Nurse's Experience of Caring for Covid-19 Patients in Kendari City Hospital

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Abstract. The Coronavirus disease has caused fear and tension globally since the pandemic started. The increasing number of cases with high mortality is of course very stressful, especially for medical nurses who are at the forefront of dealing with cases of the world-scale Coronavirus pandemic. The purpose of this research is to investigate the meeting of medical nurses while focusing on Coronavirus patients at Kendari City Hospital. The type of research used is phenomenological research. This research was carried out at the Kendari City Hospital in August 2022 involving 6 participants who used a purposive sampling technique. The triangulation used is data and research triangulation. The results of the study found that the theme of the nurse's experience in the ups and downs category showed that the nurse's care that was expressed was when wearing personal protective equipment, unable to meet with family for a very long time while the joy was that with this pandemic nurses gained new knowledge and experience. Furthermore, the category that causes stress is the problem of using PPE (personal protective equipment) due to difficulty breathing, overheating and dehydration, in the category of how to reduce anxiety, namely nurses by praying a lot and chatting with other nurses, the category of how to adapt, namely by obeying SOPs to be protected from being infected with covid 19. Furthermore, the category of using PPE for nurses stated that they were less comfortable in using personal protective equipment, while in the category of expectations, nurses while caring for Covid-19 patients wanted the pandemic to end soon and the welfare of nurses to remain a priority as well as the hopes of other nurses so that all elements of the community still adhere to the appropriate health protocol. standard operating procedures (SOP). It was concluded that nurses gain new knowledge and experience. It is recommended to improve the quality of nurses when providing services during the Coronavirus pandemic, emphasizing the importance for nurses to receive clear and up-to-date information about best practices in nursing care, prevention, and control of Coronavirus infection.

INTRODUCTION

Corona Virus Disease 2019 (COVID-19) is a large family of viruses that can cause disease in animals or humans. In humans, several coronaviruses are known to cause respiratory infections ranging from the common cold to more severe illnesses[1].

COVID-19 is a disease caused by a coronavirus (Novel Corona Virus 19) which was first detected in the Chinese city of Wuhan. The target of the disease is the respiratory system so the sufferer suffers from shortness of breath and other manifestations. Based on Covid-19 data (Marwiati et al., 2021) as of the 8th year of 2022 globally, in 230 countries, there were 493,392,853 confirmed cases of Covid-19 with a total of 6,165,833 deaths, while in Indonesia several positive cases were 6,030,168 people with a death toll of 155,556 people[2].

The high number of pandemic cases in Indonesia was caused by several aspects, namely the lack of compliance with the health protocols set by the Government through the Indonesian minister of health, this has triggered an increase in Covid-19 cases which are getting higher, high the number of cases of 19 triggers an increasing need for health workers, this is accompanied by the large number of nurses working to treat patients who are suspected cases of Covid-19 in Indonesia[2].

Nurses cannot be like society in general, who can protect themselves at home. Medical workers need to risk their lives while focusing on Coronavirus patients, where the risk of transmission is very high. In addition, they also have to live apart from friends and family for a long time to avoid wider transmission of infection. Not a few nurses eventually had to die from being infected with the Coronavirus. Thus the readiness of nurses needs to be considered with the higher level of risk faced in handling Covid-19 cases[3].

The increased stress experienced by nurses in treating Covid-19 patients raises a feeling of dissatisfaction with the work they produce. In the end, it will make the work productivity of nurses not optimal. The worst impact is the decline in the quality of nursing care for patients in the hospital. In the end, it will lead to patient safety (Musta'in, 2021).

