

Learning Experiences of Frontline Nurses Combating COVID-19 in Public Hospitals

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ABSTRACT

Background: Combating COVID-19 by frontline nurses is highly concerned to manage and maintain the health care delivery system through qualitative services to the infected people. If nurses do not agree to the frontline role to combat COVID-19, it might create massive crisis in health sectors. The purpose of this study was to explore the learning experiences of frontline nurses combating COVID-19 in the public hospitals of Kathmandu valley. Furthermore, this study has explored their stories of combating COVID-19.

Methods: Philosophically, this study is guided by interpretive paradigm utilizing the qualitative design with narrative inquiry. Stories were collected using face to face interview with six frontline nurses (seniors and juniors) working at COVID special units in three different public hospitals of Kathmandu valley. I have interpreted shared stories of combating experiences and learning, using self-efficacy theory and resilience theory.

Results: This study revealed that the participants faced many challenges related to physical, mental, emotional and psychological and various managerial issues. However, they were able to cope due to their self-willingness, nursing education, altruistic nature and support system. Likewise, they acquired various skills: patient care, managerial and leadership, similarly understanding philosophy of life.

Conclusions: Frontline nurses were able to combat COVID-19 successfully. Nowadays, they are happy, satisfied and proud with their roles that they had during the health emergency of COVID-19 pandemic and the commitment they fulfilled.

Keywords: Challenges; front line role; leadership skill; learning experiences; support system

INTRODUCTION

COVID-19 was rapidly spreading worldwide and had emerged as a global health crisis. The World Health Organization declared the COVID-19 outbreak as a global pandemic on 11 March 2020.¹ The COVID-19 was a viral disease caused by a novel coronavirus that can spread from personal contact.² Nepal ranked at a high risk of outbreak and faced challenges to manage of COVID-19 due to the open border with India and weak health care delivery system.³ In severe illness, patients may need hospitals to provide advanced care with immediate isolation and implementation of appropriate infection prevention and control measures.⁴ HCWs had shown work over load, limited protective resources and disease transmission risk developed psychological effect.⁵ Even HCWs experienced variations in different aspects based on individual personality, severity of patients

with posting department and organizational support.⁶ The frontline nurse's individual perception and support impacted to battle such situations.

METHODS

Study approval was obtained from the Ethical Review Board of the Nepal Health Research Council then got approval to proceed study from Research Ethics Committee of the Kathmandu University School of Education. An informed consent was obtained and clearly explained purpose of study to all participants.

A qualitative narrative study design was used to explore experiences combating and learning frontline nurses during COVID-19. The study continued from July 2021 to July 2022 and conducted at three public hospital in Kathmandu (Lalitpur, Kathmandu and Bhaktapur).

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Frontline nurses of those public hospital were the study population. The participants were selected by a non-probability purposive sampling technique. The eligibility requirements to select the participants: Junior nurses with less than five years of working experiences and directly involved in COVID patient care. And, senior nurses who have more than ten years of working experience and involved in leading and managerial role during COVID 19. Senior nurses comprised as study participants based on author's personal contact. Similarly, three junior nurses selected meeting the inclusion criteria.

Data were collected from November to December 2021. Semi structured interviews were conducted using an interview guide. Literature reviewed to create an interview guide in English and then translated into the Nepali language. Face to face interviews were conducted by first author followed COVID-19 safety protocols. Each interview started with a general question, how was your

experiences of combating COVID-19? And what do you learn from your frontline role during COVID-19? Then, asking probing questions. All interviews were audio recorded with permission and reflective notes were taken following the interviews. The duration and the interview sessions varied depending on the participants' tolerance. However, on average, the interviews lasted between 25 and 30 minutes and two to three times until information saturated.

Audio recordings were transcribed verbatim as soon as post-interview by first author and translated the transcriptions into English. Both of the authors reviewed multiple time to every chunk of their shared stories to explore their experiences on combating and learning during COVID-19. Accordingly, data were categorized and coded the similar experiences. Finally, the underlying senses of the categories were articulated as themes. When no new themes were identified, a conclusion was made.

Table 1. Characteristics of Participants.

Participant's ID	Age/Marital status	Education	Designation	Work Experiences
Senior Nurse Lalitpur (SNL)	44yrs/Married	Master of Nursing (MN)	Ward Incharge	24yrs
Junior Nurse Lalitpur (JNL)	22yrs/Unmarried	Bachelor of Nursing Science	Staff Nurse	3yrs 7months
Senior Nurse Bhaktapur (SNB)	44yrs/Married	Studying MN	Nursing Supervisor	24yrs
Junior Nurse Bhaktapur (JNB)	26yrs/Married	Proficiency Certificate Level in Nursing	Staff Nurse	4yrs 2months
Senior Nurse Kathmandu (SNK)	40yrs/Married	MN	Ward Incharge	21years
Junior Nurse Kathmandu (JNK)	22yrs/Unmarried	Bachelor of Science in Nursing	Staff Nurse	2yrs 3months

Table 2. Research questions and themes.

