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Nurses' Experiences of Caring for COVID-19 Patients

A Descriptive Literature Review

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<p>Nurses around the world faced one of the most challenging situations during COVID-19 pandemic. However, the main study was to describe the various nurses experience in handling patient suffering from COVID-19. This study aims to provide additional knowledge in managing the challenges nurses encounter in handling patients affected by novel coronavirus.</p> <p>The study was facilitated using descriptive literature review. Literature search approach was executed with two databases: PUBMED and CINAHL. The search was limited to scientific studies, peer reviewed, English language articles that discussed the several experiences of nurses during COVID-19 pandemic. Accordingly, basic inductive content analysis was executed to analyze the collected data from 16 articles chosen.</p> <p>The study presented five generic categories of nurse's experience and challenges in handling patient with COVID-19 virus: psychological factors, physical aspect, emotional impact, social/ relational effects and environmental challenges. These categories have sub categories withdrawn from articles chosen. Consequently, the study properly described and indicated the factors affecting nurse's experiences.</p> <p>The result led to the conclusion that, Covid-19 pandemic tested the dedication, capabilities and emotions of nurses around the world. Hence, to overcome nurses' experiences and challenges faced during pandemic, strong support system is needed. Resolving the factors and giving solutions were recommended in managing the nurses' experiences and challenges.</p>	
Key Words	pandemic, covid-19, coronavirus, nurse, nurses' experiences, patient,

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1 Introduction

On 31 December year 2019, the World Health Organization was advised of pneumonia cases with unknown source in China specifically in the city of Wuhan. The novel coronavirus or nCov was discovered as the origin by authorities in China on 7 January year 2020 and was provisionally termed “2019-nCoV”. Coronaviruses (nCoV) are an extensive family of viruses that cause an illness preliminary from the common cold to further elevate to respiratory warning sign. The contagious virus is an unknown strain that has not been beforehand identified in humans. The newly discovered virus was afterwards termed the “COVID-19 virus”. (World Health Organization 2020.) COVID-19 is instigated by a SARS-CoV-2 virus. In addition, it belongs to the coronavirus family, which contains common viruses that cause a variety of illness from chest or head to more severe patient state like the virus found in Middle East area of the world or also known as Middle East respiratory syndrome (MERS) as well as the severe acute respiratory syndromes (SARS). (Center for Disease Control and Prevention 2021.)

Coronavirus portray as crown-like thorns on the exterior surface of the virus; nor, it was so-called as a coronavirus (Shereen, Khan, Kazmi, Bashir & Siddique 2020: 91.) It has caused significant indefinite number of challenges and harm to over 200 countries and different regions worldwide (Gao et al. 2021: 12). Notably, it was newly known disease, the knowledge of nurses regarding the disease and the effort they had committed themselves to came initially from the news only (Specht et al.2021: 3012). However, nurses are at the vanguard of patient management during start of infectious disease pandemics. Nurses perform an essential role in treating and preventing the propagation trend of the disease (Zamanzadeh, Valizadeh, Khajehgoodari & Bagheriyeh 2021: 1).

Nurses task during the Covid-19 pandemic have brought several experiences such as social, psychological, and emotional distress in coping with overload work demands, personal lives, and social relationships (Xu, Stjernswärd, & Glasdam 2021: 19). In addition, nurses endure challenges in undertaking with the inconsistent pandemic due to unpreparedness, the uncontrolled changes occurring in the disease, and the difficulty of performing their responsibilities due to the lack of concrete protocol, reliable information, and proper equipment to prevent the spread of virus contamination (Koontalay, Suksatan, Prabsangob & Sadang 2021: 3023). Apparently, despite the possibilities of risk to themselves and their family, nurses have continued to provide care in a range of

contexts and were inevitably over-represented among Covid-19 cases (Matthew 2020: 3).

This study aims to provide additional knowledge in managing the challenges nurses encounter in caring patients affected by the recent pandemic. Although healthcare providers accept exposure to Covid-19 as part of their profession, facilitating a quality care in unpredictable pandemic situations is not possible without proper support to healthcare workers and paying attention to their mental health and other needs. (Ghorbani et al. 2022: 24.) Moreover, literature review is facilitated in this study and the purpose is to describe the nurses' experiences in caring patients who suffered from Covid-19 virus. Thus, nurses who are facing stressful environments and nurses in the future will benefit from this study.

2 What is pandemic?

Pandemic is described as an outbreak of a disease that transpire over a wide geographic area such as different continents and multiple countries. Pandemic typically and usually affects a significant proportion of inhabitants. Similarly, it is an aftereffect of sudden growth, rapid spread, or development of an illness. (Merriam-Webster 2022). In addition, pandemic is described as a dangerous disease that infect numbers of individual, plants, and animals at one time and existing in different areas (Cambridge University Press 2022). A widespread-scale outbreaks of a specific contagious disease that will certainly upsurge number of mortality and morbidity along a wide scope of terrestrial zone and cause substantial environmental, social, even political, and economic disruption is called pandemic. (Madhav, Oppenheim, & Gallivan 2017). Conferring to the Center for Disease Control and Prevention (CDC) the word pandemic is defined as an epidemic that has expand over indefinite number of continents or countries, basically affecting a large population count.

An outbreak of a specific disease is called epidemic according to CDC. However, when there is a sudden elevation in cases and it spread across several places that affects a large number of human beings, it is classified as a pandemic. In addition, a certain virus is determine and how it is dispersion from one individual to another in a consistent method, the public health representatives custom the Pandemic Severity Assessment Framework (PSAF) in able to ascertain the bearing of the pandemic, or how "depraved" the pandemic will be. Meanwhile, the are two chief aspects that can be facilitated to regulate the influence of a pandemic. The initial is medical severity, or how intense is

the disease related with infection. Secondly the aspect is transmission, or by what method straightforwardly the virus pandemic extends from human-to-human. These two features collectively used to guide the pronouncement regarding which arrangements Center for Disease Control and Prevention endorse and advise at a prearranged time all through the day of pandemic. (CDC 2016.)

2.1 COVID-19 as pandemic

On 11th of March year 2020, the World Health Organization acknowledge and officially broadcasted COVID- 19 as pandemic due to the uncontrollable count elevation of cases around the world (WHO 2020.) COVID-19 is identified to cause several respiratory symptoms that can feel much like a flu, pneumonia, cough, cold, or flu and may affect more than the lungs and a person's respiratory system. Furthermore, other parts of the body may be affected as well by the illness. The same with numbers of other respiratory viruses, coronaviruses or COVID-19 virus spread rapidly through droplets that project out of the mouth or nose when a patient sneezes, coughs, saliva, secretions, breathes, or when a person speaks. (CDC 2021.)

The phenomenon of the Covid-19 pandemic and dynamic deviations in the health care system have formed problematic and even crisis situations in the lives of health care workers (Ślusarska, Nowicki, Niedorys-Karczmarczyk & Chrzan-Rodak 2022: 1154). Subsequently, nurses perform a main role in health care system and are often the underrated leads in health care amenities and emergency response. They are frequently the first to detect health emergencies and effort on the front lines of disease prevention and the conveyance of primary health care, together with health inhibition, promotion, facilitating interventions, dealing and rehabilitation. In many countries, nurses compose almost half of all health care specialists and have a dynamic role in how health arrangements are applied and organized, mutually at the front-line and managerial stages. (WHO 2020.)

2.2 Nurses' role during COVID-19 pandemic

Nurses are the largest health workforce in all healthcare divisions, communities and sectors and necessity to embrace chances to deliver narrative intervention and showcase nursing's contribution to the COVID-19 pandemic days (Popoola 2021: 8). Hence, there is a recognized emotional impact for nurses' witnessing extended suffering of patients inside hospital facilities (Alharbi, Jackson, & Usher 2020: 2762). But despite in-

volvement a proficient commitment to care for the municipal during a pandemic or epidemic, several nurses consume apprehensions regarding their responsibilities and the bearing on them personally. In line with this, considering the experiences of nurses can support in recognizing certain stressors and caring managing strategies to notify support services. (Fernandez et al. 2020: 2.)

