

ORIGINAL RESEARCH

Working on a designated COVID-19 unit: Exploring nurse perceptions and experiences

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ABSTRACT

Objective: The COVID-19 global pandemic has had a distressing effect on clinical nursing units, creating unique challenges for the nursing profession. These unprecedented challenges included constant fear of the unknown, major disruptions to daily routines, the need to adapt to the realities of new safety protocols, the need for continuous donning and doffing of PPE, and an alarming increase in patient acuity and death. Rapid increases in COVID-19 hospital admissions prompted hospital administrators to designate specific medical-surgical nursing units as covid units. As a result, nurses faced the real possibility of bringing the virus home to their loved ones and possibly contracting a deadly disease. To understand the impact of COVID-19, a study was conducted to assess nurses' perceptions, morale, emotions, current knowledge and susceptibility to developing compassion fatigue.

Methods: Content analysis was used to identify registered nurses' perceptions and experiences while providing nursing care during the COVID-19 pandemic. Additionally, data was collected to assess participants' emotional and physical well-being, knowledge and susceptibility to developing compassion fatigue.

Results: Nurses' qualitative responses were categorized into seven themes. Additionally, compassion fatigue knowledge and susceptibility responses were analyzed.

Conclusions: Associated feedback, including narrations, provided a framework to assist nurses with accessing resources to manage stressors, combat compassion fatigue symptoms, promote resiliency, and increase communication skills.

Key Words: COVID-19, Compassion fatigue, Nurse burnout, Nurses' perceptions, Global pandemic, Nurses' morale

1. INTRODUCTION

Nurses' working with COVID-19 patients must contend with not only the normal stress and challenges of work, but also with the feelings for covid patients.

The COVID-19 global pandemic has had an unsettling effect on clinical nursing units, creating new obstacles and challenges for the profession. These challenges, which included fear of the unknown, disruptions to daily routines, maintaining social distancing, continuously donning and doffing PPE, and an increase in patient acuity and death, have never

manifested to this degree before.

As a result, registered nurses were directly faced with the possibility of becoming ill, bringing the virus home to significant others, and facing fears of their own mortality. However, despite these atypical challenges, nurses were expected to adapt, provide quality-based care, and meet daily challenges with dignity and compassion. Nurses have historically met these types of clinical challenges on an intermittent basis, which is less chaotic than facing them on an ongoing basis. As a result, the effects of prolonged clinical challenges on

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nurses' emotional and physical well-being explored in this study were conducted on three newly designated COVID-19 nursing units in a Middle Atlantic state, USA. Additionally, compassion fatigue knowledge and susceptibility responses were assessed.

Compassion fatigue has been defined as diminished satisfaction that comes from attempting to do one's job well, or as job-related distress that outweighs job satisfaction. Sometimes, merely being exposed to another's traumatic experience leaves a nurse feeling emotionally distraught.^[1] Known as secondary traumatic stress, this is a part of compassion fatigue. As one's sense of job satisfaction decreases, compassion fatigue (feelings of burnout) may ensue.^[2] As a direct reaction to a stressful work environment, compassion fatigue can stem from experiences such as short-staffing, long work hours, workplace incivility, and feeling non-valued. Conceptually, "burnout and compassion fatigue are similar in that both require applicable coping mechanisms and strategies for managing stress".^[3]

Typically, the "first symptoms of compassion fatigue are emotional".^[4] For example, nurses may feel extremely challenged or bored with work, or detached and distant from patients and colleagues. They may become irritable and short-tempered. Over time, the nurse may feel guilt or other negative feelings about his or her patient care delivery. For example, a nurse who rushes out of the room of a covid patient who is clearly lonely or frightened may feel a diminished sense of pride in being a nurse.

