

LIVED EXPERIENCE OF NURSES' INTERN IN CARING FOR COVID-19 PATIENTS IN CRITICAL CARE UNITS AT SELECTED HOSPITAL IN EGYPT

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ABSTRACT

The nursing workforce is at the frontline fighting against COVID-19 and is faced with various challenges throughout the provision of care especially in intensive care units. Aim: was to explore the lived experience of nurses' interns in caring for COVID-19 patients. Setting: critical care units at selected Cairo university hospital. Research design: Qualitative phenomenological design was used for the current study. Sample: A purposeful sample was utilized in the current study; the saturation point was reached after 17 participants. Tools: Three tools were utilized for data collection: sociodemographic sheet, semi-structured interview questionnaire, and Audiotape recording. Results: Findings of the current study identified five main themes that expressed lived experiences of nurses' intern in caring for COVID-19 patients: (I) Participation in care; (II) Feeling of fear; (III) Isolation challenges; (IV)

Dissatisfaction; (V) Positive experiences. Conclusions: Nurses' interns who are working in critical care units are on the frontline fighting COVID-19 without adequate training or preparation. However, involving nurses' interns with the healthcare team in caring for COVID-19 patients could be an opportunity and challenge particularly in times of pandemics. Recommendations: Establishing a comprehensive training course for nurses' interns before assigning them to care for covid 19 patients, providing adequate role clarification for those interns in caring for covid 19 patients. Furthermore, we must ensure that nurses respond effectively to the pandemic and that all medical supplies are available especially the Personal Protective Equipment, and provide them considerable incentives.

Key words: Nurses' Intern, Lived experiences, COVID-19.

INTRODUCTION

COVID-19 has affected the life and health of more than 270 million people across the world and more than 5 million deaths (WHO, December 2021). This overwhelms the health care systems all over the world and, of course, affects healthcare providers such as physicians and nurses fighting on the frontlines to safeguard the lives of people. Exploring the issues that nurses face during their pandemic will help support them and develop protocols and plans to improve their preparedness and resilience (Abdullelah, Farhan, 2020). Since nurses constitute the majority of healthcare providers, they have a critical function in healthcare systems (Althobaity, Alamri, Plummer, & Williams, 2019).

Furthermore, COVID-19 is an infectious disease caused by a new type of coronavirus associated with severe acute respiratory syndrome (SARS) (Gorbalenya, 2020). The COVID-19 was reported as the cause of the outbreak of coronavirus in Wuhan, China (Hui et al, 2020), where it was first reported on 31 December 2019. Due to the rapid outbreak which involved most countries around the globe, the World Health Organization (WHO) declared

this disease as a pandemic on 11 March 2020 (WHOa, 2020). The number of people infected with COVID-19 has reached 4,098,970 with the death toll of 471,519 worldwide until 22 June 2020 (COVID-19, 2020).

Eghbali, Negarandeh, & Froutan mentioned that (2020). COVID-19 is a newly emerged disease with so many unknown clinical and therapeutic aspects. Although healthcare providers play important roles in confining and controlling the disease and rehabilitating patients, they are at great risk of being contaminated (Among medical staff, nurses are considered as frontline forces fighting against COVID-19 and are in persistent contact with patients from admission to discharge. Therefore, nurses are exposed to many occupational hazards and psychological pressures as well (Oh et al., 2017).

Patients with signs of severe COVID-19 -related illness are directed to the hospital for intensive care (Qarawi, Ng SJ, Gad, 2020). Designated coronavirus units offer special care and facilities for treating patients with COVID-19 (Bearman, Pryor, Albert, 2020). These intensive care units are often under strict isolation during epidemics (Park, Lee, Kim, 2020). Isolation due to hospitalization for COVID-19 can last more than two weeks. Prolonged isolation represents a threat to authentic care for both the patients and healthcare workers (McClendon, 2017).