Throughout the COVID-19 pandemic days, nurses have been exposed to highly contagious infection risks, mortality, morbidity, moral dilemmas in determining who qualifies for basic care, immediate or intensive care, and excessive workloads as well (Cabarkapa, Nadjidai, Murgier, & Ng 2020: 9). In order to avert the extent of COVID-19 virus and infection, health institutions executed protocols to lessen the family members and caregivers' number in contact with patients, that elevate the burden of giving proper care on affected individual. Some tasks such as portable X-ray imaging that radiological technologists and blood sample collection by medical technologies performed also became nurses' responsibilities. Similarly, staff nurses required to prepare papers for one hospital to another institutions transfers of infected patients, and were also accountable for receiving, validating, keeping, and delivering parcels to patients. Nurses were progressively exhausted in related to additional task, particularly to the job description outside their limit, were given and delegated to them. (Jang, Yang, & Shin 2022: 2924.) Previous study discovered that caring and handling for COVID-19 patients was related with an assortment of experiences for nurses. An investigation of the nurses' experiences discovered four core themes: first is psychological, societal burden of care and physical effect, second is needs that were not met, third is constructive experiences, and lastly the approaches. (Ahmadidarrehsima, Salari & Dastyar 2022: 6.)

Covid-19 occurrence origins serious health and socioeconomic difficulties in the whole world and many new-fangled viral variants are evolving and regrettably the effects of the pandemic will be preceding for an extensive time (Karabey, & Aybek 2021: 1764). Moreover, nurses' experiences during COVID-19 sheds light on the influence of a major pandemic on the health workforce, a main pillar of health systems (Chemali, Mari-Sáez, El Bcheraoui & Weishaar 2022: 27). Previous studies show nurses experience diverse emotions during managing and treating Covid-19 patients, at least one in five healthcare professionals' complaint symptoms of anxiety and depression. On the other hand, almost four in ten healthcare workers reports insomnia and other symptoms of sleeping difficulties. Yet, rates of anxiety and depression were more complex for female healthcare workers and nursing staff. Furthermore, recent study also included that milder mood symptoms are common, and screening should aim to recognize mild and sub-threshold syndromes. (Pappa 2020: 906.)

The COVID-19 pandemic event is a stress test for the healthcare division. In fact, the onset and persistence of COVID-19 pandemic have rendered to see what conquers in relation to effectiveness and what fails in healthcare facilities especially to nurses (Palese & Papastavrou 2021: 1351-1355.) Nurses are frontline workforces managing with the outpouring number of contaminations and health organizations securing under the strain, and cross the threshold of task in caring during the pandemic at a time when shortage of nurse are around the world. But nowadays it is clear that pandemic has raised the distinguishability of nurses more so, and emphasized that nurses are essential to health care. (Turale S. 2021: 165-170.) In the same manner, nurses survive with the trials of the pandemic in the workplace. At the same time, they do well as members of humanity and community, where they may appear comparable challenges related to child care, access to required possessions, and uncertainty and apprehension for infection inside and outside the clinical setting (Shah, Roggenkamp, Ferrer, Burger, & Brazil 2021: 69-75).

3 Purpose, aim and the research questions

The purpose of this literature review study is to describe the experiences of nurses in performing care for COVID-19 patients.

The core aim of the study is to provide additional knowledge in managing the challenges nurses encountered in caring patients affected by the recent pandemic.

Research questions formed as follows;

1. What are the experiences of nurses in caring COVID- 19 patients?
2. What are the challenges nurses face when looking after patients with coronavirus?

4 Methodology and methods

Qualitative method refers to a non-numerical data that describes qualities, opinions or feelings and it provide outcomes not by means of statistical analysis or other resources of quantification. It applies a realistic tactic that pursues to comprehend phenomena about societies' dissimilar stories, behavior and lives comprising those associated to health, administrative functioning, social arrangements, or interactional affairs. (Cypress 2015: 356.) However, qualitative scholars have modified often to industrial transformation, equally in the method of engagement with contributors, and the collection, revolution and storage of statistics (Carter, Shih, William, Degeling & Somers 2021: 712). Qualitative methods and descriptive literature review were used in facilitating this study. Hence, the specific aim in using qualitative research is to deliver in-depth perceptions and thoughtful understanding of real-world matter (Chalmers & Fiona 2021: 46). In line with this study, this method aims to describe the nurses' experiences in handling and performing care for patients with COVID-19 virus.

Narrative or descriptive research establish with the stories of individuals and experiences as expressed. Narrative is an articulated expression or inscribed text giving a justification of an incident or action chronologically allied. (Cypress 2015: 358.) Consequently, this kind of analysis critiques and recapitulates a body of literature and draws conclusions about the theme in interrogation. The frame of literature is comprised of the substantial studies and knowledge that discourse the subject area. In addition, it is characteristically selective in the material it practices, even though the standards for choosing definite sources for review are not permanently apparent to the reader. Conversely, qualitative approaches are frequently facilitated as an initial phase in the advancement of quantitative tools or trainings, qualitative studies offer a compound and patient-centered understandings in their own right and are nowadays regularly produced to apprise health program, facilities for healthcare, and technological health evaluation. (Carter, Shih, Williams, Degeling & Mooney-Somers 2021: 2.)

4.1 Data collection

Literature review recapitulates the appropriate research conclusions and theoretical verdicts on the theme in order to sustenance the direction of the current research and establish the variables to be explored. In addition, literatures review is also frequently present within issued research works and articles. This brief appraisal of pertinent literature, usually taken from the author's further comprehensive study, make available to readers with articles background and context for the contemporary study. (Bowden

2022: 97.) In the same manner, enterprise a literature search is an indispensable phase of the research development and will be appreciated when formulating for interviews, written assignments, and providing clinical care (Watson 2020: 432). Therefore, descriptive literature review was facilitated for the method of data collection in this study.

4.2 Database search and data selection

Two electronic databases were used in this study including CINAHL and PUBMED. These databases comprised numerous health and nursing science articles regarding the various experiences, practices, and nurses' challenges in performing care for COVID -19 patients. Meanwhile, to each of the two selected databases, Boolean operators and the same research sentence (nurs* experience* AND challenge* AND care) (covid-19 OR coronavirus OR 2019-ncov) were used to search for eligible studies. In CINAHL, limiters used were abstract, peer reviewed and English language. The total number of hits were 110 studies, 19 were included based on title, 10 studies were selected based on abstract and 7 studies based on full text. Apparently, in the PUBMED database, limiters such as full text, abstract available, associated data, English language and free full text were used. The total number of hits in PUBMED database were 93 studies, 21 studies selected based on title, a total of 14 studies based on abstract and 9 studies were included based on full text. The total number of studies found in two databases were 203 and 40 out of the total number of hits were according to the study title. However, 24 studies were selected based on an abstract and a total of 16 were based on full text presented and listed in Table 1. Data Search.

Table 1: Data Search

Database/ limiters	Search sentence	Number of total hits	Total number included based on their title	Total number included based on ab- stracts	Total number included based on the full text
CINAHL Abstract avail- able Peer reviewed English Lan- guage	nurs* experi- ence* AND challenge* And care AND coronavirus OR 2019-ncov OR COVID- 19	110	19	10	7
PUBMED Abstract avail- able Free full text Full Text Associated data English Lan- guage	nurs* experi- ence* AND challenge* And care AND coronavirus OR 2019-ncov OR COVID- 19	93	21	14	9
Total number of included studies		203	40	24	16

As the topic regarding coronavirus is relatively current, particular years were not used as a limitation or exclusion criteria. Studies published in English language, primary studies, peer reviewed, scientific studies topic about covid-19 patient and nurse's experience in handling patients with coronavirus are included in inclusion criteria of this study. On the other hand, exclusion criteria comprise non-English primary research studies, other pandemic diseases topics, non-nursing experiences, literature, non-academic journal, and thesis works. Studies were attentively read and selected according to criteria given in Table 2. Inclusion and exclusion criteria.