Nurses carry out care for Covid-19 patients based on SOP according to applicable regulations. Thus based on self-quarantine guidelines for Covid-19 patients with mild symptoms, those who carry out care at home, according to WHO and the Indonesian Ministry of Health are to place the patient in a separate room. Make sure the room has good ventilation, limit movement, or at least share in the same room. Make sure the shared room has good ventilation, people who care for or make contact with patients, must wash their hands every time they make contact with patients or objects used by patients. Avoid making contact with the patient's body fluids, especially fluids that come out of the mouth, nose, and feces. Use gloves and masks if you are going to make contact. Masks and gloves should only be used once and thrown away immediately. Even though the mask has only been used for a few minutes and it still looks new (WHO, 2020). Huang's examination results revealed that most health workers detailed the side effects of half of the gloom, out of 1257 health workers experienced anxiety 45%, sleep disturbances 34% and mental tension

71.5%, in Indonesia, nearly 80 medical nurses have been linked to the treatment of Coronavirus cases - 19% of 524 officers with a high level of risk. This takes into account the expansion of attendant presentations and the pressures experienced by medical nurses in caring for Coronavirus patients (Huang et al 2020). The purpose of this study was to explore the experiences of nurses while caring for Covid-19 patients at the Kendari City Hospital

METHODS

This study uses a type of phenomenological research. This research was carried out at the Kendari City Hospital in July 2022 involving 6 participants as a nurse who has treated Coronavirus patients using a purposive sampling technique who met the inclusion and exclusion criteria. The triangulation was used as data and research triangulation. This study used in-depth interview measuring tools conducted for 30-50 minutes by medical staff according to information obtained from officers who treat Coronavirus patients. The tools and materials used in the research were writing instruments, voice recorders, and cell phones as tools for documentation. The type of data used is primary data and secondary data. To test the validity of information, this study uses triangulation so that further information is substantial information for research where one type of checking information from different sources in different ways and at different times with the aim that there are several types of research triangulation.

The list of questions is as follows:
1. What are your ups and downs in treating Covid-19 patients?
2. What things do I do that make you feel stressed in caring for Covid-19 patients?
3. How do you overcome and reduce anxiety in caring for Covid-19 patients?
4. How did you adapt to the Covid-19 situation?
5. Are you comfortable with using level 3 PPE in treating Covid-19 patients?
6. What are the hopes of nurses after the Covid-19 pandemic is over?

Ethics

The authors received approval for this protocol from the Department of Nursing, Sekolah Tinggi Ilmu Kesehatan (STIKES) Karya Kesehatan Kendari, registered number 070/2589/VII/2022 On 2022, on July 19th. Before the interview, all participants were required to sign a written online consent form. In this study, the nurses' personal information was kept confidential. To maintain confidentiality, we used an initial name (for example, Ny. ZK) to refer to the participants in the results section.

RESULTS AND DISCUSSION
A. Characteristics of Participants

Table 1   **Characteristics of Participants**

Participants	Name	Age (y.o)	Gender	Length of work (y.o)	Education
1	Tn. ZK	27	Male	1 ,2	DIII
2	Tn. SR	39	Male	2	DIII
3	Ny. MR	28	Female	1, 2	S1 NERS
4	Tn.LMB	29	Male	2	S1 NERS
5	Ny. SN	31	Female	2	DIII
6	Ny. NN	30	Female	2	DIII
Participants Triangulasi					
1	Ny HI	26	Female	1,5	S1 NERS
2	Tn ,KS	39	Male	2	S1 NERS

Table 1 shows that the implementation of the research with 6

participants did not experience any problems in the meeting between the researcher and the participants because the participants worked at the Kendari City Hospital. The age of the participants in this study was between 27-39 years, then the sex of the participants included 3 men and 3 women, 4 people had worked for 2 years and 2 people worked for 1.2 years while for S1 Nurse education there were 2 people, DIII There were 4 participants while the triangulation participants consisted of 1 woman and 1 other man, each with a nurse professional education.

B. Interpretation of Research Results

The experience of nurses while caring for Covid-19 patients at the Kendari City Hospital is divided into 1 theme, namely experience through 6 categories, namely ups and downs, causes of stress, how to reduce anxiety, how to adapt, the comfort of using PPE and the expectations of nurses. the ups and downs category is identified with the keywords being angry with anger, serving patients, not meeting family, helping people, gathering with family, patients dying, sad, putting on PPE, isolating, and getting incentives to get new knowledge explained as follows:

"*Kalau suka dukanya yah itu banyak tapi yang intinya saja,duka nya itu, suka dimarahi-marahi dan dituduhdi positif kan pasien ini demi untuk mendapatkan jasa yang tinggi dan untuk suka nya bisa melayani pasien di Garda terdepan* (P1) -- *"As for the ups and downs, there are many, but the bottom line is, the grief is, it likes to be scolded and accused of being positive, isn't this patient for the sake of getting high service and for the joy of being able to serve patients at the forefront (P1)*

