

Lived Experience of Frontline Nurses: COVID-19 in Rural America

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Purpose of Study

- Explore the meaning RNs ascribe to the experience of caring for hospitalized COVID-19 patients in Midwest medical centers during a global pandemic.

Background/Significance

- Quantitative and qualitative published studies have focused on mental health outcomes, stress levels, emotional response and coping.
- There is a considerable gap in the knowledge about the lived experience and its impact from the RN frontline perspective in rural America.

Design & Methods

Qualitative design using phenomenological approach.

Setting:

- 3 regional tertiary medical centers in the Upper Midwest
- Rural ICU & COVID-19 designated medical units

Data Collection

1:1 semi-structured interviews

Questions:

- What was it like for you to care for seriously ill hospital patients with COVID-19?
- What was it like in the hospital work environment as it rapidly adjusted to a crisis?
- What was it like to comingle your personal life at home with the experience at work?

Demographics

Demographics	N (%)	Mean
Participants	19	
Age	23-49 yrs	28.6 yrs
Years of Service	0.75-23 yrs	4.7 yrs
Home Unit		
ICU	10 (52.6%)	
Medical/Covid	9 (47.4%)	

Results

Consensus of the lived experience of frontline RNs resulted in 4 themes:

- Overwhelmed
- Frustration
- Abandonment
- Perseverance/Resilience



OVERWHELMED

Definition: To affect deeply in mind or emotion; to present with an excessive amount; to engulf; to defeat completely and decisively.

“In my four years of working as a nurse, these COVID patients are sicker than anyone I've taken care of in my entire life. They're on ventilator settings I never would have dreamed [and an] amount of sedation and paralytics I never have thought [was possible]...”

“At the end of shift, I would have nothing, drained emotionally, and mentally and physically, and have to come back and do it again. The toughest part was not knowing if there was going to be relief...”

“Me and the charge nurse cried in the room together, and then you move on and go home, and come back the next day. We kind of just got numb to death for a while. Then you had to put them in a body bag, and you had to wipe down the body bag. It's the worst feeling...”

Subthemes:

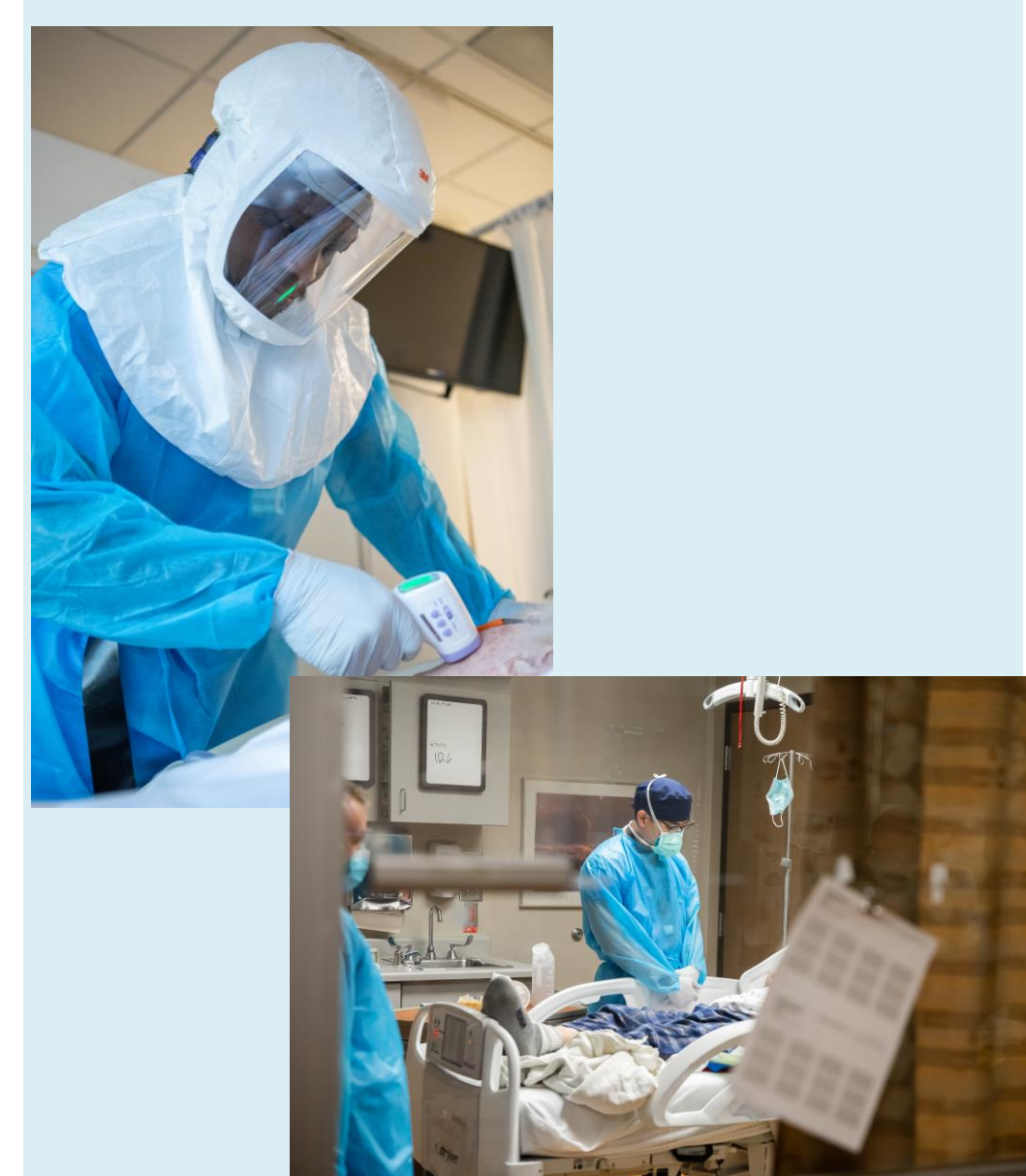
- Unknown
- Physical & Emotional Exhaustion
- Overwhelming EOL Experience

