



A PHENOMENOLOGICAL STUDY TO EXPLORE THE LIVED EXPERIENCES OF HEALTHCARE WORKERS INVOLVED IN THE CARE OF COVID-19 PATIENTS ADMITTED IN GNDH, AMRITSAR.

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ABSTRACT

The COVID-19 pandemic placed an unprecedented burden on healthcare systems and their workers. This phenomenological study aimed to explore the lived experiences of healthcare workers involved in the care of COVID-19 patients admitted in Guru Nanak Dev Hospital (GNDH), Amritsar. Eleven healthcare workers were selected by purposive sampling. Data were collected through open-ended interviews using a self-structured questionnaire after informed consent, and were analysed by Colaizzi's method. Eight themes emerged: ever-increasing workload, fear and anxiety, social isolation, lack of infrastructure, psychological issues, display of courage and strength, teamwork and solidarity, and upholding hope and motivation. The findings show the challenges faced by healthcare workers, together with their resilience, solidarity and commitment to patient care, and underline the need to address their needs to ensure their well-being and effectiveness in future healthcare crises.

Key words: Phenomenological, Lived Experiences, COVID-19, Healthcare Workers.

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INTRODUCTION

COVID-19 (Corona virus disease of 2019) is an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes a highly contagious respiratory disease with fever, cough, muscle ache and progressive difficulty in breathing.¹ The first cases of pneumonia of unknown cause were reported to the World Health Organization (WHO) from Wuhan, China on 31st December 2019, and COVID-19 was declared a pandemic on 11th March 2020.² India ranked second in total cases and third in total deaths during the second wave, in which 392,322 cases were reported in a single day (08/05/2021).³

Public health experts have identified a number of risk factors for severe COVID-19, such as older age, weakened immune system, pregnancy, cancer, diabetes, heart, lung, kidney or liver disease, hypertension and

obesity.⁴ The most common symptoms are loss of taste or smell, worsening fever, shortness of breath, cough and fatigue, and the incubation period is 4-5 days but can range from 2-14 days.⁵ Complications include acute respiratory failure, pneumonia, acute respiratory distress syndrome, acute liver, cardiac and kidney injury, septic shock and chronic fatigue.⁶

SARS-CoV-2 has changed constantly; the Alpha, Beta, Delta and Omicron variants were witnessed, with Delta first identified in India in late 2020 and Omicron in late November 2021.⁷ Mild cases were treated at home with rest, hydration and symptom monitoring, whereas severe cases needed hospitalization with continuous monitoring of oxygen saturation and antiviral drugs such as Molnupiravir, Nirmatrelvir with Ritonavir and Remdesivir.⁸ Four types of COVID-19 vaccines (two



mRNA, one protein subunit and one viral vector) were approved in the United States.⁹

The virus spreads through respiratory droplets and aerosols, especially in crowded, close-contact and poorly ventilated settings.^{10,11} Healthcare workers involved in direct care need gowns, gloves, a medical mask and eye protection, with respirators for aerosol-generating procedures.¹²

NEED OF THE STUDY

Oraon et al. explored the lived experience of 12 staff nurses who were COVID-19 survivors and found that early negative psychological experiences were followed by optimistic and adjustment approaches to cope.¹³ Theron et al. described the experiences of emergency care personnel as waiting for the unknown, change and adaptation in the workplace, and support and connection.¹⁴ Lam et al. found that the mental health of community pharmacy staff in Australia was negatively affected and that conflict in pharmacies had risen during the pandemic.¹⁵ Nurses were among the professionals most at risk because of a lack of PPE, shortage of staff and insufficient safety measures, and a survey of 3676 Canadian nurses found high levels of post-traumatic stress (47%), anxiety (38%), depression (41%) and emotional exhaustion (60%).¹⁶ The experiences of healthcare workers are subjective and change with hospital policies and area, and very limited research has explored them in the context of care of COVID-19 positive patients in Indian hospitals. This study was therefore undertaken at GNDH, Amritsar.