"*Ehhh kalau sukanya itu dapat membantu*

orang yang butuh perawatan dan dukanya itu pak, pasien yang kita rawat membuat kita tidak bisa bertemu dengan keluarga dalam waktu yang sangat lama (P2)-- "*Ehh, if it's a joy to be able to help people who need care and grief, sir, the patients we care for keep us from being able to meet their families for a very long time (P2)*

The categories that cause stress are identified with the keywords meeting family, examination, handling Covid for a long time, fear of being infected, not being able to meet family, being away from family, using PPE, worrying and overheating, blaming officers, explained as follows:

Kalau untuk tingkat stres itu tidak terlalu stres karena pasien Covid-19 ini hampir sama dengan pasien yang sering kami hadapi cuman bedanya pasien Covid-19 ini mengalami gangguan pernapasan yang parah eehhh untuk tingkat stresnya itu hanya karena pemakaian APD saja (P3) -- As for the stress level, it's not too stressful because the Covid-19 patient is almost the same as the patient we often deal with, only the difference is that the Covid-19 patient has severe respiratory problems, uhh, the stress level is only due to using PPE (P3)

Kalau untuk stress nya, merawat pasien Covid-19 beda dengan pasien lain, pasien Covid harus pemakaian APD lengkap dan harus benar (P4) -- As for stress, treating Covid-19 patients is different from other patients, Covid patients must use complete PPE and must be correct (P4)
Yahhh yang buat stres itu yang utama karna penggunaan APD pak yang lama, apa lagi kita tau penggunaan APD itu buat kepanasan pak, dan agak susah beraktifitas pak (P5) -- Well, the main thing that causes stress is the long use of PPE, what's more, we know that

using PPE makes you overheat, sir, and it's rather difficult to do activities, sir (P5)

The category of how to reduce anxiety is synonymous with the keywords exercise, sunbathing, singing, running, playing badminton, praying, watching, worrying, fear of infection, chatting, focusing on work, interacting, praying and exercising, explained as follows:

Berpikir positif,lebih banyak beristigfar dan kita akan melewati masa ini,lebih sering berinteraksi,lebih sering update ilmu (PT1) -- Think positively, pray more and we will get through this period, interact more often, update knowledge more often (PT1)

Banyak Berdoa dan melakukan olahraga seperti jogging (PT2) -- Pray a lot and do sports like jogging (PT2)

The adaptation method category is synonymous with the keywords maintaining physical and mental health, praying a lot, having a strong mentality, using PPE, fearing infection, complying with SOP, not panicking, and maintaining health and mental health, explained as follows:

Dengan mematuhi SOP protokol kesehatan agar terjaga dari terinfeksi Covid-19 (P5) -- By adhering to health protocol SOPs to be protected from being infected with Covid-19 (P5)

Dengan mematuhi SOP/ Standar operasional prosedur protokol kesehatan (P6) -- By adhering to SOP / Standard operating procedures for health protocols (P6)

The comfort category of using PPE is synonymous with the keywords less comfortable and uncomfortable, explained as follows:

Oh tentunya tidak nyaman yah karena itu kan level 3 itu berlapis-lapis pertama itu pakai maskernya ber double - double baru itu

sekitar 3 jam kita memakai pakai baju APD dan lagi pada saat pemakaian APD itu kayak gerak kami itu nda bebas dan susah untuk melakukan sesuatu seperti buang air kecil itu sangat susah dan lagi baju APD itu sangat panasdan biasa kami merasa dehidrasi setelah pemakaian baju APD ini yang berlevel 3 (P1) -- Oh, of course it's not comfortable, because it's level 3, it's layered. First, we use the mask double - it's only about 3 hours that we wear PPE clothes and again when using PPE, it's like our movements are not free and it's hard to do something like urinating it's very difficult and again the PPE clothes are very hot and usually we feel dehydrated after wearing this PPE suit which is level 3 (P1)

