

Positive Experiences of Nurses Working During the Covid-19 Pandemic

Pozytywne doświadczenia pielęgniarek i pielęgniarzy pracujących w czasie pandemii Covid-19

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Abstract

Introduction. The Covid-19 pandemic was a crisis situation that strained the health system. It carried a high risk of negative consequences, but there are also chances that some positive aspects will emerge, known as the post-traumatic growth phenomenon.

Aim. The main aim of the study was to document and analyse the positive work experience of nursing staff in Poland gained in the period of the Covid-19 pandemic.

Material and Methods. A qualitative study was conducted using the empirical phenomenological approach. The study involved a group of 215 nurses from different regions of Poland, including 209 women and 6 men aged between 22 and 65 years. They worked in hospital wards and in primary care. The study was carried out using an online survey method with subjects allowed to add comments. The results were subjected to content analysis.

Results. During the analysis of the material, 10 thematic categories emerged, i.e. remuneration, professional development, team integration, epidemiological principles, adaptation to new conditions, lack of visits, assistance, improvement of work organisation, staff shortages and telemedicine.

Conclusions. Based on the results of this study, it was indicated that nurses observe some positive experiences in relation to working during the pandemic. The results of this study can provide a starting point for further analyses that may be used to organise the work of nursing staff. (JNNS 2022;11(3):99–104)

Key Words: Covid-19, experiences, nurses, pandemic, qualitative research

Streszczenie

Wstęp. Pandemia Covid-19 była sytuacją kryzysową która nadwyrężyła system ochrony zdrowia. Niosąc za sobą duże ryzyko negatywnych konsekwencji, ale istnieją również szanse, że pojawią się pewne pozytywne aspekty określane jako zjawisko potraumatycznego wzrostu.

Cel. Głównym celem pracy było udokumentowanie oraz analiza pozytywnych doświadczeń pracy personelu pielęgniarskiego w Polsce z okresu trwania pandemii Covid-19.

Materiał i metody. Przeprowadzono badanie jakościowe stosując empiryczne podejście fenomenologiczne. Badaniem objęto grupę 215 pielęgniarek z różnych regionów Polski, w tym 209 kobiet i 6 mężczyzn w wieku od 22 do 65 lat. Pracujących na oddziałach szpitalnych oraz w podstawowej opiece zdrowotnej. Badanie przeprowadzono stosując metodę ankiety internetowej z możliwością swobodnej wypowiedzi. Wyniki poddano analizie treści.

Wyniki. W trakcie analizy materiału wyłoniono 10 kategorii tematycznych: wynagrodzenie, rozwój zawodowy, integracja w zespole, zasady epidemiologiczne, przystosowanie do nowych warunków, brak odwiedzin, pomoc, poprawa organizacji pracy, braki kadrowe oraz telemedycynę.

Wnioski. Na podstawie wyników niniejszego badania wskazano, że pielęgniarki obserwują pewne pozytywne doświadczenia w związku z pracą w trakcie pandemii. Wyniki tego badania mogą być punktem wyjścia do dalszych analiz, które mogą zostać wykorzystane do organizacji pracy personelu pielęgniarskiego. (PNN 2022;11(3):99–104)

Słowa kluczowe: Covid-19, doświadczenia, pielęgniarki, pandemia, badania jakościowe

Introduction

The Covid-19 pandemic is described as the largest atypical pneumonia outbreak of the 21st century. It began in 2019 in the city of Wuhan, China [1]. The global spread of the disease prompted the World Health Organisation (WHO) to label it a pandemic on 11 March 2020 [2]. According to WHO data as of 26 October 2022, there have been more than 625,000,000 confirmed cases of Covid-19 and more than 6 million deaths [3].

The world as we have known it so far has been unexpectedly transformed by the spread of the SARS-CoV-2 virus. This has exacerbated psychological insecurity in society. There has been a disruption of previous patterns of functioning through the introduction of numerous restrictions, including isolation and impeded access to services [4].