Research question	Themes
1. Frontline nurses' experiences of combatting COVID-19	<ol style="list-style-type: none"> 1. Impact or Role of Social Media on Nurses' Perception 2. Dilemma to Accept the Frontline Nurse 3. Support System of Family, Society and Organization 4. Work Stress and Challenges Faced by Nurses 5. The Obligation Motive of Frontline Nurse
2. Frontline nurse's acquisition of knowledge/skills during COVID-19	<ol style="list-style-type: none"> 1. Learning on Utilizing Leadership Modalities 2. Acquired Self-efficacy and Resilience 3. Personal and Professional Learning 4. Learning for Preparedness of Third Wave 5. Understanding Philosophy of Life

SNL and JNK had strongly stocked negative perception regarding disease consequences due to social media.

I just heard negative messages from news and social media. I did not enrol in job (stayed study leave just completed higher study) so, did not see the actual condition and consequences of the disease. (SNL). I did

not see the actual situation even I continually gave care in the hospital because my hospital did not admit COVID positive patients. (JNK). Remaining four participants were not negatively impacted of social media.

All of the frontline nurse had doubt to accept the given frontline nurse role due to fear of disease transmission

to self and family members. Three of nurse manager couldn't reject tough role because of their personal and professional ethics and responsibilities.

I had not dilemma to accept the role because my few family members had already become infected and fortunately all of them had not had any negative outcome regarding the disease. (JNB)

Two of junior frontline nurses also accepted the challenging role with help of the passion of nursing profession. And, interaction or knowledge shared with friends and seniors (who were involving in direct COVID positive patient care) about reality of havoc situation.

All of them had received full and strong support from family and organization but did not get societal support.

I never disclosed the fact about the reality of my job to society people. Gradually, they were notified about my job placement. I confronted humiliation from near relatives against my frontline role. (SNL). I completely stopped interaction and maintain social distance. Though, I confronted back biting from society (SNB). While my family members were infected and I was directly blamed by my relatives (SNK). I realized misbehaviour of my house owner means did not welcome in home (JNL). I did not face any kind of negative consequences from society, during the first wave of pandemic maximum families of my locality were infected and government sealed their homes (JNB). I didn't realize any negative behaviour from people. I did not give any hint about my working area to people and equally maintained physical distance with them (JNK)

All of the frontline nurse manager expressed stress and challenges regarding the infrastructure of the COVID specialized unit, logistic, physical resources, human resources, time management, changing managerial rules and regulations, strategies of patient care and unavailability of infection prevention protocol..

I faced unnecessary social conflict after unexpected negative consequences of the patients. (SNL). I hardly managed the fulfilment of the safety measure by replica of the PPEs means used the raincoat while providing patient care. (SNB). I felt that the primary challenge was how to protect myself from disease transmission because there had not developed the standard guideline related to the infection prevention. (SNK)

Three junior frontline nurse faced major challenges associated scarcity and physical discomfort with long term wearing of the PPEs.

I was not possible to change sanitary pads during the menstruation cycle, hectic and high workload. Other most important challenge was misbehaviour from colleagues who worked in non COVID unit of her organization. (JNL). I faced major challenge was the scarcity of the PPEs, hectic duty shifts and unavailability of the ICU set up in my hospital. So, I mostly stressed about the emergency management of critical patients till referral to another hospital (JNB).

All participants had strong motive to obligate frontline role due to their professional and personal ethics.

I already had experience of managerial work in my organization thus, I could not back out. (SNL). I was already involved in COVID management committee and personal and professional ethics with organizational and family support was highly motivate to me (SNB).

I obligated due to my nursing education and altruistic nature and wanted to be a role model to my junior colleagues (SNK). I obligated because of my professional ethics and passion (JNL). I fully obligated because of my professional ethics, altruistic and empathetic nature towards COVID-19 patients (JNB). I obliged due to I thought it was great opportunity to competent in nursing practice as I had minimal work experience in the nursing profession. (JNK).

When questioned about learning on utilizing leadership modalities, three nurse manager indicated various type of leadership techniques they applied.

I mostly used situational, democratic, participatory and servant leadership and rarely used the autocratic. And she learnt the importance of the moral leadership in crisis (SNL). I used autocratic leadership modality initially because most of the junior nurses rejected to take frontline role. Then, I used participatory and democratic leadership style to motivate my junior colleagues (SNB). I used participatory democratic and servant leadership modality and rarely applied an autocratic leadership and I learnt importance of team support (SNK)

Most of the participants realized that acquired self-efficacy and resilience due to their personal, professional ethics, altruistic nature and family organizational support.