Kurang nyaman karena kalau dalam waktu yang lama di pakai, kami merasa panas dan pemakaian APD yang berkali – kali hal ini yang membuat kami merasa kurang nyaman (P2) -- Not comfortable because if we use it for a long time, we feel hot and using PPE many times this makes us feel uncomfortable (P2)

The nurse hope category is synonymous with the keywords the pandemic will end soon, strong, healthy, normal conditions, moral support, nurse welfare, complying with health protocols, attention, explained as follows:

Harapan saya semoga pandemi berakhir mi lagi dan untuk masyarakat tetap mematuhi protokol kesehatan agar kitasaling menjaga 1 sama lainya. (P3) -- My hope is that the pandemic will end again and for the community to continue to comply with health protocols so that we take care of one another. (P3)

Harapan saya semoga pandemi berakhir, dan kami perawat menghimbau kepada masyarakat agar tetap mematuhi protokol kesehatan (P4) -- I hope that the pandemic will end, and we, nurses, appeal to the

public to continue to comply with health protocols (P4).

C. Discussion

The experience of nurses while caring for Covid-19 patients at the Kendari City Hospital resulted in 6 categories namely ups and downs, causes of stress, ways to reduce anxiety, ways to adapt, comfort in using PPE, and nurses' expectations that almost all of them, namely 6 nurses who fall into the high category, are from the category nurses' expectations where nurses stated that they hoped that the pandemic would end soon because nurses felt uncomfortable and even uncomfortable when using personal protective equipment because it felt hot when used for 3 hours, limited in movement and dehydration. Participants also stated that they recommended continuing to follow the health protocol and wanted to pay attention to their welfare so they could work more enthusiastically. Supported by the same statement by the triangulation participants that the welfare of nurses needs to be a major concern because nurses are the frontline in the recovery care process for Covid-19 patients, in the comfort category of nurses who disturb the comfort of nurses in caring for Covid-19 patients is a problem of use. PPE that takes too long makes it difficult for nurses to urinate and is in the ups and downs category of nurses, which is not in line with the previous participant's statement with the triangulation participant which stated that there had been no previous training related to handling Covid-19 so that the average nurse was isolated due to exposure to Covid-19 19 of the patients.

So that nurses for Covid-19 patients gain experience while carrying out care based on the results that nurses experience sadness when Covid-19 patients die researchers argue that loss can cause feelings of sadness or grief. This is in line with the research by Galehdar et al. (2020); Karimi et al. (2020) which states that the death of patients, especially those of a young age, is a painful experience, as well as strict funeral protocols that limit the patient's family from carrying out a legal farewell and burial procession.

As with previous research, the experience of medical staff in caring for coronavirus patients physically, most nurses feel uncomfortable when using PPE, the physical, psychological, social, and spiritual responses experienced by Covid-19 nurses are in the form of difficulty sleeping, frequent headaches, and appetite. decrease, heart palpitations, response, anxiety, worry about being infected with Covid-19, limiting interactions with family and the surrounding environment, and being more grateful for their health 4.

Other research also shows that the experience of medical staff in caring for Covid-19 patients, namely anxiety, loyalty, feelings, and efforts to prevent the risk of infection where nurses while caring for suspected Covid-19 are still filled with anxiety if they are infected and transmit Covid-19 to others. The anxiety experienced by nurses is caused by the increasing number of cases of Covid-19 infection and so far no Covid-19 drug or vaccine has been found (Dwi & Santoso, 2021). The pandemic conditions set by WHO make the conditions and situations that exist in health services make everyone experience excessive anxiety and the ability to manage the stress that can arise

so that nurses can deal with stressor problems within themselves.

As with previous studies, it was found that the experience of nurses in providing care for Covid-19 patients was the first experience that emerged, causing anxiety from both patients and nurses. The theory explains that experience is a way that is obtained by learning through activities or things that are done directly by the individual[5].

An extraordinary experience while caring for Covid-19 patients, namely nurses feel happy when patients who have tested positive for Covid-19 can recover. According to the assumption of researchers, the feeling of happiness experienced by nurses is gratitude because they have succeeded in providing support, enthusiasm, and service to Covid patients - 19 during treatment. This is in line with the research conducted by (Yona & Nursasi 2008) regarding the care of infectious patients where it is a great experience while treating patients, nurses feel happy when patients who have tested positive for Avian Influenza can recover.

