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Experiences of clinical nurses caring for patients with COVID-19 in Kosovo. A phenomenological study

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Abstract. The outbreak of Sars-Cov 2 virus and the disease it causes - COVID-19 has challenged the health system, especially the medical staff of the front line of confrontation with this virus. Nurses constitute the largest group of health care workers and together with doctors they are directly exposed to the risk of infection from this virus. This qualitative study aimed to understand the experiences of clinical nurses who have been engaged in providing health care services to patients with COVID-19 in Kosovo. The data analysis was based on Colaizzi's model for the analysis of phenomenological studies. Eight (8) nurses from three (3) different clinics of the University Clinical Center of Kosovo were interviewed for this study. The data analysis identified nine (9) topics which were grouped into three thematic categories: 1) stressors; 2) supporters and 3) nurses’ attitudes towards COVID-19 patient.

Keywords: outbreak, COVID-19, University Clinical Center of Kosovo, Colaizzi’s model

Introduction

COVID-19 is an infectious disease caused by the Sars-CoV-2 virus. This disease started in Wuhan, China, in December 2019, and has already turned into a pandemic spread worldwide (Sanders et al., 2020). Most people with COVID-19 experience mainly mild to moderate symptoms of respiratory tract disease and heal on their own, while in the elderly and people with chronic diseases (such as diabetes, cancer, respiratory diseases) COVID-19 has tendency to result in complications and septic diseases (World Health Organization, 2020). To date there is no proven anti-viral
treatment for COVID-19, therefore the clinical treatment of patients consists mainly of symptom management and oxygen therapy (Cao, 2020). This virus has caused a public health emergency, increasing among other things the demands and pressure on health personnel. Nurses, being at the forefront of coping with such emergencies tend to experience higher levels of occupational stress compared to other occupations (Maben & Bridges, 2020a). Previous studies of the spread of other types of viruses have also identified adverse effects on medical staff, such as “increased stress (acute and post-traumatic)” and psychological disorders (Kisely et al., 2020). The high psychological burden caused by COVID-19 on nurses caring for infected patients has in some cases also resulted in suicide (Kisely et al., 2020).

Research on the COVID-19 pandemic has so far mainly focused on the epidemiological examination of the disease or its treatment, while a smaller number of studies have addressed the experiences of clinical nurses in their care for persons infected with COVID-19. Such studies are lacking, especially in Kosovo, so this study aims to understand the experiences of clinical nurses at the University Clinical Center of Kosovo (UCCK). UCCK consists of 37 clinics and provides health services for patients with COVID-19 in Kosovo. Four of these clinics: the Infectious Diseases Clinic (CLI), the Pulmonology Clinic (KLP), the Dermatology Clinic (HCJ) and the Neurology Clinic (KLN) have provided services to patients with COVID-19. KLP, HCJ and KLN were put in place to treat patients with COVID-19 in order to cope with the large influx of patients. For the same reason, the UCCK management had also decided that a part of the nursing staff of other UCCK clinics work in these three clinics for temporary periods of time (2-4 weeks).

Identifying the challenges, barriers and needs of nurses in relevant clinics creates opportunities for intervention to improve health services to patients with COVID-19 and potentially increase the efficiency of nurses in treating this disease.

**Method**

This study is qualitative in nature and is based on the phenomenological method of research. This method is particularly applicable in the fields of medical sciences (Toombs, 2001) and aims to describe and understand the experiences of people who have experienced the phenomenon of study (Dahlberg et al., 2008). Eight (8) clinical nurses from three UCCK clinics (KLI, KLP and HCJ) were interviewed in this study. The selection of informants was based on the purposeful sampling technique. The criteria for the selection of informants were: 1) job position (clinical or ambulatory nurse at UCCK) and 2) work experience in one of the UCCK clinics where patients with COVID-19 were treated. None of the informants were permanent staff in the clinics where COVID-19 patients were treated but were engaged in these clinics for short periods in order to cope with the large influx of infected patients. The age of the informants ranged from 35 to 43 years, while the nursing experience from 1 year to 20 years. Informed consent was provided by participants informing them of the purpose of the research, the procedure and the duration of the interview. The interview lasted between 30-45 minutes and was conducted through the electronic
Zoom platform. The electronic platform interview was used in order to avoid exposure to the risk of infection of the participants. The interviews were semi-structured and combined with follow-up questions during the conversation. Informants were asked about their experiences and challenges during the period they served in the respective clinics where COVID-19 patients were treated. Audio recordings were transcribed, and data analyzed based on the phenomenological method of Colaizzi (1978) for data analysis. The data analysis process consisted, among other things, of familiarizing oneself with the data from the interviews, identifying important statements, formulating the meaning of these statements, and grouping the meanings into three thematic categories. Based on Colaizzi (1978) strategy, the findings of this study were presented to half of the participants for validation and to ensure that they represented their descriptions.