Nurses with compassion fatigue frequently talk about restless sleep patterns as they worry about what they might have forgotten to do at work, or they constantly replay work-related events in their minds.^[4] As a result of poor sleep, nurses may be forgetful at work, in school, or at home. As compassion fatigue progresses, physical symptoms typically arise. Most nurses describe feeling physically and mentally exhausted, and many report headaches or backaches.^[4]

What is the relationship between compassion fatigue and compassionate caregiving? Compassion fatigue may also be referred to as empathy fatigue, as it involves experiencing and or displaying a decrease in compassion over time. An analogy "based on countertransference is associated with putting yourself in the shoes of someone who has experienced trauma or negativity, physical and/or emotional".^[4] Based on this contextual analogy, there is a direct relationship between being non-compassionate and compassion fatigue.

"Compassion fatigue symptoms may become exacerbated when thinking of work or going to work".^[4] Points to consider:

- All individuals are prone to stress and each person handles stress uniquely.
- Compassion fatigue is non-discriminatory; in other words, it can occur in new nurses as well as in veteran nurses.
- An individual's supply of empathy is not infinite; even the most empathetic and emotionally competent individual may be vulnerable.
- Disengagement, isolation, and sheer feelings of sadness can persist and lead to more complex issues for the nurse.
- Quitting or transferring to another unit is usually not a quick fix.

Specialty areas in nursing especially vulnerable to developing compassion fatigue include those working in the emergency room, critical care, trauma, mental and behavioral health.^[1] Each of these emotionally charged clinical areas require nurses to interact and listen to lived experiences of patients including fear, suffering, pain and a myriad of life changing events.

The purpose of this study was to assess nurses' perceptions, experiences, knowledge and susceptibility to developing compassion fatigue. Nurses' working with COVID-19 patients must contend with not only the normal stress and challenges of work, but also with the feelings for those suffering with covid.

2. METHODS

A qualitative study utilizing a convenience sample was conducted to explore nurses' perceptions of providing nursing care during the COVID-19 pandemic. The researcher created an anonymous survey with open-ended questions to gather individual clinical nurses' feedback. The survey was non-validated/non-reliable, hence the need for pilot testing. Survey questions were pilot tested on a small group of registered nurses prior to survey administration. Pilot testing enabled the researcher to reword questions as applicable to provide clarity. Additionally, a series of yes or no questions derived from a compassion fatigue assessment tool were administered.^[2] The study incorporated compassion fatigue (CF) questions since CF is a condition that occurs when nurses are overwhelmed by stressors originating from the clinical setting or related aspects of the professional role.^[2]

The study location was a community hospital located in the North-East part of the United States. The hospital had three designated covid units, each unit was used for nurse recruitment. Combined, a total of 62 nurses were eligible for study participation. A total of 51 nurses participated in the study. At the time of the study, the average amount of time nurses worked on the respective covid unit was seven months. The study was conducted in January 2021. Nursing units were

designated as covid units by hospital administration due to the influx of patients testing positive for covid. These newly designated covid units required registered nurses and other healthcare workers to adapt to a change in patient population. The first covid unit, with 16 beds, was previously an Observation unit. The second covid unit, with 20 beds, was previously a Neurological unit, and the third covid unit, with 38 beds, was previously a Medical-Surgical unit. None of these covid units were critical care units.

After receiving IRB approval from the clinical site, registered nurses working on three designated COVID-19 clinical units were invited to participate in the study. The study invitation was posted on respective unit-based bulletin boards with the description, rationale, purpose, anonymous nature, and researcher's contact information. The invitation noted that participation was voluntary, confidential, and aggregate results would be shared after study completion. If interested, nurses were asked to select and attend one of the designated fifteen-minute survey sessions. Designated sessions were held before and after each shift and at intervals through each shift, as designated by nursing leadership.

The survey contained five demographic questions, ten open-ended questions eliciting a description of their experiences while working on a designated covid unit, and six yes or no questions related to symptoms associated with compassion fatigue. Examples of compassion fatigue questions included: "I feel overwhelmed because my work seems endless", "I am not as productive at work since I lose sleep thinking about my patients and work", and "My work makes me feel satisfied". The average amount of time for survey completion was 15 minutes.