Caring for Covid-19 patients for nurses is a stressor that can cause stress and anxiety for nurses, so if a nurse experiences a stressor from what you see, it will cause the brain to release the hormone cortisol. An increase in the hormone cortisol causes effects on various organs of the body and causes psychosomatic reactions in the form of heart palpitations, rapid breathing, headaches or dizziness, and increased urination 6.

The increase in stress experienced by some nurses in carrying out their duties as nurses caring for Covid-19 patients is inseparable from the use of personal protective equipment (PPE) which must be carried out during a pandemic, an explanation of the physical changes that occur that are felt by nurses since treating patients with Covid-19 is as a result of using complete personal protective equipment (PPE). The physical changes found in this study were in the form of physical complaints and physical limitations. Physical changes in the form of perceived physical complaints, namely fatigue, and discomfort. While physical changes are in the form of physical limitations, namely limited field of view and limitations in moving (Sukiman, Waluyo, and Irawati, 2021). This was also explained by Lee (2018) in his research entitled "Psychological impact of the 2015 MERS outbreak on hospital workers and quarantined hemodialysis patients" which states that during a pandemic, frontline healthcare providers experience fear, anxiety, and frustration.

Nurses in charge of treating Coronavirus patients hope that the pandemic will end soon. Participants said they hoped the pandemic would pass quickly and Covid-19 patients recover quickly. This is in line with research conducted by Sukiman et al. (2021) which revealed that nurses hope that the pandemic will end soon and patients will recover soon so they can be reunited with their families.

The expectations for the welfare of nurses while treating Covid-19 patients were expressed by the nurses during the interview. The welfare in question is welfare that is financial in nature, such as additional food, then sufficient extra holidays, adequate rest, lodging facilities, vitamins, and moral support. This is in line with research conducted by Sun et al (2020) which states that hospitals must have a reward and welfare system to support and motivate nurses.

The nurse's hope for the community is to implement health protocols while maintaining health to avoid Covid-19. Based on the results of research through interviews, shows that nurses' expectations for the community are to carry out the rules that have been made by the government, namely maintaining distance when interacting with other people, reducing mobility, staying away from crowds, washing hands with running water or using hand sanitizers and wearing masks when leaving the house. According to the researcher's assumption, nurses hope that everyone is aware that implementing health protocols can reduce cases of the spread of Covid-19, which is increasing day by day.

The opinion of the researchers regarding the results of this study was that some participants experienced stress due to the anxiety they felt because of the fear of contracting it which would cause death.

CONCLUSIONS AND SUGGESTIONS

Based on the results of the study, it can be concluded that the experience of nurses in the grief category showed that the nurses expressed grief when wearing personal protective equipment, not being able to meet with family for a very long time while the joy was that with this pandemic nurses gained new knowledge and experience It is recommended to improve the quality of nurses when providing services during the Covid-19 pandemic, emphasizing the importance for nurses to receive clear and up-to-date information about best practice nursing care, prevention and control of Covid-19 infection.