Table 2. Inclusion & exclusion criteria

Inclusion criteria	Exclusion criteria
English language literatures	Non-English language literatures
Scientific studies about Covid 19 patients	Other pandemic disease topics
Studies involve nursing experiences	Non nursing experiences literatures
Peer reviewed, scientific studies, primary studies	Non-academic journal and thesis work

The studies identified through database searching yield two hundred and three studies (n=203) from PUBMED and CINAHL. However, no (n=0) additional records identified through other sources. The total number of studies included based on title were forty (n=40) and one hundred sixty-three were excluded, and removed (n=163). Afterwards, one hundred thirty-nine (n=139) records were excluded and twenty-four studies (n=24) were considered as records screened according to abstract. A total of eight (n=8) studies were excepted with reason and the remaining studies were sixteen (n=16) considered as full text articles evaluated for eligibility. As a result, sixteen studies (n=16) were selected for the research study. However, to visually illustrate the process of selection of studies, PRISMA (Preferred Reporting Item for Systematic Review and Meta-Analyses) was used (Prisma 2015). The process of selecting studies was revealed in Illustration 1: PRISMA.

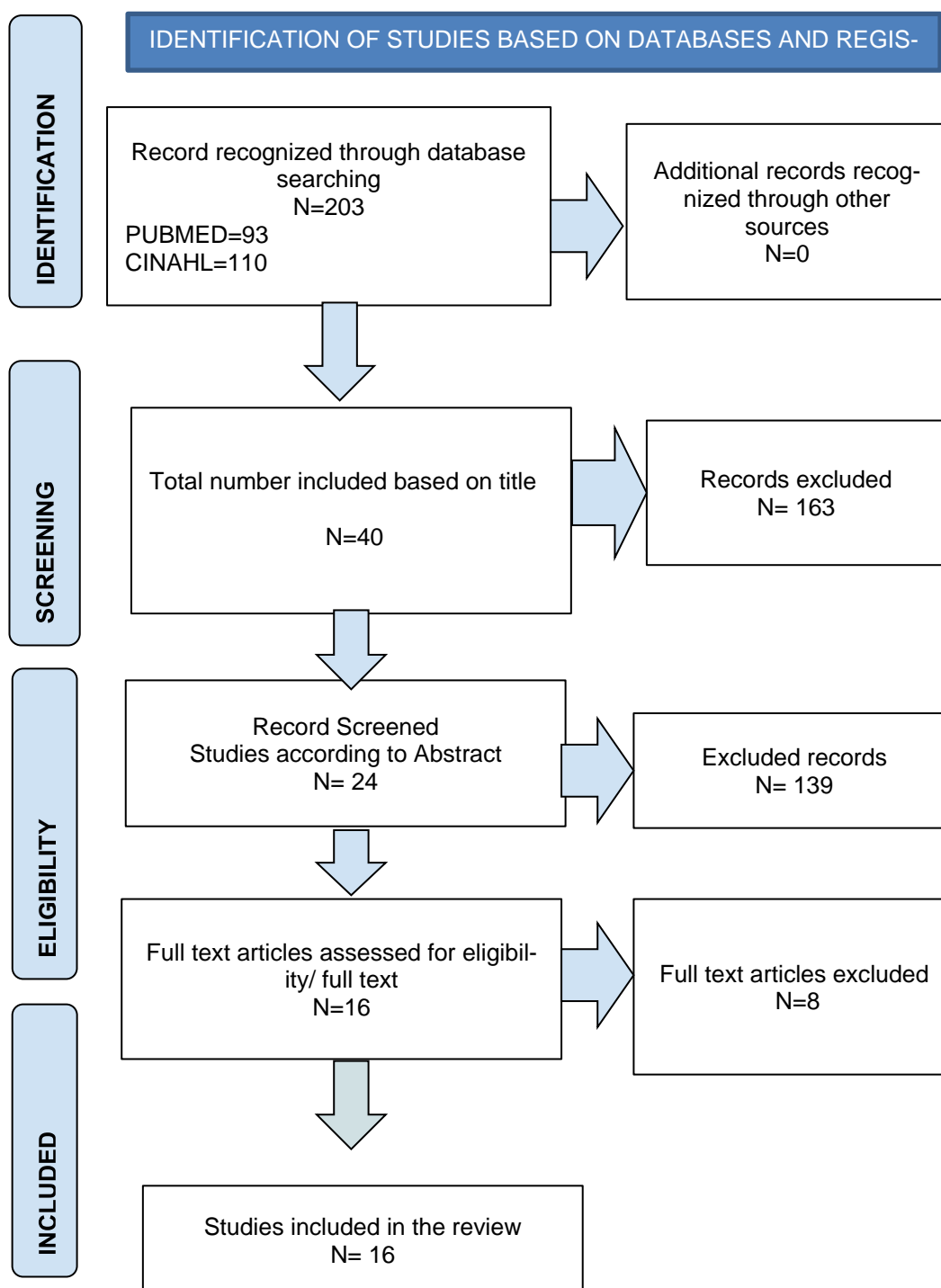


Illustration 1: PRISMA

A total of sixteen (n-16) studies were chosen based on full text reading from two databases used related to the study in related to experiences of nurses in performing care for patient suffering with COVID-19 virus. The studies were chosen and carefully assessed to answer the two study questions; What are the experiences of nurses in caring of COVID - 19 patients. The second question is what are the challenges nurses face when looking after patients with coronavirus. Furthermore, the quality and level of

the articles were assessed by using the publication channel search; Julkaisufoorumi. The publication channel search used helps to critique the level of the articles and validate the reliable journals used. There are three levels of classification for the publication channel: 1 = basic, 2 = leading and 3 = top. Moreover, each study was carefully read and assessed. Selected studies were categorized in level 1 and some of the studies belong in level 2. A research article gives information in related with the results of innovative research and also evaluates its involvement to the body of knowledge in an assumed area. In addition, it is issued in a peer-reviewed scholarly periodical or journal. Hence, a given academic field will probably have dozens of peer-reviewed journals (Hall, 2022.) Particular numbers studies selected were introduced in Appendix 2: Summary of review articles

4.3 Data analysis method

Content analysis is a beneficial qualitative analysis method outstanding to its content-complex category and ability to analyses numerous categories of exposed data groups. This research method permits scholars to objectively and systematically pronounce research spectacles at the hypothetical level. The content analysis may be utilized to innumerable categories of documents such as images, discussion records, and even in speeches. Thereafter, it is likewise used to generate context, concepts, groupings, and themes, which can be extended to form models, theoretical structures and concrete plots that define the theme underneath study. (Kyngäs 2019: 11-14.)

The inductive content analysis summarizes an array of information into key points relevant to a given research objective. In addition, the inductive content analysis is an advantageous and frequently useful analytical methodology. Even though inductive content analysis tracks a logical procedure, researchers habitually discover it problematic to explicate on how they acknowledged firm themes, groupings, or perceptions, for the reason that the development comprises a certain quantity of awareness. Subsequently, qualitative researchers who included the inductive content analysis do not give contemporary any numerical results, nonetheless rather use the concepts recognized during the analytical progression to answer their research question. This helps to increase the overall understanding of the characteristics and the quality of the research topic. (Kyngäs 2019: 11.)

