

ORIGINAL ARTICLE

Perspectives of Nursing Professionals Regarding The Care of Patients with Covid-19

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ABSTRACT

Introduction: Currently the responsibilities and role of each nursing professional has been put to the test with the need to care for thousands of Covid-19 patients, whose demands for technical, cognitive and personal care have exceeded the capacities of many healthcare professionals.

Aims & Objective: To know the perspectives of nursing professionals regarding the care of patients diagnosed with Covid-19.

Material & Method: the qualitative method was applied with a phenomenological approach, with the consensual participation of 10 HANM professionals, for convenience. The information was collected through in-depth interviews and analyzed in the atlas ti software. V9, using 6 core categories and 11 subcategories with which the hermeneutical unit was built.

Results: Nursing care in the time of Covid-19 has faced uncertainty and fear, not knowing accurately the procedures and treatments due to the lack of information in this regard, despite this they maintain the humanization in the treatment of the patient and the Family members, through emotional intelligence, manage their feelings and fears to provide support to their patients.

Conclusions: Despite the limited accessibility to protection barriers and biosafety standards, mechanisms were established to provide comprehensive care, considering the needs of the patient and their families, and accompanying them throughout the disease process. The greatest impact for nursing professionals has been to be in constant contact with death, increasing their fear of catching it and bringing the disease to their family members.

Keywords: Covid-19, nursing, care, patients.

INTRODUCTION

Nursing fulfills a highly relevant function at the level of society, as it is the health professional that generates an interpersonal connection with each of the patients, their families and even with the communities, so its daily performance transcends emotional barriers and even psychological, deeply affecting health professionals¹.

Currently, the responsibilities and role of each nursing professional have been put to the test with the need to care for thousands of patients who are constantly exposed to any of the variants of SARS-COV2 (Covid-19), whose demands technical, cognitive and personal care, as has been stated, there are many factors that each professional must face on a daily basis, without prior preparation or training for it.

The investigative approach of this case study is based on a phenomenological analysis of the different experiences and experiences that nursing professionals go through when providing care to patients who are diagnosed with SARS-COV2; The nurse, being responsible for establishing the first contact with patients, turns out to be one of the representatives of the health sector that runs the greatest risk at work, psychological, emotional and even personal level; These are exposed to a series of convergent situations where ethics, professionalism, the human and emotional part, face each other, generating situations that are difficult to face².

The general panorama presented, referring to the experiences and experiences of health professionals worldwide and the contagion figures at the national level reflect the need to know the perspective of the nursing professionals who work at the Alfredo Noboa Montenegro

Hospital, being this the main nursing home that provides care in the Bolivar province (Ecuador). The purpose of the study is to know the perspectives of nursing professionals regarding the care of patients diagnosed with Covid 19, treated at the Alfredo Noboa Montenegro Hospital in the period 2020-2021.

MATERIALS AND METHODS

For the execution of this case study, a type of qualitative research was selected, which by definition "is that systematic inquiry procedure that provides specialized techniques to collect data on what people think and feel." (Escudero & Cortez, 2017, p. 43).

The study had the voluntary and consensual participation of 10 nursing professionals from the Covid area of the Alfredo Noboa Montenegro Hospital, all female. This non-probabilistic intentional sample was established for the convenience of the investigators.

The information was collected through the application of an in-depth interview, which was carried out based on a semi-structured question guide with which information was collected directly from those affected. For the application of the instrument, the signature of the informed consent was requested, a document that authorizes the participation and use of the information for investigative purposes.

