



PHENOMENOLOGY STUDY: NURSES' EXPERIENCES IN CARE OF COVID-19 PATIENTS IN THE INTENSIVE CARE UNIT OF THE COVID-19 EMERGENCY HOSPITAL WISMA ATHLET – JAKARTA PUSAT

Wasis Widodo¹, Tria Astika Endah Permatasari², Diana Irawati²

¹Master of Nursing Study Program Specializing in Medical Surgical Nursing, Universitas Muhammadiyah Jakarta, Jl. Cemp. Putih Tengah I No.1, Cemp. Putih Timur, Kota Jakarta Pusat, Jakarta 10510, Indonesia

²Faculty of Nursing, Universitas Muhammadiyah Jakarta, Jl. Cemp. Putih Tengah I No.1, Cemp. Putih Timur, Kota Jakarta Pusat, Jakarta 10510, Indonesia

*wasiswidodo13@gmail.com

ABSTRACT

The Covid-19 outbreak is currently a global pandemic all over the world. Nurses are jobs that are most often exposed to disease and infection. The Covid-19 outbreak has made nurses experience changes in their work and lives. Objectives to Identifying the experience of nurses in treating Covid-19 patients in the ICU. This study uses a qualitative research design with a phenomenological approach. Data was collected by telephone interview and analyzed by thematic analysis method. Participants in this study amounted to 12 people who were selected by purposive sampling technique. The data obtained were analyzed using the Colaizzi approach. The results of the research analysis found 5 themes, namely: Experience while working to treat patients with COVID-19 in the Intensive Care Unit, Changes experienced in both positive and negative terms, Problems that occur related to the resources encountered, Constraints faced and how to overcome them and Expectations of nurses working in the Intensive Care Unit. The results showed that nurses while caring for Covid-19 patients in the ICU were still faced with various obstacles. For this reason, social support, spiritual and spiritual guidance and training regarding Covid-19 are needed.

Keywords: caring for covid-19 patients; covid-19; intensive care unit; nurse

INTRODUCTION

Infectious respiratory infections caused by Coronavirus Disease (Covid-19) have become a pandemic that has spread throughout the world according to the World Health Organization (WHO). When the Covid-19 pandemic spreads throughout the world, it becomes a challenge that the Intensive Care Unit (ICU) community must be ready to face in dealing with this pandemic, according to Jason Phua, Li Weng., et al (2020).

From WHO data on July 11, 2020 that Indonesia is the 3rd country with the highest number of cases after India and Bangladesh in South Asia, while for the special Covid-19 case in DKI Jakarta, there was an increase on December 23, 2020 as many as 1,933 cases, the addition of these cases was the highest. second in the addition of cases during the Covid-19 pandemic in DKI Jakarta. With the addition of these cases, the total number of Covid-19 cases in DKI Jakarta is 169,775 cases. Of the total cases, 153,491 patients were declared cured and 3,146 patients were declared dead (Covid-19 Handling Task Force).

RSDC Wisma Atlet Kemayoran, Central Jakarta, is the largest Covid-19 referral hospital in Indonesia, even the largest in Southeast Asia. BeeCare RSDC data on Saturday (20/2/2021) showed that inpatients were 28005, the number of outpatients was 1442, inpatients returned home as many as 26130, and patients went home at the request of the doctor or recovered as many as 24731.

From the data above and with the increasing number of patients every day at the Wisma Athlete Hospital, there is the potential for an increase in patients with a worsening/critical condition

being treated in the Intensive Care Unit of the Wisma Athlete Hospital. In December 2020, there were a total of 55 patients with criteria for severe symptomatic patients with comorbidities. Currently, the Intensive Care Unit has 5 work teams and 18 nurses in 1 team. The room was equipped with 24 ready-to-use beds and at that time there were also 24 patients with CPAP (Continuous Positive Airway Pressure) installed 11 patients, intubating 6 patients, and HFNC (High Flow Nasal Canul) 7 patients.

This will be the biggest challenge experienced by nurses who work in the Intensive Care Unit. The nurse revealed that when working using Personal Protective Equipment (PPE) level 3, she experienced limitations in moving and communicating which became inaudible, even feeling hot to sweating continuously and holding back thirst, hunger, urination and defecation. The results of research by Jason Phua, Li Weng., et al (2020) which revealed that physical fatigue and mental health problems occur in nurses who work in intensive care rooms. This is in line with research conducted by Liu, et al (2020), which states that the main providers of front-line health services in treating patients with Covid-19 have a greater risk of physical health problems,

Looking at the information that has occurred as well as some of the results of research conducted, generally it is still in the form of qualitative research which focuses more on the prevalence of Hui disease, et al., 2020, because there is still minimal published qualitative research on the experience of nurses in dealing with patients with Covid-19 related which focuses on physical, mental health problems, stress management and problems that are often encountered to provide recommendations for the management of services in the Intensive Care Unit room, so to find answers to these problems researchers are interested in conducting research with a qualitative phenomenological approach regarding the experience of nurses in Treating Covid-19 patients at the Intensive Care Unit of the Wisma Atlet RSDC Central Jakarta.

METHOD

This study uses a qualitative research design with a phenomenological approach, namely a study that describes or describes experiences or phenomena that occur or are experienced by someone (Creswell J. W, 2013). Phenomenological studies aim to find meaning from one's life experiences (Sukmadinata, 2010). The purpose of the phenomenology study in this study was to identify and explore the experiences of nurses caring for Covid-19 patients in the Intensive Care Unit of the Wisma Atlet RSDC.

The selection of subjects in this study was carried out by consecutive sampling, which is a data source sampling technique with certain considerations, namely specializing in subjects who experience a phenomenon under study or occur where this study does not aim to generalize (Sugiyono, 2017). The selection of research subjects was not coercive, but based on the willingness of the research subjects to become research subjects.

The sampling technique becomes a data source by specializing in subject who experiences the phenomenon or event under study. Research subjects were selected based on the following characteristics: 1) Nurses are in good health or not sick. The justification for this criterion is to facilitate the communication process to be more effective and comfortable when the participant is not sick/healthy. 2) Nurses who are willing to participate and work in the Intensive Care Unit of the Covid19 Emergency Hospital Wisma Atlet. The justification for this criterion is to make it easier for researchers to explore the experience of nurses in treating COVID-19 patients at the Intensive Care Unit in accordance with the objectives to be studied.

This research was carried out by researchers only taking twelve people as research subjects, because in phenomenological research it can be done starting from one participant. The thing that draws attention is not the number of research subjects as quantitative research requires it, but rather the depth and quality of the information obtained and how much information can be

obtained from the research subject (Creswell J. W, 2013). The place of this research was carried out at Wisma Atlet-Central Jakarta in April 2021.

RESULTS

This study found 5 main themes which is the result of this research. There are 5 (five) themes explaining the experience of nurses while working during the COVID-19 pandemic, the Intensive Care Unit of the Wisma Atlet RSDC – Jakarta, which consists of psychological changes, the adaptation process, social support, contact history/handling COVID-19 patients, and the impact of work. in a time of pandemic. Meanwhile, there are 4 (four) themes explaining the perceptions of nurses in preventing and controlling COVID-19 in terms of health protocols at the Intensive Care Unit of the Wisma Atlet RSDC - Jakarta, namely knowledge, perceptions about the implementation of health protocols, health protocol barriers, and efforts to overcome obstacles. The following is an explanation of the theme for the first special purpose explaining the experience of nurses while working in the Intensive Care Unit (ICU) RSDC Wisma Atlet – Jakarta.

Theme 1: Psychological Change

There is one subtheme on the psychological changes of participants at the beginning of the COVID-19 pandemic, namely emotional responses based on marital status groups.

a. Emotional Response

The emotional responses felt by the participants expressed by the participants were increased fear, increased anxiety and increased work stress.