The uncomplicated inductive content analysis is supported out in related to the succeeding phases: lessening of data collected, statistics assemblage, and followed by concepts development that can be used to answer research questions. In addition,

content analysis is used for data abstraction (Kyngäs 2019: 14.) To add more, the process of data analysis is from the comprehension of the data as the beginning step. Related phrases were obtained from the sixteen selected studies as the meaning unit, followed by simplifying it, which is considered as reduction or coding. Meanwhile, similar words and expressions that described nurses' experiences and the challenges in handling COVID-19 patients during pandemic years were grouped as subcategories. Each subcategory was analyzed and combined into a generic category. Lastly, the main category was formulated to correspond with the two research questions: What are the nurses' experiences in caring COVID-19 patients, and what are the challenges nurses face when looking after patients with coronavirus.

5 Results

Upon careful identification of the various categories in the sixteen selected studies, five general categories were classified such as psychological factors, physical aspect, emotional impact, social/relational effects, and environmental challenges. The following subcategories were identified: fear, anxiety, depression, stress, burn out, excessive workload, wearing Personal Protective Equipment (PPE) and exhaustion. In addition, emotional stress, moral distress, living with uncertainty, lack of support or presence of individuals also included in nurses' experiences. Moreover, team cohesion, communication groups, guidance to the information of the disease, lack of protective equipment, work organization, safeties, dealing with different changes, management of stress and self-reflection were also part of the subcategories of this study.

Nurses experienced stigma in handling patient with COVID-19 virus and they had divergent healthcare hero perception. In the same manner, accommodating through elevated rate of patient's deceases, dealing with patients who need an intense care at the same time, frequent changing of PPE, and negative emotional states were some of the challenges nurses faced when pandemic caused by COVID-19 virus happened. Staff shortage, priority setting dilemmas, communication challenges, adjustment in working with newly acquired staffs, lack of information about the virus and moral distress were also found as subcategories from the articles chosen. The outcome of the data analysis was interpreted in Appendix 1: Data analysis result.

5.1 The experiences of nurses in caring of patients with COVID-19 virus

The first main category of analysis result was the experiences and practices of nurses in kind caring for COVID-19 affected individual including three main categories: psychological factors, physical aspect and emotional impact. The procedure of inductive analysis was administered in interpretation of the study results. The groupings were formulated from the sub-categories found in analyzing the sixteen studies.

5.1.1 Psychological factors

There were different psychological factors in a nurse's experience performing care for COVID-19 infected patients such as stress, depression fear, burnout, anxiety, and exhaustion. Hence, nurses' as significant adherents of the COVID-19 patient intervention squad were at risk to encounters hardships produced by the disease. The primary sources of the nurses' distress, suffering and apprehension remained the hazard of COVID-19 contamination. The likelihood of spreading the sickness to the community and immediate family members, abrupt worsening of some patients' medical situations, and enlarged the rate of mortality. Apparently, the obsession with the likelihood of a little assignation or not creating adequate determination to prolong and save patients life, skills and ability insufficiency to perform assistance for critically-ill patients. (Ahmadidarrehsima, Salari, Dastyar & Rafati 2022: 1-7). Hence, the properly required usage of personal protective equipment (PPE) before touching and going to the patient's room added stress to the nurse (Chen, Zang, Liu, Wang & Lin 2021: 13-14.)

The pervasiveness of the ailment and providing nursing intervention for COVID-19 patients predestined injury of peace in lifecycle, cessation of personal life, restricted contact with family members, family members be frightened of contamination transmission and their fascination, all of which recommended a kind of internal agony among the nurses. (Moradi, Banghei, Hosseingholipour & Mollazadeh 2021: 1159-1168). It is widely acknowledged that the involvements of frontline primary health care authorities during COVID-19 are imperative to comprehend how they act and respond under circumstances of pandemic as the gatekeepers in the primary health care system. (Lee, West, Tang, Cheng, Chong, Chien & Chan, S. 2021: 399-408). In addition, nurse's burnout in handling COVID-19 patients was caused by mental tiredness and over-worked during the pandemic due to shortage of staff, workload increase and new responsibilities (White, Wetle, Reddy & Baler 2021: 100-203).

5.1.2 Physical aspect

Founded on the nurses' experiences, extended exposure taking care of COVID-19 patients had directed to some difficulties, which includes skin rashes, spots, physical weariness, skin damage and hormonal illnesses. Working with PPE reduced ability and focus when excruciating weight of putting personal protective gear, struggle in taking meals, drinking liquids and incapability to use the urinate and defecate related to the use of protective paraphernalia. (Moradi, Banghei, Hosseingholipour & Mollazadeh 2021: 1159-1168). In fact, nurses come across countless unforeseen uneasiness such as breathlessness, overheat, dehydration, suffocations, and headaches. These are all accompanying with compromised physique function (e.g., impaired hearing, reduced visualization, joint sensation, smell sensation and controlled mobility and relational communication) connected with the practice of layering the full gear PPE. (Chen, Zang, Liu, Wang & Lin 2021: 13-14.)

The pandemic era emphasizes entirely all points of the health care association and weights given to the nurses together with being assigned to different units and compulsory overtime shifts that cruelly conceded the nurses' sense of welfare (Casey, Oja, & Makic 2021: 1072-1080.) However, over workloads, extreme physical overtiredness of working throughout the COVID-19 pandemic due to staffing deficiencies/absences, and unfamiliar tasks were dispensed to nurses. (White, Wetle, Reddy & Baler 2021: 100-203).

5.1.3 Emotional impact

Nurses experience a divergence of emotions during COVID-19 pandemic such as vulnerable, panic, empathy and fright. Some of these emotions included the fear of getting the disease and passing the disease to someone, a COVID-19 lacking of intervention and knowledge about it, and treatment for patients in an isolated the environment. (Gordon, Magbee & Yoder 2021). However, In the occurrence of stressful predicaments while providing treatment for patient who are affected by the disease, nurses must be provided with extra help and assistance by the management in overcoming the symptoms of depression, having programs that may counsel nurses to alleviate anxiety, from the senior nurses and to those who are just new. As everyone needs help during these times. (Naylor, Hadenfeldt & Timmons 2021: 392-394).

One of the emotional impacts is living with uncertainties during pandemics. Purely rely on the nurses' experiences, the unknown cause and its origination of the disease due to the lack of information on the prognosis, lack of specific treatment and medicines, unknown route of transmission, ambiguous clinical presentation and scarcity of a specific vaccines were mainly the causes of a indistinct and uncertain situation. In addition, the distress of contracting the virus and infecting family members had led to a kind of self-doubt and ambivalence in the nurses' lives. (Moradi, Banghei, Hosseingholipour & Mollazadeh 2021: 1159-1168). The accountability of caring for patient who's been affected by the disease, suffering and demise was also included as consequential (White, Wetle, Reddy & Baler 2021: 100-203.)

5.2 Challenges nurses face when looking after patients with coronavirus

The challenges nurses faced when looking after patients with coronavirus is the second main category of the study. By using inductive analysis two generic categories were created such as social/relational effects and environmental challenges.

5.2.1 Social/relational effects

The COVID-19 pandemic came with isolated challenges and difficulties to critical care areas and to nurses. The social effects encountered by nurses such as multiple responsibilities, stigma, divergent healthcare hero perception, the loneliness and isolation, strained interaction with others (Gordon, Magbee & Yoder 2021). The use of personal protective equipment created a substantial hindrance to relational care and in interacting and communicating with patients, it compromised hearing, seeing facial expressions, lip reading, the use of non-verbal cues and sings, and loss of physical touch. Personal protective equipment also made it difficult to determine specific personnel (Sugg et al, 2021: 1-17.) In addition, majority of experienced nurses expressed dreadful feeling fear and the sense of being unwanted by society or their particular families as it was labelled as an unfortunate event. It was also expressed as the apathetic of coworkers in different divisions and in approximately cases the family's displeasure and with their work in the area for COVID-19 patients as awful societal encounter. (Ahmadidarrehsima, Salari, Dastyar & Rafati 2022: 1-7).