Findings and discussion

The analysis of the data of this study identified nine (9) topics which were grouped into three (3) thematic categories: 1) stressors; 2) supporters and 3) nurses' attitudes towards COVID-19 patients. These findings will be presented and discussed in the following part of the paper.

Stressors

Various studies which have examined the previous outbreaks of various viruses and their effects on health personnel, have shown among others: increased stress (acute and post-traumatic) in health personnel, the presence of psychological disorders (Kisely et al., 2020) depression and somatization (Chen et al., 2005) In the current study, informants highlighted: fear of infection and transmission of the virus; limited staff; lack of working conditions; long hours and contact with patient attendants as the main stressors during their work in the respective clinics.

Fear of infection and transmission of the virus

The data show nurses' concerns about the risk of infection and transmission of the virus to family members. Most of the interviewed informants lived with their families during the period they worked in the respective clinics, therefore the fear of transmitting the virus has been one of their main concerns. Dealing with the COVID-19 virus has been described as an "unknown field" and at high risk. Informant 8 stated:

*My main challenge has been how to deal with this unknown virus... and not transmit the virus to family members. It so happened that I could not sleep all night because of anxiety. Psychologically, this condition is very serious for a nurse. ...*
Informant 4 added: *And fear I am sending the virus home.*

Similar concerns of medical staff about the risk of infection and transmission of viruses to family members have been shown in previous studies (see: Cai, et al., 2020; Khalid et al., 2016). The presence of fear and anxiety is to be expected in such circumstances, given the lack of sufficient information about the virus and media attention to patient deaths.

**Limited staff**

In the interview, especially those who have worked in the Pulmonology Clinic consider that the number of nurses has been disproportionate to the number of patients admitted. On average, two clinical nurses cared for 20 patients. This has caused nurses to experience physical and mental strain due to high work intensity. They also stated that in some cases the clinics have received outpatient nurses who have not been professionally trained to care for patients with COVID-19, and this has left the entire responsibility for caring for patients falling on the clinical nurses. Informant 4 stated:

... *We* two nurses had to deal with 18 patients and due to the workload, we did not manage to complete the service properly... but still good because there was a lot of work.

*I have worked with an outpatient nurse who had no knowledge of the procedures... therefore there have been cases where in the night shift from the first patient to the last [30 patients] I should have taken care of them.* Informant 2

**Working hours**

Most interviewees rated the 12-hour schedule as long and tedious, given the severity of the patients’ illness. Informants said a shorter schedule would make them more effective at work:

... *I think the ideal would have been for a nurse to care for those infected with COVID-19 for a maximum of 6 hours. This would be much more effective for nurses.* Informant 6

**Lack of proper conditions**
The study data show a difference between the experiences of the informants who worked in the Infectious Diseases Clinic and those who worked in the other two clinics - the Pulmonology Clinic and the Dermatology Clinic. Informants who worked at KLI were relatively satisfied with working conditions, support received from staff, management and the work environment. These informants also reported a higher level of "sense of security at work" compared to the informants in the other two clinics. Meanwhile, informants from the HJC and the HCJ stressed the lack of basic working conditions, including the lack of protective equipment (gloves, disinfectants, masks) and the lack of an adequate space for clothing and food. Informant 7 said:

... in the Infectious Diseases Clinic, the conditions have been a little better; there were gloves, uniforms and disinfectants ... The moment we went to the Pulmonology Clinic it was a real horror. There were no gloves, no alcohol and we had to keep a pair of clothes for 12-13 hours. Patients have been in a more serious condition [and] the conditions have been terrible ...

Informant 2 added: ... [At the Pulmonology Clinic] there is no certainty. First there are no rooms, no tools [and] no [adequate care options] as in the Infectious Diseases Clinic ... There is no security at all in the Pulmonology Clinic.

One of the possible reasons for these findings may be the fact that KLI is designed and prepared for the treatment of communicable diseases, ranging from protective measures for infectious diseases to the organization of wards and clinics. Limited access to protective equipment, high patient influx, and risk of infection are some of the discouraging factors for nurses' work, manifested even in previous cases of public health emergencies (O’Boyle et al., 2006). Further research is needed in order to better understand the reasons for these attitudes of informants in the context of UCCK.

