CHALLENGES FACED BY TYRO NURSES DURING COVID-19

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the

degree of Master of Business Administration

(MBA)

in

Hospital and Health Management

by

Pradnya. Pramod. Chodankar

Under the Supervision and Guidance of

Dr. Seema Mehta

2022

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled **CHALLENGES FACED BY TYRO NURSES DURING COVID-19** is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

(Signature)

Pradnya Pramod Chodankar

Date:28/06/2022

CERTIFICATE

30th June 2022

Ms Pradnya Chodankar

IIHMR University, Jaipur

INTERNSHIP COMPLETION CERTIFICATE

This is to certify that Ms. Pradnya Chodankar, student of Hospital and Healthcare Management (MBA) IIHMR University, Jaipur, Batch 2020-22, has successfully completed internship at Damas Orchid Medical Center.

The duration of internship was 3 months from 29th March 2022 to 29th June2022

The topic of the project work done is ‘Challenges faced by Tyro Nurses During COVID-19’.

During the tenure of her internship, she was sincere, hardworking, enthusiastic and a keen learner.

We wish Ms. Pradnya Chodankar the very best for her future endeavors .

Sincerely,

Dr. Mohammad Baloch

Medical Director

CERTIFICATE

This is to certify that dissertation titled is **CHALLENGES FACED BY TYRO NURSES DURING COVID-19** a record of the research work undertaken by **Pradnya. Pramod. Chodankar** in partial fulfillment of the requirements for the award of the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

Dr. Seema Mehta

IIHMR University, Jaipur

Date:28/06/2022

Dr. Mahender Kumar

IIHMR University, Jaipur

Date: 28/06/2022

ABSTRACT

Background: The project is based on the survey conduct on the challenges faced by novice nurses in healthcare during pandemic situation. The psychological effects posed by such circumstances increase levels of stress amongst health professionals especially the Tyro nurses who have just laid their first step in their career often causing many of them to have burnout syndrome. Tyro nurses face different challenges during the initial year of their career including workload, lack of self-confidence, lack of communication skills, lack of interpersonal; relationships with co-workers and little knowledge about different complex procedures, chasing time to accomplish the tasks given, and low competency level in performing certain clinical skills and to add to this, the covid pandemic situation has made it even more challenging.

Method: Developed the tool after updating the knowledge by reviewing the relevant literature on challenges faced by nurses and thus preparing a blue print of the survey. Tool prepared is based to assess and determine the challenges faced by tyro nurses in healthcare on COVID-19 pandemic situation. Apart from own experience, theoretical, knowledge, guidance from the expert and review of literature helped in developing the tool necessary for the project. The survey consists of two sections: Section 1**:** Demographic data which consists of 4 questions on personal data of the subjects. Section 2**:** Consists of survey to assess the challenges faced by novice nurses in healthcare in (Covid-19) pandemic situation.

Conclusion: The era of 2020 to 2022 has accepted the fact that nurses are not only the backbone of every healthcare organization but also at the frontline for fighting the deadly COVID-19 virus. Thus, nurses have a valuable and crucial contribution in the field of healthcare and so it is the responsibility of an organization as a whole to develop mechanisms to promptly identify the challenges faced, and provide a helping hand to the newly joined nurses, to provide them with adequate and constant support and guidance to combat all the inhibitions and prepare them to deliver quality care to patients and be better professionals.

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The internship provided to me by Damas Orchid Medical Center was a great learning opportunity for me. It provided me the necessary exposure to professional's who guided me through my internship period. It widens my understanding on Nurse and patient engagement, even when the world is fighting with pandemic today. I am honoured to get an opportunity to work with wonderful people from Damas Orchid Medical Center who mentored me and agreed to provide the platform to work with them.

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ABBREVATION

WHO	WORLD HEALTH ORGANIZATION
PPE	PERSONAL PROTECTIVE EQUIPMENT
RN	REGISTERED NURSE
PTSD	POST TRAUMATIC STRESS SYNDROME
HCW	HEALTH CARE WORKERS
COVID-19	CORNONAVIRUS DISEASE 2019
SARS	SEVERE ACUTE RESPIRATORY SYNDROME
MERS	MIDDLE EAST RESPIRATORY SYNDROME
HCF	HEALTHCARE FACILITY
GN	GENERAL NURSING
P.B.B. Sc	POST BASIC BACHELOR OF SCIENCE IN NURSING
B.Sc.	BACHELOR OF SCIENCE IN NURSING

INTRODUCTION

The project is based on the survey conduct on the challenges faced by novice nurses in healthcare during pandemic situation. The psychological effects posed by such circumstances increase levels of stress amongst health professionals especially the Tyro nurses who have just laid their first step in their career often causing many of them to have burnout syndrome. Tyro nurses face different challenges during the initial year of their career including workload, lack of self-confidence, lack of communication skills, lack of interpersonal; relationships with co-workers and little knowledge about different complex procedures, chasing time to accomplish the tasks given, and low competency level in performing certain clinical skills and to add to this, the covid pandemic situation has made it even more challenging.

The sudden emergence of the highly contagious nature of this coronavirus has directly or indirectly affected the performance of these budding nurses. The lack of confidence and other added stressors has left frontline nurses, especially the novice ones more susceptible—physically and emotionally—to a persistent sense of guilt and anxiety. While we often think of patients being vulnerable but the novel nurses are more vulnerable to multiple stressors affecting their productivity and quality of life. It is thus essential to boost the confidence of the tyro nurses with the right education and skills to handle a crisis so that they can confidently deal with challenges over time and thus lessen their physical exhaustion and mental stress because of working in an unpredictable situation and thus empowering them to be better professionals in future.

Healthcare industry, or medical industry, is a sector that provides goods and services to treat patients with curative, preventive, rehabilitative, or palliative care. The healthcare industry is composed of establishments devoted to prevention, diagnosis, treatment, and rehabilitation of medical conditions. Such treatment may be through providing products or services and may be provided privately or publicly. The modern health care sector is divided into many subsectors and depends on interdisciplinary teams of trained professionals and paraprofessionals to meet the health needs of individuals and populations. The health care industry includes establishments ranging from small-town private practices of physicians who employ only one medical assistant to busy inner-city hospitals that provide thousands of diverse jobs. The Healthcare industry is littered with risks and challenges as it is an industry that requires constant innovation under increased regulations.

Healthcare has become one of largest sector, both in terms of revenue and employment. Healthcare comprises hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance and medical equipment. The Healthcare sector is growing at a brisk pace due to its strengthening coverage, services and increasing expenditure by public as well private players. Healthcare delivery system is categorized into two major components public and private. Competitive advantage lies in its large pool of well-trained medical professionals. Healthcare comprises hospitals, medical devices, clinical trials, outsourcing, telemedicine, medical tourism, health insurance and medical equipment. The Healthcare sector is growing at a brisk pace due to its strengthening coverage, services and increasing expenditure by public as well private players.

1.1 Introduction to Nursing:

Nursing is a profession within the health care sector focused on the care of individuals, families, and communities so they may attain, maintain, or recover optimal health and quality of life. Nurses may be differentiated from other health care providers by their approach to patient care, training, and scope of practice. Nurses practice in many specialties with differing levels of prescription authority. Nurses comprise the largest component of most healthcare environments; but there is evidence of international shortages of qualified nurses. Many nurses provide care within the ordering scope of physicians, and this traditional role has shaped the public image of nurses as care providers. Nurse practitioners are nurses with a graduate degree in advanced practice nursing. They are however permitted by most jurisdictions to practice independently in a variety of settings. Since the post war period, nurse education has undergone a process of diversification towards advanced and specialized credentials, and many of the traditional regulations and provider roles are changing. Nurses develop a plan of care, working collaboratively with physicians, therapists, the patient, the patient's family, and other team members that focuses on treating illness to improve quality of life. In the United Kingdom and the United States, clinical nurse specialists and nurse practitioners, diagnose health problems and prescribe the correct medications and other therapies, depending on particular state regulations. Nurses may help coordinate the patient care performed by other members of a multidisciplinary health care team such as therapists, medical practitioners, and dietitians. Nurses provide care both interdependently, for example, with physicians, and independently as nursing professionals.

1.2 Background of the project:

From the start of the year, 2020 to the present state all have accepted that healthcare professionals are putting their lives at risk, especially the nurses who are not only at the forefront but also the backbone of the healthcare delivery system in the fight against Covid-19 worldwide. They work tirelessly to offer constant care for be it critically ill patients or patients with basic hemodynamic monitoring. Many of them use ventilators and require highly complex care to sustain life. The project highlights the challenges faced by the novel nurses who are facing serious challenges to survive these difficult times. The sudden emergence of the highly contagious nature of this coronavirus has directly or indirectly affected the performance of these budding nurses. The lack of confidence and other added stressors has left frontline nurses, especially the novice ones more susceptible— physically and emotionally—to a persistent sense of guilt and anxiety. While we often think of patients being vulnerable but the novel nurses are more vulnerable to multiple stressors affecting their productivity and quality of life. It is thus essential to boost the confidence of the novice nurses with the right education and skills to handle a crisis so that they can confidently deal with challenges over time and thus lessen their physical exhaustion and mental stress because of working in an unpredictable situation and thus empowering them to be better professionals in future.

1.3 Need of the project:

The year 2020 till the date it has been striving to survive a new disease caused by a mutation in the coronavirus and, in late January, the World Health Organization (WHO) declared it a public health emergency of international concern and termed it "pandemic" over time. Its high transmission rate has left the world in despair with the health professionals acting as frontline warriors carrying out their duties in the various hospital systems or fields and/or improvising to offer selfless and high-end care for Covid-19 patients. Guidance on how to deal with patients with Covid-19 remains a major challenge due to the emergence of new mutant strains. Reports state that the active health care professionals fear they are not using the PPE correctly which might pose a risk to not only their family members but also to society as a whole. The psychological effects posed by such circumstances increase levels of stress amongst health professionals especially the novice nurses who have just laid their first step in their career often causing many of them to have burnout syndrome. Novice nurses face different challenges during the initial year of their career including workload, lack of self-confidence, lack of communication skills, lack of interpersonal; relationships with co-workers and little knowledge about different complex procedures, chasing time to accomplish the tasks given, and low competency level in performing certain clinical skills and to add to this, the covid pandemic situation has made it even more challenging.