Currently, nurses are at the forefront of caring for patients with COVID-19 (Eghbali, Negarandeh, Froutan, 2020) Nurses need special skills to care for patients experiencing such a health crisis. Briefly, patient care is a complex process. Nurses provide ethical care guided by human interaction to deliver services and impact patient satisfaction. The results of this study can help facilitate the nurses' work process and caring for patients with COVID-19 (Schoenhofer, Van, Boykin, 2019).

Significance of the study

In times of crisis, a rapid increase of COVID-19 patients hospital admission, and shortage of nurses, managers can give nurses' interns the chance to participate in caring for COVID-19 patients and gain real experience that may need later. However, considering their limited experience and need for adequate training, mentoring, and close observation especially in intensive care units. This is what occurred with nurses' interns of the Faculty of Nursing, Cairo University.

So, studying nurses' intern lived experience in caring for COVID-19 patients, during the first wave, would help managers to explore the challenges, needs, and different concerns of those interns and try to manage these challenges and satisfy their needs. Therefore, those interns would give positive feedback to their colleagues and motivate them to participate especially in recurrent waves of COVID-19 pandemic and shortage of nurses.

Furthermore, this study could be beneficial and add to the body of knowledge and evidence-based data about the scope of the phenomenon regarding the experience of such nurses' interns.

Aim of the study

The current study aimed to explore the lived experiences of nurses' interns in caring for COVID-19 patients in critical care units at a selected hospital in Egypt

RESEARCH METHODOLOGY

Research design

A qualitative phenomenological design was used for this study. Qualitative research is a way to gain insight through discovering meanings. Within a holistic framework, qualitative research is a means of exploring the depth, richness, and complexity inherent in phenomena. From this process, meaning is produced. However, because perception varies with the individual, many different meanings are possible. This phenomenology design fits well to detect people's experience on a specific phenomenon, and is focusing on getting the structures of human experienced phenomena through the analysis of verbal explanations from the viewpoint of the participants (Sarah & Tracy, 2012).

Participants

A purposeful sample (17 nurses' interns) was used in this study. The logic and power of purposeful sampling lie in selecting participants who provide rich information for the study (Stephen et al, 2011).

The predetermination of the number of participants for such a given design is almost impossible. The sample size in this study will not be determined by the number of participants but by the data saturation or redundancy. Redundancy is evidenced when no new information was heard about the study phenomenon (Sarah & Tracy, 2012).

Inclusion criteria

Nurses' interns working in critical care units, having experience in caring for COVID-19 patients, and being willing to participate in the study were selected.

Setting

The settings from which the participants were recruited were from different ICUs at Cairo University Hospital.

Instrumentation

The following instruments were developed by the researcher to collect data pertaining to this study these tools are:

- i. Nurses' intern sociodemographic sheet, which included age group, gender, and marital status.

- ii. Semi-structured interview tool, the main purpose of using this interview as a method of data collection is to draw upon participants' attitudes, feeling, beliefs, experiences, and reactions in a way in which would not be feasible using other methods. which will include several open-ended questions which will help nurses intern to deeply express their experiences in caring for covid 19 patients.
- iii. Audiotape recording as an instrument, as it plays an important role in data collection in qualitative studies.

Ethical Considerations

A primary approval was obtained from the ethical committee, Participation in this study is voluntary; each participant has the right to withdraw from the study at any time. An oral description of the study was clarified to the participant. Written consent was obtained from the participants to record the interview. After each interview, the researchers wrote a verbatim transcription for each interview and replaced the names of the participants with code numbers to keep their privacy. In addition, after the completion of the study, the recorded tapes are kept in a safely locked drawer to keep confidentiality. And internship students were assured that these data will not be reused in another research without their permission.

