

# Psychological experiences of nurses during COVID-19 pandemic in the Maldives

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**ABSTRACT** *The Maldivian nurses had to face and deal with unique challenges during the coronavirus outbreak. As a result, they often faced extreme psychological pressure as a result of working constantly with a high risk of infection from patients and working in temporary setups with limited resources and manpower who were not well equipped to deal with a pandemic for the first time. This study aimed to explore the psychological experiences of nurses during the COVID-19 pandemic in the Maldives. A descriptive qualitative research design was used for this study. Five female nurses working in the COVID-19 related in-patient facilities participated in semi-structured, virtual (telephone or online) interviews. The data were analyzed using thematic analysis. Three themes emerged from the data analysis: Overwhelming experience, nurses being treated differently, and valuing family support. The participants described the experience of being emotionally overwhelmed. Many experienced feelings of uncertainty and grief, mainly when they had to handle the death of COVID-19 patients under their care. Most significantly when they had to handle the dead bodies in a body bag as it was very painful for the families not being able to perform their last respect and rituals as per cultural practices. The second main theme was nurses' grievance owing to the differential treatment they were subjected to by the public. When nurses had to go back to their resident islands, the island community was scared of contracting the disease from the nurses and as a result the public rejected interacting with the nurses. This further isolated the nurses subjecting them to loneliness. Finally, family is the most important and valuable support to overcome their psychological burden. Family members including husbands and mothers were very supportive of taking care of the nurses' children while they worked long hours. The Maldivian nurses in COVID-19 facilities faced psychological adversities during the COVID-19 pandemic. The findings from this study can help in identifying issues and experiences of nurses, in order to implement appropriate interventions to monitor and support nurses during contagious disease outbreaks.*

*Keywords: COVID-19, nurses, psychological experience, qualitative*

Health care workers are one group of frontline workers who worked round the clock during the COVID-19 pandemic. They have devoted the whole of their time to saving and protecting many lives while sacrificing their own. Among them, nurses have been showing their bravery with their nursing care and saving many lives while at the same time suffering from stress and anxiety. While there is abundant literature on the psychological impact of the COVID-19 pandemic on first-line nurses, there is little exploration of their experiences of psychological impact and the support mechanism they relied on. This paper focuses on the psychological

experiences during the pandemic for nurses responding in the front line in the Male' area, Maldives. This paper is a part of a study conducted on Maldivian health care workers' experiences during the COVID-19 pandemic.

Nurses faced huge psychological pressure as a result of working with a high risk of infection from patients and working in temporary setups with limited resources and manpower. Most of the time nurses worked more than the designated hours, leaving them tired and exhausted. Working with full Personal Protective Equipment (PPE) for long hours, especially wearing an N95 mask throughout the day made it worse for the nurses as they had difficulties taking breaks for food and other basic needs (Nie et al., 2020). This made nurses anxious, worrisome and stressed and often helpless (Hassan, 2020). Nurses feared having to perform their routine tasks with double gloves and a face shield which often gets fogged, reduced visibility and were experiencing difficulties in performing procedures accurately and raised concerns about patient safety (Hassan, 2020).

During the initial phase of the outbreak, in the Maldives, nurses like other frontline workers, were in shock not knowing a way forward with the spread of the disease and putting themselves at risk of getting the deadly infection of coronavirus. Health professions often opted to stay away from their families with the fear of the family members getting infected with the virus thus causing lots of stress and anxiety, and this concern for their family getting infected is universal (Que et al., 2020). In addition, nurses worried about their elderly parents and young children at home as a result many nurses stayed away from home for weeks and months. Elderly people with underlying medical conditions are more prone to infections and likely to get the disease as well as children, who are at risk (Sun et al., 2020). Unfortunately, many health care workers around the globe who were working on the frontline have sacrificed their lives fighting for this terrible outbreak of COVID-19, which also escalates undue fear, pressure, and apprehension among nurses in the Maldives. In addition, regular media, and news briefings regarding the increased numbers and case projections also added fear and uncertainty (Musthafa et.al., 2020). Moreover, mental health professionals have been advising the public regarding mental health solutions such as having social interaction with family and friends via online and other social networking platforms and limiting access to COVID-19 related news on television. Furthermore, to stay focused on indoor activities which give them satisfaction. The mental health problems, stress, and anxiety-related problems also increased three-fold in the country during this pandemic (MOH, 2020).

The psychological impact has been the most affected area of humankind during the COVID-19 pandemic throughout the globe (Saladino et al., 2020). Nurses have worked in almost every area of the hospital during this pandemic. Especially COVID-19 related intensive care units, outpatient departments, and in the Maldives temporary medical facilities where they had limited resources and manpower. Nurses have explained that changing the facilities daily and adapting to a new routine was a difficult task (Hassan, 2020; Nie et al., 2020).