Descriptive statistics were used to calculate both the demographics and the yes or no responses. Responses to the open-ended questions were sorted by theme and analyzed using content analysis. Content analysis was selected since it prudently attempted to interpret the participants' responses of work-related experiences on designated covid units. Content analysis was consistent for each question.

The Guba and Lincoln criteria were used for measuring the accuracy and reliability of the study.^[5] Guba and Lincoln posit trustworthiness of a research study is vital to evaluating its worth. "Trustworthiness involves establishing: credibility, transferability, dependability and confirmability".^[5]

The researcher analyzed the data, both independently and in comparison, with each identified theme. The results and summary of narrative data were given back to each participant for reconfirmation, which revealed that the researcher had accurately reflected the participants' intended viewpoints.

3. RESULTS

Of 62 potential participants, 51 completed the survey, an 82% response rate. Ninety-six percent were female, four percent were male. Fifty percent of participants were between the ages of 27-40 years, with the remaining participants equally divided between age groups 21-26 years and 48-66 years. (see Table 1). Years of clinical nursing experience covered a wide range: less than one year, one to three years, 5 to 8 years, and 9 to 15 years. (see Table 2).

All but three nurses were full-time employees. The other three nurses worked at least 2 shifts per week.

Table 1. Demographics

Age	
n = 13	21-26 (25%)
n = 25	27-40 (50%)
n = 13	48-66 (25%)

Table 2. Demographics

Years' nursing experience	
n = 18	9-15 years (35%)
n = 15	1-3 years (30%)
n = 12	5-8 years (23%)
n = 6	< one year (12%)

3.1 Identified Themes

The survey sought responses regarding registered nurses' feelings, perception and reflective experiences while working for at least seven months on a designated covid unit.

Seven themes emerged from the data: 1) Feeling overwhelmed, 2) Outside their comfort zone, 3) Emotional fatigue, 4) Physical fatigue, 5) Ambivalence, 6) Compassion depleted and 7) Feeling undervalued. Each theme contains exemplars from the survey data.

Theme 1: Feeling overwhelmed

One hundred percent of respondents expressed feeling overwhelmed and extremely stressed at work. Ninety two percent of respondents displayed a significantly higher degree of concern for being able to focus and deliver safe care. Seventy-five percent of respondents reported that due to increased numbers of COVID-19 cases, they had worked at least one additional eight-hour shift per week, over a three-month period.

Twenty-five percent of respondents reported working at least one twelve-hour shift extra per week over a three-month period. All respondents indicated that their work situation was chaotic, and every shift brought unique challenges, both clinically and with time management. Eighty percent of re-

spondents voluntarily shared in the comments section of the survey that the amount of time needed to don and doff PPE was a major factor in not being able to efficiently manage time and workflow with their patient assignments. Other reflections were related to “feeling robotic” and not being able to fully develop a therapeutic rapport with patients. Collectively, all of these variables contributed to feeling overwhelmed and inefficient at the same time.

Comments from the data consistently noted the connections between feeling overwhelmed and being fearful. Participants mentioned feeling unsure of how to care for rapidly deteriorating patients, both physically and emotionally. Rapidly deteriorating patients mainly encompassed those needing additional oxygen on an emergency basis. Additionally, participants consistently expressed feelings associated with being overwhelmed by “fear of the unknown,” primarily related to virus transmission. As a result, nurses expressed concern over cross-contamination, both in caring for other patients and for themselves, and “taking the virus home.” Ninety-five percent of participants stated they were fearful of “catching covid” and the possibility of debilitating outcomes or even death. Five participants voiced their appreciation for being able to “formally” express feelings related to being overwhelmed and fearing the unknown.

Theme 2: Outside their comfort zone

Seventy-five percent of respondents reported feeling out of their comfort zone. Also, one hundred percent of respondents had previously worked on units that typically had only one to three isolation patients at any given time. This same group of respondents alluded to feeling comfortable on their units pre-covid. The vast majority, ninety-two percent had previously stated they would not accept a position on a covid floor, felt uncomfortable, and at times angry, for having their respective units reconfigured and designated as covid units.