Procedure

After obtaining permission to proceed with the proposed study from the authorized personnel and the ethical committee, the researchers started to collect the data. Researchers obtained a list of 35 nurses' interns who participated in caring for COVID-19 patients in ICUs during the COVID-19 first wave. The list was obtained from the nursing administration department, Faculty of Nursing Cairo University, which was responsible for organizing and following up of nurses' interns during the internship year and nurses' interns who would participate in caring for COVID-19 patients in Cairo university quarantine hospitals. Phone numbers of those nurses' interns were included in the list. Most of those nurses' interns were known to MA, who is a lecturer at the nursing administration department while most of them were unknown to FA, who is a lecturer of critical care nursing and had a great experience in qualitative research interview techniques, transcription, and analysis.

MA started to call potential participants and invited them for voluntary participation in the study after explaining the purpose and nature of the current study and asked them to set an appointment at a suitable time to interview with FA to feel comfortable in sharing their experiences and to avoid being threatened by the staff of the nursing administration department.

Twenty-five participants were invited through a telephone call and only twenty participants of them accepted to participate. Interviews were conducted individually at the library or in one of the faculty classrooms where participants can feel calm, comfortable, and concentrated

without interruptions. Informed consent was obtained from participants before starting interviews and after explaining the purpose and nature of the qualitative study. Also, a sociodemographic sheet that included age group, gender, and marital status was obtained before the interview.

Researchers started interviews with welcome dear participants in the phenomenological study titled “Lived Experience of Nurses’ Intern in Caring for COVID-19 Patients in Critical Care Units”. Then stated open-ended questions like; “Could you please tell me how you were nominated to participate in caring for COVID-19 patients?”, “How was your family reactions after knowing that you will participate in quarantine?”, “How was the training before starting participation in quarantine?”, “Could you please tell me about the work process from the first day in quarantine accommodation, orientation, patient care, break times, nutrition, work environment, workload, PPEs, donning, duffing, ... etc.”, “ how was the compensation or reward?”, “ what were the challenges and how were you overcome it?”, “How was your impression after participation in quarantine?”, “ To what extent your satisfied with your participation in the care of those patients?”, “How did your participation affect your personal and professional life?”, and “How was the faculty follow up and supervision?”.

In the end, researchers thanked participants for their cooperation and voluntary participation and that they would be informed of the final themes of the study. The data were collected between December 2020 and March 2021. According to participants’ suitable appointments, the researcher conducted one or two interviews per day and one or two times per week. Interviews took about 30- 40 minutes. The saturation point of data collection was achieved after 17 participants. All interviews were recorded by phone recorder with the permission of the participants. Recordings were transcribed within 48 hours by the researchers. The researchers returned to the participants to check the validity of the themes and to be sure that the transcript reflects their experience in providing care for covid 19 patients.

Data Analysis

The descriptive Colaizzi method was used to analyze the obtained data. This method consists of seven steps as follows: (1) collecting the participants’ descriptions, (2) understanding the depth of the meanings, (3) extracting the important sentences, (4) conceptualizing important themes, (5) categorizing the concepts and topics, (6) constructing comprehensive descriptions of the issues examined, and (7) validating the data following the four criteria set out by Lincoln and Guba (credibility, transferability, reliability, and verification).

Table (1) Colaizzi’s method of data analysis:

- 1- Time devoted to reading and re-reading the transcript. The goal is to get a “feeling” for what is there.
- 2- Identify statements that express something significant about the experience of nurses’ interns during caring for COVID-19 patients in Egypt.
- 3- Work to discern the “meaning” from the significant statements.
- 4- Attempt to thematically organize the clusters of “meaning”.
- 5- Reread all the transcripts through the clusters’ frame to ensure they are closely aligned with the raw data.
- 6- Condense exhaustive description to short and dense statements. The description is focused on embracing all the varied meanings into essences of experience.
- 7- Return the fundamental structure statement to participants to verify the description of the experience of nurses’ interns during caring for COVID-19 patients.

Results: Table (2): shows that all the participants were in the age group (23-23 years old) and singles. More than half (54.5%) of the participants were female, while (45.5%) were male nurses’ interns.