### **Literature review**

Previous studies have shown an increased rate of psychological issues among frontline nurses. A cross-sectional study from China found that among 306 nurses

9.4% showed depression, 8.1% anxiety, and 42.7% showed somatic symptoms (Hong et al., 2021). Similarly, another cross-sectional study from China, on health care workers during COVID-19 had found that 46.04% reported anxiety, 44.3% had depressive symptoms, 28.75% had insomnia, and the prevalence of overall psychological problems was 56.59%. Among these findings, 62.02% nurses reported having psychological problems (Que et al., 2020). Other studies also have found a high prevalence of insomnia and sleep disorders among nurses working in COVID-19 related facilities during the pandemic (Tselebis et al., 2020). Moreover, a descriptive study which explored the psychological symptoms faced by the frontline healthcare workers showed that the midwives and nurses had high psychological effects due to the COVID-19 outbreak (Aksoy & Koçak, 2020). In this study nurses and midwives were scored  $52.75 \pm 9.80$  for State Anxiety,  $44.87 \pm 7.92$  for Trait Anxiety Inventory and  $35.16 \pm 9.42$  for Intolerance of Uncertainty Scale. The study also determined that 54.5% of nurses and midwives have been making their lives worse since the outbreak started, 62.4% had difficulties in dealing with the uncertain situation in the outbreak, 42.6% wanted psychological support and 11.8% had alienated from their profession. (Aksoy & Koçak, 2020). In addition, previous qualitative studies had identified important themes such as death anxiety, nurses' inability to help patients, and fear of infecting the family (Galehdar et al., 2020) that highlight a range of psychological issues among nurses. Furthermore, increased workload, physical exhaustion, shortage of adequate personal equipment, and nosocomial transmission are noted as factors that may have dramatic effects on physical and mental well-being (Pappa et al., 2021). Another systematic review identified that one in five health care professionals reported symptoms of anxiety and depression during the COVID-19 pandemic (Pappa et al., 2021). These finds show the magnitude of the psychological issues around nurses and other health care workers during the pandemic. Therefore it is essential to explore the coping and resilience experiences of the nurses to help and maintain the wellbeing of the nurses, as nurses form the largest health workforce all over the world working on the frontline during this pandemic.

## **Method**

A descriptive qualitative research design was used in this study. The qualitative paradigm argues that there are multiple versions of reality even with the same person (Braun & Clark 2013). The purposive sampling method was used to generate data for this study because it pursues to narrate the experience of the study participants in a specified area of interest (Cohen et al., 2007). Furthermore, purposive sampling in qualitative research enhances the transferability of results (Cypress, 2017). Hence, the sample was handpicked from those who are regarded to be representative of the nursing population participating in the front line of the COVID-19 response.

Five nurses working in the COVID-19 related in-patient facility that participated in semi-structured, in-depth, technology-enabled (telephone or online) interviews. The sample size was adequate for the research as the number of participants is not important because the addition of each new individual diminishes the in-depth picture in qualitative inquiry (Creswell, 2005). The participants were contacted through both mobile phones and online platforms Viber and Facebook messenger.

These methods were used because the country was in complete lockdown, and hence, face-to-face meetings were impossible. Semi-structured open-ended questions were used, for example: “tell me about your experiences working with COVID-19 patients and its impact on your mental health? Can you share with me the coping and support you got?” Verbal consent was obtained after a thorough explanation of the survey to the participants. To maintain anonymity and confidentiality, participants’ names are not used. Ethical approval was obtained from the Maldives National University (MNU) Research Ethics Committee. The interviews were recorded with the participant’s consent and transcribed for the analysis. Transcripts were read and reread to get a clearer understanding of the participants’ experiences. Thematic analysis was done and broad themes were identified from the data.

## **Results**

The results are summarized under the three major themes: overwhelming experience, valuing family support, and nurses being treated differently.