Communication concerns directly with the patient and their relatives, with mostly half of respondents stating that this influences nurses' ability to establish a connection with

patients. They had a hard time building connections establishing rapport with patients; encountered difficulties in being listened to, recognized, and sharing time with patients; and were reduced to the use of non-verbal cues, facial expressions and initiate comfort and connect with the patients. (Sugg et al, 2021: 1-17.)

5.2.2 Environmental challenges

In an unfamiliar and rare care environment encounter owed to virus spread threat was the part of the nurse to stand as substitute for primary relations. Nurses shared trials lending human reassuring interactions, undergoing losing patients, quarantine, lack of PPE concerns, delay of care, the constant changing practice guidelines, and lastly, language barriers (Gordon, Magbee & Yoder 2021.). However, one of the articles included in this study gives a result that work surroundings and organization are fundamental for the standards of life at work and patients' welfare, and the change process determines the promotion of individuals. Swift organizational changes, the vigor of nurses to giving COVID-19 services, rotational in work shifts and the inaccessibility and lack of breaks due to the wearing of personal protective equipment defines and depicts nurses' environmental challenges in handling patients suffering with COVID-19 virus. (Poortaghi, Shahmari, & Ghobadi 2021: 27). In addition, environmental challenges may differ depending on the circumstances that can be predicted or not.

6 Discussions

6.1 Discussion of findings

The main objective of this study was to describe the experiences of nurses' taking care of COVID-19 patients; additionally, it aims to provide additional knowledge in managing the challenges nurses encounter in catering for patients affected by the COVID-19. The findings associated with this study were categorized into five generic categories and together with its subcategory. This review found only sixteen studies that fulfilled the inclusion criteria which were mostly made up of qualitative approaches Furthermore, these findings that were interpreted in the results show how difficult is it to care for patients that have been affected by the pandemic, and multiple factors were also highlighted. Upon a careful review of the available literature, these findings provide insights that affect the experiences of nurses that can be used in the future. The result of this study identified the problems that the nurses faced throughout the Covid-19 pandemic. Thereafter, with elevated probability of infection, exhausting workload, health concerns,

and even death. The five categories that were identified summarize all including the subcategories and this shows what are the experiences the specifics of caring for those individuals and what nurses faced during the pandemic

These findings are important as it may serve as a basis when identifying experiences of nurses during a pandemic not only during this time but also in the future. Often overlooked, nurses are more than capable of handling multiple factors. With proper support and education, nurses may help lessen and avoid negative experiences that they encounter. The outcome of this study identified the problems that the nurses endured during the commencement of the COVID-19 pandemic. Hence, the outcomes were able to narrow down the major factors that the nurses faced but also it was able to focus on what were the danger, threats, prolonged exposure to patient suffering and viral transmission, and a substantial number of negative impacts on nurses' psychological well-being. It is evident that there is a need to seek factors to protect nurses over all well-being and psychological health

6.2 Ethical Consideration

The significance of ethics in conducting research and challenges while doing the research is vital, schools and researchers go to extensive lengths to secure and preserve the anonymity and safety of research participants. For its purpose of research to be reliable and ethically acceptable and also for its results to be trustworthy, the research should be conducted in accordance with the accountable manner of research. Implementing the guidelines for the responsible manner of research within the research community account for a form of self-regulation that is bound by law. In addition, the accountable conduct of research is an intact and importantly part of the quality assurance of research organizations (TENK 2012.) With any discipline that includes research with animals or a human, researchers required to discourse any ethical issues probable. Ethical concerns are particularly straightforwardly perceived with nursing research for the reason that the line of separation amid what establishes the collection of the research statistics can sometimes get distorted and the projected practice of nursing (Polit & Beck 2013: 118.) The subject of this study being a global concern and focused entirely on determining the experiences and as well as the challenges nurses encountered while providing care for COVID-19 patients over the past two years, no questionnaires/survey forms were administered, and no respondents were targeted, therefore, informed consent is uncalled for. Research questions were answered by gathering in-

formation from verified, updated sources relevant to the study which were recently published. Data search, data collection, and analysis methods are in accordance to the responsible conduct of research and ethically proved. Lastly, all references cited in this research were properly credited and resources are outlined in the appendices.

6.3 Validity

The validity in qualitative research defines the “appropriateness” of it is a tool, processes, and data. In case if the research question is effective for the anticipated results, the chosen methodology is suitable for responding the research question, if the enterprise is precise for the methodology, the selection and figures analysis is relevant, and lastly, whether the results and conclusions are in parallel for the sample, context, and background. (Leung 2015: 325). To add more, validity concludes if it the statement is true enough, as has how well the study was measured that it has evidence to back it up. The trustworthiness of data focusing on the study questions was considered in this literature review. A detailed search was conducted in respected electronic databases such as CINAHL and PUBMED to further ensure the validity of this study. JUFO was also used in this study to determine the rating and classification system of scientific publications to assist with the quality assessment of the academic research that was chosen.

JUFO which is a forum by Finnish scientific community with the intention of to give assistance and to guarantee and support the quality assessment of academic research and classifies the level of the study (JUFO, 2021). Finally, those chosen articles were analyzed using the same codes and then reviewed and then evaluated. This literature review had its limitations. Reviewed literature did not include studies conducted in other pandemic diseases. Neither it included studies, non-nursing experiences literature and non-academic journal and thesis work were also excluded.

7 Conclusion and recommendations

This study described nurses' different experience in providing care for patients infected by COVID-19 virus and provides additional knowledge in managing challenges nurses encounter in caring for patients suffering from the virus during COVID-19 pandemic. Qualitative research using descriptive literature review methodology was facilitated to execute this study. Consequently, the occurrence of COVID-19 virus worldwide affects the well-being care sector particularly nurses who have direct contact with patients.

This COVID-19 pandemic changed the world and have been traumatic to every individual. In addition, pandemic tested the dedication, capabilities and emotions of nurses in every part of the world.

The sixteen articles used in this study showed three generic categories under nurse's experience; psychological factors, physical aspect and emotional impact. However, two generic categories were revealed as challenges nurses face when looking after patients with coronavirus such as social/relational effects and environmental challenges. Hence, after reading and reviewing the selected articles regarding several experiences of nurses in handling COVID-19 patients, it was revealed that the nurses went through different situations and states throughout the start of COVID-19 pandemic around the world. The presented study outcomes can be generalized among nurses in different hospitals and countries.

Lastly, the presented study could inspire further reviews into nurses' experiences in handling COVID-19 patients and further pandemic illnesses in the forthcoming days. Different kinds of viruses have a possibility to discover again and may damage to anyone. It will be easier for healthcare providers to handle it if certain studies pertaining to resolving the negative experiences nurses encountered from the past pandemic days will be facilitated. In the same manner, to overcome the different experiences and challenges nurses face during pandemic, the causes of stress, burnout, depression, anxiety, fear, physical exhaustion, social/relational effects and environmental factors should be first resolved.

Hospitals and other institutions can provide activities that may divert nurse's stress in handling patients, incentive may also be given to encourage health care providers to do their best in the work field. Furthermore, hospital management must give additional assistance to nurses such as counselling sessions, seminars, lectures or mentoring program to enhance their capabilities as health care providers. In addition, giving awards and recognition may help nurses to feel appreciated despite toxic situations. It will also be helpful for nurses to receive clear instructions, protocol, and information regarding a new disease before handling it. Hence, strong support system among nurses from family, community and government is vital as well.

