, heroism, and achievement" (N18).

    Nurses experienced negative feelings such as fear, hopelessness, pessimism, anxiety, anger, unhappiness, impatience, boredom, exhaustion, loneliness, reproach, and anger toward the profession (N6, N9, N17, N19, and N20).

    Nurses experienced complex emotions (N5, N14) stated as "On one hand, I felt positive emotions such as joy and hope; on the other hand, I felt fear of infecting my parents and complex emotions like anxiety and concern" (N5).
  - Complementary medicinal practices used to cope with negative emotions experienced during COVID-19 treatment.

    Nurses stated that they have used complementary practices (N1, N2, N9, N13, N17, N19, and N20) such as "music therapy, breathing therapy, aromatherapy, praying, and respiratory cough exercise applications" (N20).
- Theme 2. Positive, negative, and complex feelings of ICU nurses that recovered from COVID-19 experience while providing patient care in the ICU (Table 2).

Nurses expressed positive emotions (N2, N3, N6, N10, N12, N15, N17, and N19), "I've felt pride, joy, achievement, and happiness about overcoming COVID-19" (N2).

Nurses stated (N1, N3, N4, N7, N11, N14, N16, N17, N18, N19, and N20), "I've experienced negative feelings such as burnout, fear of re-living the same thing, loneliness, and concern of getting infected again and dying" (N19) and "I've felt alienation, loneliness and lack of support towards the ICU." (N14), and "I experienced burnout due to giving detailed information to the patients and their relatives" (N18).

Some nurses expressed complex emotions (N1, N5, N8, N15, and N19), "I was happy to overcome this my challenge, but I felt stigmatized" (N5), "Although I worry about getting COVID-19 again, when I saw the patients' helplessness, I overcame my fear and help the patient" (N15), and "to give care to patients with COVID-19 is very tiring but doing my job makes me happy" (N8).

- Theme 3. Ethical problems ICU nurses that recovered from COVID-19 experienced while providing care to patients (Table 2).
  - Ethical issues related to the work environment.

    Nurses stated difficulties they have experienced as (N1, N3, N4, N 5, N7, N8, N9, N11, N12, N13, N14, N16, N19, and N20), "I experienced difficulties due to the limited resources and supplies such as masks, disposable gowns, protective glasses, and gloves" (N13), *"The* workload in addition to caring for patients with COVID-19 is excessive" (N3), "The number of patients I care for daily is high and there are not enough nurses in the ICU" (N2), " I do not have enough time to care for COVID-19 patients" (N13), "There are communication difficulties among team members and not sufficient psychosocial *support*" (N20), "I had to give care to patients with COVID-19 despite not recovering fully" (N8), and "Creation of ICUs without sufficient equipment by converting clinics to ICUs" (N13).

    The nurses stated "Not having laundering service for the uniforms and a place to shower after work" (N8) as a difficulty related to lack of institutional resources (N8, N9, N11, N13, N14, and N16).
  - Ethical issues related to pandemic restrictions.

    The nurses stated, "I cannot stay at home after providing care due to risk of contamination" (N13) and "It is difficult to get to the hospital due to limitations on *transportation* during the pandemic" (N19).

    Nurses had difficulty feeling empathy toward the patients which made caring for them difficult. They stated "The number of patients is too high, and it was too tiring" (N18).

Nearly half of the nurses stated they had difficulties in being patient and understanding toward the patients. The reasons were given as, "Although I make explanations to the patients, they do not listen and ask the same questions again in panic" (N14), " It is exceedingly difficult to work with equipment and this situation forces my patience" (N11), and "The excessive number of patients makes it hard to be patient and understanding" (N18).

The nurses stated that they had difficulty informing their patients about the care process with statements such as (N1, N9, N11, N12, N16, and N18), "Patients are aggressive and anxious, so I have difficulty in providing information" (N12), and "The number of patients is too much, repeating the same information is tiring" (N18).

The nurses stated that they had difficulties in meeting the care needs of the patient (N1, N5, N8, N12, N16, and N18). Nurses indicated the cause of this as, "I get very tired physically, I have a hard time working in protective equipment after a while" (N1), "I am afraid of being infected, so I need to provide care quickly" (N5), and "Providing care and treatment is a challenging process" (N12).

The nurses stated that they had difficulty providing fair care to patients with COVID-19. One nurse said, "I could provide 24-hour care to my patients before having COVID-19 since my body resistance is low now, I cannot provide care as long as I used to" (N8).

The nurses noted that when they had to decide on behalf of the patient, they had difficulty doing what they believed was the most beneficial for the patient. "It is not easy to make a decision on behalf of someone else" (N11).

Despite believing nurse–physician–patient relationship is an important component in patient care (N4, N 6, N8, N14, N15, and N17), nurses experienced difficulties stated as "I experience difficulties in nurse–physician relationship due to increased workload" (N4), "I do not reflect the nurse–physician–patient relationship difficulties I experience because of my profession" (N8) and "I think lack of education has an impact on team collaboration" (N17).

The nurses stated that although they know that patients in the ICU have the right to receive special care and treatment, they have difficulty in providing care (N12, N14, N16, and N18). They have said, "Every opportunity is not provided for the patients" (N12).

The nurses stated that they had difficulties in providing care to patients dying in isolation in statements (N10, N11, N12, N13, and N14), "I feel incredibly sad when I think of the patient as being someone from my family" (N10) and "I think I take unnecessary risk in the process of providing care in this process" *(N11)*.

The nurses stated that they wanted to leave the ICU where they care for the COVID-19 patients (N2, N3, N4, N8, and *N13) and work in another unit the reason being* "increased physical and mental fatigue" (N2) and "I think there are more comfortable and risk-free units" (N8).