(1) Fear increases

The category of increasing fear was conveyed by 6 participants in the following excerpts of statements;

"At first I was worried, what will happen if I can get infected or not, my immune system is good or not, then what if I come home from work and bring the virus to my family" (A1)

"I'm afraid I will confirm, my family will confirm and die, I'm afraid" (B2)

"I'm afraid, yes, if we get infected or infected with the virus. because here, yes, there are confirmed patients, there are also suspects" (C3)

From the beginning of the pandemic, then it disappeared, then now, yes, there is a bit of fear again" (B1)

"From the very beginning of the emergence of COVID-19 there were cases in Indonesia, I felt very afraid" (C2)

"From the psyche, I'm less afraid" (B3)

(2) Increased Anxiety

The category of increasing anxiety was conveyed by 3 participants in the following statement excerpts;

"In the early days of Covid-19 there was a lot of concern that was felt" (B3)

"The worry is that when you come into contact with a patient with COVID, you are anxious" (A4)

"First worry, then worry" (C3)

(3) Work stress increases

The statement of nurses experiencing increased work stress was conveyed by 2 participants, as evidenced by the following quote;

"Working during the pandemic was really shocking at first, meaning that the stress was high, at that time I was collected by the Kapus myself until I cried" (C4)

"At the beginning of the pandemic, it was around 3 months, yes, we were under pressure, there was pressure, there was fear plus anxiety" (A2)

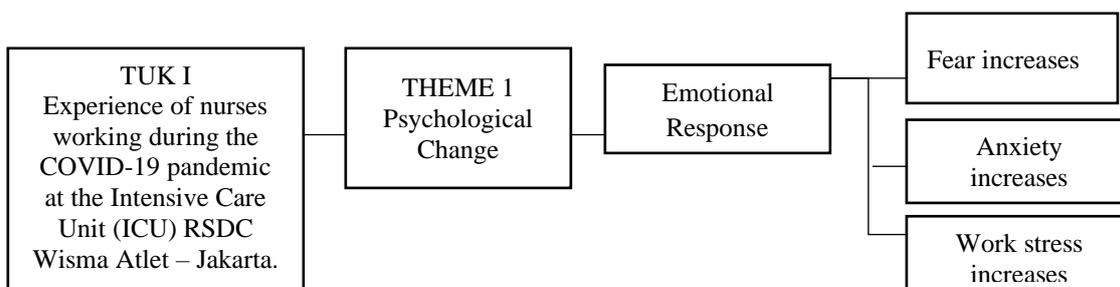


Chart 1. Theme: Psychological

Theme 2: Adaptation Process

The adaptation process carried out by participants consists of two sub-themes, namely adaptive and maladaptive

1. Adaptive

Some participants adapted by being grateful for their roles as health workers, implementing health protocols, doing work according to their responsibilities and job descriptions, and reducing fear/anxiety.

(1) Reduced fear/anxiety

The adaptations made by several participants to the COVID-19 pandemic were reduced fear/anxiety conveyed by 3 participants in the following statement excerpts; "At first I was nervous, but after that, I got used to it" (A1)

"It's normal now, not really afraid" (C2)

"At first it was normal, at first I was afraid but now I'm used to it" (B3)

(2) Carry out work according to responsibilities and job descriptions

The adaptations made by several participants to the COVID-19 pandemic were doing work according to their responsibilities and job descriptions, delivered by 6 participants in the following excerpts;

"..even though we are afraid we have to work according to the job description" (A3)

"Until these months we have been forced, we are not forced, we really have to help people," (B4)

"Yes, because of the task, I have to continue to do it but yes, in my small heart I feel resigned" (C2)

"Yes, we still carry out our duties as community services in the health sector" (A2)

"We as nurses, no matter what we do, we still carry out our activities to help others" (C3)

"...It's a medical task, so even though we are tired, we can still do it with enthusiasm" (A1)

(3) Implement health protocols

The adaptations made by several participants to the COVID-19 pandemic were implementing health protocols, as stated by 6 quotes from participants as follows;

"Estimated from the second month to the third month, I have started to get used to it, there has been adaptation to the environment, how do we have to work according to the applicable procedures starting from us wearing PPE from level 1 2 3" (A1)

"work to be very alert and very careful" (C4)

"So far, I have been a bit worried, but I have to be extra careful and also have to obey the health protocols at work" (A3)

"We are more prepared even though we are worried but we are ready, as long as we carry out health protocols, etc." (A4)

"Even though we are heavy because in the beginning we were trying to prevent it by trying to use PPE but on the other hand we have to remain vigilant" (C3)

"During this pandemic, honestly, I'm a little wary in terms of personal protective equipment" (B4)

(4) Grateful for the role as a health worker

The adaptations made by several participants to the COVID-19 pandemic are to be grateful for the role of health workers, as evidenced by the following 4 quotes; "Thank God I am still given health" (A1)

"Thank God we as health workers are not positioned as patients, we must remain grateful" (C3)

"Yes, Alhamdulillah, colleagues, because they are aware that COVID19 like this is very dangerous, so we also apply health protocols" (C4)

"Alhamdulillah, with the guidelines, training and information we received, yes, there was misgivings" (A4)

2. maladaptive

Some participants adapt to using PPE more than recommended

a. Using PPE more than recommended Adaptation made by several participants to the COVID-19 pandemic is using PPE more than the recommendation conveyed by 2 participants in the following statement excerpts;

"I have a double 3 mask because for the Corona virus, we can't solve it on our own, regarding the lives of many people, that's what I feel" (A2)

"Actually, if you say it's safe, it's not safe, just because we were told to level 2, but we still wear faceshields, sometimes we wear glasses, the masks are still double like that" (A4)

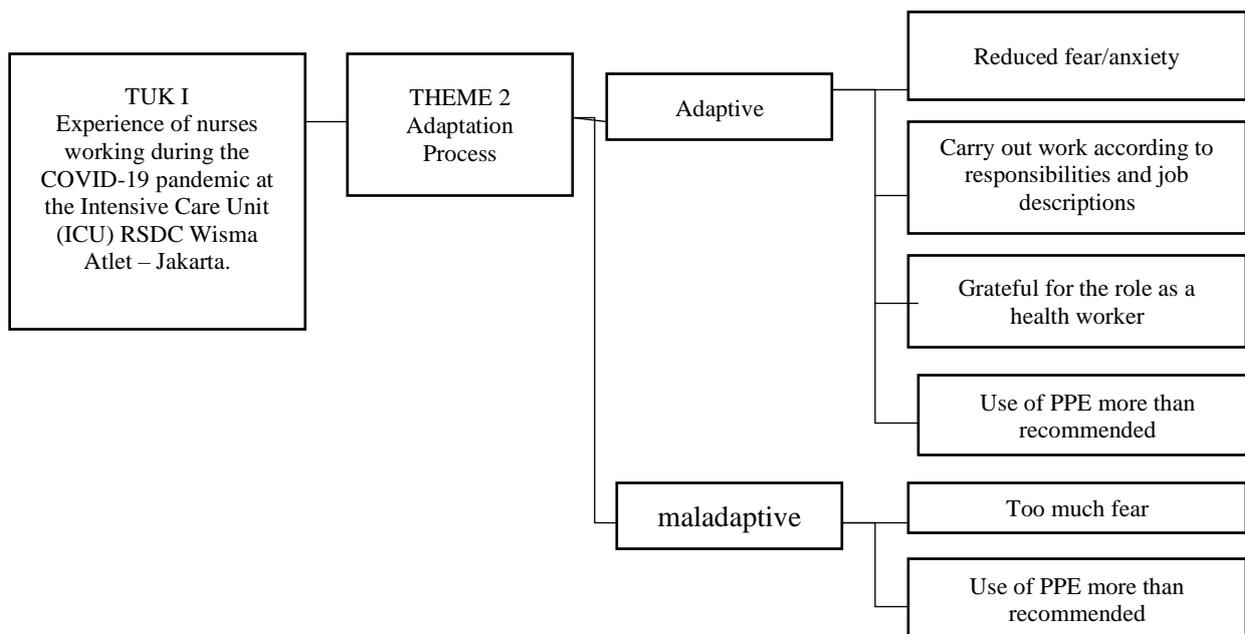


Chart 2. Theme: Adaptation Process

Theme 3: Social support on the theme of social support, there are three sub-themes, namely family support, workplace support, and community support.