FRUSTRATION

Definition: To prevent from accomplishing a purpose or fulfill a desire; to cause feelings of discouragement and bafflement.

“We were asking for central monitoring systems so we could see our patients...A lot of times there were three doors between you and the patient. Patients fell, patients' oxygen alarms were ding and we didn't know.”

“I remember saying, 'I should be able to take a glove off so that they can feel human touch,' because they would die alone in beds without their family.”



Subthemes:

- Unmet standards of care
- Denial of professional purpose: Being there

ABANDONMENT

Definition: To withdraw one's support or help from, especially in spite of duty, allegiance or responsibility; to give up by leaving; feeling of being left behind or discarded.

“It just felt like we were forgotten about in the COVID world where no one wanted to come and see us. We didn't have a manager to bring our issues to. So we just felt like left out and fending for ourselves.”

“As much as you like to lean on your family and friends, they had no idea.”
“I just felt like, in some ways, a leper.”

“I feel safer at work than I do going to the grocery store or to church. No one is wearing masks.”

“I could have taken care of your dad or your grandma this week and here you are kind of ignoring everything.”

Subthemes:

- In the work setting
- In their own families
- In their communities

PERSEVERANCE RESILIENCE

Operational Definition: Perseverance is a steady persistence or ability of individuals to keep doing “something” despite obstacles in the way. Resilience is a process where individuals display positive adaptation despite experiences of significant adversity or trauma.

“[The pandemic]...brought a lot of us closer together and realize that you absolutely have to work as a team because there is no way you can do it by yourself.”
“We just step up. That's what we do as nurses is just get by and make sure our patients are taken care of, no matter how we feel.”

“We had somebody in the 50s on their oxygen the other day, and nobody panicked. Originally, they would have called a rapid alert but now we can handle this. We've done it before.”
“So proud of the profession of nursing, everybody as a whole. You do feel a little bit invincible coming out on the other side.”

Subthemes:

- Support of others
- Coming out the “other side”

Discussion

- The experience rural nurses had with COVID-19 was overwhelming, like other studies.
- Necessary isolation protocols were burdensome, caused care delays & interfered with comfort measures & human skin-to-skin connection.
- Frustration with rapid changes in the practice environment.
- Rural nurses experienced isolation & ostracism from their families & communities.
- There was strong camaraderie with their team, both within & outside of work.

Recommendations

Leadership:

- Involve frontline nurses from the beginning and throughout
 - Include frontline nurses as critical stakeholders
 - Plan for equitable rotation of frontline nurses
- Communication is critical
 - Continual communication
 - Listen
 - Build on stakeholder feedback
- Provide mental health services
 - Ensure easy accessibility
 - Normalize debriefing sessions
 - Provide professional mental health counselors

Staff Nurse Educators:

- Prioritize education for frontline nurses on COVID-19 units
- Maintain presence of an educator
- Upskill staff for COVID-19-unit support

Nurse colleagues:

- Support co-worker well-being
- Be “present” for one another

Conclusions

Differences experienced by rural nurses with COVID-19 included close social connection to patients, families and communities. This rural connectiveness had both positive and negative effects.

References

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