Comments from the data noted the connections between feeling outside their comfort zone in relationship to an ever-changing environment. Participants mentioned how distressing it was to feel they were not entirely in control of their patients or their environment. Nurses consistently expressed feeling “out of control” of the clinical competencies related to many patients’ clinical status declining very quickly. One respondent stated, “it is so scary because your patient can be awake and talking to you one minute, and literally gasping for air the next minute.” Another respondent stated, “I have never before had to call so many patient codes in my 14-year career as a nurse.”

Theme 3: Emotional fatigue

One hundred percent of respondents expressed feeling emotionally fatigued. The respondents reflected on wanting to be

as compassionate as possible but feeling “drained emotionally.” Additionally, respondents described feeling worried and sad and “somewhat hollow” when thinking about so many emotions experienced during the pandemic. Examples of emotions included: sadness, fear, anger, worry and trepidation. Furthermore, a single mention was related to feeling excited about further exploring emotions and becoming more aware of emotions on a consistent basis. Another single respondent expressed wanting “to get emotions under control” to be more productive and therapeutic.

Comments from the data noted the connections between feeling emotionally fatigued, productive, and therapeutic. Nurses consistently expressed feeling emotionally stressed and emotionally fatigued. One respondent stated, “it feels like your brain is tired, hard to express but kind of a numb feeling inside, very emotional daily.” Another respondent stated, “it is difficult to get your emotions under control, so much sadness, so much grief, all within a caring profession.” Several other participants alluded to being too emotionally tired to share happy moments after leaving the work setting. Additionally, fifty percent of participants alluded to feeling “guilty” for not having the emotional stamina to share with peers or patients on a consistent basis.

Theme 4: Physical fatigue

One hundred percent of respondents expressed feeling physically fatigued. The respondents reflected on the increased physical demands in relationship to working extra shifts and working short staffed. A single respondent described feeling like she was on a roller coaster that would not stop. This respondent went on to say that the “roller coaster” response elicited greater physical fatigue as the pandemic ensued.

Forty-nine percent of respondents reflected on not being able to “restore” physical stamina on a regular basis. Physical stamina was referred to as “feeling energized” and fully able to perform work and home responsibilities without limitations.

Comments from the data noted the connection between feeling more physically fatigued and less compassionate and therapeutic. One respondent stated, “even after getting 6 to 8 hours of sleep, I wake up exhausted and have to drag myself out of bed to begin a new day.” Another respondent stated, “fatigue is ongoing at work, often you don’t have time to take an uninterrupted meal break, if you get a meal break at all.”

Theme 5: Ambivalence

Sixty percent of respondents admitted to questioning whether they should change careers. These respondents raised concerns about being able to maintain job responsibilities if the pandemic continues for an extended time. The vast major-

ity expressed “guilt” over thinking about making a career change since nursing had been their “only” career choice pre-pandemic. Two respondents stated that they had already applied for positions they had previously held prior to becoming a registered nurse.

Comments from the data noted ambivalence about remaining in the nursing profession. Nurses consistently expressed thoughts about whether they wanted to stay working in the nursing profession. One respondent stated, “I am a novice nurse, in the profession for less a one year, seriously thinking about changing careers.” Another respondent stated, “I love nursing and couldn’t think of anything else I would want to do in life. . . until the pandemic hit.”

Theme 6: Compassion depleted

Seventy five percent of respondents admitted to feeling less compassionate as work hours and patient assignment numbers increased. The vast majority reflected upon the focus on physical skills which superseded the integration of less physical skills, such as compassion skills. Two respondents stated that PPE added an extra “physical barrier” but seemed to “take away” non-physical attributes of caregiving. It needs to be noted that respondents reported they were donning and doffing PPE, at a minimum, 50 times per shift, based upon a six-patient assignment and an eight-hour shift. Overwhelmingly, respondents noted that wearing PPE made them feel “more robotic” and less “humanistic” as caregivers.