Table (2): Percentage Distribution of the Participants as Regards Personal Background Questionnaire (n=17):

Characteristics of Participants (n=17)		No.	%
Age group	(23-24) years	17	100
Gender	Female	9	54.5
	Male	8	45.5
Marital status	Single	17	100

Figure (1): The Main Themes and Subthemes Expressed lived experiences of nurses' intern in caring for COVID-19 patients

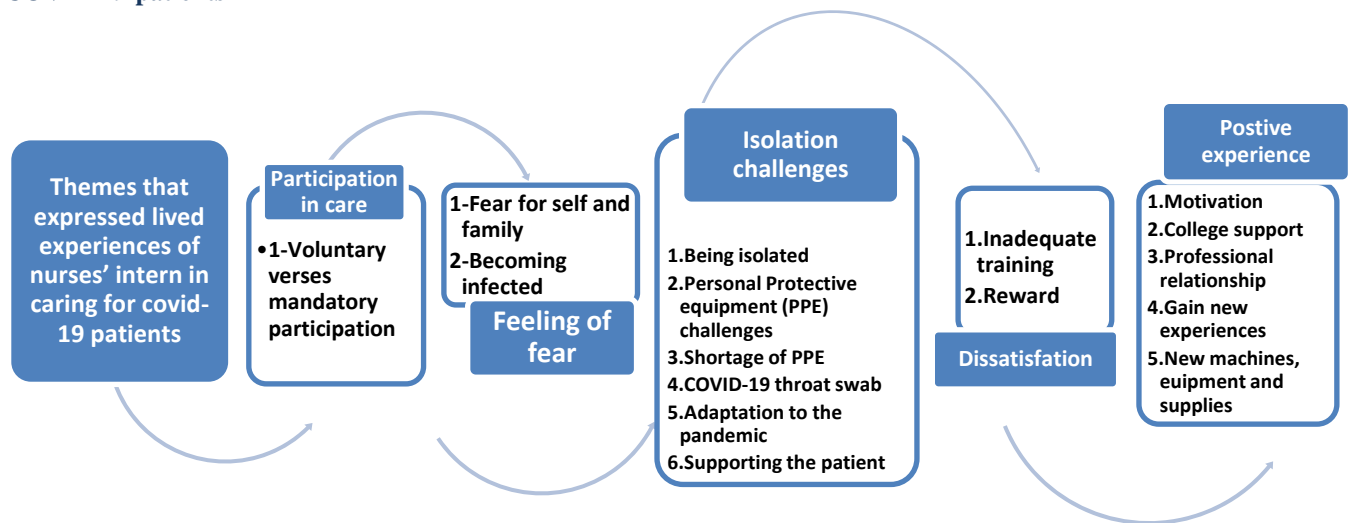


Figure (1): Shows that the current study identified five main themes that expressed lived experiences of nurses' intern in caring for COVID-19 patients:(I) Participation in care; (II) Feeling of fear; (III) Isolation challenges; (IV) Dissatisfaction; (V) Positive experiences.

Participation in care

Regarding the first theme, the nurses' intern expressed their participation acceptance in caring for COVID-19 patients which include the following subtheme:

Voluntary versus mandatory participation

The findings of the current study revealed that the majority of the participants were involved in caring for COVID-19 patients voluntary, the following statements made by participants confirmed this:

"We were informed by the faculty in internship training distinction and will be completed with isolation, and students who wish to participate in isolation must send their personal data."

"It is me who chose to participate in isolation participation, the sharing was optional."

Furthermore, some of the nurses' interns mentioned that their participation in caring for COVID-19 patients was mandatory, not voluntary because the internship training was stopped at the time of pandemic and the last option for them was the complete the internship year is sharing in isolation, the following statement supporting this:

"The administration department in our college informs us that, to complete the internship training year at the time of the pandemic, you have to participate in caring of covid 19 patient, (pause)...so it is the last option for us"

Feelings of fear

The second main theme was the feeling of fear. The COVID-19 pandemic induced fundamental changes in the life of nurses' participants. They expressed a feeling of fear this main theme includes two subthemes: (1) Fear for self and family, (2) Becoming infected.