Problem Statement

A phenomenological study to explore the lived experiences of healthcare workers involved in the care of COVID-19 patients admitted in GNDH, Amritsar.

OBJECTIVE

To explore the lived experiences of healthcare workers involved in the care of COVID-19 patients admitted in GNDH, Amritsar.

Operational Definitions

Phenomenological:

The study to assess the lived or direct experiences of people.

Lived experiences:

A direct contact of a person with some situation that leaves an impact on him/her.

COVID-19:

An acute disease in humans caused by a coronavirus, characterized mainly by fever and cough and capable of progressing to severe symptoms and, in some cases, death.

Limitations

The study is limited to healthcare workers who were involved in the care of COVID-19 patients.

Delimitations

The study was limited to:

- Healthcare workers who were involved in the care of COVID-19 patients.
- A sample of 11 healthcare workers in one hospital only, GNDH, Amritsar.

Review of Literature

Reviews Related to Nurses

Nair et al. (2022) interviewed nine senior nursing officers at AIIMS, Patna and, using Giorgi's method, identified five theme clusters including reactions and preparations, working experience in PPE kit, and pandemic and socialisation.¹⁷ Jang et al. (2022) interviewed 14 nurses and found five theme clusters, among them nurses struggling under the weight of dealing with infectious disease, double suffering from patient care, and support for care.¹⁸ Silitonga et al. (2022) studied 15 nurses in Indonesia and extracted themes on responsibility to maintain professionalism, challenges, support and increased insight.¹⁹

Villar et al. (2021) studied 30 frontline nurses in Qatar and drew three themes: challenges of working in a COVID-19 facility, surviving COVID-19 and resilience of nurses.²⁰ Robinson and Stinson (2021) described three themes with 14 nurses: "the human connection", "the nursing burden" and "coping".²¹ Gunawan et al. (2021) interviewed 17 nurses in Indonesia and found themes such as lack of N95 masks, being rejected, missing home and feeling betrayed by regulation.²²

Krasniqi et al. (2020) studied eight nurses in Kosovo and found the themes stressors, supporters and nurses' attitude towards COVID-19 patients.²³ Pazokian et al. (2020) interviewed 18 nurses and identified organizational structure challenges (high workload, deficiency in management, lack of facilities and equipment) and care difficulty.²⁴ Salvador et al. (2023) interviewed 20 registered nurses in Saudi Arabia and generated the themes "one foot below the ground", "the Nightingale pledge" and "hope beyond COVID-19".²⁵

Reviews Related to Healthcare Workers

Cabaguing et al. (2022) examined healthcare frontliners (15 informants) and found three coping strategies: strengthening mental, spiritual and physical health and a support system.²⁶ Setiawan et al. (2021) found five challenges among Indonesian physicians and nurses, including difficulties in working with PPE, physical and psychological fatigue and limited resources.²⁷ Chemali et al. (2022) reviewed 161 papers in a scoping review and found that the pandemic affected healthcare workers' well-being, relationships, organisational support and policy-level response.²⁸



Razu et al. (2021) interviewed 15 healthcare professionals in Bangladesh and found higher workload, psychological distress, shortage of quality PPE and social exclusion.²⁹ Liu et al. (2020) studied nine nurses and four physicians in China and found three categories: “this is my duty”, challenges of working in COVID-19 wards, and resilience amid challenges.³⁰ Vindrola-Padros et al. (2020) found that limited PPE and lack of routine testing created anxiety and distress among UK healthcare workers.³¹

METHODOLOGY

Research approach and design:

A qualitative approach with a phenomenological design was used, which aids in portraying the lived experiences of an individual and emphasizes the details of a phenomenon as it is viewed by a person in a given circumstance.³²

Research Setting

The study was conducted in GNDH, Amritsar.