a. Family support

Participants get emotional support from family

(1) Emotional support Some participants received emotional support conveyed by 2 participants in the following statement excerpts;

"My family is very supportive of my profession" (A1)

"Don't let me go home to work to find a fortune for them, eventually becoming a scourge, making things that are not good for my family, making them unhealthy, that is what motivates me to comply with health protocols" (C3)

(2) Workplace support

Participants get instrumental support and reward support at work

a. Instrumental support

Some participants received instrumental support, as conveyed by 6 participants in the following excerpt of the statement;

"equipment such as PPE and others, God willing, stock also supports"(A1)

"Yes, like that, there are disinfectant officers themselves, and PPE is always available" (C3)

"We provide a place for washing hands, yes, we give masks if there are visits, maybe we forget not to use them" (A4)

"Yes, it's too much because many donors give complete hazmat PPE" (B4)

"Yes, Alhamdulillah, at the ICU RSDC Wisma Atlit, PPE facilities are provided, they must be ready, starting from level one to level 3, the facilities are available" (A4)

"Complete PPE has level 1, level 2 and level 3" (A3)

b. Award support

Several participants received award support as conveyed by 2 participants in the following statement excerpts; "Those who support, get incentives that support it" (A4)

"The government itself has systems for controlling COVID, so we follow that" (B1)

(3)Community support

Participants received informative and emotional support from the community but some participants complained about the lack of community compliance

a. Informative Support

"The use of complete PPE must be used while in the ICU room at Wisma Atlit" (A1)

b. Emotional Support

"Alhamdulillah, the family is always supportive, always gives support and often says that you should take care of your health (A4)

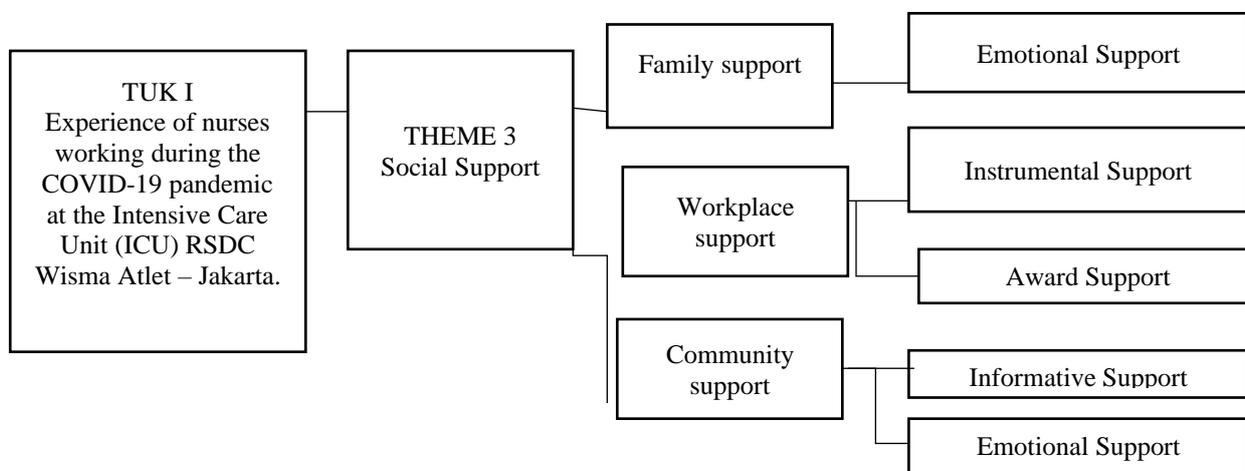


Chart 3. Theme: Social support

Theme 4: History of contact/handling with Covid-19 patients on the theme of contact history/handling COVID-19 patients, there are three sub-themes, namely contact with COVID-

19 patients using complete PPE, contact with COVID-19 patients not using complete PPE and being involved in the funeral process for COVID-19 patients.

1. Contact with COVID-19 patients using full PPE

Participants have been in contact with COVID-19 patients using complete PPE Using PPE Several participants had contact with COVID-19 patients using complete PPE while using PPE, as stated by 4 participants in the following excerpt of the statement;

- “...it feels hot, uncomfortable when wearing hazmat clothes...”(A1, A2, A3, B1, B2, C3, C4).
- “...blurred vision, not very clear when wearing google glasses...”(A3, B3, B4, C2, C3).
- “...difficult to breathe when wearing an N-95 mask...”(A4, B4, C3).
- “...panic, tired, and hampered metabolism due to using PPE during work schedules...”(B3)

2. Contact with COVID-19 patients not wearing full PPE

Participants had contact with COVID-19 patients but did not use full PPE

(1)Contact not wearing gloves

Some participants did not use gloves when in contact with patients, as quoted from the following statement;

"Because the contact with the patient did not wear PPE after the patient was referred it turned out to be confirmed" (A2)"

3. Involved in the funeral process for COVID-19 patients

Participants have been involved in the funeral process for COVID-19 patients

(1)Following the funeral procession One participant participated in the funeral procession for the corpse of COVID19

"We are dealing with people who are confirmed positive, getting to the funeral was very memorable" (A2)

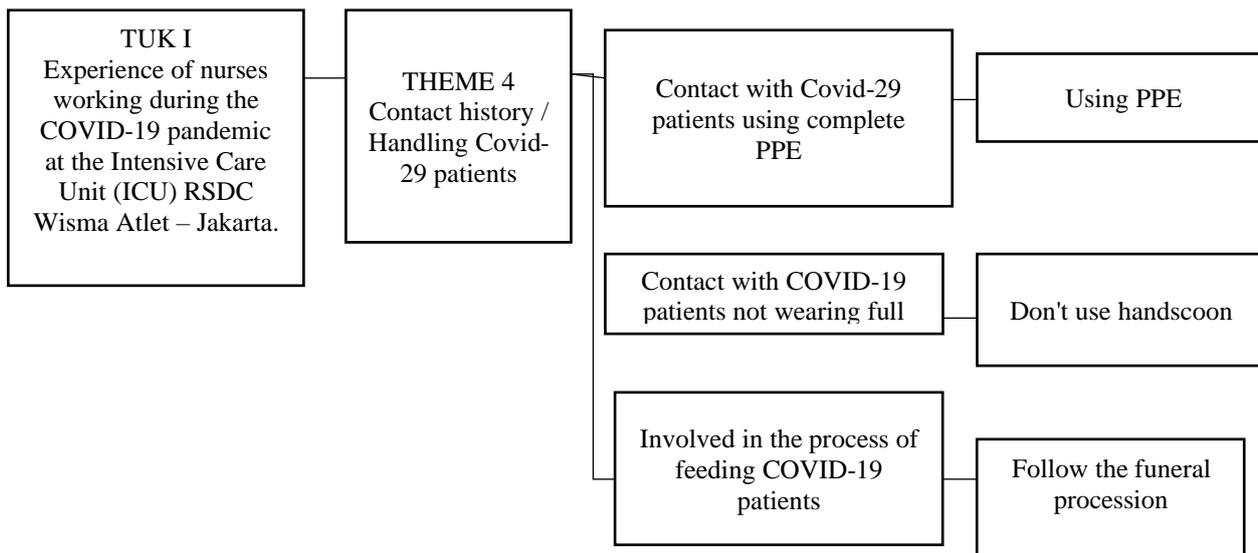


Chart 4. Theme: History of Contacts / Handling Covid-19 Patients

Theme 5: the impact of working during a pandemic

The impact of working during the pandemic has 2 sub-themes, namely the impact on oneself and the impact on the family