Fear for self and family

Another pertinent theme that emerged regarding caring for COVID-19 patients, nurses were afraid of unintentional occupational exposure and of transmitting the virus to themselves and their families; they consistently monitored their health to avoid infecting others. The participants described their feeling as the following:

"My fear is that if I am a carrier, I might infect others, and I will easily contract the disease."

"I'm worried for my family and also for me."

"My family and I were worried about catching the disease. Of course, I was scared of catching it."

"I lived at home. I was anxious, wondering if I brought the virus home and spread it to my family"

"I was afraid, of course, (pause)... that I'd get infected and infect them. And, since it's a new virus and there's no cure for it, I apologize for that."

Becoming infected

The finding of the current study clarifies that one of the participants became infected with coronavirus, the required laboratory investigation and CT chest were done for these nurses' interns. One of the participants in this regard reported the following statement:

"When I become infected with Coronavirus, I went to the emergency department of the hospital, and laboratory investigation and a CT scan were done on the chest."

Isolation challenges

The third main theme in the current study is divided into six subthemes: 1- Feel of being isolated, (2) Personal Protective Equipment (PPE) challenges, (3) Shortage of PPE, (4) COVID-19 throat swab, (5) Adaptation to the pandemic, (6) Supporting the patient.

Feelings of being isolated

The nurses described their experience in a caring patient with covid19, the nurses' intern feel of being isolated this is supported with the following statements:

"I cannot meet my family, we are all in the ICU, it is very difficult to be away from my family, it is very hard."

"I miss my family, most of the time I cry, I want you to see them, the number of days was 14 in the area of isolation, not allowed to take the day off, it is so difficult."

Personal Protective equipment (PPE) challenges

The nurses repeatedly expressed that working with personal protective equipment (PPE) for long hours was a major physical and professional challenge. Because of the protective gear, they sweated and their clothes became wet. the PPE caused discomfort and the air condition was turned off to minimize the circulation of contaminated air, the following statements supported this:

"It is very uncomfortable to wear all the protective clothing. I am very hot and I feel very uncomfortable. Our clothes are wet and we keep sweating."

"I sweat after wearing the protective gear for a while or when I move, such as turning patients. Then I feel clammy."

Moreover, based on the experiences of the participants, it is difficult and painful for the nurse to wear protective clothing and equipment. The participants reported that wearing the clothes restricted their mobility, increased their body temperature and sweating, and made them feel suffocated. They described the nursing care as difficult while wearing protective clothes. One of the participants noted the annoyance of protective clothes as following

"... We are using our protective equipment now; they are very warm... After ten minutes, you feel like you're in an oven ..."

"The first shift for me was the hardest I ever saw.... one of the very difficult needs is that I wear all of this and it seems that the air-conditioning was not working. It was very, very difficult with all this wearing. People were drowning there when the clothes took off all water."

"The first time I see it was very difficult, I was not used to PPE choking and the air conditioner was switched off and the weather was very hot and I could not take a breath, ... I was afraid of catching the disease."

"It was very difficult, regarding wearing of the PPE... the first time I put on this sleeve all (pause) I felt that I restricted and that I unable to work, it was not air-conditioned and very, very, very ... difficult...I participated and want I learn at the same time, (pause)... this is a new disease, and if I become infected, I don't know how my immunity will be, how will it react to it?"

"I was anxious during my first shift because we were in a new place where we didn't know anyone. I was also worried about the new virus and how it would affect us all. But we were also curious about the adventure ahead."

Shortage of PPE

Nurses indicated that basic medical facilities and some of PPE are insufficient for the care of patients with COVID-19.

