

Perception of nurses' professional identity during the first wave of Covid-19 pandemic infections.

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Abstract. *Background and aim of the work:* The main purpose of this study is to investigate on the experience of nurses working in the Covid-19 area focusing on their role's perception. In particular, we explored the nurses' perception of job satisfaction in relation to the images sent back by public opinion through the mass media and social communication channels. During the first wave of Covid-19 nurses have acquired media visibility, but their feeling is represented more by the discomfort of finding themselves suddenly glorified in the face of a lack of professional, social, and economic recognition. *Materials and methods:* A Mix-Method methodology and convenience sampling was adopted, on the population of professionals and students in post-graduate specializations, belonging to the Department of Medicine and Surgery of the University of Parma, and by nurses from the ASST-Bergamo Est, Lombardia Italy, who worked in the Covid emergency during the first *wave* of the pandemic, from February 2020 to May 2020. In the quantitative phase Stamm's Professional Quality of Life Scale - ProQOL was administered to 89 respondents through a Google Form, In the qualitative phase, 3 Focus Groups were conducted on a total of 17 students. *Results:* At the ProQOL questionnaire, a moderate score was found in the Compassion Satisfaction scale (CF = 38.28) and in the Secondary Traumatic Stress subscale (STS-24.33), while low values emerged in the Burnout subscale (BO = 16.02). Five specific topics emerged from the focus groups: Professional collaboration, Job satisfaction, Nurse's personal skills, Failure to protect the public image and the nursing profession. *Conclusions:* The professional collaboration, union with the work team, sense of solidarity, job satisfaction, professional growth, and awareness of one's role seem to have worked favorably on Compassion Satisfaction, while keeping Compassion Fatigue levels under control.

Key words: Nurses, Covid-19, compassion fatigue, compassion satisfaction, burnout, professional identity

Introduction

On December 31, 2019, the Wuhan Municipal Health Commission (China) reported a cluster of pneumonia cases of unknown etiology to the World Health Organization (WHO). On January 9, 2020, the Chinese CDC reported that a novel coronavirus

(2019-n-CoV) had been identified as the causative agent and the genomic sequence had been made public. The subsequent impact of the Covid-19 pandemic, at an economic, social, historical, institutional, and scientific level is and will be profound. Healthcare personnel, especially nurses, have acquired media visibility by being described as "heroes" and essential

workers in the pandemic, but their feeling is represented more by the discomfort of finding themselves suddenly glorified in the face of a lack of professional, social, and economic recognition (1). The rationalization policies and the cuts in the health sector over the years have produced an impoverishment of resources and a lack of economic recognition. Furthermore, the organizational models still centered on hierarchical interaction, have accentuated the nurses' perception of the non-recognition of their ethical and deontological values as well as of the dignity of the nursing role. Working in isolation, the fear of contagion for oneself and for one's families, the risk of an epidemic which later turned into a pandemic, are factors that have affected the psychological condition of the operators, determining states of anxiety, panic, stress and exponentially increasing the risk of burnout (2). Professionals found themselves facing situations of inevitable uncertainty, insecurity, and fear of making a mistake, both from a professional and human point of view. Conditions that have contributed to accentuate the stress state, and "a state of exhaustion closely related to a care relationship with a loss of adaptability", that is defined Compassion Fatigue. Healthcare professionals have always been subjected to traumatic, stressful situations and psychological pressures in the workplace. These conditions expose them to the risk of manifesting situations of Compassion Fatigue or Burnout (3).

The first consists of a temporal process that is the result of a cascade of events with intense and prolonged exposure and which manifests itself in the form of psycho-emotional distress (insomnia, generalized pain, and depression). The term Burnout instead refers to a manifestation of symptoms of mental and / or physical exhaustion, decrease in energy caused by contact in the workplace with suffering and pain (3). In the presence of these "pathological manifestations" the principle of working well-being known by the term of Compassion Satisfaction, which coincides with the professional satisfaction in having done a good job, is lost (4). However, the nurse's perceived satisfaction with doing good work, or Compassion Satisfaction, increases due to personal motivation and perception of their social recognition (4). There are two evident paradoxical tensions in the public perception of the figure of the nurse: it is recognized as reliable and respected

for its honesty and integrity, but at the same time the skills and knowledge, the complexity of the profession itself, and its intellectual challenges are not fully considered (5).

Aims

The main purpose of the study is to investigate the experience of nurses who worked in the Covid-19 area regarding their role's perception. Moreover, we explored the relationship between what the nurses experienced during the first phase of the pandemic and their role's social perception, with an eye of regards towards nurses' perceived job satisfaction in relation to the images sent back by the public opinion through mass media and social, focusing on how communication channels influenced public opinion on nurses' role and image during the pandemic first wave.