1.4 Objectives of the project:

1. To determine the challenges faced by the tyro nurses working in healthcare during the pandemic situation

2. To assess the impact of the covid-19 pandemic situation on these tyro nurses.

REVIEW OF LITERATURE

Review Of Literature 01 :

Describe the experience of novice nurses working in acute care settings during a pandemic.

As per the author Richard Gray and Sonia , Coronavirus pandemic erupted in 2020 and new graduate registered nurses (RNs) found themselves caring for those with devastating illness as they were transitioning into nursing practice. The purpose of this study was to describe the experience of novice nurses working in acute care settings during a pandemic. This qualitative phenomenological study of novice nurses working in facilities providing acute care for COVID-19 patients was conducted in Phoenix, Arizona, USA. Purposive sampling identified 13 participants for interviews. Data were analysed using thematic analysis. Eight themes emerged: Dealing with death, which personal protective equipment (PPE) will keep us safe, caring for high acuity patients with limited training, Difficulties working short-staffed, everything is not okay, Support from the healthcare team, Nursing school preparation for a pandemic, I would still choose nursing. Novice nurses felt challenged by the experience and were at times overwhelmed and struggling to cope. Support from peers and coping skills learned during nursing school helped them continue to work during a critical time. Data from this study suggest that some participants may have been experiencing symptoms of anxiety, depression, or post-traumatic stress disorder, and findings provide foundational insights for nursing education and psychological interventions to support the nursing workforce. Participants described challenges of dealing with frequency of patient deaths, high-acuity patients, changing personal protective equipment (PPE) requirements, and working short-staffed. They also described positive aspects such as bonding 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. Understanding the experiences of novice nurses caring for acutely ill patients during a pandemic and how best to support these nurses was of keen interest to the researchers. The authors believe that this understanding was achieved in the context of this study. Implications of this study include further investigation of the signs and symptoms nurses experienced that were suggestive of anxiety, depression, and PTSD. These nurse participants should be studied longitudinally to uncover the impact on future nursing practice. While nursing education programs provided resources considered helpful for dealing with pandemic-related stressors, programs should build mechanisms into curriculum to focus on crisis management, post- clinical debriefing, strong team communication, and self-care. Employers should build time into the end of shifts for mandatory debriefing to support nurses' mental health.

Review Of Literature 02:

Frontline health care workers are among the most vulnerable groups at risk of mental health problems

As per the author Jenna A. LoGiudice, the world is battling the COVID-19 pandemic, frontline health care workers (HCWs) are among the most vulnerable groups at risk of mental health problems. The many risks to the wellbeing of HCWs are not well understood. Of the literature, there is a paucity of information around how to best prevent psychological distress, and what steps are needed to mitigate harm to HCWs' wellbeing. A total of 55 studies were included, with 53 using quantitative methodology and 2 were qualitative. 50 of the quantitative studies used validated measurement tools while 5 used novel questionnaires. The studies were conducted across various countries and included people with SARS (13 studies), Ebola (1), MERS (3) and COVID-19 (38). Findings suggest that the psychological implications to HCWs are variable with several studies demonstrating an increased risk of acquiring trauma or stress-related disorders, depression and anxiety. Fear of the unknown or becoming infected were at the forefront of the mental challenges faced. Being a nurse and being female appeared to confer greater risk. The perceived stigma from family members and society heightened negative implications; predominantly stress and isolation. Coping strategies varied amongst the contrasting sociocultural settings and appeared to differ amongst doctors, nurses and other HCWs. Implemented changes, and suggestions for prevention in the future consistently highlighted the need for greater psychosocial support and clearer dissemination of disease-related information. This review can inform current and future research priorities in the maintenance of wellbeing amongst frontline HCWs. Change needs to start at the level of policy-makers to offer an enhanced variety of supports to HCWs who play a critical role during largescale disease outbreaks. Psychological implications are largely negative and require greater attention to be mitigated, potentially through the involvement of psychologists, raised awareness and better education. The current knowledge of therapeutic interventions suggests they could be beneficial but mobbed long-term follow-up is needed.

Review Of Literature 03:

Impact on nurses and navigating new plans of care

According to author Susan Bartos the first wave of coronavirus disease 2019 was a global event for which nurses had limited time to prepare before receiving an influx of high-acuity patients and navigating new plans of care. To understand nurses' lived experiences during the COVID-19 outbreak and to examine their resiliency. The second qualitative, phenomenological study, also from China, investigated the psychological experiences of nurses caring for patients with COVID-19 The investigators interviewed 20 nurses and identified 4 themes:

(1) a significant number of negative emotions in the early stage

(2) coping and self-care styles

(3) growth under pressure; and

(4) positive emotions occurred simultaneously or progressively with negative emotions.

Those nurses shared that in the early stages, their lack of knowledge about the virus and fear of infecting their families caused their anxiety. They also discussed the sense of teamwork they felt with their fellow nurses, and how their appreciation for life and their sense of professional responsibility as a nurse during this time contributed to their growth and positive emotions regarding the experience. Resilience is a well-studied concept in nursing and has been investigated among numerous populations including nursing students, nurse shift workers, and critical care nurses. The high-pressure environment of the ICU accelerates symptoms of burnout, such as moral distress and compassion fatigue Stressful job demands, posttraumatic stress disorder, and workplace bullying are associated with high perceived burnout among critical care nurses, whereas social support, self-efficacy, and a sense of well-being help to build resilience The creation and maintenance of a healthy work environment helps mitigate symptoms of burnout among nurses in critical care units. Nurses should be encouraged to advocate for systemic change, innovate, collaborate with other likeminded clinicians, and be an agent of change. Certain personality characteristics common to critical care nurses—perfectionism, difficulty setting limits, pessimism, competitiveness, and confusing self-interest with selfishness—contribute to an increase in feelings of burnout. Use of creative arts (music, art, dance, and writing programs) in the workplace are recommended interventions to promote well-being and resiliency in critical care nurses A total of 43 nurses participated in the study. The mean score on the Brief Resilience Coping Scale was 14.4. From 21 robust narratives, Colizzi's qualitative method yielded 5 themes to describe the experience of being a nurse during the pandemic. Understanding the lived experience provides a unique lens through which to view nursing during a global pandemic, and it serves as a starting point to ensure future safeguards are in place to protect nurses' well-being

Review Of Literature 04:

According to Nicholas Anton In hospital settings, the failure to identify deteriorating patients can lead to delays in appropriate patient care which can cause increased morbidity and mortality. A recent qualitative study of surgical intensive care unit (ICU) nurses found that their ability to quickly identify deteriorating patients led to the early deployment of the rapid response team. Early nurse intervention to manage patient deterioration may be particularly critical in managing patients suffering from the SARS-CoV-2-causing Coronavirus Disease 19 (COVID-19). Patients suffering from COVID-19 can deteriorate quickly requiring rapid decision-making and responses from health care providers Although it is known that nurses routinely make accurate, life-saving decisions, it is less well-known what sources of information nurses utilize in their clinical decision-making. Investigators have shown that expert nurses possess both an understanding of specific disease processes and a broad holistic understanding of acute patient care situations Based on their wealth of experience, expert nurses may utilize intuitive or subconscious decision making processes to quickly grasp complex clinical situations, rapidly and confidently come to an accurate assessment and provide safe quality care to patients According to Benner et al. (1992), the application of the Dreyfus model of skill acquisition to clinical nursing practice has helped explain how nurse decision-making develops over time The authors suggest that over time, nurses transition from reliance on abstract principles to use of past experiences to guide performance. Expert nurses shift from reliance on rule-based thinking (e.g., checklists or rigid protocols) to using intuition, therefore the expert nurse is able to attend selectively to details of increasingly complex situations However, the literature also emphasizes the importance of nurses' critical thinking in their decision-making processes. Define the nursing process as the thought process used to collect information, assess that information, and solve patient care problems Upon systematically gathering data, nurses utilize critical thinking to interpret that data and identify task relevant data to focus on during the assessment process. Nurses may also utilize critical thinking in their analysis of the reliability of important information and as a method to validate initial judgments in the assessment process It is important to note that according to the Cognitive Continuum Theory, decision-making is executed using a combination of intuition and critical thinking processes and fluctuates depending on the demands of the task (e.g., if adequate time or information is available to afford critical thinking)Nurse 37 identification of patient deterioration is critical, particularly during the COVID-19 pandemic, as patients can deteriorate quickly. While the literature has shown that nurses rely on intuition to make decisions, there is limited information on what sources of data experienced nurses utilize to inform their intuition. The objectives of this study were to identify sources of data that inform nurse decision-making related to recognition of deteriorating patients, and explore how COVID-19 has impacted nurse decision-making. In this qualitative study, experienced nurses voluntarily participated in focused interviews. During focused interviews, expert nurses were asked to share descriptions of memorable patient encounters, and questions were posed to facilitate reflections on thoughts and actions that hindered or helped their decision-making. They were also asked to consider the impact ofCOVID-19 on nursing and decision-making. Interviews were transcribed verbatim, study team members reviewed transcripts and coded responses, and organized key findings into themes Several themes related to decision-making were identified by the research team, including: identifying patient care needs, workload management, and reflecting on missed care opportunities to inform learning. Participants also indicated that COVID-19 presented a number of unique barriers to nurse decision-making. Findings from this study indicate that experienced nurses utilize several sources of information to inform their intuition. It is apparent that the demands n nurses in response to pandemics are heightened. Decision-making themes drawn from participants' experiences can to assist nurse educators for training nursing students on decision-making for deteriorating patients and how to manage the potential barriers (e.g., resource constraints, lack of family) associated with caring for patients during these challenging times prior to encountering these issues in the clinical environment. Nurse practice can utilize these findings to increase awareness among experienced nurses on recognizing how pandemic situations can impact to their decision-making capability.

Review Of Literature 05

Swapna Joshi, Cancer Research, Statistics and Treatment in an article "Coronavirus disease 2019 pandemic:

Nursing challenges faced concluded Nurses, being one of the strongest pillars of the health-care delivery system, are always ready to face challenges as frontline warriors. However, amidst the COVID-19 pandemic, health-care delivery has been severely impacted. Some of the common problems faced by nurses across the country in the current situation are:

Shortage of experienced nurses in the hospitals and clinics

- Shortage of personal protective equipment (PPE) essential to prevent the spread of infection, such as masks. Some organizations have been providing substandard PPE
- Unavailability of accommodation and transport facilities for the health-care workers
- Inadequate quarantine facilities for the health-care workers
- Physical exhaustion and mental stress because of working in an unpredictable situation
- Lack of health insurance coverage
- Concerns regarding personal safety and security at workplace and in the community as well as concerns regarding the safety of family members
- Lack of counselling in distress
- Communication gap between the hospital authorities and nursing leaders causing confusion and delay in decisions, thus resulting in frustration and mental exhaustion
- Inadequate supportive services such as food and other facilities while on duty
- Involvement of worker unions and politicians with selfish motives.