"I had a problem in not having the 95 handles, and the college and hospital were contacted, and the problem was solved."

"I hope that personal protective equipment is available every day."

COVID-19 swabs

The nurses reported that as a precautionary measure the covid19 swabs were performed two times for each nurse who participated in caring for the patient with coronavirus. The following statement supported that:

"All nurses who participated in isolation covid throat swabs were taken before and after participation."

Adaptation to the pandemic:

The majority of the participants stated that they had adapted to the pandemic situation. Adaptations included learning protective techniques, coping with isolation and social distancing, and reducing their fear of illness.

"We are used to this situation. We always take the necessary precautions at work. We also use them at home and outside after finishing the period of isolation. The fear I had at first has diminished."

"It seems we have to get used to this precautionary measure. Wearing a mask all the time, washing our hands regularly, reducing social interactions are new lifestyles. We have completely forgotten about shaking hands."

Families were important sources of support but could place pressure on nurses' interns.

"Sometimes, I was too tired, and to overcome my tiredness I phone my family, I understood that my family would like to hear my voice."

Supporting the patient

The patient needed more psychological support than the one who provided him with nursing care was in a stable patient and he was very tense and felt that he was dying and he needed someone to reassure him to take the treatment and be able to complete

The participants reported that although patients with COVID-19 feel helpless and frustrated

"I observe that the covid patients need for emotional support more than treatment."

"We are not treating the disease; we are treating the patient. Many patients have severe anxiety and we need to deal with this."

Dissatisfaction

The fourth main theme in the current study is dissatisfaction which includes two subthemes: (1) Inadequate training, (2) Reward.

Inadequate training

Nurses' intern expressed that the training which provided for them before caring covid 19 patients was inadequate, the next statement confirmed this:

"There was no training before isolation, it was just about donning and doffing of personal protective equipment."

Reward

The participants were not satisfied with the reward which expected to receive after the participation of working in isolation and providing care for covid 19 patients, the following statement supported this:

"At the beginning of agreement to participate in working at the isolation, The college informs us that there is a reward and the sharing in the care of covid19 patients will be paid, but the money was postponed to 3 months."

Positive experiences

The last main theme in the current study is positive experiences which include four subthemes:

Motivation, (2) College support, (3) Professional relationship, (4) Gain new experiences.

Motivation

The nurses' interns found meaning in their experiences. They were proud of themselves for the courage and potential to overcome difficulties. They also began to think about what was important to them and wanted to cherish the present.

"This is a special experience; I am lucky to have joined this team and to be combating the virus."

"I am proud that I do not hesitate in the face of risks and danger. My awareness of self-protection."

"I was happy with this experience (smile).... and would like to participate again."

College support

Participants emphasized the continued support and supervision from the college of nursing and academic staff in the nursing administrations department who were responsible for the nurses' intern.

"The college was very well followed by us through the daily and the follow-up via WhatsApp."

"The role of the college with us was good, and it was in the follow-up of doctors in the nursing administration department and follow-up from the dean of the college."

Professional relationship:

Even in some of the most challenging moments, many nurses found meaning in their work, for example,

"I benefited a lot. I got to know good people, nurses, and doctors."

"The relationship with colleagues, doctors, and supervisors was good throughout the isolation period."

"Physicians and nurses collaborated, and they respected their team members' hard work and contribution."

Gain new experiences

The nurses mentioned that they learned to deal with new devices and gain new experiences, the following statement supported that:

"I learned how to deal with patients with mechanical ventilation, ECMO, and high flow oxygen (pause)... medication is taken for "coronavirus."

DISCUSSION

This part reflected the current study results compared with other studies and answered the research question.