REFERENCES

1. Nursofwa RF, Sukur MH, Kurniadi BK, . H. Penanganan Pelayanan Kesehatan Di Masa Pandemi Covid-19 Dalam Perspektif Hukum Kesehatan. Inicio Legis. 2020;1(1):1–17. https://doi.org/10.21107/il.v1i1.8822
2. Marwiati M, Komsiyah K, Indarti D. Pengalaman Perawat Igd Dalam Merawat Pasien Covid 19 : Studi Kualitatif Di Igd Rumah Sakit Di Semarang. J Penelit dan Pengabdi Kpd Masy UNSIQ. 2021;8(2):163–7.
3. Roulita, Trisyan Y, Emaliyawat E. Pengalaman Perawat Dalam Penanganan Pasien Covid-19. 2021;3(2).
4. Nurhidayatun, Aziz A. Pengalaman Perawat dalam Merawat Pasien PDP/ODP COVID 19. J Kesehat [Internet]. 2021;12(2):210–6. Available from: http://diklitrsfatmawati.com/jurnal/blogadmin/images/46835000_1610075215.pdf
5. Notoatmodjo S. Promosi Kesehatan dan Ilmu Perilaku. Jakarta: Rineka Cipta; 2016.
6. Guyton, A.C., dan Hall JE. Buku Ajar Fisiologi Kedokteran. In: Edisi 11.Jakarta : Elseiver; 2019. p. EGC.
7. Dwi, M., & Santoso, Y. Studi Fenomenologi Pengalaman Perawat Dalam Merawat Pasien Suspect Covid-19. 2021. *Jurnal Ilmu Keperawatan Medikal Bedah*, *4*(1), 54–68. https://doi.org/10.32584/jikmb.v4i1.617
8. Elviani, R., Anwar, C., & Sitorus, R. J. Gambaran Usia Pada Kejadian Covid-19. 2021. *Jambi Medical Jurnal*, *9*(2), 204–209.
9. Kurniawan, Khoirunnisa, Nur Afifah, A., Yuliani, L., Try Andini, A., Subekti, L., & Rahmah Mulyahati, U. Gambaran Manajemen Stres Perawat pada Masa Pandemi Covid-19: Narrative Review. 2021. *Jurnal*

Keperawatan Jiwa (JKJ): Persatuan Perawat Nasional Indonesia, *9*(3), 665–674.

10. Levani, Prastya, & Mawaddatunnadila. Coronavirus Disease 2019 (COVID-19): Patogenesis, Manifestasi Klinis dan Pilihan Terapi. 2021. *Jurnal Kedokteran Dan Kesehatan*, *17*(1), 44–57.

11. Li, Q., Guan, X., Wu, P., Wang, X., Zhou, L., Tong, Y., Ren, R., Leung, K. S. M., Lau, E. H. Y., Wong, J. Y., Xing, X., Xiang, N., Wu, Y., Li, C., Chen, Q., Li, D., Liu, T., Zhao, J., Liu, M., … Feng, Z. Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus–Infected Pneumonia. 2020. *New England Journal of Medicine*, *382*(13), 1199–1207. https://doi.org/10.1056/nejmoa2001316

12. Li, Y., Liu, S., Zhang, S., Ju, Q., Zhang, S., Yang, Y., & Wang, H. Current treatment approaches for COVID-19 and the clinical value of transfusion-related technologies. 2020. *Transfusion and Apheresis Science*, *59*(5), 102839. https://doi.org/10.1016/j.transci.2020.102839

13. Pashar, I., Ismail, S., Edward, I., & Sarinti, S. Tantangan Etik Pada Perawat Dalam Penanganan Pasien Di Masa Pandemik Covid-19: Scoping Review. 2020. *Jurnal Perawat Indonesia*, *4*(3), 469. https://doi.org/10.32584/jpi.v4i3.732

14. Rothan, H. A., & Byrareddy, S. N. The epidemiology and pathogenesis of coronavirus disease (COVID-19) outbreak. 2020. *Journal of Autoimmunity*, *109* (February), 102433. https://doi.org/10.1016/j.jaut.2020.102433

15. Sari, M. T., Putri, M. E., & Daryanto, D. Study Fenomenologi Pengalaman Perawat Dalam Memberikan Asuhan Keperawatan Pada Pasien Covid-19. 2021. *Jurnal Ilmiah Universitas Batanghari Jambi*, *21*(3), 1176. https://doi.org/10.33087/jiubj.v21i3.1725

16. Syam, A. F., Zulfa, F. R., & Karuniawati, A. Manifestasi Klinis dan Diagnosis Covid-19. 2021. In *eJournal Kedokteran Indonesia* (Vol. 8, Issue 3). https://doi.org/10.23886/ejki.8.12230.

17. Utama, T. A., & Dianty, F. E. 2020. *Pengalaman Perawat Dalam Memberikan Asuhan Keperawatan Pada Pasien Terinfeksi Covid - 19*. *1*(2), 13–19.

18. Yuliana, Y. Corona virus diseases (Covid-19): Sebuah tinjauan literatur. 2020. *Wellness And Healthy Magazine*, *2*(1), 187–192. https://doi.org/10.30604/well.95212020