1. Impact on yourself

Some participants feel the impact on themselves, there are three categories, namely being ostracized, experiencing independent isolation, and experiencing stigma / labeling

a. Excommunicated

Some participants felt ostracized, conveyed by 3 participants in the following excerpt of the statement;

"First of all, the environment isolates you" (A1)

"Our family is shunned from society. Let alone other people, our own family, our parents-in-law, when we meet I am still anxious and afraid" (B4)

"When I was isolated, the family didn't dare to come near, especially the community, they were afraid, in that one week, I never left the room when I was isolated, the neighbors didn't dare to go home" (A3)

b. Doing self-isolation

Some participants had experienced self-isolation, as stated by 6 participants in the following quote;

"I am at home with my child in isolation at home for almost 2 months" (A1)

"I am isoman because the contact with the patient did not wear PPE after the patient was referred it turned out to be confirmed" (B2)

"Positive for COVID. Finally, we who are here who handle and refer him are in isolation, swabs and isolation until waiting for the results of the swab to come out in approximately 6 days" (C3)

"I am isoman 3 times already. 3 times in a row isoman because of one cluster in my family" (C4)

"I myself have experienced isolation, it was not me who was exposed but my child" (B3)

"I was in self-isolation at that time, I referred a daffodil patient here too, so when I went to the hospital, the result was that after one day the results were positive" (B4)

c. Experiencing Stigma/labelling

Some participants had experienced stigma / labeling as stated by 1 participant in the following quote; "What about us as nurses in our community, it's as if we made this up about COVID, so the public's trust is reduced" (B3)

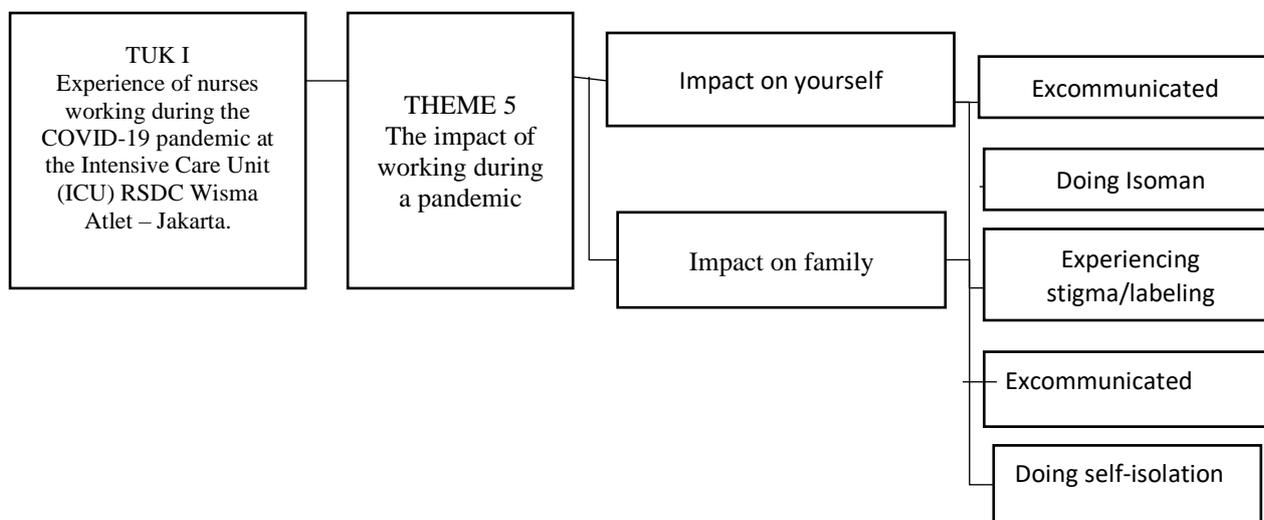


Chart 4.5 Theme: The Impact of Working during a Pandemic

2. Impact on family

The impact of working during the pandemic on the family is divided into 2 categories, namely being ostracized and doing self-isolation

a. Excommunicated

One participant's family was ostracized as stated in the following statement;

"You can't play with my child like that. That was then, now it's normal" (C3)

b. Doing self-isolation

Two families have been in self-isolation as stated in the following statement;

"I am at home with my child in isolation at home for almost 2 months" (A1)

"we have experienced isolation that exposed not me but my child" (C1)

The following is an explanation of the theme for the second special purpose which explains the perception of nurses in the prevention and control of COVID-19 in terms of the health protocol at the ICU RSDC Wisma Atlit Jakarta. Theme 1: Knowledge about COVID-19

1. Definition/ characteristics

There were 6 sub-themes in participants' knowledge about COVID-19, namely definitions/characteristics, modes of transmission, methods of prevention, diagnostic examination procedures, treatment procedures, and health protocols.

a. dangerous virus

some participants stated that the COVID-19 virus is a dangerous virus, as quoted from the following statement;

"A virus that can be said to be dangerous, can be said to be moderate, can also be said to be harmless, it depends on each person's immunity,,," (A1)

"I believe and know, covid is dangerous" (B2)

"Covid 19 can be dangerous if the patient has comorbidities," (A3)

"Corona virus, yes, the process of infection is very fast, especially if the body's resistance is very low" (C4)

"The danger is that if our immune system sometimes doesn't fit like that, then we can catch the virus, it's more vulnerable, but" (C2)

b. attack the respiratory tract

Several participants said that the COVID-19 virus is a virus that attacks the respiratory tract, as stated by 3 participants in the following quote;

"COVID is a virus, a virus that is endemic and attacks the respiratory tract" (A2)

"Covid is indeed a virus if the focus is on the lungs being attacked" (B4)

"COVID-19 is a disease that attacks the lungs" (C3)

1. Mode of Transmission

Two categories were found in the sub-theme of the mode of transmission of the COVID-19 virus, namely through droplets and through airborne

a. through droplets, one participant said that the COVID-19 virus is a virus that is transmitted through droplets in the following quote; "COVID is an invading virus, which can infect people by means of droplets or from the air that can cause a person if their antibodies decrease" (A3)

b. via airborne two participants stated that the COVID-19 virus is an airborne virus in the following quote;

"COVID is an invading virus, which can infect people by means of droplets or from the air, which can cause a person if their antibodies decrease" (A3) "The rate of transmission is very dangerous because we don't know whether the water contains corona or not, the air contains corona or not" (B1)

2. Prevention

There were 3 categories in the sub-theme of prevention methods, namely maintaining personal hygiene, maintenance of ICU equipment, human resources and equipment completeness.

a. maintaining personal hygiene six participants conveyed how to prevent the COVID-19 virus by maintaining personal hygiene, as quoted in the following statement;

- "departing must be sterile, returning home is like that" (A1)
- "From home, we must be ready to change when we go home, that's when we finish treating the suspected patient, we take a shower" (A3)
- "Before we meet our family, we take a shower first, wash our hair first, clean our bodies first, then when we are clean, make sure that we are really clean and then come in and meet our family" (C4)
- "If you don't come home, you go straight to the house, go straight to the bathroom, soak your clothes in the detergent solution, take a shower and wash your hair, then we can go home" (C3)

b. ICU equipment care

- "...focus on monitoring saturation, ett, drugs on the syring pump, smooth CVC, decubitus wounds and oral hygiene, catheters, gds..."(A2, A4, C1, C3)
- "...always give encouragement and a positive environment to patients..."(B1,B3,C3,C4)
- "...focus on improving the patient's clinical course, preventing infection (HAIs)."(A1, A3, C1,)

c. HR

- "...Nurses have at least a BTCLS certificate, basic ICU, training for critical patients..."(A3, A4)
- "...Good physical and physical strength as well as strong mentality...."(A1, B2, B3)

d. tools

- "...Management of medical devices..."(A2, B1, C3)
- "...Equip tools and materials for smooth operation..."(B1, B2, B3)
- "...Completing tools such as sugar check, ECG..."(A1, B3, C4)
- "...Immediately replace the damaged equipment..."(A3, B2, C3, C4)