Review Of Literature 06:

Examine the role that nurses played in the early stages of the Covid-19 pandemic through the voices of the participants

According to Heather Hubbard The novel coronavirus (Covid-19) has spread quickly to all corners of the globe and caused high rates of morbidity and mortality. Nurses have been at the centre of this experience managing the outbreak through direct bedside care, managing hospital units, providing Covid-19 testing, and contact tracing. The aim of this article is to examine the role that nurses played in the early stages of theCovid-19 pandemic through the voices of the participants. The major themes that emerged from this phenomenological study were: emotional challenges, uncertainty, and protective factors. Emotional challenges included, stress, anxiety, exhaustion, frustration, guilt, and loneliness. These challenges were magnified by uncertainty through leadership and communication challenges, needs of the pandemic versus needs of the patient, and Covid-19 and best practice. In this study, emotional challenges were mitigated by the protective factors of: education, ability to contribute, team cohesiveness, and community support Limitations suggest opportunities. This study represents a delimited time frame. The researchers acknowledge that the shared perspectives of nurses may have changed as the pandemic evolved. Nurses are experiencing challenging emotions that may lead to long term mental health challenges. Further study is needed to prevent ongoing moral trauma. Examination of how to assess nurses' mental and emotional state and their need for further support is essential to the ongoing wellbeing of nurses. This study served to examine the role of nurses, their emotional challenges, experiences of uncertainty, and factors that protected nurse emotional health during the pandemic. Uncertainty was the overarching challenge to nurses that covered a wide range of concerns including, lack of information about Covid-19, changing policies, misinformation, and concerns about PPE shortages. As shown in this study, providing nurses with visible leadership, education, ability to contribute, team cohesiveness, and community support helps nurses manage during challenging times.

<u>Review Of Literature 07:</u>

Shun & Shiow-Ching, Journal of Nursing Research, April 2021, "COVID-19 Pandemic: The Challenges to the Professional Identity of Nurses and Nursing Education" stated that Since 2020, the COVID-19 pandemic has impacted nurses and the field of nursing profoundly in terms of direct care capabilities, nursing practice issues, and healthcare system operations. Importantly, the pandemic has influenced strongly the professional identity of nurses and nursing education as well as the focus of nursing research. However, the challenge of formulating nursing professional identity has increased for nurses and nursing students during the COVID-19 pandemic. Professional identity is a critical issue for nurses because of its close association with issues such as nursing roles, responsibilities, values, and ethical standards, which are unique to the nursing profession. However, during the COVID-19 pandemic, in addition to facing regularly high levels of physical and emotional stress, clinical nurses suffer regularly from moral distress because of conflicts rooted in complex ethical issues related to their professional practice, high levels of acuity, patient deaths, and long working hours. Furthermore, a high number of frontline nurses were infected during the SARS-CoV-2 epidemic in the early 2020s and, as a result, experienced extended separations from their loved ones and/or died in the line of duty. Nurses need strong moral courage and resilience to work on the frontlines of a pandemic. Addressed the following three ethical issues that arise during pandemics:

(a) the safety of nurses, patients, and families;

(b) the allocation of scarce resources; and

(c) the changing nature of nurses' relationships with patients and families.

These situations profoundly and negatively impact the professional identity of nurses in general and nursing students in particular.

One study in this issue reports on data showing that nursing students perceive clinical nursing work as "too dangerous to engage in" during the COVID-19 pandemic, with 9.3% expressing intention to leave the nursing profession. How to reconstruct the professional identity of nursing students and nurses is a challenge. One previous qualitative study pointed out that neglect of the professional status of nursing, distrust of nursing knowledge, unprofessional performance, and low professional attraction were the main barriers to fostering professional identity among intensive care nurses and that creating positive professional identity may improve job satisfaction, professional advancement, and durability.

Nursing education has also been dramatically affected by the COVID-19 pandemic. One example is the global trend since 2020 of adopting simulation training in nursing education. Two studies addressing the use of simulation training in nursing education are included in this issue, with the results supporting that scenario-based simulation training enhances student's preparedness and learning effectiveness and reduces clinical stress.

Nurses and nursing education are the main focuses in this issue. We hope that the findings in these studies stimulate innovative and creative ideas that may be productively applied in nursing research and clinical settings. More studies are necessary to understand and explore the comprehensive impact of the COVID-19 pandemic on nurses and nursing education in order both to take good care of ourselves and to obtain the knowledge and care abilities necessary to relieve the nursing shortage and decrease nursing workloads in clinical settings. The ultimate goal is to maintain and improve quality of care during the pandemic.

Review Of Literature 08:

As per author Dr Snehil Gupta Pandemic, was been unprecedented, leads to several mental health problems, especially among the front-line healthcare workers (HCW). Front-line HCWs often suffer from anxiety, depression, burnout, insomnia and stress-related disorders. This is mediated to a large extent by the biopsychological vulnerabilities of the individuals; socioenvironmental factors such as the risk of exposure to infection, effective risk communication to HCWs, availability of personal protective equipment, job-related stress, perceived stigma and psychological impact of the isolation/quarantine and interpersonal distancing also play the major roles. Despite the huge magnitude of mental health problems among the front-line HCWs, their psychological health is often overlooked. Some of the potential measures to reduce the mental health problems of the front-line HCWs are effective communication, tangible support from the administration/seniors, mental health problem screening—and interventional—facilities, making quarantine/isolation less restrictive and ensuring interpersonal communication through the various digital platforms, proactively curtailing the misinformation/rumor spread by the media and strict legal measures against violence/ill treatment with the HCWs, and so on. India, along with other countries who lately got affected by the COVID-19, must learn from the experiences of the other countries and also from the previous pandemics as to how to address the mental health needs of their front-line HCWs and ensure HCWs' mental well-being, thereby improving their productivity. Current review attempts to highlight the mental health aspects of the pandemic on the front-line HCWs, discusses some of the contentious issues and provides future directions particularly concerning COVID-19 in the Indian context and other low-resource countries. Currently, the entire humanity worldwide is facing a severe healthcare crisis, that is, the unprecedented COVID-19 pandemic for the 21st-century population. In simpler words, a pandemic is defined as 'an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people'.1 However, it is not the first time that humanity is facing a pandemic. Over the last century, many pandemics such as Spanish flu, severe acute respiratory syndrome (SARS), Middle East respiratory syndrome(MERS), Ebola, swine flu, and so on have emerged and been tackled. Existing literature supports that pandemic, apart from causing mortality and physical morbidities, also leads to tremendous mental health problems (insomnia, anxiety, depression, stress-related disorders including post-traumatic stress disorders (PTSD)) in the sufferers as well as in the non- infected public Frontline healthcare workers (HCW) are health workers who play a crucial role in providing care to infected persons. Working in such an unprecedented situation, usually beyond their capacities, and with a risk of contracting the infection, poses HCWs at an increased risk of mental health problems. Literature suggests a high prevalence of mental health problems among the front-line workers (such as burnout, insomnia, anxiety, depression, illness anxiety, PTSD, and so on) which is mediated by various biopsychosocial factors. Despite this, the mental health issues of the front-line HCWs and other health workers are often overlooked. Itis often considered that such disasters are often dealt with by this group of population and hence they would be able to manage themselves well the COVID-19 is the latest entrant in the list of pandemics causing infection. Although mental health issues related to patients, especially those related to quarantine/isolation or social distancing, are increasingly recognized and efforts are being made to mitigate its psychological impact, literature on the psychological impact of pandemic (including COVID-19) on the front-line HCWs is still elusive. India was also not immune to be affected by COVID-19 and to face COVID-19-related medico socioeconomic challenges. Considering the low-resource setting on healthcare aspects in the country, various strategies had been employed such as lockdown, the curtailment of routine outpatient services, postponing of elective surgeries, rotational duty shifts in phases, and so on. Lessons learnt from the experiences of the countries getting affected earlier and the measures they have undertaken to ameliorate the psychological impact of the COVID-19 on the HCWs can serve as a guide for India (and other lately affected counties), in terms of the planning and implementing necessary measures to mitigate the medico psychological impact of COVID-19 among the front-line workers. The current paper is aimed to review the available literature on mental health aspects of the pandemic on the frontline HCWs, discusses some of the contentious issues and provides future directions particularly concerning COVID-19 in the Indian context and can apply to other developing nations with low resource healthcare facilities. As the literature on COVID-19 is rapidly booming, a total of 127 articles were obtained until 7 April 2020. On data extraction, only 37 articles (including 10 articles obtained from the bibliographic search) were found to be eligible for inclusion in the review (process of study selection shown in Most of the studies were related to SARS (16) followed by COVID-19 (10, including 3 Indian studies), influenza (4), MERS (3), Ebola (2) and psychological impact of quarantine and isolation (2). The majority of them were cross-sectional (24), out of which most were questionnaire survey-based (including online survey) (20) while some were interview-based (4, including 2 qualitative studies); however, two longitudinal studies were also available. The rest were viewpoints/commentaries . We could not find any review dealing specifically with the mental health aspects of the pandemic on the front-line HCWs .The common mental health conditions assessed in the literature were: knowledge and attitude about the illness, coping strategy, and perceived health status , health distress (including burnout) (5), perceived stress and posttraumatic disorders (5), anxiety (5), depression (3), insomnia (3) and perceived stigma (4).The sample size of the study varied based on the design and setting of the study. For instance, online survey-based studies had a relatively large sample size (varying from 333 to 1557) while hospital-based surveys were conducted on a sample size ranging from 148 to 333 (however, one study included 994 subjects). Comparative cross-sectional studies (30–40 subjects in each arm) and longitudinal studies were conducted (of 20 in each arm) with a relatively small sample size. As expected, the qualitative study was conducted with a sample size as low as The nurses were the most common population of the study followed by doctors. Interestingly, two studies also involved non-HCWs of the hospitals. The current review was aimed to highlight the psychological impact of the pandemic on the front-line HCWs. The magnitude of mental health problems among the HCWs is huge; some of the common conditions are burnout, anxiety, depression, stress-related disorders, and so on. It is mediated by various biological, psychological and socioenvironmental factors. Lack of the effective communications, tangible support from the higher authority, misinformation, unavailability of PPEs, stigma and job-related stress are some of the major contributory factors for the development of the mental health problems among the HCWs. Learning lessons from the previous pandemics and from the other countries that have successfully tackled COVID-19 and acting by it could mitigate the psychological impact ofCOVID-19 among the HCWs to a great extent. More research, especially from low and middle-income countries such as India, is required to design interventions tailored towards the need of the HCWs.