Sample and Sampling Technique

The target population was all the healthcare workers who cared for COVID-19 patients in GNDH. A sample of 11 healthcare workers who had worked in the COVID ward was selected by purposive sampling.³³

Criteria for Sample Selection

Inclusion criteria:

1. Healthcare workers who cared for COVID-19 patients.
2. Healthcare workers who were interested to take part and gave informed consent.

Exclusion criteria:

1. Healthcare workers who had not cared for COVID-19 patients.
2. Healthcare workers who had not given informed consent.

Description of Tool

The tool used for the study was a self-structured interview schedule developed to explore the lived experiences of healthcare workers involved in the care of COVID-19 patients. It was developed after reviewing the literature from books, journals, periodicals, published and unpublished studies and newspaper articles, and through consultation and discussion with nursing and medical experts.

The tool consisted of a self-structured questionnaire of 15 open-ended questions prepared by the students after

consultation and discussion with experts. The questions covered the participant’s role and responsibilities during the pandemic; initial feelings and fears; challenging or emotionally charged experiences; coping strategies and support systems; challenges and their effect on well-being and work performance; moments of triumph or success; impact on work-life balance and personal life; support from the organization; changes in professional skills and approach to patient care; communication and collaboration with other healthcare professionals; suggested improvements for future crises; advice to other healthcare workers; maintaining hope and motivation; interaction with patients and their families; and what the participant wished to have known or prepared differently. The participants were asked the questions, and their answers were written verbatim.

Validity of the tool

Validity is concerned with the scope of coverage of the content. The self-structured questionnaire was prepared by the students and sent to four nursing experts for content validity. It was also validated by English and Punjabi language experts, and the Punjabi translation was prepared by the students.³³

Data Collection

Each of the 11 participants was interviewed by one student in a private room in the ward. The interviews were audio recorded and written verbatim. Participants were informed about voluntary participation and confidentiality and could withdraw at any time, and informed consent was taken from all. Permission was obtained from the Medical Superintendent, GNDH.

Plan for Data Analysis

Colaizzi’s seven-step method was used: reading and re-reading the transcripts, extracting significant statements, formulating meanings, aggregating them into themes and theme clusters, describing the phenomenon exhaustively, describing its fundamental structure, and validating the findings by participants’ feedback.³⁴

Analysis and Interpretation

This chapter deals with the analysis of data obtained from 11 healthcare workers involved in the care of COVID-19 patients in GNDH, Amritsar. The data were organised into themes and sub-themes by Colaizzi’s approach (Table 1), and participants’ quotes are given under each theme.

THEMES OF LIVED EXPERIENCES

Table 1: Themes, sub-themes and categories emerging from the lived experiences of healthcare workers.

THEME	SUB-THEMES	CATEGORIES
Ever increasing	Shortage of staff members	No rest periods in between; short staff leading to long



workload	Fulfilling domestic obligations after going home	work hours; overwhelming number of patients; acting as family to the patients; longer showers to reduce risk of infection; managing household chores as well
Fear and anxiety	Fear of transmitting the disease Fear related to disease	Fear to spread infection to old; maintaining a distance; fear of getting oneself infected; first to receive infected patients; feeling of uncertainty; no one prepared for situation; increasing number of deaths
Social isolation	Isolation to protect family and friends from contracting the disease Social avoidance from relatives and colleagues	Protecting others; isolation from family; isolation as protective barrier; superficial appreciation; no acceptance from other healthcare workers; social stigma related to COVID
Lack of infrastructure	Scarcity of essential equipments Deficiency and compromised quality of PPE kits	Scarcity of oxygen cylinders; lack of healthcare personnel; fatalities due to unavailability of equipments; managing with little resources; harsh material of PPE kits; division of labour
Psychological issues	Stressful working conditions Stress due to accusations by relatives of sufferers	Suicide out of ignorance; parents rejecting their child's corpse; worry and breakdowns; fear due to lack of experience; blame game by patients' kins; verbal abuse; allegations from relatives
Display of courage and strength	Absolute integrity in patient care Perseverance and attitude of not giving up	No negligence in patient care; putting patients' health first; providing for patients without any prejudice; warm regards from patients; ready for future problems like this; facing the situation boldly
Teamwork and solidarity	Teamwork and collaborative efforts of staff members	—
Upholding hope and motivation	Spirituality Motivation from others Radiating optimism	Motivation from sufferers; God as the last hope; meditation for emotional strength; strong will power; family strength; appreciation as positive enforcement; pride in one's actions; motivation from senior officers