### **Overwhelming experience**

Nurses discussed the overwhelming experience of caring for patients and dealing with dead bodies as “nerve-racking” and a hurtful experience. One of the nurses stated that “working in the COVID ICU was overwhelming, stressful and traumatic”... . Dealing with dead bodies, putting bodies in body bags, informing the family members about the deceased, and informing them that they cannot perform the rituals as usual in a cultural and religiously acceptable manner were noted as particularly traumatic. This was a huge dilemma for the family members because the usual death rituals were prohibited due to the chances of others getting infected. As a ritualist experience in Muslim countries, the dead body is washed and bathed and the last respect is given by seeing the face of the dead. Another nurse expressed her feelings saying

*“I have contacted a COVID-19 positive patient for the first time that was also without proper donning and doffing PPE, even though it was nerve-racking, it was a good experience”....*

Another participant explained how she was trying to comprehend the whole situation of death concerning her family members. She said,

*“I was sobbing in PPE and imagining how am I going to deal with this situation if it were her family member”,*

Another participant added that

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### **Valuing family support**

Family support is considered an important element of social support (Tselebis et al., 2020). All the nurses communicated about the tremendous support provided by their family members during the pandemic. They also raised concerns regarding leaving their children for long hours with grandparents who themselves need support. Similarly, a qualitative study on the psychological experience of caregivers of COVID-19 patients identified the role of family members and raised feelings of gratitude towards family members (Sun et al., 2020). Nurses also discussed their professional responsibility making them stronger. One of the participants said,

*“with all this chaos and misery I found peace through my work, the help of my co-workers and family members”*.

Support from family and friends added courage and motivation to go on with daily life during these difficult times. Others said,

*“... my family was my rock during that time....”*

### **Nurses were treated differently**

One of the first things that the general public is concerned about during infectious disease pandemics could be fear and anxiety toward health professionals as carriers of the virus. During the COVID-19 pandemic, the public was confused and scared of nurses thinking that they could be infectious and were a threat to their safety. As a result, they were rejected in the community and people were afraid to be in close proximity to nurses, they even avoided contact. This type of similar incident has occurred in other parts of the world. In this regard, the experience of stigma and labeling was reported and perceived as a threat to the safety of others and as disease carriers (Maben et al., 2020). Nurses said,

*“people are scared to stay under one roof with us, to talk to us... we have seen it on their faces, all this...”*

## **Discussion**

This study explored the psychological experiences of nurses working in the

COVID-19 facilities. Nurses in the Maldives worked in temporary facilities specifically built to care for the COVID-19 related patients where emergency care, as well as routine care, were provided round the clock. These nurses have shown their enthusiasm for caring for patients and some nurses found peace and satisfaction in the work itself. Others got support from their family members, loved ones, colleagues, co-workers, and senior nurses. Most of the nurses expressed their concern regarding the care as overwhelming and emotionally exhausting. Previous studies have identified that most of the nurses were overworked during the pandemic and were working overtime as a daily change of working areas was difficult (Hassan, 2020; Nie et al., 2020). Moreover, extreme incidences such as suicides of nurses occurred, as was observed in Italy (Shen X et al., 2020). Psychological incidences among nurses have been reported in several studies (Shen X et al., 2020; Salari et al., 2020). A study from Wuhan, China, identified decreased appetite, fatigue, frequent crying, nervousness, insomnia, and suicidal thoughts as the most common problems among nurses (Cai et al., 2020). Furthermore, Salari et al., (2020) observed that the prevalence of stress and anxiety, and depression among frontline nurses was high. Similarly, the current study also noted nurses sobbing and crying at times due to the emotional burden experienced while taking care of patients and relating the situation to their family members. Thus, family support is an important factor for nurses in combating stress and anxiety during this pandemic. Most of the participants talked about the support and assistance provided by their family members in helping out as well as giving reassurances which helped the nurses to relax and make them more aware of stressful situations needing their service. Moreover, perceived family support is found to be a positive aspect of tackling depression (Mariani et al., 2020). Nevertheless, another qualitative study found that nurses used different coping styles, such as increasing food intake, doing regular exercises, breathing, and relaxing, meditation, emotional expression, and venting (Sun et al., 2020). This pandemic of COVID-19 has taught many lessons in life dealing with stressful situations and adjusting to new ways of human interactions. For instance, this study has provided an insight into how nurses have been treated differently by the general public. Public hostility has risen towards nurses working in the hospital in general, with the assumption that they would be infectious and may be carrying the disease. Previous studies have also reported social rejection of nurses; studies from Indonesia and Israel found a higher level of social rejection and high level of loneliness and depression among nurses who worked compared to nurses who did not work in the COVID-19 related facilities (Gunawan & Aunguroch, 2020; Benbenishty et al., 2021).