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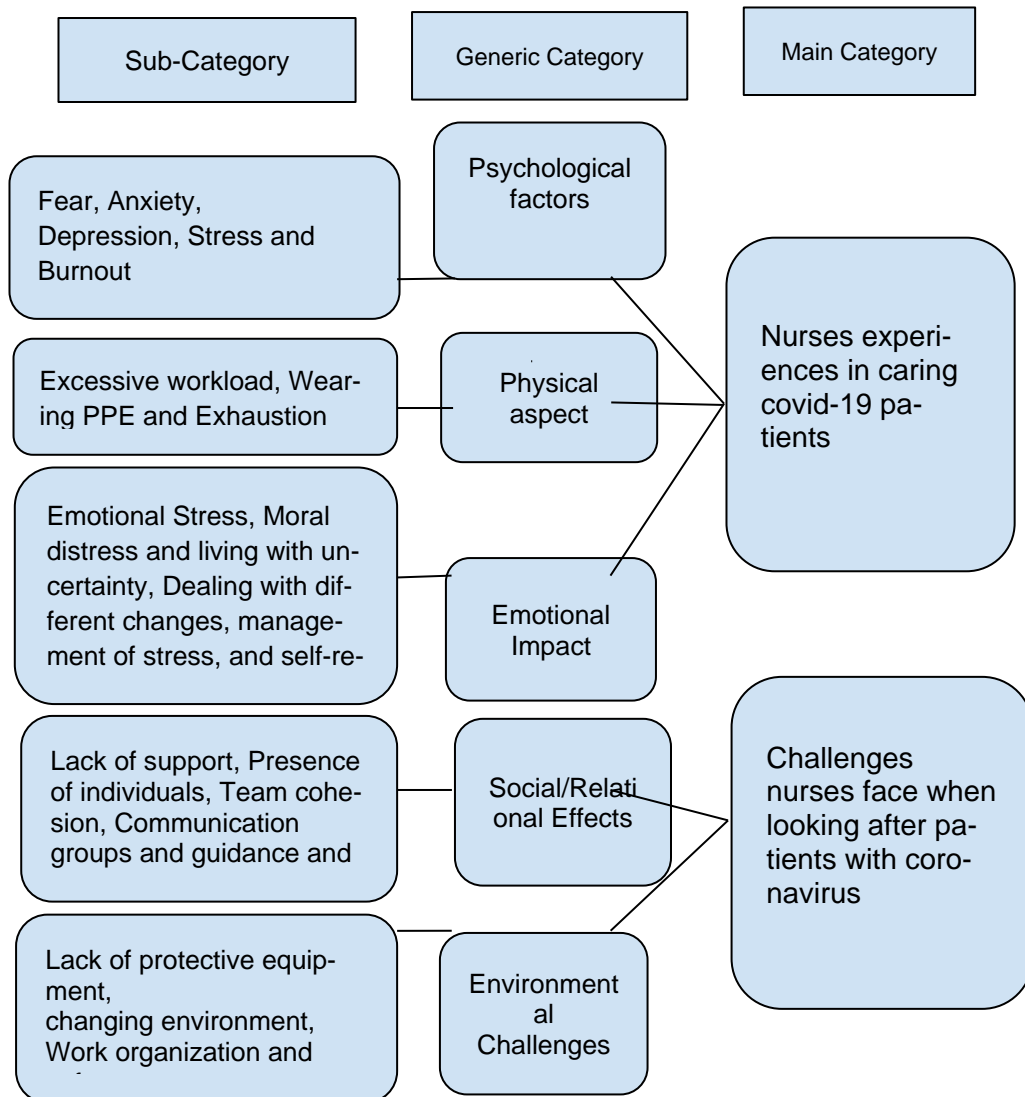
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Appendices

Appendix 1: Data analysis result



Appendix 2: Summary of reviewed articles

STUDY	AIM	SAMPLE	RESEARCH DESIGN/METHODS/ ANALYSIS	MAJOR FINDINGS	LIMITATIONS
<p>1</p> <p>Sugg et al.</p> <p>2021</p> <p>UK</p> <p>Foundational nursing care in patients with the SARS-CoV-2 virus: outcome from the "COVID-NURSE" mixed methods survey into nurses' experiences of missed care and obstacle to care</p>	<p>The aim was to recognize the views and experiences of registered nurses and non-registered nursing care staff on lack fundamental care and the obstacle to fundamental care for inpatients with the SARS-CoV-2 virus not invasively ventilated.</p>	<p>1062 qualified respondents were UK-based registered nurses and non-registered auxiliary nursing/ healthcare support workers/ assistants that had actively involved in nursing inpatients with the SARS-CoV-2 virus who were not invasively ventilated.</p>	<p>piloted a cross-sectional study employing a mixed methods explanatory design guided by a pragmatic philosophy. For the quantitative and qualitative components, we collected data concurrently and analyses data next (with qualitative data analyses in order to explain the quantitative data)</p>	<p>Of 1062 respondents, the most rated mobility, talking and listening, non-verbal communication, interaction with significant others, and emotional well-being as worse for patients with SARS-CoV-2.</p>	<p>Possible limitation of this study is the absence of a predefined sample size. We employed a convenience sampling frame with a sample size determined by the period of time the survey was open for, which was in turn constrained by the rapid nature of the wider COVID-NURSE trial and the need to collect pandemic evidence as quickly as possible in a rapidly evolving situation.</p>
<p>2</p> <p>Ahmadidarrehsima et al.</p>	<p>Recent study explored the experiences of nurses caring for patients with COVID-19.</p>	<p>The targeted research population was nurses working in</p>	<p>This qualitative study was analyze with a conventional content analysis approach to explore nurses' experience of caring for</p>	<p>In this study, ten nurses who worked in COVID-19 and ICU COVID-19 wards were question and probed. Four participants were male and the</p>	<p>Although efforts were made to maximize the dissimilarity of nurses, due to sample size limitations and the selection of nurses</p>

<p>2022</p> <p>Iran</p> <p>Study of the experiences of nurses caring for patients with COVID-19: a qualitative study in Iran.</p>		<p>the wards and intensive care units (ICU) where patients with COVID – 19 were look after for.</p>	<p>COVID-19 patients in the south of Iran.</p>	<p>rest were female. Analysis of the data revealed 4 main themes: (1) Physical, psychological, and social burden of care, (2) Unmet needs, (3) Positive experiences, and (4) Strategies. The main themes and sub-themes that emerged from the data collected from nurses' experiences in caring for patients with COVID-19 disease.</p>	<p>from one hospital, it cannot be guaranteed that all nurses' experiences have been considered. The findings of this study may not be generalizable to nurses of other countries.</p>
<p>3</p> <p>Naylor, H <i>et al.</i></p> <p>2021</p> <p>USA</p> <p>Newly graduate Nurses' Experiences Caring for Acutely Ill Patients during a Pandemic</p>	<p>The aim of this study was to describe the experience of novice nurses working in acute care settings during a pandemic.</p>	<p>Selected participants were novice nurses with two years or less experience working full-time in any acute care setting that taken care of patients with COVID-19. Six different acute care facilities were represented. Ten nurses worked with COVID patients or patients under investigation (PUIs), and three worked on non-COVID units, with one of these three asked to cross-train to work in a COVID unit.</p>	<p>Phenomenology is a philosophical approach and qualitative research method that can be particularly effective when studying phenomenon where little knowledge has been previously uncovered as in the phenomenon experienced by nurses caring for acutely ill patients during a pandemic. For the data analysis, a team of three researchers, including the PI, independently examined and coded the 13 de-identified transcripts using Microsoft Word and "track changes" and "comments" features with notes on sidebar.</p>	<p>Participants identified challenges of dealing with frequency of patient deaths, high acuity patients, changing personal protective equipment (PPE) requirements, and working understaffed. They also described positive aspects such as interaction with teammates, satisfaction with their decision to become a nurse, and how nursing school featured in their adaptation to working in a pandemic. Below is a summary of these findings with supporting quotes. All participants were assigned pseudonyms to protect their privacy</p>	<p>Although the teacher-to-former student relationship of the PI to participants may be a limitation regarding perceptions about nursing school preparation for the pandemic, participants willingly responded to calls for participation and shared openly with the PI, perhaps due in part to the established relationship. Additionally, participants noted in a theme that talking with other health care providers who understand was a significant and desirable form of coping with stress during this time, and they may have perceived benefit in sharing this experience with a fellow clinician, and their former teacher.</p>