Participants' Quotes under Each Theme

Quotes are shortened from the participants' verbatim transcripts. No categories or quotes for the theme "teamwork and solidarity" are available in the thesis data.

Ever Increasing Workload

- "The workload had increased several folds. We were also short staffed all the time so there were no rest periods in between."
- "We had to work for 8 hours or more, day or night shift as there was no such fixed time for our shift. Moreover, we had to work in one department and then in other one also."
- "We act as a patient's family member and care giver because their relatives left them in the hospital."
- "After coming home from the hospital I also had to look after my household chores and children. I had to bath and wash my clothes which would take me about 2 hrs everyday."

Fear and Anxiety

- "I was so concerned about my mother and father because they were already suffering from respiratory problems. And I was so worried that because of me they must not suffer."

- "I used to keep myself away from my family members so I don't give them infection."
- "While providing care to the patient in the beginning there was thought in the back of my mind what will happen if I get infected with corona virus."
- "To be very honest, every one of us was afraid, nobody was getting ready to do the duty in the Corona ward."

Social Isolation

- "Because of the fear I used to maintain distance with my family and I stayed in one room. We had created distance from our family members as a protective barrier."
- "My relatives would appreciate me from a distance like on calls or texts but boycott me socially."
- "In the beginning, those health workers who worked in the general ward strictly told us not to enter their wards, according to them we would transmit the infection to them also."
- "It was a social stigma as neighbours used to stay away from us; due to COVID, their behaviour suddenly changed."

Lack of Infrastructure



- “Some patient die due to lack of oxygen cylinder, we were not able to provide care to them. There was shortage of staff, lack of ventilators and beds and resources.”
- “Many patients died due to unavailability of ventilators and oxygen cylinders. The oxygen cylinders were less compared to the no. of patients.”
- “The next batch of PPE kits was not made up of good material. It was made of harsh material.”
- “There was also shortage of PPE kits. So at that time we just divide the work between our team.”

Psychological Issues

- “I was on night shift and there was one male patient, who went to the washroom and jumped outside from the window. He committed suicide purely out of ignorance and fear of the disease.”
- “A 18 year old boy got infected with COVID-19 and got critically ill. When he died, his parents refused to take him back home with them. That incident was really heartbreaking.”
- “Everyone was stressed out and a lot of my colleagues including me to some extent were having emotional breakdowns.”
- “People used to make videos and put allegations that we are not giving medicines and use abusive words.”

Display of Courage and Strength

- “Despite of the circumstances I never compromised in patient care and there was no negligence from me or team’s side.”
- “To provide care and treatment to the COVID-19 patient without discrimination we thought they all are equal.”
- “After doing duty in the Corona ward, we became mentally strong. If we survived in the COVID ward we can do any kind of duty in the future, and we are ready for that.”
- “Do not run from the situation, face it boldly. Do not panic and just fight with situation.”

Upholding Hope and Motivation

- “We prayed to God. We used to get motivation by seeing the patient who are fighting with COVID-19.”
- “My biggest hope was God. I used to take God’s name and wear PPE kit and go for the shift.”
- “I have had my family to rely upon in those difficult times. They were the pillars of strength and support for me.”
- “I used to have sense of pride when the government used to appreciate me for my efforts in saving patient’s lives, we were called COVID warriors.”