<u>Review Of Literature 09:</u>

Effect on healthcare workers' physical and mental health

According to Rosemary Morgan Throughout the COVID-19 pandemic, as measures have been taken to both prevent the spread of COVID-19 and provide care for those who fall ill, healthcare workers have faced added risks to their health and wellbeing, including increased vulnerability to infection and stress (Daryanti Saragih et al. 2021). This is coupled with additional demands, primarily born by women, including childcare and eldercare responsibilities due to school, facility, and service interruptions (C. Wenham et al. 2020; Clare Wenham, Smith, and Morgan 2020). Globally, women make up 75% of the health and social care workforce, and in certain professions such as nursing and midwifery, the numbers are even greater (WHO 2019). As such, the impacts of crises are predominately felt by women healthcare workers. Currently, itis unclear how healthcare workers' physical and mental health are being affected, and how this impacts the supply of healthcare workers, access to healthcare, quality of care provided, and decision-making around health systems. We reviewed the global academic literature on workforce experiences of health crises, applying a gender-based analysis (Morgan et al. 2016) to better understand what is known about women healthcare workers' experiences during crises. Crises included: natural disasters, such as tsunamis, wildfires, earthquakes, epidemics and pandemics (including zika, Ebola, influenza, haemorrhagic fever, and COVID-19). The objectives of the review were to: (1) Identify the gendered effects of crises on women healthcare workers' mental and physical health, and how this affects healthcare worker supply and quality of care; (2) Investigate how measures to support healthcare workers during times of crises may differentially impact women healthcare workers; and, (3) Provide guidance to decision- makers on how broader health system policies and programs can support and empower women healthcare workers to improve health systems and outcomes. This review's focus on peer reviewed academic literature does not preclude the importance of Gray literature on this topic. Many organizations, including the World Health Organization, the International Council of Nurses, Women in Global Health, and the British Columbia Women's Health Foundation, have published important and relevant reports related to women, gender, and human resources for health, including ones that specifically focus on human resources during crises. Many of the issues discussed in this paper (inside and outside the context of crises) have been highlighted in this work, including: (1) the State of the World's Nursing Report (WHO, 2020), (2) Closing the leadership gap: gender equity and leadership in the global health and care workforce (WHO, 2021), and (3) Delivered by women, led by men: a gender and equity analysis of the global health and social workforce (WHO, 2019). Reports specifically relevant to crises include: Invisible No More: Inequities faced by women healthcare workers, especially during the COVID-19 pandemic, + recommendations for action (BCWHF, 2021), and (2) Fit for Women: Safe and Decent PPE for Women Health and Care Workers. There has also been important work that has taken an intersectional lens to health workers during times of crises, including the OECD report Contribution of migrant doctors and nurses to tackling COVID-19 crisis in OECD countries (OECD, 2020). While here we focus on research on women healthcare workers, we recognize the differences in experiences with the broad category of women and the need for research focused on the intersections of inequities. However, our aim was to start by scoping the literature on women healthcare workers and crisis broadly, which we hope can then provide grounding for more nuanced intersectional analysis. A scoping review methodology was chosen, recognizing that knowledge about the experiences of women healthcare workers during times of crisis is limited. Therefore, rather than systematically analyse evidence, we aimed to gaining understanding of the breadth of the literature, and gaps therein, in order to inform further research (Munn et al. 2018). PubMed, EMBASE, and CINAHL were searched using combinations of relevant medical subject headings and keywords. The following broad concepts were explored in the search: Human Resources, Gender, and Emergencies/Crises. Research articles and commentaries that met the following inclusion criteria were included in the study: 1) Published in English, 2) Published between 2010–2021, 3) Focused on acute and/or chronic crises, 4) Focused on human resources for health, 5) Included or focused on women, 6) Focused on the gendered effects of crises on mental and physical health, and 7) were peer reviewed. Studies were included if they reported or discussed data on the gendered effects of crises on women healthcare workers, even if this was not the primary aim of the study. Data was extracted using a thematic coding framework, including the following categories: reported non-health related gendered effects, health related effects, health system effects, leadership and power in decision-making, measures to support healthcare workers, as well as the effect of these measures. In order to identify the gendered effects of crises on women healthcare workers, a gender analysis framework was applied to the data, which identifies how gender inequities manifest as inequitable: access to resources, roles, distribution of labour and practices, norms and beliefs, and decision-making power and autonomy. In addition, author, title, year published, type of article, country, methods, participants and sample size, study aim(s), type of healthcare worker, and type of crisis/emergency was also extracted. Extracted data was thematically inputted into a chart alongside each article's identifying number. Each theme was reviewed for secondary codes or sub-themes by type/level of impact (e.g. individual, household/community, health systems, in addition to measures to address), paying specific attention to similarities and differences between the articles. Secondary codes were then synthesized and condensed into a new chart. The key themes were then summarized. There are a number of limitations to this review. Firstly, we did not include an independent quality assessment of the studies which were included, instead assuming the peer review process provided an element of quality control. We feel this assumption is appropriate for a scoping review which aims to understand the breadth of the literature, as opposed to analyse specific findings within it. We are therefore unable to comment on the overall quality of the included papers. We also did not conduct a search of Gray literature which means some relevant research may have been missed. We also only included articles published in English. The search yielded a total of 5784 articles which were imported onto the Covidence platform and screened for duplicates; 5721 titles and abstracts were screened for eligibility, of which 5538 were excluded. Full text screening was conducted for 183 articles, where an additional 103 were excluded. Seventy-eight articles met the inclusion criteria. COVID-19 provides an opportunity to develop gender-responsive crisis preparedness plans within the health sector. Without consideration of gender, crises will continue to exacerbate existing gender disparities, resulting in disproportionate negative impacts on women healthcare workers. The findings point to several important recommendations to better support women healthcare workers, including: workplace mental health support, economic assistance to counteract widening pay gaps, strategies to support their personal caregiving duties, and interventions that support and advance women's careers and increase their representation in leadership roles.

Review Of Literature 10:

Effect on the Indian healthcare system

Mitali Sengupta Healthcare establishments are unique and complex. The Indian healthcare system comprises of public and private healthcare establishments. Different challenges are encountered by the healthcare professionals in their daily operations. The sudden emergence of COVID-19 posed a new threat to the already burdened healthcare system. The pandemic changed the healthcare paradox with newer workplace and societal challenges faced by the healthcare personnel. The purpose of this study is to identify the antecedents of workplace and societal challenges faced by the healthcare person our study conducted in Kolkata and other adjoining areas of West Bengal included respondents who volunteered for individual in-depth interviews. The sample size was kept at n = 20 after due technical considerations. Free listing and pile sorting was done to generate clusters. The qualitative study identified five constructs with 18 items under workplace challenges and three constructs with five items under societal/community challenges. Workplace challenges included resource availability, adequacy and allocation, financial issues, perceived managerial ineffectiveness, inconsistent guidelines and perceived occupational stress, while societal/community challenges included dread disease, social adaptiveness and challenges related to essential services. A salience threshold was established and the multidimensional scaling provided four major clusters: financial support and sustainability, adaptive resilience, infection risk mitigation and healthcare facility preparedness. Suggestive actions for the identified challenges were summed as enhanced production of diagnostic kits through public–private partnership models and industrial production reforms. Enhanced testing facility for COVID-19 will help to identify new cases. Financial stresses need long-term sustainable alternative that will avoid pay cuts and unemployment. Treatment regimen, diagnostic protocols, waste disposal guidelines should be worked upon and leading national agencies be consulted for technical support, research and development. The healthcare organisations are evolving to adapt to shifts pertaining to demography, epidemiology and societal mindsets that are emerging in the backdrop of several contexts, challenges and uncertainties. The divergent infrastructure needed by the healthcare personnel include physicians, clinicians, nurses, paramedics, practitioners, administrative staff, managers and leaders to respond to various ongoing and contemporary issues remain unclear or not effectively understood. The global health has become even more complex as a result of various technological, social, political and environmental developments and practicalities. The significant shortage of skilled human capital in healthcare for addressing the health needs of the current and emerging population across the world has been identified by World Health Organization (WHO, 2006). Though, there have been some developments and improvements in global health workforce, still there are remarkable differences due to varied individualised healthcare challenges of the different health systems. The numerical shortage of human capital is one common challenge, however, the notable differentiation in skill mix, uneven distribution of human healthcare capital across geography, strenuous inter-professional collaborations, injudicious use of resources and burnout variations vary across nations. The studies conducted till date are largely country or region specific and have not been integrated from the multidimensional or international insight since a single defining global healthcare system is lacking (WHO, 2018). The Indian healthcare sector provides a contrasting landscape in the spectrum of healthcare activities. On the one side, there are well-built glass and chrome structures that are state of the art with advanced medical aid that is always ready to welcome and provide service to the patients, though only a thin section of the population can afford it. On the other side, there are public health centres with average infrastructure, which still serve patients and attempt to identify as a healthcare facility though desperately looks forward to a face lift and transformation. The Indian healthcare system is categorised into two main types based on the mode of deliverance public healthcare covers about 18% of total OPD1 and approximately 44% of total IPD It is subsidised and largely free for those below the poverty line. The private healthcare has strengthened its foundation in the last two decades acting as healthcare provider for the 70% households located in urban India and 63% in rural. It consists of approximately 58% hospitals in the country with 29% beds covering different hospital types with 81% on-roll doctors (NHM task report). The various causes of differentiation in these two systems are ascribed to poor quality of care in public health, long waiting time, timing issues and long queues for subsidised or free diagnostic/surgical procedures. It is one of the leading reasons for burgeoning of various private healthcare facilities. The Indian out of pocket (OOP) expenditure model provides various options and opportunities to a certain class with its advantages, faults and limitation Most importantly, these ‘faults’ are largely identified and highlighted by the negative media reports, individual perceptions, public trials, social media judgments and disputes between different individuals, systems and agencies. The end reaction are instances of masses destroying hospital facilities, attacking healthcare personnel, especially doctors and frontline staff being lynched and growing mistrust between different stake holders. To negate such situations, legal frameworks and policies have been enforced by different central and state government agencies With the sudden coronavirus disease