Contact with patients' relatives / attendants

Another issue that has made the work of nurses difficult, especially in the HJC and the HCJ has been the contact with the attendants / relatives of patients, who according to informants in many cases have not respected the rules of clinics and have endangered their health and the health of nurses. The nurses also stated that in some cases there was a lack of understanding from the attendants / family members, who obstructed the work of the nurses, accusing and offending them for the lack of conditions in the respective clinics. Given the physical and mental overload of nurses in the circumstances and working conditions, the presence and misunderstanding by attendants may have most likely contributed to their discouragement of work:

... I think the family members have been a little incomprehensible; they never left you alone ... in vain [did you explain] that [you were] too busy [they] did not understand. Informant 7
... dealing with family members has been another challenge and burden for us. Informant 5

Supporters

Emotional and professional support are crucial to the performance of clinical nurses and the quality of services they provide to patients. The informants mentioned the family and the assistance of the management staff in the clinics where COVID-19 patients are treated as the main supporters during this period.

Professional help

In the professional aspect, the informants highly appreciated the support received from the management staff in the respective clinics and other clinical nurses who have been working in that period. The informants said that they were helped by the staff of the respective clinics to get accustomed and familiar with the nature of the work. Support and commitment to the physical and mental health of nurses is crucial, especially in cases of health emergencies which produce high levels of stress (Maben & Bridges, 2020). Leadership and support from management can curb stress levels among medical staff, and studies show that comprehensive leadership that provides assistance to medical staff contributes to reducing their psychological anxiety and distress (Zhao et al., 2020).

The support from the team has been great, especially the moral support that we will face together in this challenge. My family has also supported me to the maximum. Informant 5

Emotional help

Informants said that this was a very difficult period for them and mentioned family support as an important factor in their motivation for work.

... My family has supported me to the maximum during this period. Respondent 1

Recognition of contribution

Some of the informants praised the recognition of their dedication and contribution as a positive factor which has motivated them to work even harder. According to the informants, this assessment came from the patients' relatives / attendants, the management and the citizens in general.

Yes, you feel good ... when patients thank you [and when] people realize that we are giving our best for these patients. Informant 2
Attitudes of nurses towards the care of persons with COVID-19

The study data show a satisfaction of nurses for their dedication and care to patients. On the other hand, the data also show a "feeling of helplessness" to help patients, mainly due to lack of adequate therapy and limited staff. Informants also said they had experienced "feelings of fear" due to the possibility of patients' condition worsening or dying.

Commitment to patients

Most nurses expressed that they feel satisfied with their care for COVID-19 affected patients and consider that they have given maximum commitment within their means. However, the nurses expressed that they would not be able to continue working in these clinics for a long time. According to them, the work in these clinics is difficult due to limited staff, long hours, lack of breaks and insufficient working conditions. Informant 8 expressed:

... We tried our best [to take care of the patients]. I can not say that we managed to complete all the services 100%, but 80% yes.

Feeling powerless

A feeling of powerlessness to provide enough help to patients with COVID-19 emerged from the data from this study. Nurses highlighted the lack of adequate therapy and limited staff as the main factors of this impotence. Informants described this feeling as a heavy emotional burden for them. Informant 5 said:

When I saw the patient in that serious condition, it was an indescribable feeling for me... when you saw the patient with those symptoms and could not help it, it was a very heavy feeling for me. ... When I offered the patient [medical] help and there was no improvement... I felt very bad. Informant 5

Anxiety and fear

The study highlighted a "presence of anxiety and fear" in nurses as a result of the dire situation of hospitalized patients in the respective clinics. The informants described
the condition of the patients as very unstable and unpredictable which underwent major changes within a very short time:

*It happened that patients were in good condition and got worse for a very short time.* Informant 4.

The vast majority of informants said they had not chosen voluntarily and were reluctant to work in clinics where COVID-19 patients were treated. Similar results of nurses' reluctance appear in other studies (see Kim, 2018) who have treated previous viruses of the respiratory system, where as a result of fear and risk of infection the nurses had also considered resignation.

**Conclusions and recommendations**

The data from this study show that the involvement of nurses in clinics where patients with COVID-19 are treated is perceived as troublesome and stressful. The findings of this study highlight a physical and mental overload of nurses, which results from subjective and objective reasons. Insufficient information about the disease and its treatment, high intensity of work and fear of transmitting the virus to family members has made nurses experience anxiety and fear during the period they have worked in the clinics where patients with COVID-19 have been treated. On the other hand, the lack of protective measures, the lack of proper working conditions and limited staff has made nurses feel endangered and overburdened. The data of this study signal the urgent need for intervention to improve working conditions in clinics where patients with COVID-19 are treated. The findings of this study highlight the need to review the management strategy of the UCCK and relevant clinics. The data also highlight the need to develop a comprehensive strategy that would address the needs of a technical nature and provide psychological and emotional support to nurses. Such a strategy is likely to increase the effectiveness of nurses and improve the quality of health services in UCCK.

**Bibliography**