DISCUSSION

This chapter deals with the discussion of the findings of the present study in accordance with its

objective, and compares them with the findings of other studies. A total of 11 healthcare workers selected by purposive sampling were interviewed, and the data were analysed by Colaizzi’s method.

Objective:

To explore the lived experiences of healthcare workers involved in the care of COVID-19 patients admitted in GNDH, Amritsar.

The analysis revealed eight themes: “ever increasing workload”, “fear and anxiety”, “social isolation”, “lack of infrastructure”, “psychological issues”, “display of courage and strength”, “teamwork and solidarity” and “upholding hope and motivation”. The findings are discussed under the following headings.

- **Fear, anxiety and psychological issues:** The healthcare workers feared transmitting the disease to their families and getting infected themselves, and stressful working conditions and accusations by patients’ relatives added to their psychological distress. Social isolation to protect family and friends, and avoidance by relatives and colleagues, further increased this burden. This finding was consistent with the study by Heydarikhayat et al., in which the main theme was “caring from self-sacrifice to avoidance”, with the sub-theme “anxiety chain”.³⁴ It was also supported by Karimi et al., who obtained data from 12 nurses caring for patients with COVID-19 and identified the main themes “mental condition” (anxiety and stress, fear) and “emotional condition” (suffering and affliction, waiting for death).³⁵ Grailey, Lound and Brett likewise described “psychological effects” as a key theme of frontline workers’ experiences.³⁶
- **Workload and lack of infrastructure:** The healthcare workers described staff shortage, long hours and a scarcity of oxygen cylinders, ventilators and good quality PPE kits, which hindered patient care. This was parallel to the theme “care context” of Karimi et al., with the sub-themes “turmoil” and “lack of support and equipment”,³⁵ and to the themes “impact of PPE” and “changes in workspace stressors” reported by Grailey et al.³⁶
- **Courage, teamwork, hope and motivation:** Despite these difficulties, the participants maintained integrity in patient care, worked together as a team and drew hope from spirituality, family and appreciation. This was in line with the sub-theme “manifestation of humanitarian caring” and the “challenges of overcoming a crisis” described by Heydarikhayat et al.,³⁴ and with the “change in team dynamics” reported by Grailey et al.³⁶



Thus, the lived experiences of the healthcare workers at GNDH were consistent with these studies: they faced fear, heavy workload and scarce resources, yet showed courage, solidarity and hope while caring for COVID-19 patients.

Summary, Conclusion and Recommendations

Summary of the Study

A phenomenological study explored the lived experiences of 11 healthcare workers, selected by purposive sampling, who cared for COVID-19 patients in GNDH, Amritsar. Data were collected through interviews using a 15-question self-structured tool and analysed by Colaizzi's method, giving eight themes.

Major Findings of the Study

- The main theme was fear and anxiety, about transmitting the disease and about the disease itself.
- Healthcare workers faced an ever-increasing workload, social isolation, lack of infrastructure (PPE kits, oxygen cylinders, ventilators) and psychological issues.
- They displayed courage and strength, teamwork and solidarity, and upheld hope and motivation through spirituality, family and appreciation.

CONCLUSION

Healthcare workers involved in the care of COVID-19 patients faced severe anxiety and fear, practised isolation to protect their families and worked with scarce equipment, which hindered quality care. Despite psychological stress, they showed courage,

integrity in patient care and solidarity, and upheld hope and motivation.

Implications

Nursing education:

The findings can enhance the curriculum, foster empathy and resilience, and emphasize safety protocols.

Nursing research

Experiences are subjective and vary with hospital policy, so more studies are needed to inform policy and prepare systems for future crises.

Nursing practice

The findings can lead to better support for healthcare professionals and more effective strategies for managing healthcare crises.

Recommendations

1. A similar study can be undertaken on a larger sample for more valid generalization.
2. A comparative study can be conducted on the lived experiences of healthcare workers involved in COVID-19 care.
3. A similar study can be conducted in different hospitals and settings.

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