Keeping up with the strict preventive protocols in taking care of COVID-19 patients and complying with the rules and regulations from the authorities have added a lot of pressure on nurses and other health care workers. Moreover, dealing with mass death, handling body bags and disclosing the negative news to family members of patients had produced long-term psychological effects on nurses. This study revealed the overwhelming experience as one of the main themes under which nurses describe mental exhaustion, fatigue and grief which is consistent with nurses' experiences of anxiety and distress due to the death of COVID-19 patients in other settings (Galehdar et al., 2020). According to Galehdar et al. (2020), nurses described the death of patients, especially young ones, as an agonizing experience for them and seeing a patient with respiratory distress and

being unable to help them had a huge impact on the nurse's mental health. Not being able to perform the burial of the deceased according to the cultural practices was also found to contribute to the emotional distress faced by the nurses as they had to disclose the bad news to the loved ones of the deceased.

Supporting nurses psychologically and attempting to provide alternative modes of support would minimize the risk of mental distress among nurses. It is crucial to maintain a healthy psycho-social and physical health of nurses. Increasing social interactions and engaging in a wide variety of activities is a well-accepted recommendation for patients suffering from anxiety and depression (Mariani et al., 2020). Given the significant impact of the COVID-19 pandemic on nurses, facilitating such interactions at workplaces is likely to have a positive impact on the recovery of nurses as well as other health care workers. Moreover, on-the-job education and training regarding psychosocial issues should be provided to all healthcare personnel. Furthermore, it is imperative to assess and monitor their health and wellbeing regularly at the early stages of pandemics for the welfare of nurses and other healthcare workers.

### **Limitations**

The study is limited by the time constraints of nurses and the short-term nature of the exploration limited to the early stages of the COVID-19 pandemic. This could have possibly affected the depth of the information obtained for a comprehensive qualitative analysis of psychological experiences. In addition, the findings represent views of those who worked in COVID-19 facilities but who belonged to one hospital, so, the findings may not be representative of all nurses. However, it provides an important and useful insight into the psychological experiences of nurses who were directly involved in the care of COVID-19 patients during the pandemic in the Maldives.

### **Conclusion**

The Maldivian nurses working at the COVID-19 facilities had faced psychological adversities during the pandemic. These findings can help in identifying interventions for supporting the health care workforce. Appropriate assessments to monitor mental wellbeing and reduce psychological problems among nurses need to be established, which can support nurses' work during contagious disease outbreaks. In addition, evidence-based psychological interventions should be implemented.

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### **References**

Aunguroch, Y., Juanamasta, I. G., & Gunawan, J. (2020). Experiences of patients with Coronavirus in the COVID-19 pandemic era in Indonesia. *Asian*

- Journal for Public Opinion Research*, 8(3), 377–392. <https://doi.org/10.15206/ajpor.2020.8.3.377>
- Aksoy, Y. E., & Koçak, V. (2020). Psychological effects of nurses and midwives due to COVID-19 outbreak: The case of Turkey. *Archives of Psychiatric Nursing*, 34(5), 427–433. <https://doi.org/10.1016/j.apnu.2020.07.011>
- Benbenishty, J., Ashkenazy, S., Lev Dov Avital, I., Jakobson, L., Kolpak, O., & DeKeyser Ganz, F. (2021). Nurses' perceptions of social rejection, resilience and well-being during COVID-19: A national comparative study. *Journal of Clinical Nursing*, June, 1–9. <https://doi.org/10.1111/jocn.16034>
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. London: Sage Publication Inc.
- Cai, H., Tu, B., Ma, J., Chen, L., Fu, L., Jiang, Y., & Zhuang, Q. (2020). Psychological impact and coping strategies of frontline medical staff in Hunan between January and March 2020 during the outbreak of Coronavirus Disease 2019 (COVID-19) in Hubei, China. *Medical Science Monitor: International Medical Journal of Experimental and Clinical Research*, 26, e924171. <https://doi.org/10.12659/MSM.924171>
- Cohen, L., Manion, L., & Morrison, K. (2007). *Research Methods in Education* (8th ed.). Routledge. <https://doi.org/10.4324/9781315456539>
- Creswell, J. W. (2005). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research*. (2nd ed). Upper Saddle River, New Jersey: Pearson Education, Inc.
- Cypress, B. S. (2017). Rigor or reliability and validity in qualitative research: Perspectives, Strategies, Reconceptualization, and Recommendations. 36(August), 253–263. <https://doi.org/10.1097/DCC.0000000000000253>
- Galehdar, N., Toulabi, T., Kamran, A., & Heydari, H. (2020). Exploring nurses' perception about the care needs of patients with COVID-19: a qualitative study. *BMC Nursing*, 19(1), 1–9. <https://doi.org/10.1186/s12912-020-00516-9>
- Hassan, S. (2020). Maldivian health care workers' experience during COVID-19. *The Maldives National Journal of Research*. 8, (1), 114-122.
- Hong, S., Ai, M., Xu, X., Wang, W., Chen, J., Zhang, Q., Wang, L., & Kuang, L. (2021). Immediate psychological impact on nurses working at 42 government-designated hospitals during COVID-19 outbreak in China: A cross-sectional study. *Nursing Outlook*, 69(1), 6–12. <https://doi.org/10.1016/j.outlook.2020.07.007>
- Maben, J. and Bridges, J. (2020) COVID-19: Supporting nurses' psychological and mental health. *Journal of Clinical Nursing*, 29(15-16), 2742-2750. doi: 10.1111/jocn.15307
- Mariani, R., Renzi, A., Di Trani, M., Trabucchi, G., Danskin, K., & Tambelli, R. (2020). The impact of coping strategies and perceived family support on