(COVID-19), the world became standstill and united to address the common challenge encountered by countries across varied population, sizes and economic capacities. The infection rates and disease spread were too high. WHO3 declared a public health emergency and global pandemic India declared complete lockdown from the midnight of 24th of March 2020 Globally COVID-19 positive cases and deaths have exponentially increased, urging the countries to declare lockdown As per Government of India, there are approximately 742,023 active cases in India and61,529 deaths as on 28 August 2020 (GOI, 2020). The official records could be lower than actual statistics, due to low testing rates compared to other developed countries (Editorial: The These numbers are undergoing rapid changes and the trend is unfortunately rising. This crisis completely changed the healthcare paradox and pushed the doctors, their teams and other frontline medical personnel to become the torch bearers. With the declaration of coronavirus disease a pandemic, the government and public enthused medical and paramedical healthcare workers, identified them as frontline forces and named 'corona warriors' Motivations through moral boosting using broadcast, showering of flowers on doctors/healthcare personnel and designating them as corona warriors were successful; however, the real battle was about to unfold. Warriors, like any other ordinary countrymen, have concerns with enemies, especially that are unseen (microscopic minuscule), inadequacy and under preparedness (lack of essential resources like preventive medicines: hydroxychloroquine [under review], protective shields etc.), absence of a standardised treatment protocol and expensive confirmatory tests like RT- PCR,5 the declaration of pandemic overthrew the already burdened healthcare system. There was sudden requirement of molecular laboratories to conduct RTPCR tests requiring trained manpower alongside budget for covering costs. Initially, procuring standardised kits from national and international manufacturers became challengeable. Costs apart the technicalities, validation, performance and end results required expert interpretation and medical acceptance, and since then things suddenly turned hostile for everyone. The healthcare personnel were taking severe blows on their individual lives, family, relationships and mental health. Different societal attributes such as avoidance, home confinement, stress, work-life balance and increased expenses were experienced. This article has attempted to document the perception of the Indian healthcare personnel— physicians, nurses, hospital managers, paramedical staff and frontline workers and their challenges on-duty and beyond during COVID-19 pandemic. The primary aim of this article is to identify the challenges of healthcare personnel during COVID-19 pandemic and suggest actions for possible mitigation. This study utilized a mixed approach, consisting of qualitative analysis (in-depth interview) and quantitative visualization of qualitative data (free listing and pile sorting). Prior to the main study, a pilot study was conducted with 50 healthcare personnel, working at public and private healthcare hospitals in West Bengal. This pilot study was conducted to validate the different items listed in extant literature and find out if there are new items in line with the objectives of current research. The different factors/challenges suggested by the respondents during the pilot survey included ‘workplace settings’, ‘community/neighbourhood settings’, ‘health status of patient before entry to healthcare facility (HCF)’, ‘during the course of treatment’, ‘breaking bad news (BBN)’ and ‘communication on death’. This study was conducted with respondents from Kolkata, West Bengal, and nearby areas. Though, utmost care has been taken to choose the hospitals and respondents that belong to both public and private sector, however, the challenges in other metropolitan and non- metropolitan cities of India might be different. Due to paucity of time, the study could not be extended to other cities. This limitation can be e radiated by recruiting numerous healthcare personnel from different Indian cities. Another limitation of this study was that it was conducted qualitatively, although the researchers attempted to quantify the qualitative data through visual reflections. The quantitative assessment in the near future shall help to draw a composite conclusion and design suitable intervention strategy. Quantitative research can be further progressed keeping the sampling frame constant The main objective of the study was to identify the different challenges faced by healthcare personnel (physicians, clinicians, nurses, paramedics, practitioners, administrative staff, managers and leaders) in public and private healthcare facility (HCF) during pandemic COVID-19. The challenges were broadly classified into workplace and societal/community challenges. The factors underlying these challenges were considered from the extant literature and pilot survey. The work was done using 23 items under eight constructs. These constructs categorised the challenges and issues encountered by the healthcare personnel into their respective workplaces and community constructs. This study has successfully the existing concepts of healthcare research, and provided newer findings and avenues of further research on the impact of COVID-19 pandemic on lives of healthcare personnel. To conclude, the final themes based on constructs and items devised through individual interviews, free listing and pile sorting in agreement with respondents included the following: Financial support a sustainability, adaptive resilience, infection risk mitigation and healthcare facility preparedness. The COVID-19 pandemic is straining health systems worldwide. This pandemic has exposed the poor health system worldwide and impacted healthcare workers badly in all aspects. They are more vulnerable to COVID-19 infection than the general population because of being frequently in contact with affected individuals. They are facing paucity of protective gears and even assaults. The rapidly increasing demand on health facilities and health care workers threatens to leave some health systems overstretched and unable to operate effectively which directly has major effect on health care workers. While currently all the energies in the country are focused on controlling the transmission and curtailing morbidity and mortality due to the pandemic, here we take a look at how this infection and its fallouts can impact the healthcare scenario. Despite of all the complications and toil health care workers are facing, still they are managing to put forth their best efforts in serving the community.

Review Of Literature 11:

Nurses in rural areas have been at the forefront of India's tough battle against the coronavirus pandemic.

They are stepping up to the health challenge and filling in the gap left by a lack of doctors in many villages. Female nurses in rural areas face unique barriers, including opposition from their families, which impede their work Panagarh rural hospital is a major government health care facility in West Bengal state's Paschim Bardhaman district. On June 4, dozens of people were seen huddled together outside a section of the hospital to get tested for COVID-19. "People in these villages are very aware of COVID symptoms, especially after the recent wave of infections. They are by themselves turning up at the hospital to get tested," said Mridula Banerjee, a nurse at the hospital. The staff attending to patients at the rural hospital are mainly nurses. A lack of doctors has forced nursing staff to step up. "We are here for the patients more than the doctors themselves," said a nurse at the hospital, who asked not to be named. Nurses have played a key role in India's fight against COVID, filling in the gap left by a dismal doctor-patient ratio in hospitals nationwide. But female nurses in rural areas face unique barriers which impede their work, said Sunita Harkar Shalla, head of operations at the Child Heart Foundation, an NGO based in Delhi. “Usually there are no toilets or water in rural hospitals. Added to this is bad road connectivity, lack of internet, phone signals and safety measures, which deter female nurses from contributing effectively," she explained. Many nurses also face opposition from their families, she added. Nurses have played a key role in India's fight against COVID, filling in the gap left by a dismal doctor-patient ratio in hospitals nationwide COVID affects mental health of nurses Arnab Halder, a nursing assistant at the hospital, is mainly responsible for administering oxygen to patients in the

COVID ward and assisting doctors and nurses with stitches following a surgery. When I joined this hospital in 2019, I used to weep when I saw blood. After this second wave of COVID infections, I don't feel anything when I see a dead body. I've gotten used to it," he said. Halder pointed out that the rural hospital has a five-bed isolation facility for COVID patients, but when cases become critical, patients are referred to a larger government hospital. He added that the hospital could save many lives because it procured oxygen from a local gurdwara, instead of relying on other channels. We had as many as 20 COVID cases a day in April, and this trend lasted till the first week of May. Now, we have 3-4 cases a day," Halder said. The pandemic has left a deep impact on Halder's mental health. He is scared of contracting COVID. "The hospital has a staff of 30 people. At least six of us got COVID when cases shot up in May. I was working in the COVID isolation ward at that time and I also had to attend to my roommate as he had COVID. Each day, I prayed for my life, before coming to work," Halder explained. Halder's friend and roommate, Uday, who is responsible for conducting COVID tests at the hospital, recovered from the disease last week. "We [colleagues] were testing each other using the rapid antigen test, just for fun. My test result came positive, which meant I was asymptomatic. I isolated myself for 14 days and then came back to work. I keep wondering how many people I would have infected had I not taken the test," Uday said. COVID-related facilities — for testing, vaccination and isolation — in the Panagarh rural hospital are confined to three different areas of the hospital. The non-COVID care section is relatively quiet. According to Radula Banerjee, non-COVID facilities have been hit badly during the last two months. "Before COVID spread rapidly, it was normal for people to seek medical help for problems like diarrhea or typhoid. Once COVID cases shot up, people were too scared to come to the hospital and only came here when they couldn't handle the situation at home," she said. "The staff and hospital capacity were limited, so we triaged cases. For example, pregnant women were only admitted and treated when they were in the final stages of their pregnancy non-COVID sections of the hospital continue to see little footfall in June, even after a drop in COVID cases. The immunization room for babies is in a decrepit condition, while the bedsheets in wards haven't been changed for days. A man approaches Banerjee for medicines, without wearing a mask, and he is promptly denied service. "People follow COVID protocols when we make it clear that we won't help them otherwise. They leave us no choice but to be strict with them," said Banerjee. Health workers reduce burden on hospitals At the other end of the hospital, COVID inoculations are in full swing. The hospital has administered nearly 150 doses of COVAX in, a vaccine against COVID developed by the Indian pharma firm Bharat Biotech. Padma, a community health worker, is noting down details of each person and checking them against information she has received from the local administrative body. She said that the Panagarh hospital wasn't overburdened with cases because community health workers spent a considerable amount of time raising awareness of the virus. “We used tactics like scaring people with news about death and the long-lasting consequences of COVID. This helped us tackle issues like vaccine hesitancy in certain communities," she underlined. According to a report by the NGO Center for Science and Environment (CSE), 53% of fresh cases and 52% of new deaths from COVID in May were reported from rural areas. The report added that community health centers in rural India need 76% more doctors.

Review Of Literature 12:

S. Karger AG, Basel, Dubai Medical Journal, 2020” Nurses on the Frontline against the COVID-19 Pandemic:

An Integrative Review suggested that, COVID-19 has affected the life and health of more than 1 million people across the world. This overwhelms many countries’ healthcare systems, and, of course, affects healthcare providers such as nurses fighting on the frontlines to safeguard the lives of everyone affected. Exploring the issues that nurses face during their battle will help support them and develop protocols and plans to improve their preparedness. Thus, this integrative review will explore the issues facing nurses during their response to the COVID-19 crisis. The major issues facing nurses in this situation are the critical shortage of nurses, beds, and medical supplies, including personal protective equipment and, as reviews indicate, psychological changes and fears of infection among nursing staff. The implications of these findings might help to provide support and identify the needs of nurses in all affected countries to ensure that they can work and respond to this crisis with more confidence. Moreover, this will help enhance preparedness for pandemics and consider issues when drawing up crisis plans. The recommendation is to support the nurses, since they are a critical line of defense. Indeed, more research must be conducted in the field of pandemics regarding nursing. Details from the 8 articles selected for the study were summarized in the form of a table containing the following information: the citation of the study, authors and date, place of the study, and the findings of the study.