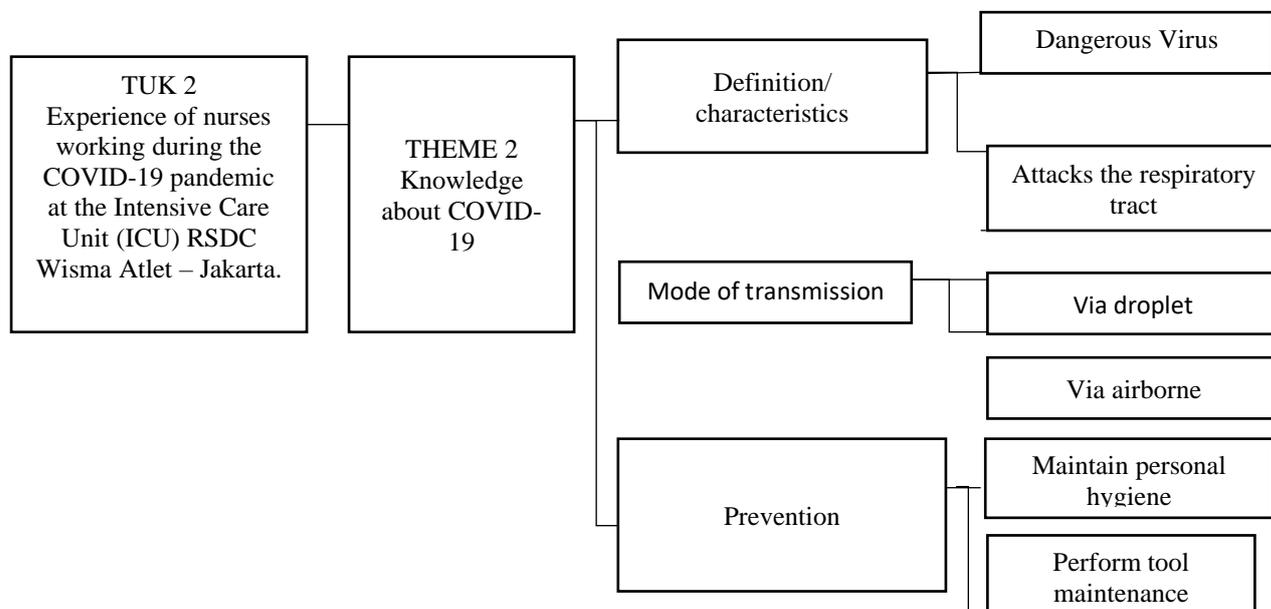


Chart 6: Knowledge of COVID-19

Theme 3: Barriers to Health Protocol

In the theme of health protocol barriers, there are two sub-themes, namely internal factors and external factors

1. Internal factors

In the sub-theme of internal factors, 2 categories were found, namely uncomfortable using PPE and inaccurate perceptions about the mode of transmission

a. Not comfortable using PPE

Four participants expressed discomfort in using PPE in the following statements;

"...it feels hot, uncomfortable when wearing hazmat clothes..." (A1, A2, A3, B1, B2, C3, C4).

"...blurred vision, not very clear when wearing google glasses..." (A3, B3, B4, C2, C3).

"...difficult to breathe when wearing an N-95 mask..." (A4, B4, C3).

"...panic, tired, and hampered metabolism due to using PPE during work schedules..."(B3,C4)

b. Incorrect perception of the mode of transmission

One participant conveyed an inaccurate perception about the mode of transmission of COVID-19 which said it was safe with friends in the following quote;

"60% is safe if we know our own friends, other people don't know, in my opinion, my own friends are safe" (B2)

2. External Factors

a. Sense of family

participants stated that it was difficult to implement health protocols because of the sense of kinship in the statement excerpts as follows; "Keep walking distance when with the patient, not with friends" (B2)

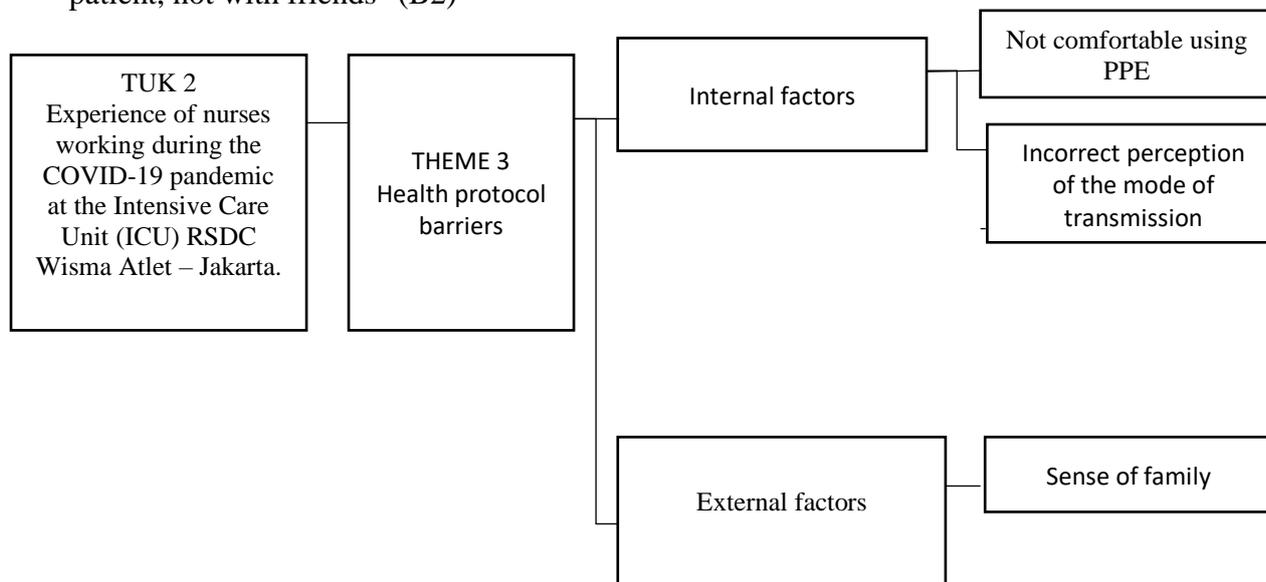


Chart 7. Theme: Barriers to health protocols

Theme 4: Efforts to overcome obstacles

In the theme of efforts to overcome obstacles, three sub-themes were found, namely efforts in the work environment and efforts in the community.

a. For yourself

For yourself the experience of nurses caring for Covid-19 patients in the ICU by maintaining personal hygiene. This is revealed as follows:

"...Hopefully this epidemic will end soon, so we can gather with family..."(A1, B2, C3)

"..In everyday life will always apply 5M .."(A2, B2, C4)

b. From work

From the workplace, nurses experience difficulties in caring for COVID-19 patients in the ICU. The statement is expressed as follows:

"...there are additional human resources to handle patients..."(A3, B1, C2)

"..More trainings being held.." (A3, B2, C4)

c. From the government

Nurses do not mind the cost of care borne by the government. This was expressed by the participants as follows:

"...There is a difference in funds between the ICU and inpatient care. So that it adds to the enthusiasm of the health workers.."(A2, B3, C4)

"...The government makes it easier to register and appoint CPNS for ICU nurses with Covid-19."(A1, B1, C1, C4)