The findings of the current study revealed that the majority of the participants were involved in caring for covid19 patients voluntarily. This finding is in the same line with Nashwan, Abujaber, et al., (2020) that investigated Nurses' willingness to work with COVID-19 patients, showed that nurses in Qatar were willing to take care of patients infected with COVID-19. Similarly, other studies, LoGiudice, & Bartos, (2021) in their study of Experiences of nurses during the COVID-19 pandemic: A mixed-methods study, furthermore, Liu, Zhai, et al., (2020) in a study of Experiences of front-line nurses combating coronavirus disease-2019 in China: A qualitative analysis and found that resilience and willingness to work amidst the risks of getting infected.

Furthermore, the participants in the current study reported that they were anxious to form transmit the infection to their family, this finding in the same line with Dorothy, et al., (2021) COVID-19 The Lived Experience of Critical Care Nurses and documented anxiety was reported by participants as particularly high when they first cared for COVID-19 patients. Fear of "getting the disease" or taking the disease home to family were major fears.

The findings of the current study also represented another pertinent theme that emerged regarding caring covid19 patients, nurses were afraid of unintentional occupational exposure and of transmitting the virus to themselves and their families; they consistently monitored their health to avoid infecting others. This finding is in agreement with Shoja et al. (2020) who studied COVID-19 effects on the workload of Iranian healthcare workers, and Nashwan (2020) who studied Nursing education in the emergence of COVID-19, and Shahrour, G., & Dardas, L. A. (2020) in their study of Acute stress disorder, coping self-efficacy and subsequent psychological distress among nurses amid COVID-19. Journal of Nursing Management reflected that Nurses working in a pandemic like COVID-19 were more likely to report stress compared to those who were not dealing with patients infected by the virus.

Ralph et al., (2021) who studied the lived experiences of frontline nurses during the coronavirus disease 2019 (COVID-19) pandemic in Qatar: A qualitative study, documented that, the participants experienced fear of contracting COVID-19. Most of the participants were afraid of spreading the virus to their families, this finding is corresponding to the current study finding.

The finding of the current study found that one of the participants became infected with the coronavirus, the required laboratory investigation and CT chest were done for these nurses' interns. This finding is in concordance with that found by Liu, et al., (2020) in their study of the experiences of healthcare providers during the COVID-19 crisis in China: A qualitative study revealed that Fear of COVID-19 prompts nurses to foster behaviors to protect themselves and their families. In Hubei, China more than 3,000 medical staff were infected by the COVID-19 during its early stages which cause fear among healthcare providers

Moreover, the findings of the current study showed that the participants expressed their feeling regarding caring covid19 patients described that feeling of being isolated, this finding supported by Kackin, Ciydem, Aci, & Kutlu, (2020) in their study of Experiences and psychosocial problems of nurses caring for patients diagnosed with COVID-19 in Turkey: A qualitative study.

These findings were consistent with a study done by Lee, N., & Lee, H.-J. (2020) who examined South Korean nurses' experiences with patient care at a COVID-19 -designated hospital: Growth after the frontline battle against an infectious disease pandemic, they found that nurses who lived with their families deprived themselves of physical interaction with their loved ones.

The current study showed that the nurses repeatedly expressed that working with personal protective equipment (PPE) for long hours was a major physical and professional challenge. Because of the protective gear, they sweated and their clothes became wet. the PPE caused discomfort and the air condition was turned off to minimize the circulation of contaminated air, this finding is in concordance with that of Ralph et al., (2021) hat studied the lived experiences of frontline nurses during the coronavirus disease 2019 (COVID-19) pandemic in Qatar: A qualitative study and found Frontline nurses consistently expressed the difficulty of

working in full personal protective equipment (PPE). According to the nurses in the study, wearing PPE was very uncomfortable. Because of the airtight N95 masks and the thick gown, nurses were getting suffocated and sweating under the PPEs. Some of the nurses were complaining of headaches and pressure injuries to the face due to prolonged use.