The Covid-19 pandemic was an emergency situation, severely straining the health system and at the same time testing its organisation and functioning under previously unknown conditions [5]. It was also a test of sorts for medical personnel (doctors, nurses, paramedics, support staff), who experienced work overload, the need to perform new duties, frequent contact with death, fear for themselves and their loved ones, while lacking knowledge and sometimes insufficiently protecting their own health safety [6]. Recent studies have shown that this has resulted in mental health disorders, such as increased job burnout, the onset of symptoms of post-traumatic stress disorder or sleep disorders [7].

Every crisis situation carries with it the risk of negative consequences, but at the same time there may be new opportunities and chances for changes for the better. These may include the phenomenon of post-traumatic growth [8]. According to the scientific literature, it is a set of positive changes in the context of self-perception, interpersonal relationships and life evaluation, which are the result of an attempt to cope with a traumatic situation [9]. The phenomenon of post-traumatic growth is characterised by its great complexity and dependence on the characteristics of the stressful situation and the individual concerned [8].

Research on the consequences of working under conditions of the Covid-19 pandemic carried out to date has focused mainly on the negative effects [10], which seems to present a picture of the experience from only one perspective. Just a few papers by foreign authors have analysed the positive aspects of the pandemic, and these have not involved nurses [7,11].

Therefore, the authors of this article undertook a study to document and analyse the positive work experiences of nursing staff in Poland during the Covid-19 pandemic. The results obtained may allow

behaviours to be observed and strategies and structures to be developed to support health care workers in crisis situations.

Material and Methods

This paper is part of a larger study mainly aimed at assessing job burnout among nurses during the Covid-19 pandemic. The entirety of this study involved 500 nurses from different regions of Poland, working in hospital wards and in primary care. The study was conducted using the online survey method, which included standardised questionnaires, a questionnaire on socio-demographic and work-related data and health status, and additionally an open-ended question “Do you perceive positive aspects of working in a pandemic?”, with a request for free comments. Answers were obtained from 215 (43%) of all respondents.

Data Analysis

The collected material was subjected to qualitative analysis, more specifically content analysis. This type of analysis allows thematic categories to emerge from the raw data without having to base the research methodology and method of analysis on a particular tradition of qualitative research. The first stage of the analysis consisted in a very close, active reading of the responses obtained, with a simultaneous attempt to find and extract key words and phrases. The fragments of text extracted in this way were assigned codes. Common categories were then created from the coded passages, based on similarity, and titled accordingly. This process involved repeated reading, going back and forth from the categories to the original text and vice versa, and modifying the initial categories until data saturation was achieved, i.e. until the replication and completeness of the emerged categories was confirmed and ensured [12].

Results

The study group consisted of 209 women and 6 men aged 22 to 65 years (mean 40 years, SD 12.4). All of them were employed as nurses, the majority (90.0%) had higher professional education (at least a bachelor's degree). More than 3/4 of the respondents worked in a hospital, on a shift basis. Detailed data are presented in Table 1.

Of the 215 respondents, 71 (32.5%) answered ‘yes’ to the open-ended question asked, without providing any additional information. The others (N=144) elaborated on their statements, in a way that allowed for further

Table 1. Sociodemographic characteristics of the nurses (N=215)

Variable	N	%
Age (years) (mean, SD; range)		40.10 (12.54; 22–65)
Gender		
Women	209	97.20
Men	6	2.80
Place of residence		
City	161	74.90
Village	54	25.10
Marital status		
Single	43	20.00
Formal and informal relationship	154	71.60
Separated/Divorced/Widowed	18	8.40
Education		
Secondary	21	9.80
Higher	194	90.20
Years of practice (mean, SD; range)		19.03 (12.67, 0.45–45)
Place of work		
Hospital	181	84.20
Other	34	15.80
System of work		
Shift	170	79.10
Not shift	45	20.90
Chronic diseases		
Yes	88	40.90
No	127	59.10
Having children in care		
Yes	79	36.70
No	136	63.30

in-depth analysis. Finally, 10 thematic categories were identified, i.e. remuneration, professional development, team integration, epidemiological principles, adaptation to new conditions, lack of visits, assistance, improvement of work organisation, staff shortages, telemedicine.