My personal commitment, passion regarding nursing profession and learned medical humanities. Likewise, I normalized with decreasing numbers of the morbidity (SNK)

My optimistic thinking, compassion, passion and commitment developed self-efficacy. I became resilient with learning skills on infection prevention strategies and various diversional therapy (JNL). My self-efficacy and resilient was possible as I had already been infected and understood the reality of disease (JNB)

Managerial levels three participants learned managerial skills and three junior participants learned most of skills related to patient care.

I had enhancement in managerial and communication skills. Equally, I profited as I made confident and empowered to deal with such crisis situations in future (SNL). I acquired logistic management, team building skills, made her confident and capable in some critical and situational decision making aspects (SNB). I supplemented in basic patient care, became competent to operate the medico technical devices and understood the coping strategies in difficult and challenging crisis (JNL). I enhanced patient care skills and various standard strategies of the infection prevention and understood the importance of the psychological and emotional support for speedy recovery from disease (JNB). I acquired skills on patient care with machinery competency, infection prevention skills, and realized the importance of the emotional part for human being to quickly recover from trauma (JNK).

All the frontline nurses and their organization were fully empowered and well prepared to tackle the third wave of COVID-19. Some participants realized, the motivational factors were highly important to empower the employees for future.

My organization had provided partial incentives to actual frontline workers who engaged in COVID unit. That strategy was useful to motivate employees for future (SNB). My organization had given formal training to the employees and preparing the ICU set up for paediatric patients (JNB). I realized the importance of motivation to the human workforce. If I were to benefit from those motivational factors in future then I would prepare and empower for the future to tackle the third wave (JNK).

The participants realized that qualitative, humanistic and spirituality were essential philosophy of life.

I warned not to be materialistic and not judge people. But, should do things that make happy and causes no harm to others (SNL and SNK). I felt life is priceless and get life only once. So, qualitative living is essential means give others something in life period that might be better in our life (SNB). I experienced the individual health is

primary so need to be spiritual to satisfy oneself in life and importance of utilizing discipline to make better life and better serve people (JNL).

DISCUSSION

To my information, this may be the first study conducted in Nepal among frontline nurses to explore learning experiences combating COVID-19. A narrative inquiry usually is the study of an individual, collecting the information and constructing the meaning through participant's stories.⁷ However, it had involved multiple number of participants based on study demand. The discussions were made based on the research questions that set the themes based on guiding questionnaire and collected story of the study participants.

During interviewing, these were observably challenging for them to combat and learn during the second wave of COVID-19 pandemic. Narrative inquiry is a research methodology of qualitative research to understand people's cultures, emotions, feelings, experiences and many more.⁸ All participants had diverse experience and shared several narratives. They have their personal and professional ethics, maturity, and commitment for good consequences. Similarly, every individual having developed self-efficacy influenced by cognitive, motivation, selection process and affective factors. Likewise, personal resilience is possible due to adaptive capacities of the individual.

The Himalayan Times published that 4400 health workers were infected with COVID-19 and seven died while serving patients just within two months from September to November 2020.⁹ Nobody of study participants infected during patient care. WHO declared that all HCWs have mandate to get occupational safety and security and completely omit kind of violence related to patient care.¹⁰ Nepal did not develop that kind of policy during COVID-19.¹¹ Participants faced bitter experienced with society people. The common nurses had intention of the turnover from their job due to lack of support system.¹² Despite all participants had got fully support from family and organization but all had not realized strong support from society. Nepal had commenced a life insurance policy and approved to afford an incentive allowance to all HCWs.¹³ But, reality was that all study participants got few amount of monetary benefits like incentives.

While engaging in clinical setting of COVID-19. They became more competent in nursing skills as well as gained personal skills to cope in such stressful situations.¹⁴ In this study context, only few participants had a strong obligation to taking the responsibilities in initial phase

of COVID-19. But, after sometime all had able to develop strong obligation to take front line role. It was possible due to the nursing education that taught personal and professional ethics or their altruistic nature. They also benefitted acquiring various skills related to patient care practices, managerial and leadership roles as well as understanding philosophy of life.

Similarly, organizational preparedness to tackle the havoc COVID-19 that includes infrastructure and training regarding use of PPEs and many more.¹⁵ All of participants experienced lack of infrastructure of the COVID specialized unit. Similarly, lots of challenges like logistic, physical resources, human resources, time management, changing managerial rules and regulations, strategies of patient care and infection prevention were faced.

CONCLUSIONS

The self-efficacy and resilience are the heart of combating and getting opportunity to learn skills during COVID-19 by frontline nurses. Similarly, they were fully satisfied to get opportunity in acquiring novel skills in patient care, leadership and managerial skills accordingly. They were fully aware of their jobs or professional values even in such challenging situation. Similarly, they learned to cope and combat with devastating COVID-19. Now they feel satisfied and proud with their commitment even though they received minimal financial benefit that the government announced to provide to all frontline HCWs.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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