<p>4</p> <p>Borges, E et al</p> <p>2021</p> <p>Brazil</p> <p>Perceptions and experiences of nurses about their execution in the COVID-19 pandemic.</p>	<p>The aim is to describe the perception and experiences of nurses about their execution during the COVID-19 pandemic.</p>	<p>15 Portuguese nurses take part in the study.</p>	<p>Qualitative study with phenomenological approach.</p>	<p>The study elaborated the perception and experiences of a sample of nurses about their performance in the context of the COVID-19 pandemic, highlights, from this experience the negative emotional impact.</p>	<p>One of the limitations of the study was the method of selection of participants is considered, which does not allow the conclusion of the respective results. As well, the fact that the context of the COVID-19 pandemic is a new situation for participants.</p>
<p>5.</p> <p>Casey, K et al</p> <p>2021</p> <p>Colorado</p> <p>The lived experiences of graduate nurses becoming professionals practice during a pandemic</p>	<p>The aims of the study were to 1) identify practice experiences of graduate nurses during the COVID-19 pandemic and 2) perceived graduate nurses' preparedness for practice during the COVID-19 pandemic.</p>	<p>Fifteen graduate nurses participated to take part in the study. Three of the nurses identified as being in practice for three to five months; four participants identified as being in practice for nine to ten months; and eight identified as being in practice for 11 to 15 months.</p>	<p>Qualitative research method</p>	<p>Seven themes were identified: 1) being new is overwhelming, even more so during COVID-19, 2) flexibility is a must, 3) pandemic knowledge and practice disconnect, 4) communication barriers worsened with because of masks, 5) being a "COVID nurse," 6) lack of self-care, and 7) gratitude: still glad to be a nurse</p>	<p>The familiarity of the three researchers may be viewed as both a strength and limitation. The researchers were familiar with the challenges of transition to practice for graduate nurses and the participants were accustomed to sharing their experiences with the GNR Program Coordinator during monthly check in sessions. The nurses all work in a level one safety-net hospital providing care to a unique demographic population of a large urban city which may have influenced the practice experiences shared by the participants</p>

<p>6</p> <p>Miljeiteg, I. <i>et al</i></p> <p>2021</p> <p>Norway</p> <p>Priority-setting predicament, moral distress and support experienced by nurses and physicians in the early phase of the COVID-19 pandemic in Norway.</p>	<p>Describe priority-setting predicaments, moral distress and support encountered by nurses and physicians across medical specialties in the early phase of the COVID-19 pandemic in Western Norway.</p>	<p>Among the 1606 participants, 67% had experienced priority-setting dilemmas the previous two weeks. Healthcare workers who were directly affected in COVID-19 care, were redeployed or worked in psychiatry/addiction medicine experienced it more often. .</p>	<p>Quantitative. A cross-sectional hospital-based survey</p>	<p>The response rate was quite low (18%), which may be due to limited time or access to computers or email at work. Healthcare workers more affected or interested in COVID-19 responses might have been more likely to participate, which may have biased our results. However, the distribution of background variables was similar in our sample as seen in the source population, which is reassuring. Another potential limitation is the moral distress scale, which was used as a simplified proxy to capture the complex experience of moral distress.</p>	<p>Among the 1606 participants, 67% had experienced priority-setting dilemmas the previous two weeks. Healthcare workers who were directly affected in COVID-19 care, were redeployed or worked in psychiatry/addiction medicine experienced it more often. Although 59% of the respondents had seen adverse repercussion due to resource scarcity, severe consequences were rare. Moral distress levels were generally low (2.9 on a 0–10 scale), but higher in selected groups (redeployed, managers and working in psychiatry/addiction medicine</p>
<p>7</p> <p>Pariseault, c et al</p> <p>2022</p> <p>Original Research: Nurses' Experiences of taking care for Patients and Families During the COVID-19</p>	<p>The aim of this study was to gain a better understanding of the insights and experiences of nurses caring for patients and families under the COVID-19 pandemic's socially restrictive practices and policies.</p>	<p>All 17 respondents were interviewed in order to allow for richer saturation and to make our confidence high with the findings.</p>	<p>Qualitative descriptive study</p>	<p>the study occurred during the initial months of the pandemic, and many nurses may have simply been too overwhelmed to respond. Another limitation is the homogeneity of the gender and racial and ethnic characteristics of the sample.</p>	<p>The study findings represent the communication experiences of nurses working during the global COVID-19 pandemic. As hospitals shifted toward social distancing and restricted visitation policies, the nurses in our study adapted how they communicated with patients, families, and other providers.</p>

<p>Pandemic: Communication Challenges</p>					
<p>8 Lee R. <i>et al.</i> 2020 Hong Kong A qualitative study of the experiences of school nurses during COVID-19 pandemic as the frontline and primary health care professionals.</p>	<p>This study aims to explore the experiences of school nurses during the onset of the COVID-19 pandemic in Hong Kong.</p>	<p>The recruitment process emerged in the inclusion of 19 school nurses employed in Hong Kong, all of whom involved in individual semi structured interviews. They met the inclusion criteria and recruited via the member contact list of the Hong Kong School Nurses Association.</p>	<p>A qualitative study design adopted the principles of thematic analysis. Nineteen school nurses were recruited to participate in individual semi structured interviews and shared their roles and responsibilities during the COVID-19 pandemic.</p>	<p>The results of this study highlight an expected path from initial feelings of uncertainty and stress at the start of the pandemic, to a focus on precaution and then reaping the benefits of this preparedness and professionalism through heightened attention to their roles with school communities.</p>	<p>There were four limitations in this study. School nurses' responses to the interview questions may have been impacted by feeling challenged on their role and responsibilities in fighting this global outbreak with so many uncertainties. Two school nurses requested PI not to have their names included in any report documents. All the interviews were conducted via communication tools due to social distance restriction. Thus, data corroborated from face-to-face interviews. Most of the school nurses in this study had more than 17 years of work experience. Nurses who were younger might not have cared for SARS patients and they might have had more anxiety for their own health.</p>
<p>9 Foye, U. <i>et al.</i></p>	<p>The aim is to identify how COVID-19 has impacted the ability of mental health nurses</p>	<p>A total of 897 participants of nurses across a range of inpatient and</p>	<p>We interviewed staff reports regarding the impact of the COVID-19 pandemic on mental</p>	<p>The results have shown key areas that require attention and guidance during</p>	<p>A key limitation is that the study numbers across groups are dissimilar or matched meaning that the</p>

<p>2021</p> <p>UK</p> <p>How has COVID-19 impacted mental health nurses and the delivery of mental health nursing care in the UK?</p>	<p>to deliver care in community and inpatient mental health services in the UK.</p>	<p>community settings that participated.</p>	<p>healthcare and mental health service users in the UK, using a mixed-methods online survey.</p>	<p>the ongoing COVID-19 crisis. This includes the hardships of the swift shift to remote working in community services, ensuring the safe use of protective clothing in people's homes or on cramped wards, and the need for targeted guidance and support for MHNs working in inpatient settings, where they are faced with unique challenges in maintaining social distancing and interacting with mentally distressed and confused patients.</p>	<p>study lacked power to undertake comparative statistical analysis.</p>
<p>10</p> <p>Cadge, W <i>et al.</i></p> <p>2021</p> <p>USA</p> <p>Intensive care unit nurses experience during COVID-19: A qualitative study</p>	<p>aims is to understand how nurses experience providing care for patients hospitalized with COVID-19 in intensive care units.</p>	<p>Sixteen nurses participated caring for COVID-19 patients during the first surge of the pandemic were selected via purposive sampling. Participants worked in ICUs of a quaternary 1,000-bed hospital in the Northeast United States.</p>	<p>Exploratory study used qualitative research methods to investigate the experiences of nurses at a quaternary 1,000-bed hospital during the first COVID-19 pandemic surge in Boston, from April to June 2020.</p>	<p>Exploratory study found four themes that describe the experiences of nurses providing care to patients in COVID-19 ICUs during the first surge: (a) challenges of working with new co-workers and teams, (b) challenges of maintaining existing working relationships, (c) role of nursing leadership in providing information and maintaining morale and (d) the importance of institutional-level acknowledgement of their work.</p>	<p>Better understanding the experiences of nurses' during the pandemic will require a larger, more unique sample from multiple institutions.</p>