Each category is outlined below, illustrated with original quotes from the text.

The first category ‘Remuneration’ concerned 21% of respondents. This issue dominated the statements of the nurses surveyed.

“Higher pay” (Female 38 years old).

“Temporary salary increase” (Female 26 years).

“Cash bonuses for working at Covid — which I personally did not receive” (Female 23 years).

The second category ‘Professional development’, present in the statements of 16% of respondents, refers to the emergence of an opportunity to broaden one’s professional competencies.

“Improving knowledge and skills in infectious diseases and the use of personal protective equipment” (Female 31 years).

“Opportunity to work in a new nursing team, increase practical skills in nursing activities that I don’t do on a daily basis in my home ward” (Female 22 years).

“Yes, gaining new work experience. Doing activities that I didn’t normally deal with” (Female 39 years old).

Another category ‘Integration in the team’ present in 10% of the respondents’ statements reflects better cooperation in the therapeutic team, the satisfaction derived from the appreciation of one’s own work by colleagues, the reduction of distance in the hierarchy of professional positions.

“Showing what the health care system really looks like, bringing together teams from different specialties” (Female 27 years).

“Good cooperation with colleagues” (Male 44 years).

“Staff unity, caring mutual respect, understanding” (Female 60 years).

The context of increased epidemiological safety at work is illustrated by the category ‘Epidemiological principles’ declared by 10% of respondents.

“Greater attention to hand hygiene” (Female 35 years).

“Greater accessibility to personal protective equipment, and on the other hand, that everything had to be accounted for” (Female 50 years).

“Yes — absolute adherence to hygiene procedures by medical staff” (Female 53 years).

The category ‘Adaptation to new conditions’, present in the statements of 5% of respondents, refers to the ability to adapt to new conditions.

“New experience, quick adaptation to new working conditions and personnel” (Female 28 years).

“Rapid adaptation to changing working conditions” (Female 29 years).

Another category ‘No visits’ reported by 5% of respondents, indicated that the lack of visits by families or friends of patients is perceived positively by the staff. At the same time, indicating that this can have negative consequences for patients.

“Fewer visitors” (Female 26 years).

“No visits (negative for patients)” (Female 33 years).

“Yes, limited presence of families owing to the introduction of specific visiting regulations” (Female 37 years).

Some of the respondents' statements (4%) relating to the issue of outreach were grouped under the category of 'Help'.

“Helping the very sick” (Female 47 years).

“Outreach” (Female 35 years).

Another category, 'Improving work organisation' reported by 4% of respondents, illustrates that a number of activities can be carried out quickly and efficiently.

“Showing how wards can be organised quickly and efficiently to save patients' lives and highlighting shortages among medical staff” (Female 23 years).

“From my point of view, I can mention as positive the very good work organisation and the supply of adequate staffing and personal protective equipment, which shows that you are able to provide this, and quickly. Unfortunately, this is lacking in the 'normal' wards” (Female, 27 years old).

Due to the influx of patients and the need for new wards, it was noted by respondents (2%) that staff shortages were becoming apparent, as illustrated by the statements in the 'Staff shortages' category.

“Yes, interest of others in health care and staff shortages, pay” (Female 55 years).

“Making decision-makers aware of the lack of medical staff. But what did it achieve?” (Female 45 years).

The 'Telemedicine' category illustrates the statements of more than 1% of respondents, indicating that the development of the pandemic has contributed to the introduction of telemedicine and the possibility to work remotely.

“Yes, the introduction of telemedicine is an advantage” (Female 24 years).

“Yes, more opportunities to work online” (Female 46 years old).

“Remote consultations connected with referrals (only needing a referral to a specialist clinic, etc.) infectious wards earmarked for closure were noticed” (Female 28 years).