Comments from the data noted that respondents felt compassion depleted. Nurses consistently expressed feeling unable to consistently display compassion in daily interactions with each other. One respondent stated, “I feel so bad that my compassion seems to be minimal these days, especially towards my co-workers.” This respondent expressed wanting to be compassionate to co-workers while trying to prioritize patients and family members. Collectively, 80% of respondents expressed feeling unable to be as “compassionate” as in pre-pandemic times.

Theme 7: Feeling undervalued

One hundred percent of respondents reflected on their feeling of being undervalued by hospital leaders, especially upper-level administration. Fifty percent of respondents on one of the covid units said they felt undervalued by charge nurses and their unit manager. It should be noted that on this unit, two-unit managers quit and were replaced during the first five months of covid designation. Thus, continual leadership changes along with unit-based redesignation created additional stressors and change for everyone involved.

Comments from the data noted that nurses felt undervalued by nursing administration. Nursing administration encom-

passed nurse executives, clinical directors and unit-based nurse managers. Nurses consistently expressed feeling undervalued by nursing administration, especially related to staffing shortages during high acuity times on nursing units. One respondent stated, “it is so hard having to don and doff PPE on every patient while working short staffed; doesn’t our leadership team know we need help?” Another respondent stated, “leadership presence on the nursing unit would help boost morale; leaders used to be around pre-pandemic.” Yet another respondent expressed how difficult it was to experience so many “low points” related to professional practice in general.

3.2 Compassion fatigue results

Specific yes or no questions related to compassion fatigue consisted of common symptoms associated with compassion fatigue. These symptoms included: “feeling sad daily, irritability, anxiousness, difficulty sleeping, poor job satisfaction, and chronic physical and emotional exhaustion”.^[3] All participants, one hundred responded “yes” to experiencing each of the compassion fatigue symptoms. Additionally, ten participants provided comments related to irritability and anxiety symptoms. One participant stated, “I feel very anxious when entering the hospital at the beginning of my shift, and my anxiety mounts throughout the shift, every shift.” This same participant stated that she never experienced work-related anxiety symptoms prior to the pandemic. Another participant stated, “feeling irritable and anxious have become part of my nursing toolkit while working on the covid unit.” This same participant stated that “prior to the pandemic my toolkit contained a calming nature and a sheer delight for coming to work.”

3.3 Relationships between compassion fatigue and compassionate caregiving

What is the relationship between compassion fatigue and compassionate caregiving? Compassion fatigue may also be referred to as empathy fatigue, as it involves experiencing and or displaying a decrease in compassion over time. An analogy based on countertransference is associated with putting yourself in the shoes of someone who has experienced trauma or negativity, physical and/or emotional.^[4]

Based on this contextual analogy, there is a direct relationship between being non-compassionate and compassion fatigue. Participants’ responses directly align with this contextual analogy.

“Compassion fatigue symptoms may become exacerbated when thinking of work or going to work.”^[4]

Points to consider:

- All individuals are prone to stress and each person handles

stress uniquely.

- Compassion fatigue is non-discriminatory; in other words, it can occur in new nurses as well as in veteran nurses.
- An individual’s supply of empathy is not infinite; even the most empathetic and emotionally competent individual may be vulnerable.
- Disengagement, isolation, and sheer feelings of sadness can persist and lead to more complex issues for the nurse.
- Quitting or transferring to another unit is usually not a quick fix.

3.4 Limitations

There were several limitations to this study. The first limitation was a small sample size, N = 51. However, 82% of the total number of nurses employed on the three nursing units opted to participate.

Work challenges and pandemic-related time constraints were cited reasons why the other nurses opted out of study participation. Another limitation was that the study was conducted at one hospital with three designated covid nursing units.