<p>11</p> <p>Moradi, Y. <i>et al.</i></p> <p>2021</p> <p>Iran</p> <p>Challenges experienced by ICU nurse's onset the provision of care for COVID-19 patients: A qualitative study</p>	<p>aim was to identify the challenges experienced by ICU nurse's onset of the provision of care for COVID-19 patients.</p>	<p>a total of 17 nurse participants working in intensive care units were selected using purposive sampling.</p>	<p>Qualitative descriptive study</p>	<p>The nurses stated the four following challenges throughout the provision of care for COVID-19 patients: 'organization's inefficiency in supporting nurses', 'physical exhaustion', 'living with uncertainty' and 'psychological burden of getting the disease'.</p>	<p>It is recommended that similar studies in other contexts be conducted to make the results more generalizable. In addition, this was a short-term study, and prolonged engagement with the subjects can provide a valuable way to identify the present and future challenges.</p>
<p>12</p> <p>Chen, F <i>et al.</i></p> <p>2021</p> <p>China</p> <p>Dispatched nurses' experience of wearing full gear personal protective equipment to care for COVID-19 patients in China- A descriptive qualitative study.</p>	<p>The aim was to identify dispatched nurses' experiences of wearing full gear personal protective equipment to care for patients with coronavirus disease-2019 (COVID-19) in Wuhan, China.</p>	<p>Individual semi-structured telephone interviews were done in a purposive sample of 15 frontline nurses who were dispatched and participated to the outbreak epicenters from March to April 2020.</p>	<p>This descriptive qualitative inquiry act in accordance with the COREQ guidelines.</p>	<p>Four themes came in to conclusion from the data: inadequate preparedness for working with full gear personal protective equipment, full gear personal protective equipment stimulated stress responses, coping strategies and professional growth. Participants learned a great deal from problem-focused and emotion-focused strategies to tackle challenges related to the prolonged wearing of full gear personal protective equipment for quality nursing care and reduced risk of exposure. They became more vigilant to the ad-</p>	<p>The results of other contextual factors were not considered. More strategies could be adopted to further examine transferability and dependability by involving local frontlines nurses and dispatched nurses from other provinces or municipal cities.</p>

				herence to evolving protocols and appropriate training concerning full gear personal protective equipment use.	
13 White, E <i>et al.</i> 2021 USA Front-line Nursing Home Staff Experiences During the COVID-19 Pandemic	The objective of the study was to list down and document the experiences of these front-line health care professionals all through the pandemic.	The total of 152 nursing home employees from 32 states, including direct-care staff and managers.	Qualitative method	Respondents pronounced ongoing restrictions on testing and sustained reliance on crisis standards for protracted use and reuse of personal protective equipment. Administrators deliberated the burden of tracking and applying sometimes confusing or contradictory management from numerous agencies. Direct-care staff expressed fears of contaminating themselves and their families, and expressed sincere empathy and concern for their residents. They described undergoing burnout due to increased workloads, staffing shortages, and the emotional burden of caring for residents facing significant isolation, illness, and death. Defendants cited the presence or lack of organizational announcement and teamwork as important factors manipulating their ability to work under challenging circumstances. They also labelled the demoralizing impact of negative media coverage of nursing homes, contrasting this with the heroic public recognition given to hospital staff.	This was a convenience sample of nursing home staff enlisted through social media and professional networks who may not be demonstrative of a broader population of nursing home employees, and could be subject to answer bias. Unable to authenticate respondent employment or position because we did not collect licensure or certification details, or the names or addresses of employers.

14	The presented work aims to discover the nursing managers' perception of nursing workforce management during the outbreak of COVID-19.	In this study, fifteen selected nursing managers joined the purposeful sampling method.	A qualitative study with conventional content analysis using Granheim and Landman approach.	There were three groups and seven sub-categories emerged from the data analysis: 1) administration of workforce recruitment (volunteer workforces, non-volunteer workforces), 2) management of workforce arrangement (flexible work schedule, redistribution of the workforce), and 3) management of workforce retention (preventive measures, motivational measures, and psychological support).	A partial quantity of partakers was purposefully selected. Therefore, its results cannot be comprehensive to the whole community of nursing managers. Due to the possibility of infection through infection, it was not possible to conduct face-to-face interviews with all participants. Therefore, it was problematic to get the non-verbal responses of the participants.
<p>Poortaghi, S. Shahmari M, & Ghobadi, A.</p> <p>2021</p> <p>Iran</p> <p>Exploring nursing managers' perceptions of nursing workforce management during the outbreak of COVID-19: a content analysis study</p>					
15	The intention of this study was to scrutinize their experiences caring for these patients	Nurses from one ICU participated in semi-structured interviews. The number of participants were eleven nurses.	Qualitative, descriptive design was castoff; theoretical framework was not nominated for this study because the researchers were struggling to obtain an unbiased perspective of the nurses' involvements.	Passions experienced were subcategorized into anxiety/stress, fear, helplessness, worry, and empathy. Physical symptoms were subcategorized into sleep conflicts, headaches, discomfort, exhaustion, and breathlessness. Care environment challenges were subcategorized into nurses as surrogate, incapability to provide human heartening connection, affected role dying, personal protective equipment (PPE), isolation, care delay,	Characteristic to the nature of qualitative research, the findings from this study cannot be generalized to other settings and healthcare professionals. Participants in this study were from a single community hospital positioned in one region of Texas during the early phases of the pandemic. Methods including multiple study sites over a longer duration may lead to substitute findings.
<p>Gordon, J., Magbee, T. & Yoder, L.</p> <p>2020</p> <p>USA</p> <p>The experiences of critical care nurses caring for patients with</p>					

<p>COVID-19 during the 2020 pandemic: A qualitative study.</p>				<p>changing exercise guidelines, and language barrier. Social effects were sub-categorized into stigma, divergent healthcare hero perception, additional responsibilities, strained connections with others, and isolation/loneliness. Short term coping strategies were sub-categorized into co-worker support, family support, distractions, mind/body wellness, and spirituality/faith.</p>	
<p>16 Savitsky, B., Radomislensky, I. & Hendel, T. 2021 Israel Nurses' occupational satisfaction during Covid-19 pandemic</p>	<p>This literature goal to evaluate the industrial satisfaction during the pandemic of Covid-19 between the nurses in Israel, to shed light on circumstances of work and to recognize factors accompanying with low occupational satisfaction.</p>	<p>130 nurses from Israel were engaged to participate through several Facebook groups of nurses during June–September 2020.</p>	<p>A cross-sectional study is used in conducting the research.</p>	<p>In this learning nurses reporting willingness to leave the profession had lower mean occupational satisfaction scores. At a time of crises, it is time to take care of those who take dangers on the frontline. Covid-19 is a severe disease, exposing healthcare workers and their families to infection. Healthcare administrations should prevent any shortage of PPE which could cooperation the basic values of the nursing profession – taking care of those who need care.</p>	<p>Education, age and population group were not associated with occupational satisfaction, certain of that underrepresentation would not influence the results. There was overrepresentation of nurses who held managerial positions among the community nurses. Higher occupational fulfillment found among community nursing and their higher amount in the study sample could result in higher occupational satisfaction in this study than is reflected in reality.</p>