Discussion

The present study aimed to demonstrate whether the Covid-19 pandemic in Poland, in addition to the negative effects on the mental health of health care workers already well described in the literature, also had some positive effects. In the assumptions of the study, the authors expected that the results obtained would mainly focus on the experience of the post-traumatic growth phenomenon. However, it turned out that in the spontaneous statements of the nurses surveyed, the predominant issue was that of the broadly understood working environment and conditions.

Respondents repeatedly pointed to aspects such as remuneration or staff integration. Improved financial conditions were a real benefit achieved by staff. This was possible through the introduction of the so-called covid allowances for those working with infected patients. A different experience is presented by studies conducted in Turkey, signalling a disruption to the financial stability of medical staff in that country [13].

The Polish nurses noted that the new situation in which they had to work created conditions for getting to know their co-workers better as well as integrating the therapeutic teams. Similar thematic categories were also identified by other authors of qualitative studies, emphasising that the specificity of working under pandemic conditions enabled nurses to actively cooperate with new team members [11], strengthened nurses' professional identity and pride [14]. On the other hand, previous studies also point to the fact that such a sudden change of co-workers may have caused some complications in communication, ultimately leading to a disruption of the therapeutic processes [15].

One of the categories that emerged in this study concerned professional development. The situation that occurred in Poland during the development of the pandemic was associated with a specific policy of hospitals and ad hoc legal regulations, resulting in the delegation of employees to new tasks and new jobs. On the one hand, this generated stress and difficulties for some medical staff, but on the other hand, it created a unique opportunity to expand their knowledge and professional competence and acquire new skills. A similar phenomenon was noted by the authors of other studies [16].

The nurses surveyed also perceived an improvement in work organisation, while highlighting staff shortages. Paradoxically, it was against such a background that they experienced job satisfaction proving the value and importance of their dedicated work. Similar experiences of medical staff have been documented in other studies, where the authors additionally found that these were an important factor in increasing work motivation [13]. However some studies have highlighted underperformance

of management as a form of shortcomings of employees [17].

Similar to other studies [15], the results indicated an increase in nurses' awareness of the importance of adherence to epidemiological protection, including hand hygiene and the use of personal protective equipment [18].

The study by Liu et al. indicates that when faced with working with an infected patient, nurses were burdened with work and filled with anxiety about their own health. Despite this, medical workers were focused on helping patients and were still ready to deal with the pandemic [19]. This is in line with the results of the above study, where nurses recognised the need to help others.

The study also found that a positive aspect of working under pandemic conditions was the absence or reduced presence of patients' families. This could be interpreted to mean that the presence of patients' visitors during hospitalisation under normal conditions is a burden for some staff, which may in turn be due to an excess of duties caused by staff shortages. Confirmation of the above interpretation would, however, require further testing, as the empirical material collected by the authors was quite limited, probably also due to the survey question being formulated too generally, which should be considered the main shortcoming of this paper.

Conclusions

The study demonstrated that, at least for some nursing staff, the difficult period of the Covid-19 pandemic also brought positive effects. These were mainly financial benefits, an opportunity to improve professional competencies, an increase in satisfaction, a sense of solidarity and professional pride, as well as an increased awareness of the importance of compliance with epidemiological protection. The results of this study can be a starting point for further research, but also a possible empirical material for improving the work organisation of medical staff not only in a crisis situation.


Implications for Nursing Practice

Nurses working with infected patients are heavily burdened with work which can affect their mental health. However, critical situations can trigger positive growth among staff. Therefore, in order to strengthen positive experiences, it seems necessary to introduce a strategy to support nursing staff. Improving the organization and financing of medical workers' work and striving for greater integration of therapeutic teams may be crucial.


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Conflict of Interest: None**Funding:** None**Author Contributions:** Aleksandra Kurta-Nowicka^{A-F, H},
Krystyna Jaracz^{A, C-H} 

A — Concept and design of research, B — Collection and/or compilation of data,
C — Analysis and interpretation of data, D — Statistical analysis, E — Writing
an article, F — Search of the literature, G — Critical article analysis, H — Approval
of the final version of the article

Received: 7.11.2022**Accepted:** 29.11.2022