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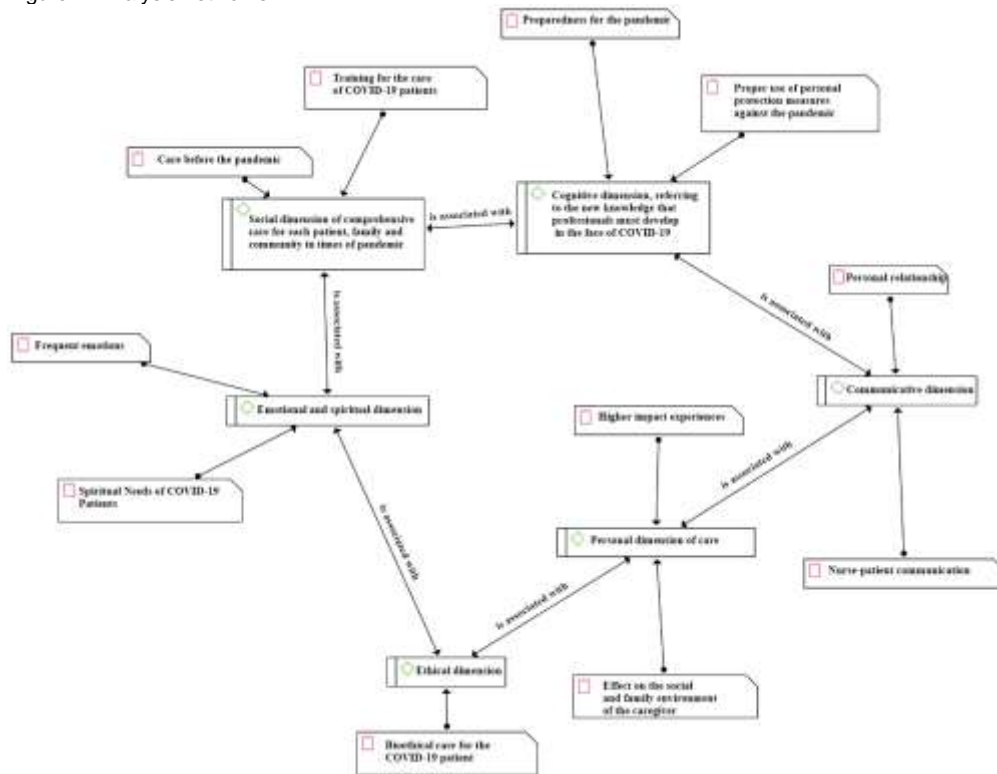
Primary documents (dps): 10 transcribed interviews
 Citations: 100 citations associated with the analysis categories
 Codes: system tool which corresponds to each category
 Memos: common ideas between categories (subcategories)

For the present case study, the hermeneutic unit was generated from 6 categories of analysis and 11 subcategories that facilitated the grouping of information for subsequent analysis. This analysis yielded a total of 100 citations and an analysis network generated from the interrelation between the categories studied. The core categories generated for this study are presented below;

Table 1. Hermeneutical unit

Categories	Subcategory	Questions
Cognitive dimension, referring to the new knowledge that professionals must develop in the face of the Covid-19 pandemic	Preparedness for the pandemic	Do you feel they were prepared to provide care for Covid-19 patients?
	Proper use of personal protection measures against the pandemic	Do you feel that you apply the appropriate personal protection measures?
Social dimension the comprehensive care of each patient, family and community in times of pandemic	Care before the pandemic	How could you describe the nursing care you provided to your patients before the Covid-19 pandemic?
	Training for the care of Covid-19 patients	Have you received training in caring for patients with covid-19? How has it been?
Personal dimension of care	Higher impact experiences	What have been the experiences with the greatest impact for you during the care of patients with Covid -19?
	Effect on the social and family environment of the caregiver	As an expert on the implications of the disease and its high level of contagion, how has playing your role as a nurse in times of a pandemic affected your social life and family environment?
Emotional and spiritual dimension	Frequent emotions	What have been the most frequent emotions and feelings that you have experienced during the pandemic?
	Spiritual needs of Covid -19 patients	How would you describe the spiritual needs of Covid -19 patients?
Communicative dimension	Personal relationship Nurse-patient communication	How has the process of establishing the personal and communicative nurse-patient relationship been?
Ethical dimension of care	Bioethical patient care	Do you feel that during the care of patients with Covid-19 you have provided care considering the bioethical principles of nursing?

Figure 1. Analysis networks



Source: atlas ti v.9

RESULTS

Category 1. Cognitive dimension: referring to the new knowledge that professionals must develop in the face of Covid-19

"No, not really, I know they are the same care, but the impact caused by Covid-19 was great, that is, we were all really afraid, it was not known at first, what type of contact it was, so we tried to cover ourselves As much as we could and then it was learned, what are the three types of contact, one that is contact by drops, contact by air and contact by touch, so it was difficult and we were not really prepared for the pandemic .. "

(Nurses' stories).

Subcategory. Preparedness for the pandemic

"To be totally prepared no, everyone was not prepared, nobody knew what to do, how to diagnose this disease" (Nurses' stories).

"We were not prepared, we were learning with the patients 'daily lives, because obviously it was an unknown disease, because we did not have established protocols" (Nurses' stories).

Proper use of personal protection measures against the pandemic

"Yes, within the Hospital, biosafety measures are applied, however, they are not enough, but we do try to apply them; many of the people have bought their own protective equipment, the objective is that we can cover the need to protect ourselves. " (Nurses' stories).

Category 2. Social dimension: comprehensive care of each patient, family and community in times of pandemic.

"Before the Covid-19 pandemic, the care given to patients was without fear of catching it from the lake, so the care was face to face with them, but now the same cannot be said, because it is fear to infect ourselves and our families is great "(Nurses' stories).