Based on the findings of the review, most issues that face nurses when dealing with patients with COVID-19 can be summarized into two main types. The first involves staffing shortages, depression related to anxiety and fear of infection, a lack of communication with patients, and exhaustion due to working long hours without proper nourishment. The second type involves a lack of medical supplies and resources, such as personal protective equipment (PPE)

<u>Review Of Literature 13:</u>

Manual Garcia-Martin et.al, Journal of Nursing Management "Novice nurse's transitioning to emergency nurse during COVID-19 pandemic:

A qualitative study conducted research to explore the experiences and perceptions of recent nursing graduates working in emergency departments during the COVID-19 outbreak. The experiences of novice nurses working in EDs during a critical health emergency offer something important we can learn from, as essential as personnel management and clinical safety are. The first experience for new nurses in EDs might enrich their learning process, but it mostly generates anxiety, stress and fear. These services are usually overloaded, and increasingly overwhelmed in situations like the current health emergency, and require certain expertise that new nurses frequently lack. In addition, this issue is increased by the short-term and part-time contracts frequently offered to these nurses, which prevents them from truly establishing themselves as part of the ED team. Thus, shadowing training periods with expert ENs along with the use of evidence-based technology constitute a real opportunity to ensure novice nurses' confidence and learning as well as improving emergency care.

Similarly, continuing professional development for nurses in EDs as well as the need for emergency specialty-care providers became more evident in our results as a consequence of the pandemic, which is testing not just professionals' resilience but also contingency measures in public health systems worldwide.

METHEDOLOGY

a) Research design:

The research design selected for the present study was exploratory type.

Exploratory research is "the preliminary research to clarify the exact nature of the problem to be solved." Exploratory research can add quality and insightful information to a study, and is vital to a study. Exploratory research allows for the researcher to be creative in order to gain the most amount of insight on a subject.

b) Setting of the study:

The present study was conducted in a healthcare setup for trainee staff.

c) Identification of target and accessible population:

Target population comprised of all those staffs who are part of the healthcare organization less than six months

Accessible population for the project is tyro nurses working areas of the healthcare organization.

d) Sampling Technique:

-Sampling technique:

Non-probability convenient sampling technique was selected for the project work.

The non-probability convenient sampling involves choosing readily available people or objects for a study. The investigator preferred to select this sampling technique because of the constraints of time in order to complete the data collection within the stipulated time.

-Sample size:

The sample comprised of 50 newly joined staff nurses working.

e) Criteria for sampling:

The following criteria was set for selection of the subjects-

-Inclusion Criteria:

- Staff nurses who have less than six months of experience after their final degree in Nursing
- Staff nurses who have less than six months of experience in the healthcare setup.
- Nurses who are willing to participate in the study.

-Exclusion criteria:

- Nurses who have less than six months experience but not directly involved in patient care.

Data collection, technique and tool

The most important and crucial aspect of any research is data collection, which provides answers to the questions under study.

Preparation of the tool:

Developed the tool after updating the knowledge by reviewing the relevant literature on challenges faced by nurses and thus preparing a blue print of the survey. Tool prepared is based to assess and determine the challenges faced by tyro nurses in healthcare on COVID-19 pandemic situation. Apart from own experience, theoretical, knowledge, guidance from the expert and review of literature helped in developing the tool necessary for the project.

Description of data collection tool:

The survey consists of two sections:

Section 1:

Demographic data which consists of 4 questions on personal data of the subjects.

Section 2:

Consists of survey to assess the challenges faced by novice nurses in healthcare in (Covid-19) pandemic situation.

It was categorized to cover the following topics:

- To evaluate the workload during Covid-19 pandemic situation
- To determine the confidence level in handling patients especially with respiratory symptoms

- To find the satisfaction during preceptor-preceptee (buddy) phase
- To estimate the time management in accomplishing the tasks assigned
- To understand the impact on functional ability during pandemic situation
- To assess the effect of trainings and recreational sessions in reducing stress levels.

Data collection procedure:

Permission was obtained from the Head Nurse. The purpose and nature of the study was explained to the authority to gain co-operation. The investigator enquired the willingness of the participants who will be part of the project.

The data was collected in a week with the help of survey keeping in view the target subjects required with the help of survey questionnaire.

RESULT AND DISCUSSION

This chapter presents analysis of data collected and its interpretation from 50 subjects working in critical and non-critical areas.

Organization of the study findings:

The collected data was tabulated, analysed, organized and presented under the following different headings using descriptive statistics.

Section 1:

Questions based on demographic variables of the subjects

Section 2:

- To evaluate the workload during Covid-19 pandemic situation
- To determine the confidence level in handling patients especially with respiratory symptoms
- To find the satisfaction during preceptor-preceptee (buddy) phase
- To estimate the time management in accomplishing the tasks assigned
- To understand the impact on functional ability during pandemic situation
- To assess the effect of trainings and recreational sessions in reducing stress levels

SECTION 1

Table: Distribution of subjects working in critical and non-critical care areas in relation to the demographic variables

Parameters		**No. of cases**	**Percentage (n=50)**
Gender	Male	13	26 %
	Female	37	74%

Professional Qualification	G.N P.B.B. Sc Nursing B.Sc. Nursing	17 3 30	34% 6% 60%
Department	Critical Care Area Non- critical Care Area	34 16	68% 32%
Do you have any information on COVID-19 before joining the organization?	Yes No	42 8	84% 16%

Note. G.N – General Nursing

P.B.B.Scs. Nursing- Post Basic Bachelor of Science in Nursing

B.Sc. Nursing- Bachelor of Science in Nursing

Findings and Data Interpretation:

Section 1:

Table illustrates the distribution of subjects working in critical and non-critical care areas in relation to the demographic variables.

- Data shows that out of the total subjects (n=50) i.e., 100%, 37 (74%) were females and 13 (26%) were males.
- Maximum of the subjects 30(60%) are B.Sc. nurses, 17(34%) have done G.N as primary degree and 3 (6%) have completed their P.B.Scs nursing course

- Majority of the subjects 34 (68%) were working in critical care area and a small proportion of the subjects 16(32%) were from non-critical care area.
- Most of the subjects 42 (84%) had some information about COVID-19 before joining the organization and 8 (16%) had no information on the same.

Section 2:

The section illustrates in graphical representation the challenges faced by novice nurses during COVID-19 pandemic situation

- **Figure 4.1:**

  Out of the 50 subjects, 34 (68%) were of the opinion that COVID-19 has increased their workload and 16 (32%) were not of the opinion, thus it can be concluded that workload has increased during pandemic situation

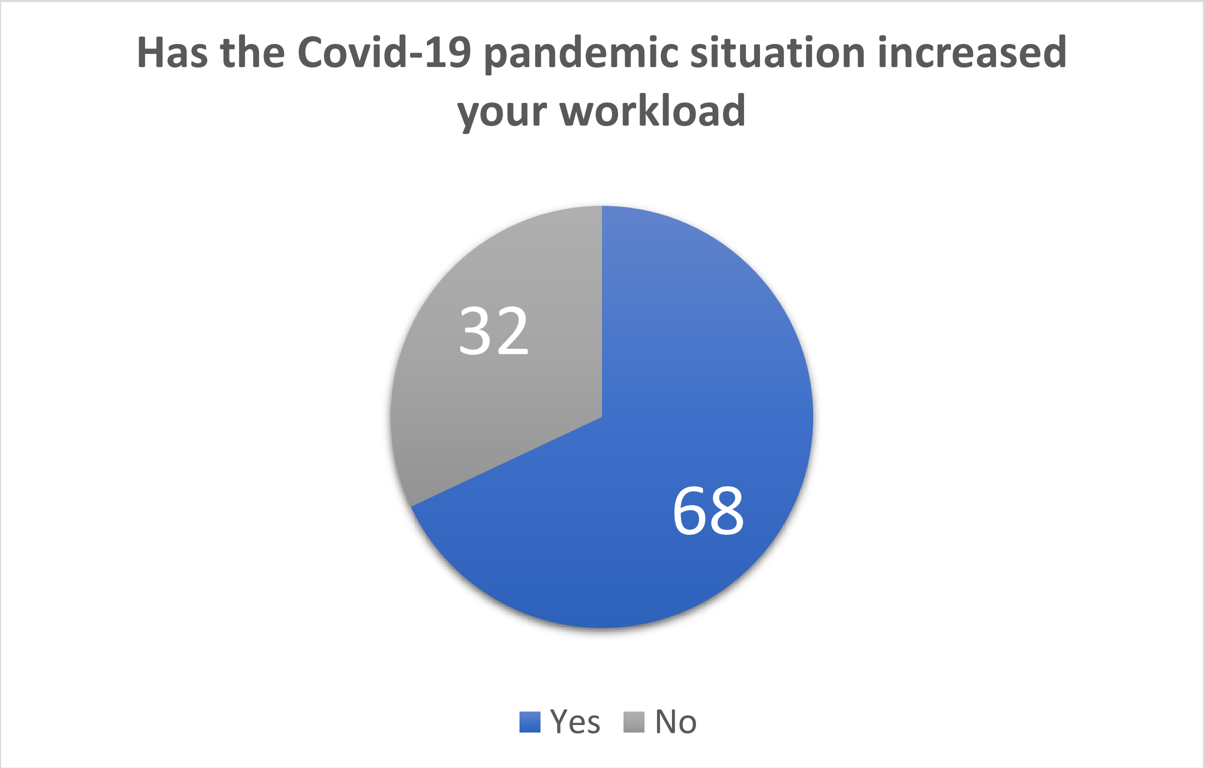
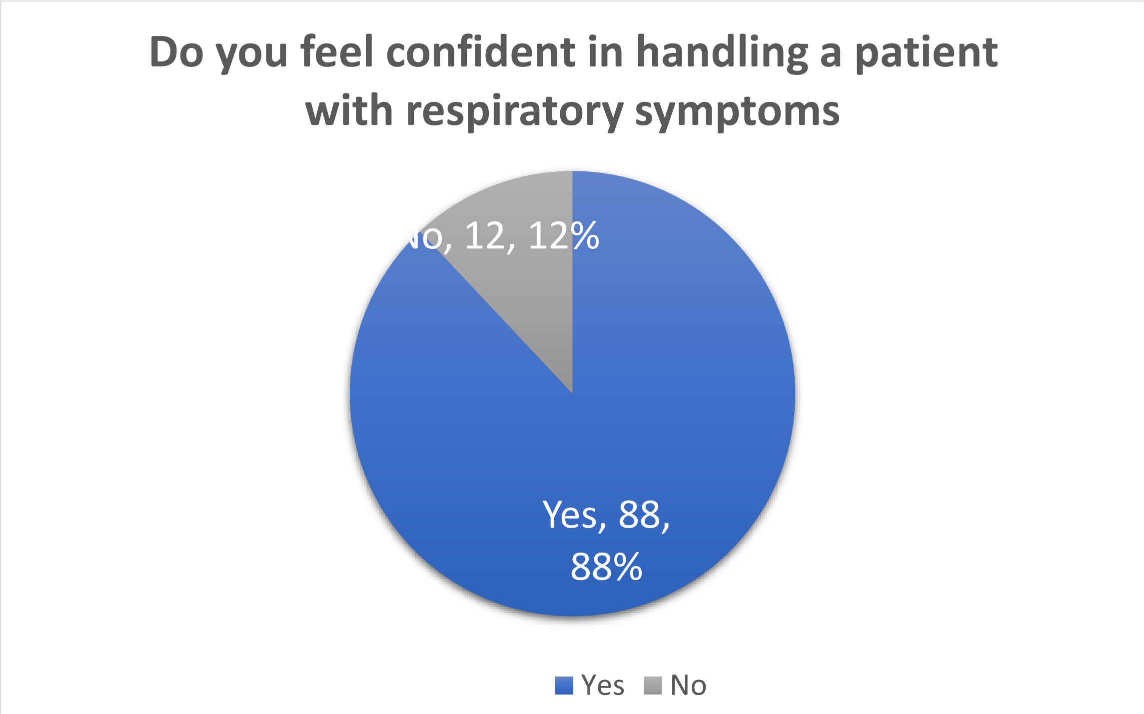