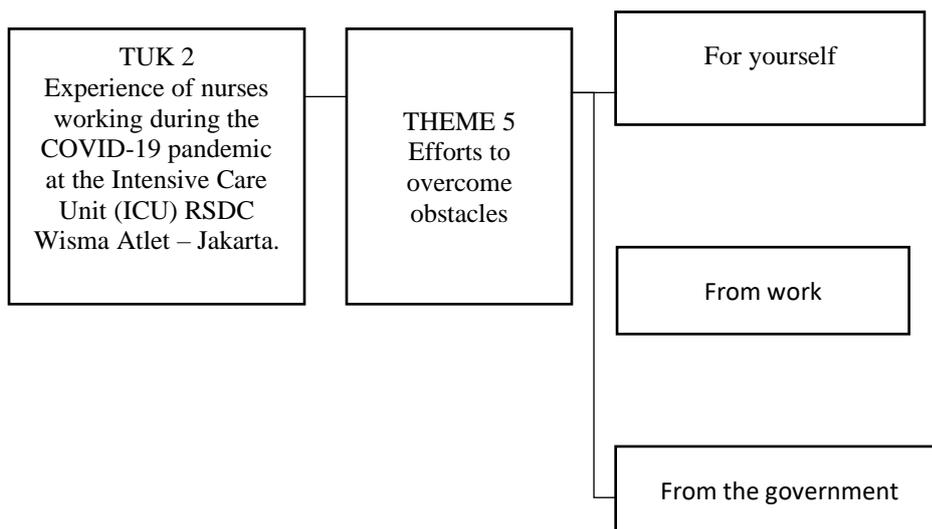


Chart 8. Theme: Overcoming obstacles

DISCUSSION

Positive and negative experiences of nurses while working in the Intensive Care Unit (ICU) RSDC Wisma Atlet – Jakarta

In this study, it was seen that participants had different experiences according to the marriage group. The experience felt by nurses while working at the Intensive Care Unit (ICU) of the Wisma Atlet Hospital - Jakarta, according to the results of research and interviews and observations showed that the positive experiences experienced by nurses in each group on average had almost the same experience, namely in terms of science, pride and satisfaction. Experience in the scientific field, almost all of the participants answered that they got additional insight and skills as well as very valuable experience that were not necessarily obtained from other rooms and places. The participants also felt proud because they were part of the front line in dealing with and tackling this covid pandemic.

In contrast to the positive experiences, the negative experiences felt by the nurses were different in each group. The unmarried group on average shared their negative experience that they still could not control their emotions with a tougher attitude when the patient did not follow the ICU procedure. Married groups who do not have children are more able to control their emotions and do not participate in the attitude towards patients who are less cooperative. In the group who are married and have children, they show a higher sense of empathy and sensitivity to patients. Another negative experience described by the participants averaged the same in anxiety and physical complaints where the continuous use of PPE hindered their work. And the

anxiety that hit when the patient experienced a worsening. Based on a cross-sectional survey (Lai et al, 2020) on 1257 nurses, it showed that 634 nurses were depressed, 560 nurses were anxious, 427 nurses had insomnia. Nurses who work on the frontline show more symptoms of depression, anxiety, insomnia compared to nurses who work in non-covid-19 wards. Although caring for Covid patients is one of the stressors for the emergence of anxiety in nurses, in general nurses when in contact with Covid patients feel 65% empathy for Covid patients. One of the nurses' caring attitudes towards patients is to feel empathy for what is experienced by the patient (Alligood, 2013).

Changes experienced both in terms of positive and negative while on duty *Intensive Care Unit (ICU) RSDC Wisma Atlet – Jakarta*

The results showed that the positive and negative changes experienced by nurses in each group had a variety of answers from changes that occurred in daily habits, thought patterns and behavior. The positive changes that occurred in all groups in their daily lives answered that they were more aware and more obedient in implementing health protocols and 5M. while in terms of mindset, the changes that participants experienced on average explained that they had become more sensitive and had more maturity in thinking in all things. The behavior that changed in the participants of each group was the increased sense of teamwork among the team and became a stronger and more disciplined person.

Nurses must immediately take mitigation so that excessive anxiety, burnout, depression and fear do not appear. Conducting discussions with colleagues and actively seeking sources of information can be used to relieve anxiety and provide effective social support for nurses in the emergency room (IGD) (Hu D, 2020). Health workers are at high risk of experiencing mental problems in the form of mild to severe stress due to the various pressures that increase and they must face (Lai Ma, Wang, Cai, Hu, Wei et al., 2020).

Regarding psychological changes, this study shows that the response to psychological disorders shown by nurses is an emotional change in the form of a response to anxiety and fear. These changes occur due to separation from family, unusual situations, increased exposure to the coronavirus, fear of transmission, and feelings of failure in the face of a poor prognosis and inadequate technical means to help patients. For healthcare workers, it can be difficult to stay mentally healthy in this rapidly evolving situation, and reduce the risk of depression, anxiety and burnout. In addition, nurses in particular face an increased risk for 'moral injury' when dealing with the ethical challenges of the coronavirus pandemic, such as working in conditions with insufficient/sufficient resources, triage situations, inadequate palliative care and not being able to support the families of terminal patients.

This was also explained by Lee (2018) in his research entitled "Psychological impact of the 2015 MERS outbreak on hospital workers and quarantined hemodialysis patients" which stated that during the pandemic, frontline health care providers experienced fear, anxiety, and frustration. The anxiety and fear disorders felt by the participants in this study were due to a lack of understanding of the COVID-19 virus, the virus is easily transmitted, and the fear of transmitting it to family members. This is in line with research conducted by Koh, Hegney & Drury (2012) with the title "Nurses' perceptions of risk from emerging respiratory infectious diseases: a Singapore study", which stated that the risk of infection, transmission to family members, the vulnerability of their work and restrictions on personal freedom have been reported as concerns for nurses.

The study conducted by Kim (2018), stated that physical exhaustion, psychological helplessness, health threats, lack of knowledge, and interpersonal ignorance under the threat of epidemic disease cause a large number of negative emotions such as fear, anxiety, and helplessness. Another study was also conducted by Niuniu, et al (2020), which stated that nurses' fear peaked when they entered the negative pressure ward for the first time, which then gradually decreased and most nurses. Conflicts that arose due to pandemic anxiety were also due to minimal information and the ongoing change in the management system for COVID-19 patients. They also expressed concern about patients in isolated places with relatively few caregivers and many patients. They are mainly concerned about the unknown condition of the patient, the severe emergency, and the psychological state of the patient. In contrast to previous studies, the psychological impact in this study tends to be lighter where only the response of fear and anxiety is felt by the participants. More severe psychological disturbances may be felt in conditions where there is adequate information in the early stages of COVID-19.

Nurses as frontline health workers in carrying out their duties also experience feelings of frustration because they have to work in isolation rooms, worry about being infected, lack of personal protective equipment during work, a pandemic that will never be controlled, unsatisfactory work results in treating COVID-19 patients, and feeling lonely because of being isolated from family members or their surroundings (Lu 2020). Symptoms of depression that occur in nurses to the point of having thoughts of committing suicide and hurting themselves (Hong et al., 2020).

The problems that occurred were related to resources while on duty at the Intensive Care Unit (ICU) of the Wisma Atlet RSDC – Jakarta

This theme focuses more on the problems that occur in patients and nurses in the ICU related to the management and care of patients as well as the availability of human resources and equipment. In all groups, it was shown that participants' explanations regarding problems in ICU patients on the management side were fairly good and in accordance with SOPs. While the problems in patients were seen from the perspective of treatment, all groups explained with slight variations, namely that the focus of care on patients should be aimed at observing variations, reducing the risk of infection, prioritizing patient comfort and privacy, saturation, ETT, drugs on the syringe pump, smooth CVC, decubitus wound and oral hygiene, catheter, GDS.