Subcategory. Care before the pandemic

"Care has always had to be carried out, in the first place, avoiding errors, complying with the care protocols, then, it is not that we are here in the pandemic and a full therapeutic regimen is going to be fulfilled, we must always do it successfully and in an efficient way." (Nurses' stories)

"Well, the care that was carried out before is based on the protocols that were carried out at the Alfredo Noboa Hospital, so there were protocols for different areas, based on the types of isolations that each area had, so we didn't take much care of ourselves. relationship now, but if when there were areas of TB (tuberculosis), areas of pneumonia, protocols were applied that were already defined here" (Nurses' stories).

Training for the care of Covid-19 patients

"Yes they have trained us, but more in what are biosafety standards, in the use of personal protection measures, the rest is self-education, they have read about what the disease is like, what it is about and what the disease is like form of contagion" (Nurses' stories)

"I personally have not received any training, because I think I educate myself, we had to read to know how we had to care for a patient" (Nurses' stories).

Category 3. Personal dimension of care

"Yes, it affected me, because at the beginning not even my relatives wanted me to enter the house, those

who know that you work in that area, they no longer want to interact with you, because they think you are going to infect them" (Nurses' stories)

Subcategory. Higher impact experiences

"The experiences with the greatest impact were seeing a new disease, seeing the number of patients who began to die and feeling powerless because they couldn't do something else for the patient" (Nurses' stories)

"I think that the experiences that impacted me the most about the patients with Covid-19 were the first months, where the epidemiological curve had to be at its maximum, where patients died permanently on each shift, sometimes mothers, fathers, and Sometimes people we also know, personally it was a painful experience to have to fire so many people "(Nurses' stories)

Effect on the social and family environment of the caregiver.

"Well for me, it has been very difficult; I have deteriorated physically and spiritually, so really in this time it has been known who our true friends are, who are the people who are supporting us, it has been tried to survive, the fact of wearing a mask for 24 or 12 hours, if it is quite complicated and value the work we have, try to do our best and most of all because of the pressure sometimes from the authorities, also, there have been colleagues who have gotten sick from Covid-19, and it has been to provide care to patients, so it is quite difficult psychologically and emotionally. " (Nurses' stories)

Category 4. Emotional and spiritual dimension

"At first it was fear, fear because we did not know what we were facing, only in the news we saw and they told us that this disease is fatal, so it affected us quite emotionally as well as our families" (Nurses' stories)

"The most difficult moments were when I was infected, when I was a Covid patient, the uncertainty of not knowing what to do, of infecting my family; I have elderly parents, those who had a lot of risk, that fear is the one that still continues and I cannot overcome it. " (Nurses' stories)

Subcategories. Frequent emotions

"Within the service, sadness, anguish, anxiety to see patients who cannot leave, and there have always been cases in which we have become a bit moody about the fact that they are asked to be in the prone position, patients with a degree of obesity and does not collaborate, does not understand, they do not help us, then one becomes anguished, because it is seen that they begin to desaturate, blood gas levels are rising, so the impact is strong, because it may be a relative of us" (Nurses' stories).

Spiritual needs of Covid-19 patients

"Well, regarding spiritual measures, you know that there the patient is only with the health personnel on duty, doctors, nurses, assistants, cleaning personnel, but he does not have spiritual support as before, for example, the parent or pastor to give you spiritual support; what does come in is the psychologist to provide support "(Nurses' stories)

Category 5. Communicative dimension

"You know that the patient at the moment he enters our service here, he is located in time, space and person, but when the patient is intubated, he is under the effects of sedative analgesia and the patient only responds to stimuli,

no so much communication is maintained; In this month of January and during this month of February, non-invasive mechanical ventilation with high-flow cannulas has been implemented, so there we do have the nurse patient interrelation, where psychological support is provided because you know that when the patient decompensates It is because he is anguished, he is worried about his family, so we sick people here say that at that moment he thinks about him, that he has to leave because his family, his friends, his environment are waiting for him; but if the saturation he needs is no longer met, this therapeutic regimen is no longer met, he opts for intubation, so we lose the communicative relationship." (Nurses' stories)

"Now communication is very distant, before we could be close to patients, now we have to be far apart, because the fear is greater, especially of bringing this disease to the family and of infecting oneself" (Nurse's stories)

Subcategory. Personal relationship

"During the pandemic, I think it has improved a lot, to give the patient a livelihood, I have seen for my part, it always gives me a little nostalgia to see them in anguish, to know if they are going to come out of the disease or not, we always He tries to encourage them, they are told that everything will go well, to try to collaborate so that everything goes in the best way" (Nurses' stories).

Nurse-patient communication

"At the time of admission, we explain both to the patient and to the family members, but more closely we relate to the family members about how the patient is doing, whether or not they improve or what they need for the care we provide." (Nurses' stories)

Category 6. Ethical dimension of care

"If professional ethics is very important, that is, if you. It has to be administered with a therapeutic regimen, if you have to comply with the correct 10 during the administration of medication, you must comply with it because it is a fundamental pillar and a nursing bioethical principle that we must comply with, in order to reestablish the health of the user" (Nurses' stories).