Figure 4.2:



Out of the 50 subjects, 44(88%) were confident in handling patients with respiratory symptoms and 6 (12) were not confident, hence inferences can be drawn that majority of the subjects were abreast with the infection control practices but sessions on regular basis will be helpful increasing their knowledge and thereby their skills to function efficiently

Figure 4.3:

Out of the 50 subjects, 42 (84%) were satisfied in budding training,7 (14%) were neither satisfied nor dissatisfied and 1 (2%) were dissatisfied, therefore it can stated that buddy training is a crucial element in the initial phase with some additional supervision can play a vital role in the learning phase of the newly joined staffs

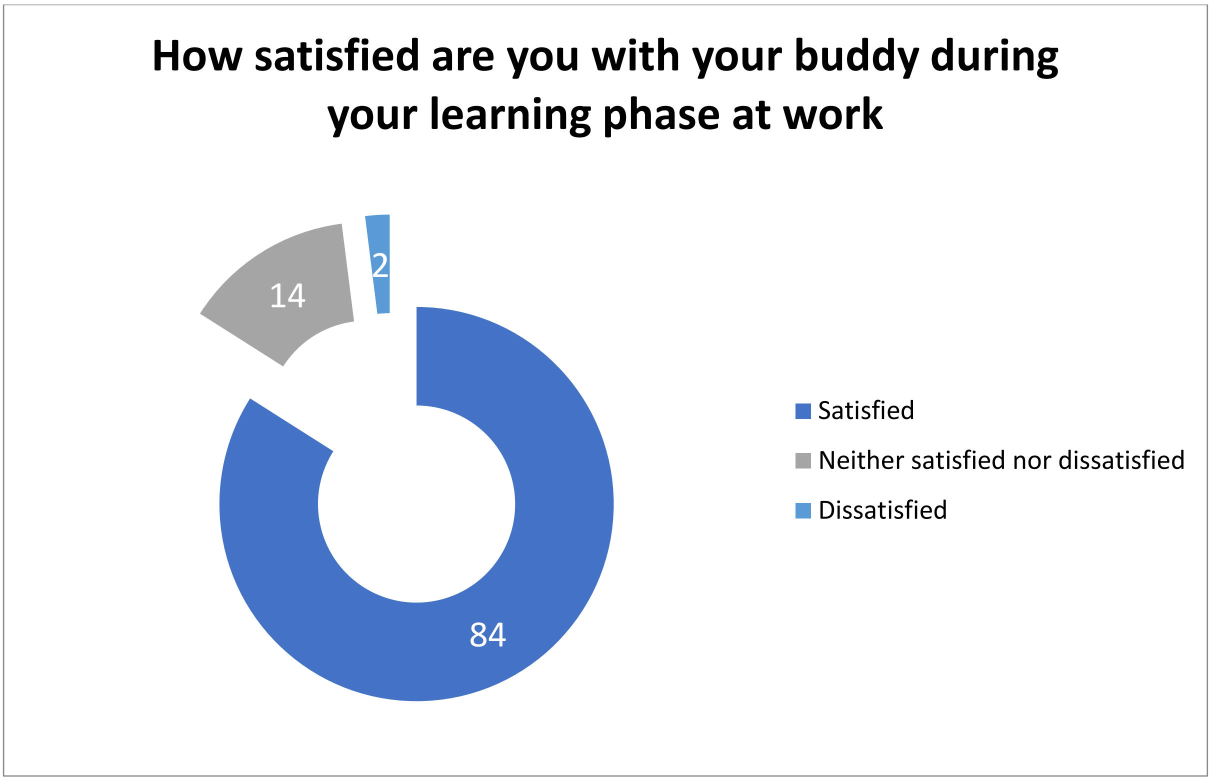
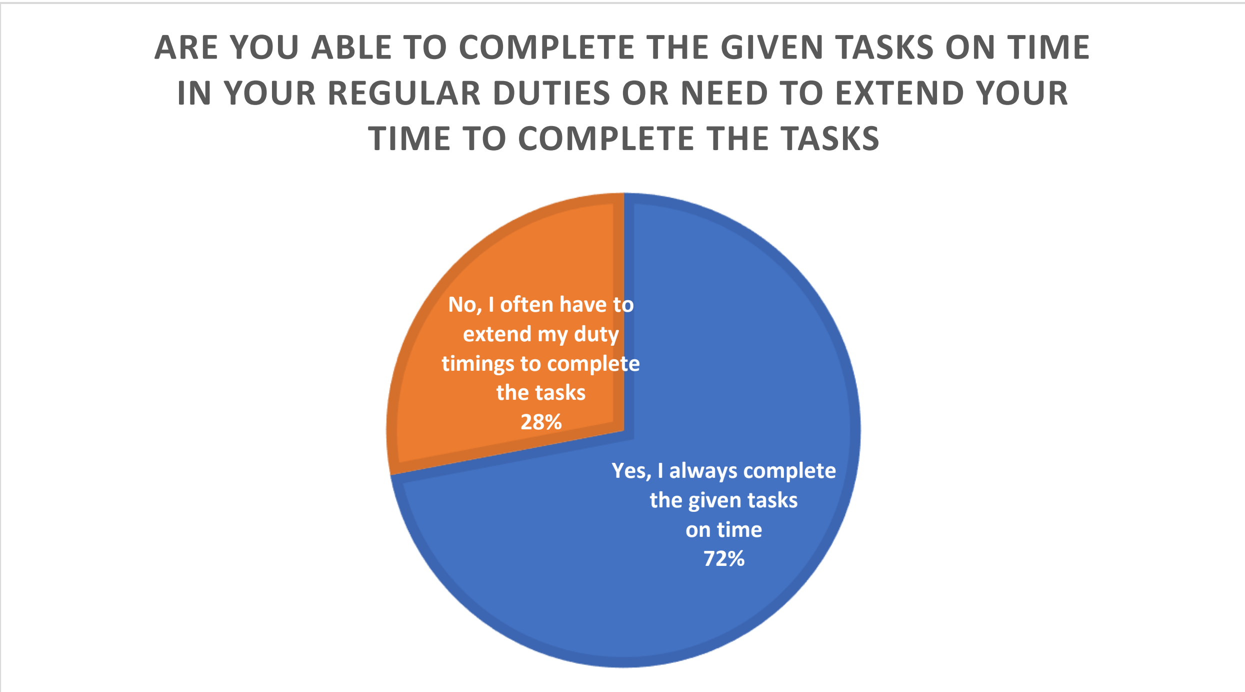
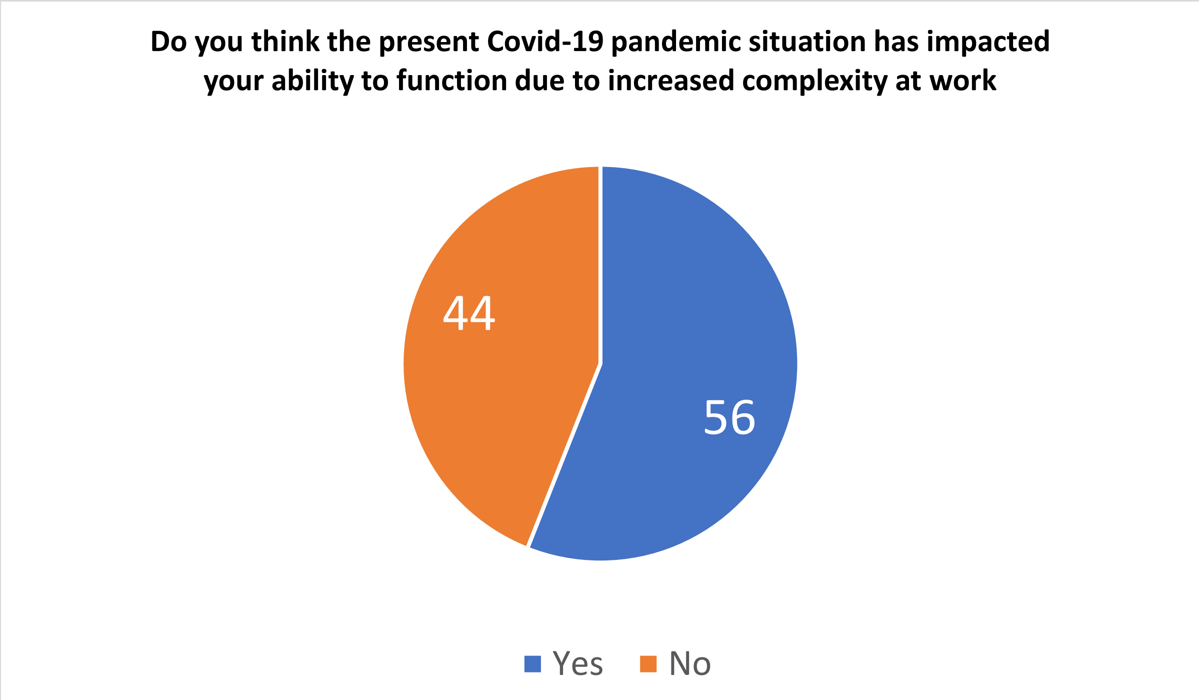