Nurses should also be equipped with qualified training and have strong physical and mental health. Nurses in their duties provide nursing care to patients at risk of exposure (COVID-19). During the provision of nursing care, nurses are involved in the process of diagnosis, prevention, control and direct patient care, so they have a high level of risk of infection (Sun et al., 2020). All service delivery centers should be prepared to screen and refer patients appropriately to reduce transmission and ensure that advanced care resources are used rationally. Establishing criteria and a targeted referral and back-referral process is important to keep the system unburdened. As availability and access to referral services may be limited in the context of high transmission of COVID-19, all health workers should be prepared (e.g. through appropriate training on duty according to the scope of practice of health workers) to take on additional responsibilities regarding early management of life-threatening syndromes. The main causes in children and adults are difficulty breathing, shock, impaired mental status, and injury. (WHO ICRC 2020). Patient safety is a basic principle of health services which views that safety is the right of every patient in receiving health services (Qomariah, and Lidiyah, 2015). In contrast to the explanation on the nurse's focus in terms of Human Resources and Completeness, each group has an explanation that is not much different. Participants explained

that nurses should have at least a BTCLS certificate, basic ICU, training for critical patients. And in terms of completeness, it is necessary to add Bag Valve Masks, GDS examination tools, nurse bath equipment, additional intubation units, patient bathing equipment, GDS, sterile equipment sets and development of tools with updated information.

Constraints faced and how to overcome them while on duty at the Intensive Care Unit (ICU) RSDC Wisma Atlet – Jakarta

Constraints faced while on duty at the Intensive Care Unit (ICU) of the Wisma Atlet RSDC – Jakarta from the results of research and observations of participants include constraints on tools and materials, human resources and general constraints. From all groups, the obstacles faced in terms of tools and materials were on average stating that the constraints on tools and materials were due to the lack of health workers as well as the availability of certain medicines and errors often occurred in the tools because they were often used. Thus causing the impact of work delays and less efficient work. The obstacles faced by nurses in caring for these patients can be a trigger for anxiety and stress in nurses. Caring for Covid patients for nurses is one of the stressors that can cause stress and anxiety for nurses, so that when a nurse experiences a stressor from what is seen, experienced will cause the brain to secrete the hormone cortisol.

The increase in the hormone cortisol causes effects on various organs of the body, and causes psychosomatic reactions in the form of heart palpitations, rapid breathing, experiencing headaches or dizziness, as well as increased urination (Guyton & Hall, 2019). The way to overcome obstacles to tools and materials so far is to optimize the use of available tools and materials, so that work and patient care continue as expected. and cause psychosomatic reactions in the form of heart palpitations, rapid breathing, headaches or dizziness, as well as increased urination (Guyton & Hall, 2019). The way to overcome obstacles to tools and materials so far is to optimize the use of available tools and materials, so that work and patient care continue as expected. and cause psychosomatic reactions in the form of heart palpitations, rapid breathing, headaches or dizziness, as well as increased urination (Guyton & Hall, 2019). The way to overcome obstacles to tools and materials so far is to optimize the use of available tools and materials, so that work and patient care continue as expected.

Constraints on Human Resources on average stated that it was constrained by health workers who fell, and it was difficult to guide new nurses because they were constrained by time and work pressure, besides that coordination with the team and leader was sometimes lacking. So that this obstacle has the impact of less than optimal services for patients with Covid-19. The way to overcome obstacles in terms of human resources is to do a lot of training and discussion with seniors and work together better with the team. This can reduce stress levels on nurses and work ethic will be better. According to Huang, Lin, Tiang, Yu, & Zhou,

In general, the obstacles for each group of participants included difficulties in limited movement space, holding thirst and hunger, holding back metabolic activities due to using hazmat all day, besides the lack of time to gather with family because working time was very busy and the pressure at work was very high. The impact of these obstacles is to make health workers depressed and anxiety often arises. The psychological response experienced by nurses who treat COVID-19 patients is that they always feel worried or infected with Covid-19, because nurses are in very close contact with Covid-19 patients, besides that nurses find it difficult to concentrate and emotions become more sensitive, this is in line with research cross sectional survey on 927 nurses and doctors, The results showed that nurses and doctors easily experienced insomnia, somatization, depression and anxiety (Zhang et al, 2020). In addition, a cross-sectional survey research conducted by Mo et al (2020) of 180 nurses in China as a whole

felt depressed, and the main cause was anxiety in treating Covid-19 patients. Caring for COVID-19 patients is the duty of nurses as the frontline profession, but it becomes a stressor for nurses so that psychological problems arise for nurses. Ways to overcome these obstacles include giving each other motivation and encouragement to fellow health workers and colleagues so that work can be completed immediately and the work environment will also be positive. Good support from various parties can improve a good emotional response to nurses, so it can increase the hormone endorphins. With the increase in endorphins, nurses will automatically increase immunity (Guyton & Hall, 2019) so that nurses can remain in a healthy condition without being exposed to Covid-19.

Expectations from nurses who work in the Intensive Care Unit (ICU) RSDC Wisma Atlet – Jakarta

The last theme is the expectations of nurses who work in the Intensive Care Unit (ICU) of the Wisma Atlet Hospital – Jakarta. This theme consists of sub-themes of hope for oneself, from the hospital and from the government. Each group of participants has different expectations. The expectations for themselves from all groups of participants on average stated that their hopes were that this pandemic would soon pass, have quality time to gather with family and would follow good health protocols. According to Khalid, et al (2016), physical and mental rewards for nurses from work units are also important supporting factors. This is in line with research conducted by Niuniu, et al (2020) which states that hospitals must have a reward and welfare system to support and motivate nurses.

Another study was also conducted by Yona & Nursasi (2008) regarding phenomenological analysis of the experience of nurses in providing nursing care to patients with Avian Influenza, which stated that external factors that support respondents to carry out their obligations as nurses are support from the institution where they work, such as there are rewards in the form of money, transportation, additional food and vitamins that are sufficient to support the stamina of nurses as long as they treat patients. Meanwhile, the expectations from the hospital for participants in all groups also almost have the same hope, namely adding health workers and equipping equipment that is very urgently needed, as well as providing more training to nurses so that their skills and skills are more qualified.

LIMITATIONS OF THE RESEARCH

1. The limitation of this study is that the interview process was carried out using a zoom meeting and filling out questionnaires. Generally, participants are willing to be interviewed when they are not on duty. However, the researcher was unable to verify repeatedly due to the limited time of the participants so that the researcher also could not see the non-verbal responses of the participants.
2. Another limitation is that this study has not explored the mental and spiritual changes experienced by nurses while treating patients with COVID-19 and also has not explored solutions to overcome the obstacles encountered by nurses while on duty dealing with patients with COVID-19.

CONCLUSIONS

The hospital management to provide trainings and updates on the latest related knowledge Covid-19 so that it can increase knowledge nurses in providing nursing care to Covid-19 patients, besides the need for spiritual guidance and spiritual, as well as psychology in strengthening mental nurse working in the Covid-19 ward.