Subcategories. Bioethical care for the Covid-19 patient

"Yes, I really believe that the pandemic has touched our hearts, and we try to do our best, to provide the strength and basic nursing care; administration of medications, comfort measures, education and trying to apply the protocols "(Nurses' reports)

DISCUSSION

Cognitive dimension, referring to the new knowledge that professionals must develop in the face of Covid-19

In this context, Morales, (2020), considers that: "the nursing staff has had to rethink their knowledge in caring for the Covid-19 pandemic, by generating new forms of care for the patient, family and society" (p.73). Likewise, Andreu et al. (2020), explained that "some participants felt overwhelmed by a situation that in its initial stage was constantly changing and they received contradictory instructions"³. In the present study, some expressed that, despite being the same care applied, the impact has been considerable, due to the influence of fear and general ignorance of the disease. In their entirety, the nursing professionals reported not having been prepared for this

health crisis, which initially lacked tools or knowledge about its diagnosis or transmission, and that self-education has been helping them throughout this time.

Adams & Walls (2020), indicates that the contagion and death rates of health professionals by Covid-19 are considerable, as well as the transmission to their family, which is why the use of recommended barriers such as gloves, masks, gowns, glasses and hand hygiene in the care of all patients with respiratory symptoms⁴. In the study, despite trying to apply biosafety protocols during their working hours, they do not have sufficient and quality personal protective equipment, having to resort to self-sufficiency in order to avoid contagion.

Social dimension the comprehensive care of each patient, family and community in times of pandemic

Faced with this scenario, it was essential to train health professionals and especially the body of nurses who, being the ones most exposed to contact with the patient, are more vulnerable to possible contagion, García et al. (2020).⁵ Regarding the training to face this health crisis from the nursing profession, the body of nurses who were interviewed indicated that most of them have received training in the use of biosafety equipment, but not, in the field of nursing care for patients Covid-19, having to resort to self-education.

Personal dimension of care

Seeing people die without being able to do anything, patients who were conscious and oriented who suddenly showed deterioration of vital signs, while they were still conscious and require to be intubated, being a difficult decision for them and their families. As reflected by Minchala, (2020),⁶ that nursing professionals have had to live a stressful environment on a daily basis due to the scarce clothing, the high flow of patients, the constant interaction with critical patients, their relatives and close experiences to death repeatedly.

Regarding their close social environment, relatives of the nursing professionals and on a personal level, it was obtained that in the physical aspect they have experienced a notable deterioration, fatigue and fatigue, the pressure of the authorities, the long shifts and the continuous use of the Masks have affected their mood, likewise observing colleagues who have been infected and putting themselves in the role of patients is difficult for them, which is why they even refer the need for psychological care. Adams & Walls, (2020),⁴ indicate that "hospital staff, including caregivers, support staff, administration and preparedness teams, will be stressed by the challenges of a prolonged response to Covid-19, and the Leadership must emphasize the importance of self-care as the center of the answer".

Emotional and spiritual dimension

In the present study, the nursing professionals expressed that the most frequent emotions were fear, sadness and anxiety related to the entire work and non-work environment, and the healthcare challenge of an unknown disease. Likewise, the fear of infecting their relatives was evidenced in the intervention of almost all the participants⁷. An outstanding intervention shows the experience of a nursing professional who during her service was infected with Covid-19, indicating that the feeling of uncertainty and fear of not knowing what to do in

the face of the situation and that we fear that we have infected her elderly parents.

Morales, (2020),⁸ in his study states that: "the spiritual dimension has gained a lot of strength in this pandemic, because people, patients, the health team, seek a voice of hope in that unknown something." (p.73). In the interviews, they explain that, despite wanting to provide comprehensive care, the interaction is limited, so the spiritual support and accompaniment of each of them, regardless of religion or culture, cannot be carried out, since they only have interaction exclusively from health professionals and with the help of a psychologist.

Communicative dimension

Morales, (2020),⁸ determines that: the nursing professional has had to generate new communicative care, where the corporal is transcended and is motivated to observe, to listen attentively, to redesign a slower language, with the certainty that the another understands what is being communicated. (p.74). In the study, they stated that interaction with relatives is constant, as far as possible keeping them updated on the health status of their sick relatives

Ethical dimension of care

In this sense, Morales, (2020)⁸, explains that the norms of behavior proceed according to the individual, family, community and social good, where the person is like a free transcendent being and that the rights of human beings are not violated. The professionals indicated that ethics is very important in our profession and we must be respectful of pathology, keeping the information of their patients private.

CONCLUSION

Despite the fear of being infected and despite the limited accessibility to protection barriers and biosafety standards, health professionals have managed to establish mechanisms to provide comprehensive care, considering the needs of the patient and their families, without leaving aside from the accompaniment throughout the disease process.

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