How satisfied are you with your buddy during your learning phase at work
14
2
84
Satisfied
Neither satisfied nor dissatisfied
Dissatisfied

Figure 4.4:


ARE YOU ABLE TO COMPLETE THE GIVEN TASKS ON TIME IN YOUR REGULAR DUTIES OR NEED TO EXTEND YOUR TIME TO COMPLETE THE TASKS
No, I often have to extend my duty timings to complete the tasks 28%
Yes, I always complete the given tasks on time 72%

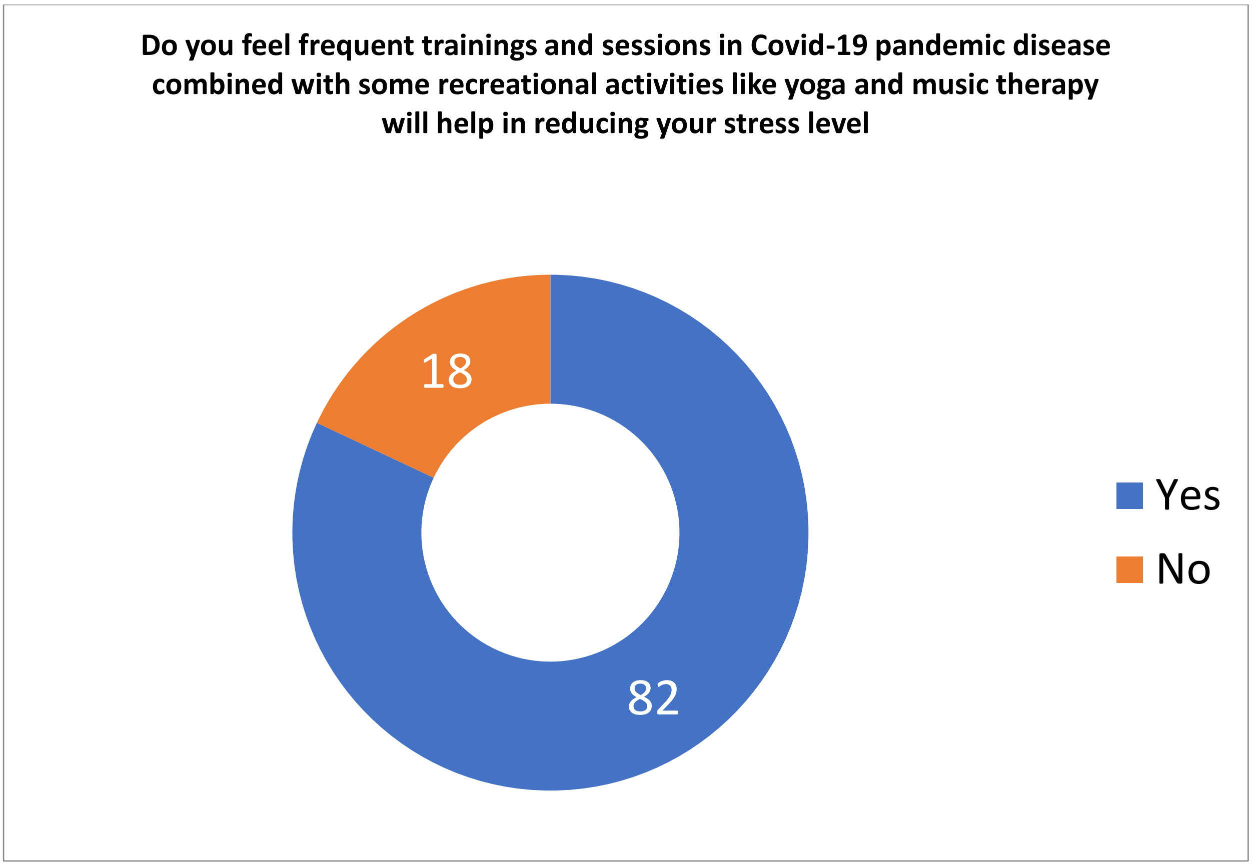
Out of the 50 subjects,36 (72%) completed their tasks on time and 14(28%) often delayed in completing the tasks, thus it can be concluded that those who are finding it difficult to accomplish their tasks on time can be benefitted through team building approach

Figure 4.5:



Out of the 50 subjects, 28(56%) were of the opinion that COVID-19 pandemic has affected their functional ability and 22 (44%) were not of the opinion, thus it can concluded that COVID-19 put forth more challenges for the newly joined to adapt to the working environment

Figure 4.6:



Out of the 50 subjects,41 (82%) felt that frequent trainings and recreational activities will help them reduce stress and 9 (18%) were not of the opinion, therefore it can concluded that such sessions would indeed be helpful in acting as a stress buster for the novice nurses

RECOMMENDATIONS

Based on the findings of the project work, this are few recommendations:

- Communication with the newly joined nurses by the respective nurse manager/ nurse-in-charge of the unit, nurse educator and clinical instructor on a weekly basis for at least a period of 3 months to clear their queries and inhibitions if any and thus boost their confidence level.
- Frequent sessions on infection control practices should be conducted as a priority both at departmental level and mass trainings to keep them abreast with the protocols and policies.
- Professional counseling and continuous appreciation by the superiors will inculcate a sense of team spirit and bonding, which should be made as a practice by the HR for creating a feeling of oneness.
- Adequate rest periods, offs as per HR policy, nutritional management should be incorporated to prevent burnout syndrome and to reduce the attrition rate.
- Buddy (preceptor) should be adequately be trained in not only teaching and guiding the newly joined but also should mandatorily undergo psychological counseling sessions by certified counselors to help their preceptee's.

Implications of the study

The findings of the study have implications in nursing practice, nursing education, nursing administration and nursing research.

Nursing Practice:

- Project work can contribute in the area of nursing practice by early identification of the challenges faced by the novice nurses and thus providing them with adequate counseling and teaching, and be a constant support to help them to reduce their stress levels and thus enabling these nurses to adapt and accept the working environment better and early. This would also aid in reducing not only the attrition rate but also burnout syndrome and thus make them productive in their professional life.

Nursing Education:

- The inferences drawn from the project can be very useful to the nurse educators to prepare various sessions and mass trainings keeping in view the challenges encountered by the novice nurses and thus be a helping hand to these budding group of nurses.

Nursing Administration:

- As part of the nursing administration, the nurse managers/ nursing in-charge play a vital role in the training of the newly joined nurses, to understand their difficulties, and accordingly help them take care of patients with confidence and also keep them updated of all the policies and protocols of the organization thus reducing their anxiety and helping cope better in the working environment.

Nursing Research:

- Nursing research is an essential component of today’s nursing education. The research is the only possible method to generate evidence for improving the existing knowledge and practice and therefore other researchers can utilize the inferences drawn from this project work for conducting further study.

Conclusion

The era of 2020 to 2022 has accepted the fact that nurses are not only the backbone of every healthcare organization but also at the frontline for fighting the deadly COVID-19 virus. Thus, nurses have a valuable and crucial contribution in the field of healthcare and so it is the responsibility of an organization as a whole to develop mechanisms to promptly identify the challenges faced, and provide a helping hand to the newly joined nurses, to provide them with adequate and constant support and guidance to combat all the inhibitions and prepare them to deliver quality care to patients and be better professionals.

BIBILIOGRAPHY

1) Joshi S. Coronavirus disease 2019 pandemic: Nursing challenges faced. Cancer Res Stat Treat [serial online] 2020 [cited 2021 Jun 17];3, Suppl S1:136-7.
2) Millar RC. Nursing a patient with Covid-19 infection [editorial]. J Evidence-based Nurs Prac 2020[cited 2020 Apr 10];1(1):4-8. Available from: https://journal-ebnp.com/files/2020/02/nursing_a_patient_with_covid-19_infection.pdf
3) World Health Organization (WHO). State of the world's nursing 2020: investing in education, jobs and leadership. Geneve: WHO; 2020[cited 2020 Apr 10]. Available from: https://apps.who.int/iris/bitstream/hand le/10665/331677/9789240003279-eng.pdf
4) 'I'm very nervous': student nurses on the frontline against Covid-19. The Guardian. 2020 [cited 2020 Apr 10]. Available from: https:// www.theguardian.com/world/2020/mar/27/im-very-nervous-studentnurses-on-the-frontline-against-covid-19
5) Dr.Koushal Dave, Challenges faced by nursing professionals working in hospitals in dealing With covid - 19 patients,International Journal of Current Research
6) American Association of Colleges of Nurses. (2019). Nursing fact sheet. https://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Fact-Sheet
7) American Nurses Association. (2020a). COVID-19 survey responses. https://www.nursingworld.org/~4987e5/globalassets/covid19/ana_covid19infographic_dataset1_20200424-final.pdf
8) Journal of Nursing Research: April 2021 - Volume 29 - Issue 2 - p e138
9) Dubai Med J 2020;3:87–92 https://doi.org/10.1159/000509361
10) Joshi S. Coronavirus disease 2019 pandemic: Nursing challenges faced. Cancer Res Stat Treat 2020;3, Suppl S1:136-7
11) Polit Df, Beck. Nursing Research: Generating and assessing evidence for nursing practice, 8th edition. New Delhi: Wolters Kluwer (India) Pvt, LTD;2008
12) Oxford English Dictionary. New Delhi. Jaypee Brothers Medical Publisher.2008
13) Max Planck. The dilemmas of an upright man [online] 1997 [cited on 2014 Jan]
14) Basavanthappa B.T Nursing. 1st edition. New Delhi: Jaypee Brothers Medical Publishers (p) Lts'2006:p.19-39
15) Vincy Tribhuvan, Nurse of India journal," Redefining of Nursing Management in the Era of Covid-19