Materials and Methods

Design

A Mixed Methodology was adopted, on the population of professionals and students in post-basic training, who worked in front-line Covid-19 emergency during the first wave of the pandemic from February 2020 to May 2020.

Instruments and procedure

During the first quantitative phase, the Stamm's Professional Quality of Life Scale ProQOL questionnaire (6) was adopted. 89 self-administered questionnaires were collected online, to measure the positive and negative effects of helping others experiencing suffering and trauma. From November 2020 to February 2021 a link on the Google Form was submitted to the students of the post-graduate specialization in "Nursing in Critical Area", Post-graduate specialization in "Management of Infectious Risk related to healthcare "and the Post-graduate specialization in" Case/Care Management in hospitals and in the area for the health professions ", belonging to the Department

of Medicine and Surgery of the University of Parma, and to nurses from the ASST-Bergamo EST Hospital. In the second part, a qualitative survey was conducted through three Focus Groups (6), for a total of 17 students of the post-graduate specialization in Infectious Risk Management and in Critical Area of the Department of Medicine and Surgery of the University of Parma. The recruitment was carried out by sending the information on research and the application forms by e-mail. The focus groups were conducted online in the period between January and February 2021. The grid used for the interview was built on the basis of the data that emerged in the literature and aimed at investigating the experience of the front-line nurses during the first part of the Covid-19 emergency, focusing on their role's perception, the protective factors, their adaptability skills, and mass media and public opinion linked to their public image.

Results

From the analysis of the data that emerged from the ProQoI questionnaire, a moderate score was found in the Compassion Satisfaction scale (CF = 38.28), and in the Secondary Traumatic Stress subscale (STS-24.33), while low values emerged from the Burnout subscale (BO = 16.02) (Table 1).

The analysis of the focus groups was carried out through the transcription of the video recordings word by word (verbatim), identifying the main units of meaning, based on the areas defined in the guide of the topics for discussion of the focus groups (6). Subsequently, codes were assigned to organize the individual extracts into strings, relating to the units of meaning, to identify significant sub-categories in relation to the research objectives / questions. By analyzing each focus group

we have identified sub-categories which, grouped by relevance, have evolved into broader categories (macro-categories). Subsequently, through the discussion of the working group, the macro-categories were condensed into the following thematic macro-areas:

1. **Professional collaboration**, formed by the sub-categories "sense of cohesion", "union of the working group", and "sense of solidarity": *"What gave me strength were my colleagues, the group without a doubt"*.

2. **Job satisfaction**, made up of the sub-categories "gratification and social recognition", "professional growth", and "awareness and recognition": *"it helped me . . . it was certainly the patients who, when you entered the room, needed your feedback or your gaze. the help that is, it helped me a lot to understand that for them I was essential."*

3. **Compassion fatigue**, composed of the sub-categories "Fear of contagion", "Sense of abandonment from the company organization," "Lack of consistency of the values related to caring and professional ethics": *"Because it was as if I had to do things I didn't know how to do. I felt like a risk every day every day"*.

4. **Personal skills of the nurse**, made up of sub-categories: "resilience capacity", "adaptability", "sense of responsibility", and "ability to manage one's professional role independently": *"We found ourselves working with machines we did not know, with doctors we didn't know, with patients we didn't know"*.

5. **Failure to protect the public image and the nursing profession**, composed of the sub-categories "economic recognition", "image of the nurse transmitted by the mass media not representative of the reality experienced by nurses", "disappointment of nurses in seeing the image of their professionalism distorted by the masses media", and "exploitation of the public image of the nurse": *"In an article we were praised, in the article of the day after right from the stars to the stables . . ."*

Discussion

The study explored the experiences of nurses who worked with Covid-19 patients, during the first wave of infections from March 2020 to May 2021. It focused on nurses' perception regarding their role, factors that impact on one's job satisfaction, the protective and hindering factors that have affected the ability

Table 1

	Compassion Satisfaction	Secondary Traumatic Stress	Burnout
Average	38,28	24,33	16,02
Standard Deviation	6,08	7,95	4,34
Level	Moderate	Moderate	Low