- depressive and anxious symptomatology during the Coronavirus pandemic (COVID-19) lockdown. *Frontiers in Psychiatry*, 11(November), 1–9. <https://doi.org/10.3389/fpsyt.2020.587724>
- MOH. (2020). Frequently asked questions. <https://COVID19.health.gov.mv/faqs/>. Retrieved on 7th July, 2020.
- Musthafa, H.S., Riyaz, A., Moosa, S., Abdul Raheem, R. (2020). Determinants of socioeconomic experiences during COVID-19 pandemic in the Maldives. *Maldives National Journal of Research*. 8 (2), 76-88
- Nie, A., Su, X., Zhang, S., Guan, W., & Li, J. (2020). Psychological impact of COVID-19 outbreak on frontline nurses: A cross-sectional survey study. *Journal of Clinical Nursing*, 29(21–22), 4217–4226. <https://doi.org/10.1111/jocn.15454>
- Pappa, S., Ntella, V., Giannakas, T., Giannakoulis, V. G., Papoutsis, E., & Katsaounou, P. (2021). Corrigendum to “Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis” [Brain Behav. Immun. 88 (2020) 901–907] (Brain Behavior and Immunity (2020) 88 (901–907), (S08891). *Brain, Behavior, and Immunity*, 92(December 2020), 247. <https://doi.org/10.1016/j.bbi.2020.11.023>
- Que, J., Shi, L., Deng, J., Liu, J., Zhang, L., Wu, S., Gong, Y., Huang, W., Yuan, K., Yan, W., Sun, Y., Ran, M., Bao, Y., & Lu, L. (2020). Psychological impact of the COVID-19 pandemic on healthcare workers: A cross-sectional study in China. *General Psychiatry*, 33(3), 1–12. <https://doi.org/10.1136/gpsych-2020-100259>
- Salari, N., Khazaie, H., Hosseini-Far, A., Khaledi-Paveh, B., Kazemina, M., Mohammadi, M., Shohaimi, S., Daneshkhan, A., & Eskandari, S. (2020). The prevalence of stress, anxiety and depression within front-line healthcare workers caring for COVID-19 patients: a systematic review and meta-regression. *Human Resources for Health*, 18(1), 1–14. <https://doi.org/10.1186/s12960-020-00544-1>
- Saladino, V., Algeri, D., & Auriemma, V. (2020). The psychological and social impact of COVID-19: new perspectives of well-being. *Frontiers in psychology*, 2550.
- Shen X, Zou X, Zhong X, Yan J, & Li L. (2020). Psychological stress of ICU nurses in the time of COVID-19. *Critical care[revista en internet]* 2020 [acceso 09 de junio del 2020]; 24(1): 200. *Critical Care*, 2–4. <https://ccforum.biomedcentral.com/track/pdf/10.1186/s13054-020-02926-2>
- Spoorthy, M. S., Pratapa, S. K., & Mahant, S. (2020). Mental health problems faced by healthcare workers due to the COVID-19 pandemic—A review. *Asian Journal of Psychiatric*. doi:10.1016/j.ajp.2020.102119
- Sun, N., Wei, L., Shi, S., Jiao, D., Song, R., Ma, L., Wang, H., Wang, C., Wang, Z., You, Y., Liu, S., & Wang, H. (2020). A qualitative study on the psychological experience of caregivers of COVID-19 patients. *American Journal of Infection Control*, 48(6), 592–598. <https://doi.org/10.1016/j.ajic.2020.03.018>
- Tselebis, A., Lekka, D., Sikaras, C., Tsomaka, E., Tassopoulos, A., Ilias, I., Bratis,

D., & Pachi, A. (2020). Insomnia, perceived stress, and family support among nursing staff during the pandemic crisis. *Healthcare (Switzerland)*, 8(4), 1–9. <https://doi.org/10.3390/healthcare8040434>