Discussion

Nurses have had long work hours since the COVID-19 pandemic began.[14] In this context, it is important to reduce the work hours of ICU nurses for their physical and mental well-being.

A total of 15 nurses stated that they received training on COVID-19, 12 of them obtained information about COVID-19 from official sites and 13 of them felt confused about the information. Karimi et al.[15] stated that information pollution related to the process negatively impacts the care provided. In a study conducted with ICU nurses, COVID-19 knowledge scores were found to be at a good level, and 60 % of the participants stated that they received information from their managers.[16] In a study conducted with health professionals, 73.8 % obtained conflicting information from scientific sources, and 80.8 % found that frequent changes in treatment protocols negatively affected work performance.[17] In line with this result, it can be said that information pollution during the COVID-19 pandemic makes it difficult for nurses to provide care.

Nurses experienced many symptoms during COVID-19 treatment and 11 stated that they continued having symptoms after treatment. Continued health problems can lead to decreased performance and intensity of compassion.[18] The quality of life will be poor when the disease symptoms continue.

Most of the nurses utilized complementary medicine practices such as music therapy, breathing therapy, aromatherapy, praying, and breathing/cough exercises during COVID-19 treatment. In their study with nursing, Metin et al.[19] determined traditional and complementary medicine practices utilized beneficially as listening to relaxing music, massage, and exercise. Intensive care nurses tend to utilize complementary medicine applications to support treatment.

Most nurses experienced positive emotions such as success, pride, and joy on their first day of work after the COVID-19 treatment. Anxiety and stress negatively affect patient care and the mental health of nurses during the pandemic.[15] Study concludes that having good mental health in challenging times and experiencing positive emotions while providing care increases eagerness to work.

Nurses indicated some of the difficulties and ethical problems they experience while giving care to patients with COVID-19 are related to workload, lack of sufficient staff and equipment, insufficient administrative support, unsuitable ICUs, and poor physical work conditions (inability to take a shower, laundering uniforms). During a pandemic, taking measures to protect healthcare workers from disease is the governments' ethical obligation, and the inadequacy of this situation negatively affects the usefulness and personal safety values.[3,10,20] Working against time during pandemics adversely affects the ethical decision-making process, analyzing the options while respecting the wishes and rights of the patient.[3,21] Clinicians' lack of experience in the treatment and controversial pharmacological options have complicated clinical settings and led to ethical problems during the COVID-19 pandemic.[3,15,21,22] The importance of working collaboratively is emphasized during a pandemic despite role uncertainty among health professionals which further complicates the care process.[21,22] Limited resources often cause ethical problems.

Nurses experienced difficulties due to not being able to stay home during pandemic restrictions. Healthcare professionals are unhappy and have concerns about being away from family.[17,23] After recovering from COVID-19, ICU nurses perceived these restrictions as a problem traumatizing their mental health.

The most common negative emotions experienced by ICU nurses while caring for patients with COVID-19 were despair, anxiety about the risk of transmission, and burnout. An ICU nurse persevered during the pandemic and continued fighting against

the disease; stayed in a dormitory due to fear of infecting his family and felt the solidarity between colleagues more intensely.[24] During the COVID-19 pandemic, nurses feel fear and anxiety, experience stress and show depressive symptoms.[25] Stigmatization by society, social isolation, or being in quarantine may unearth and exacerbate these symptoms.[14,26] Nurses stated that they were affected by the pain and suffering of patients with COVID-19 and the feeling of waiting to die.[10,15,23] Studies have also found that nurses experience negative emotions during the care process, and in our study, it is inevitable that nurses diagnosed with COVID-19 experienced negative emotions more intensely after transmission.

While providing care to patients with COVID-19, ICU nurses mostly have difficulties in meeting patients' care needs, providing equitable care, and giving care to patient who is in isolation and is about to die. In different studies, it was determined that nurses experienced professional ethical difficulties due to inadequacy. The excessive number of patients and bed shortages in the ICU caused health professionals to feel unsettled about their ethical values such as they have "to sacrifice the most vulnerable patients"[5] and "care for patients in vain."[17] The burden and responsibilities of nurses increased during the pandemic and ethical problems have emerged in end-of-life care. Terminal patients were left alone and reducing their pain and suffering has been limited due to strict isolation and high care needs.[3,10] In studies nurses stated that they could not communicate effectively with many critical patients and patients could not use their right to choose treatment plans.[21,27] The existence of problems in the implementation of ethical principles reveals that professional values should be supported.

Less than one-fourth of the nurses stated that they would like to leave COVID-19 ICUs and work in another unit. Also, less than one-fourth of the nurses indicated that they are pleased to provide care to patients and more than half do not intend to leave the profession. Labrague and Santos[28] stated that the fear of COVID-19 reduces job satisfaction and increases the intention to quit. The differences in results may be due to differences in physical conditions nurses work in our country and the high overturn of patients.

Conclusion

Long work hours during the COVID-19 pandemic negatively affect ICU nurses in terms of psychosocial aspects. These unfavorable situations and limitations cause many ethical problems. After experiencing the disease, nurses' ethical sensitivity in caring for patients with COVID-19 increased. Caring for terminal patients' long-term causes emotional fatigue and mental problems in nurses. Information chaos, difficulties in teamwork and inadequate physical conditions, equipment, and the number of employees are factors affecting the care and treatment process negatively. In line with these results, the development, and planning of approaches to solve the difficulties and ethical problems that ICU nurses returning to work after COVID-19 treatment experience in providing care to patients in this group are recommended.

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