to adapt to difficulties, and the impact of the public opinion, through mass media and other communication channels. When compared to the current literature (2,6,7) it is found that the Burn Out (BO) scale value of our sample was average in general. On the contrary, values were medium-high when considering the scale of Compassion Satisfaction (CS). These values were confirmed when compared to the literature, used to interpret what was reported by the nurses in the focus groups. What emerged from the focus groups was that taking care of patients during the first wave of the pandemic was a source of profound satisfaction, given the perception of having provided quality care and the awareness of having been a fundamental point in the teamwork. From the qualitative data it emerges that nurses felt a greater motivation in taking care of patients, a greater sense of responsibility, resilience and ability to adapt, which would seem to have enhanced their perception of feeling able to face difficulties. The sense of responsibility and closeness towards the patient could have favored the development of a sense of awareness of one's professional skills, which, associated with the patient's manifestations of gratitude, could have represented a protective factor against stress and therefore to the maintenance of a moderate level of CS. Professional collaboration acted as a protective factors, the working group was experienced as a resource in dealing with technical and emotional difficulties, the sense of cohesion of the group and the sense of belonging made it possible to face and overcome situations of difficulties by stimulating the activation of personal and professional resources. A further element of help in the difficulties were their own technical and relational skills, which had a positive impact on job satisfaction. All of this appears to have had a positive impact on stress management. It is highlighted how well nurses were able to adapt to new organizational needs, which forced them to move from one operating unit to another as needed, thus demonstrating a high capacity for coping / adaptation, flexibility, and a high level of competence. The work isolation measures adopted during the pandemic were instead an obstacle in assistance and care activities, compromising the relationship with the patient and modifying part of the expression of their role, of which nurses no longer recognized the ethical value. Further obstacles were the role played by

the nurse in the patient's end-of-life (EOL) care, as the operator often found himself facing it in solitude; a sense of abandonment of the nurses, on the part of the professional orders that have not been able to convey the needs and requests of the nurses. The interviewed nurses believe that the image reported by mass media is not representative of their experienced reality. In fact, they did not recognize themselves in the images transmitted by mass media and published by social networks depicting them as stereotyped icons of heroes, to capture the attention of the public, without emphasizing the nursing profession skills. The photos that the nurses published on social networks should have been interpreted as the need to communicate the experienced fatigue "in real-time" by those who lived it. Instead, this communication was interpreted as a way of exposing to the media that did not positively influence public opinion. Within an uncertainty atmosphere, we have also passed, from an exaltation of the heroes' image, to a demonization of the figure itself.

Conclusions

We can conclude that professional collaboration, union with the work team, sense of solidarity, job satisfaction, professional growth, and awareness of one's role seem to have worked favorably on Compassion Satisfaction, while keeping Compassion Fatigue levels under control. It was also highlighted how nurses perceived a sense of abandonment from the company management, as they did not feel supported at an organizational, emotional, and psychological level, highlighting the lack of leadership in the operational units to deal with critical situations and emergencies. Besides perception of greater recognition and support of the profession on a social level also acts on public opinion. It would be interesting to continue the research to evaluate if the protective factors remain after some time. In particular, it would be useful to investigate the protective factors on distinct populations among the professional figures, since the scores of collected data cannot be generalized to other professional figures, but can only be ascribed to the population of nurses who have worked in the Covid-19 area so far.

The limitations of this research are linked to the lack of correspondence between the sample of respondents in the two parts of the research. This is an exploratory study and it is not possible to generalize results, further investigations are needed.

Conflict of Interest: each author declares that they have no commercial associations (ex: consulting company, share ownership, interest participation, patented agreement / license, etc.) which could represent a sign of interest in relation to the article presented.

References

1. Julianne B. COVID-19: An opportunity for change. ANJ; Melbourne 2020; **26**, (11): 35.
2. Fernández M, Ramos-Pichardo J, Masero O, Cabrera-Troya J, Carmona-Rega M, Ortega-Galán A. Compassion fatigue, burnout, compassion satisfaction and perceived stress in healthcare professionals during the COVID-19 health crisis in Spain. *J Clin Nurs* 2020; 29:4321–4330.
3. Day J, Anderson R. Compassion fatigue: an application of the concept to informal caregivers of family members with dementia. *Nurs Res Pract* 2011. Figley, CR. Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized. Routledge. Brunner/Mazel Psychosocial Stress series 2013; 23.
4. Capone S, Sambati V, Montanari E, Antonazzo M. L'infermiere tra immagine sociale e professionale: esperienze dirette, stereotipi e ruolo dei media. 2017.
5. Merton R. The focussed interview and focus groups continuities and discontinuities. *The Public Opinion Quarterly*, 1987; 51(4): 550-566
6. Nathiya D, Suman S, Singh P, Raj P, Singh B. Mental Health outcome and Professional quality of Life among Healthcare Worker during COVID-19 pandemic: A (FRONTLINE-COVID) survey. *Ann Med Psychol (Paris)* 2020, 13, (4) : 196-202.
7. Dosil M, Ozamir N, Redondo I, Picaza M, Jaureguizar J. Psychological Symptoms in Health Professionals in Spain After the First Wave of the COVID-19 Pandemic. *Frontiers in Psychology* 2020.11: 606121.

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