Recommendations for future studies include a larger sample size, an increased number of hospitals with designated covid units, and adding in-depth interviews. Given the current work environment, the study was adequate in identifying common themes and the validation of compassion fatigue symptomology among nurses working on designated covid units. Consideration for a repeat study 6 months later could provide valuable follow up data.

4. DISCUSSION

Nurses working on designated covid units are faced with mounting stressors each workday. Despite the continuously changing environment associated with COVID-19, nurses strive to consistently provide compassionate quality-based care. According to nurse narrations, the pandemic has increased clinical stressors, thus increasing the number of symptoms associated with compassion fatigue, work dissatisfaction and a plethora of highly charged emotions.^[6] These narrations, along with identified themes and compassion fatigue symptomology, were used in developing staff education sessions on the covid nursing units.

Table 3. Recommendations

Theme	Recommendations
1. Feeling overwhelmed	*Integrate unit/hospital-based focus groups
	*Share existing resources available through Human Resources/hospital system
	*Foster professional networking strategies
	*Initiate mentoring strategies
2. Outside the comfort zone	*Provide educational programs and updates as applicable
	*Increase staff educators’ presence on nursing units
3. Emotional fatigue	*Make sure each nurse gets to take uninterrupted breaks
	*Set aside designated short time intervals throughout the shift to promote networking/therapeutic communication with peers
4. Physical exhaustion	*Implement a staff relaxation room
	*Integrate unit-based stress-reducing strategies
5. Ambivalence	*Add bulletin boards that praise nurses
	*Begin new unit-based traditions that positively promote nursing
	*Recognize each other’s efforts in a positive way; say “thank you”
6. Compassion depleted	*Initiate a buddy system to promote teamwork
	*Provide educational materials incorporating effective strategies for dealing with feelings; for example, journaling or small work groups to share and debrief
7. Feeling undervalued	*Make hospital leadership aware of nurses’ feelings/perceptions
	*Add additional opportunities to thank nurses and hospital staff
	*Increase presence on nursing units, as deemed safe and appropriate
	*Increase frequency of Town Hall meetings, have video streaming option for staff unable to attend live meeting (s)

Despite the COVID-19 global pandemic, nurses working on a designated covid nursing unit continue to strive to provide quality-based nursing care, including empathy and compassion. This study provides nurses and hospital leadership with current data regarding nurses' feedback related to working on covid units during a global pandemic. Associated feedback, including narrations, provide a framework to assist nurses with accessing resources to manage stressors, combat compassion fatigue symptoms, promote resiliency and increase communication with hospital leadership. These nurse experiences will be instrumental as "a guide for enhancing resources, engaging professional conversations, and optimizing effective communication".^[6]

Based upon the seven themes resulting from the content analysis, many recommendations can be derived to promote nurses' physical and emotional well-being and job satisfaction, and possibly patient outcomes. Additionally, recommendations can offer insight to hospital administrators and leaders. A list of recommendations can be found in Table 3.

5. CONCLUSION

To the author's knowledge, this is one of the early studies to attempt to evaluate nurses' perceptions, morale, and emo-

tions, and determine nurses' current knowledge and susceptibility to developing compassion fatigue. Results revealed that one hundred percent (100%) of respondents expressed feeling overwhelmed and extremely stressed at work. Ninety two percent of respondents displayed a significantly higher degree of concern for being able to focus and deliver safe care. Therefore, the author recommends more research to determine the best ways to protect vulnerable nurses (those working with covid patients as well as other high acuity areas). Protection includes minimizing development of compassion fatigue and enhancing physical and mental health outcomes.

The premise of this research is unparalleled given the rapid changes in a global pandemic. As such, this qualitative design study is a foundation for starting the body of knowledge on assessment and best practices for effectively addressing registered nurses' feelings and perceptions, including the possibility of developing compassion fatigue. Table 3 provides author recommendations based upon the study results. The recommendations and themes are directly transferrable to other nursing and specialty areas.

CONFLICTS OF INTEREST DISCLOSURE

The author declares that there is no conflict of interest.

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