However, these findings were in agreement with studies done by Xiao, H., Zhang, Y., Kong, D., Li, S., & Yang, N. (2020) who studied The effects of social support on the sleep quality of medical staff treating patients with coronavirus disease 2019 (COVID-19), Atay, S., & Cura, Ş. Ü. (2020) in their study of Problems encountered by nurses due to the use of personal protective equipment during the coronavirus pandemic, also, Bruyneel, et al., (2020) in the study of Impact of COVID-19 on nursing time in intensive care units in Belgium.

The participants in the current study also mentioned that basic medical facilities and some of PPE are insufficient for the care of patients with COVID-19. This finding is in the same line with Marzieh, Qasem, Farzane (2021) who studied Experiences of Nurses Caring of patients during the COVID-19 Pandemic: A Qualitative Study, and indicated that Shortage of facilities and equipment The serious shortage of personal protective equipment is crucially troubling rather than the disease itself which caused many concerns among medical staff and the general public.

The participants in the current study also mentioned that Nurses' intern experiences of training were variable. For many, training imparted important information, allayed anxiety, and facilitated greater confidence. Participants in the studies valued training in infection control procedures and safe use of PPE as well as more general training about the virus. This finding is in the same line with Marzieh, Qasem, Farzane (2021) who studied Experiences of Nurses Caring of patients during the COVID-19 Pandemic: A Qualitative Study, and mentioned that Insufficient care training Proper education based on needs assessment is one of the most important issues in the field of health. Taking proper health measures depend on the type and method of education.

Moreover, the current study revealed the majority of the participants stated that they had adapted to the pandemic situation. Adaptations included learning protective techniques, coping with isolation, social distancing, and reducing their fear of illness. This finding is similar to Jassar, Perkins, & Sundt, (2020) who investigated Teamwork in the time of coronavirus, and documented that, these global phenomena of camaraderie and working as a team during the COVID-19 crisis helped nurses in coping with the challenges as one acknowledges the importance of caring for another nurse and sharing the load.

The patient needed more psychological support than the one who provided him with nursing care was in a stable patient and he was very tense and felt that he was dying and he needed someone to reassure him to take the treatment and be able to complete this finding similar to Nasrin, Tahereh, Aziz, Heshmatolah., (2021) who studied Exploring nurses' perception of taking care of patients with coronavirus disease (COVID-19): A qualitative study and

reported patients to experience a lot of pain during their illness. The participants believed that factors such as being away from family members and the fear of death could be very stressful for COVID-19 patients. So, these patients also need psychological counseling even before the need for nursing care

Furthermore, the current study represented that Even in some of the most challenging moments, many nurses found meaning in their work, this finding is in concordance with that of Chen, et al (2020) that studied Mental health care for medical staff in China during the COVID-19 outbreak, and found Even when formal support was available, some staff was ambivalent about engaging.

The current study showed the participants learned to deal with new devices and gain new experiences, this finding is in agreement with Mehrdad, et al., (2020) who studied Healthcare providers experience of working during the COVID-19 pandemic: A qualitative study, and reported Among participants, 92.85% believed that they had gained experience in managing patients over time. This rate was 100 percent among physicians, and all of 10 participants who were interviewed again after one month believed they had gained enough experience to adequately manage patients.

CONCLUSIONS

Nurses and nurses' interns who are working in critical care units are on the frontline fighting COVID-19 and they have a significant role particularly in times of pandemics. We have an opportunity to learn from the lessons of previous pandemics and provide better support for frontline healthcare workers. More high-quality qualitative research is urgently needed to better understand the experiences, needs, and preferences of the healthcare workforce. We need to develop clinical guidance specific to supporting nurses.

RECOMMENDATIONS

Based upon findings of the current study, the following are recommended: Establish a comprehensive training course for nurse interns before assigning them to patient care specially COVID 19 patients. Provide an adequate and comprehensive explanation for the nurse's intern working in critical care nurses Furthermore, we must ensure that nurses respond effectively to the pandemic and that all medical supplies be available, such as PPE, to help keep the lives of nurses and patients safe. Also, appreciation and valuable rewards should be provided for those interns.

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