REFERENCES

- Afriyati, Y., Rachmawati, N. (2014). *Metodologi Penelitian Kualitatif Dalam Riset Keperawatan*. Jakarta: PT Raja Grafindo Persada.
- Alligood, M., (2013). *Nursing Theory. 5th edition utilization & Application*. Canada: Mosby.
- Arentz, M., Yim, E., Klaff, L., Lokhandwala, S., Riedo, F. X., Chong, M., & Lee, M. (2020). Characteristics and outcomes of 21 critically ill patients with COVID-19 in Washington State. *Jama*, 323(16), 1612-1614.
- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). Rapid Review The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet*, 395(10227), 912-20.
- Chen, Q., Liang, M., Li, Y., Guo, J., Fei, D., Wang, L., ... & Zhang, Z. (2020). Mental health care for medical staff in China during the COVID-19 outbreak. *The Lancet Psychiatry*, 7(4), e15-e16.
- chenY, L. Q. (2020). GuoD. *Emerging coronaviruses: genome structure, replication, and pathogenesis*. *J Med Virol*, 92(4), 1.
- Chew, N. W., Lee, G. K., Tan, B. Y., Jing, M., Goh, Y., Ngiam, N. J., ... & Sharma, V. K. (2020). A multinational, multicentre study on the psychological outcomes and associated physical symptoms amongst healthcare workers during COVID-19 outbreak. *Brain, behavior, and immunity*, 88, 559-565.
- Creswell, W. John. (2013). *Research Design Pendekatan Kualitatif, Kuantitatif, dan Mixed*. Yogyakarta: Pustaka Pelajar.
- Cronquest, A. (2004). *Caring for moral obligation and work responsibility in intensive care nursing*. Sage Publication.
- Diaz, J. H. (2020). Sciences OH, Orleans N., Diaz JH, Sciences OH Hypothesis?: angiotensin-converting enzyme inhibitors and angiotensin receptor blockers may increase the risk of severe. *J Travel Med*, 382, 1653-1659.
- Kemenkes, R. I. (2016). Direktorat Jenderal Pencegahan dan Pengendalian Penyakit. *Petunjuk Teknis Menejemen Dan Tatalasan TB anak*. Jakarta: KEMENKES RI.
- Dr. Anwar Mujahidin, M.Ag., dkk., (2019) *Metode Penelitian Kualitatif di Bidang Pendidikan*. Hak Terbit © 2019, Penerbit : CV. Nata Karya. ISBN : 978-602-5774-41-6
- Fahmi. (2010). *Manajemen Kinerja Teori dan Aplikasi*. Bandung: Alfabeta.
- Fatimah Khoirini dkk., (2019) *Studi Kualitatif Pemahaman Perawat Intensive Care Unit tentang Pengkajian Nyeri Behaviour Pain Scale*. *Jurnal Keperawatan Raflesia*, Volume 1 Nomor 2, November 2019 ISSN: (p) 2656-6222 (e) 2657-1595, DOI 10.33088/jkr.vli2.411
- Greenberg, N., Docherty, M., Gnanapragasam, S., & Wessely, S. (2020). challenges faced by healthcare workers during covid-19 pandemic. *BMJ*, 368, m1211. <https://doi.org/10.1136/bmj.m1211> Managing mental health
- Guyton., & Hall., (2019). *Buku Ajar Fisiologi Kedokteran Edisi 13*. Elseiver

- Hong, S., Ai, M., Xu, X., Wang, W., Chen, J., Zhang, Q., ... Kuang, L. (2020). Immediate Psychological Impact on Nurses working at 42 Government Designated Hospital During COVID-19 Outbreak in China: a cross-sectional study. *Nursing Outlook*, 0(1), 1–7. *Jurnal Ners Indonesia*, Vol.11 No.2, Maret 2021 168 <https://doi.org/10.1016/j.outlook.2020.07.007>.
- Hu, D., Kong, Y., Li, W., Han, Q., Zhang, X., Zhu, L. X., ... & Zhu, J. (2020). Frontline nurses' burnout, anxiety, depression, and fear statuses and their associated factors during the COVID-19 outbreak in Wuhan, China: A large-scale cross-sectional study. *EClinicalMedicine*, 24, 100424.
- Huang, C., Wang, Y., Li, X., Ren, L., Zhao, J., Hu, Y., ... & Cao, B. (2020). Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *The lancet*, 395(10223), 497-506.
- Huang, Y. and Zhao, N. (2020) „Generalized anxiety disorder, depressive symptoms and sleep quality during COVID-19 outbreak in China: a web-based crosssectional survey“, *Psychiatry Research*. doi: 10.1016/j.psychres.2020.112954
- Hui, D. S., Azhar, E. I., Madani, T. A., Ntoumi, F., Kock, R., Dar, O., ... & Petersen, E. (2020). The continuing 2019-nCoV epidemic threat of novel coronaviruses to global health—The latest 2019 novel coronavirus outbreak in Wuhan, China. *International journal of infectious diseases*, 91, 264-266.
- Jason Phua, Lie Weng., *et al.* (2020). Intensive care management of coronavirus disease 2019 (COVID-19): challenges and recommendations. PMID: 32272080 PMCID: PMC7198848 DOI: [10.1016/S2213-2600\(20\)30161-2](https://doi.org/10.1016/S2213-2600(20)30161-2)
- Kang, L., Li, Y., Hu, S., Chen, M., Yang, C., Yang, B. X., ... & Liu, Z. (2020). The mental health of medical workers in Wuhan, China dealing with the 2019 novel coronavirus. *The Lancet Psychiatry*.
- Kang, L. Li, Y, Hu, S, Chen, M, Yang, C, Yang, B X, Wang, Y, Hu, J, Lai, J, Ma, X Chen, J, Guan, L, Wang, G, Ma, H, Liu, Z (2020) „The mental health of medical workers in Wuhan, China dealing with the 2019 novel coronavirus“, *The Lancet Psychiatry*. doi: 10.1016/S2215-0366(20)30047-X.
- Khalid, I., Khalid, T. J., Qabajah, M. R., Barnard, A. G., & Qushmaq, I. A. (2016). Healthcare workers emotions, perceived stressors and coping strategies during a MERS-CoV outbreak. *Clinical medicine & research*, 14(1), 7-14.
- Koh, Y., Hegney, D., Drury, V. (2012). Nurses' perceptions of risk from emerging respiratory infectious diseases: a Singapore study. *International journal of nursing practice* 18 (2), 195-204.
- Lai, J., Ma, S., Wang, Y., Cai, Z., Hu, J., Wei, N., ... & Hu, S. (2020). Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA network open*, 3(3), e203976-e203976.
- Lewis Rubinson, *et al.* (2021) Intensive Care Unit Strain and Mortality Risk Among Critically Ill Patients With COVID-19—There Is No “Me” in COVID *JAMA Netw Open*. 2021;4(1):e2035041. doi:10.1001/jamanetworkopen.2020.35041.

- Li, Q., Guan, X., Wu, P., Wang, X., Zhou, L., Tong, Y., . . . Cowling, B. J. (2020). Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus-Infected Pneumonia. 382(13), 1199-1207. <https://doi.org/10.1056/NEJMoa2001316>
- Liu, S., Yang, L., Zhang, C., Xiang, Y. T., Liu, Z., Hu, S., & Zhang, B. (2020). Online mental health services in China during the COVID-19 outbreak. *The Lancet Psychiatry*, 7(4), e17-e18.
- Lu, W., Wang, H., Lin, Y., & Li, L. (2020). Psychological status of medical workforce during the COVID-19 pandemic: A cross-sectional study. *Psychiatry research*, 288, 112936.
- Matthew p.,*et al* (2015). Epidemiology, Co-Infections, and Outcomes of Viral Pneumonia in Adults. DOI : 10.1097/MD.0000000000002332. ISSN : 0025-7974
- Moleong, Lexy J. (2014). *Metode Penelitian Kualitatif, Edisi Revisi*. Bandung: PT. Remaja Rosdakarya.
- Polit, D. F., & Beck, C. T. (2012). *Nursing research: Generating and assesing evidence for nursing practice*. (9th ed.). Lippincott Williams and Wilkins.
- Qiu, J. Shen, B, Zhao, M, Wang, Z, Xie, B, Xu, Y (2020) „A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: Implications and policy recommendations“, *General Psychiatry*. doi: 10.1136/gpsych-2020-100213.
- Qomariah, S. N., & Lidiyah, U. A. (2015). Hubungan Faktor Komunikasi Dengan Insiden Keselamatan Pasien (Correlation of Communication Factor with Patient Safety Incident). *Journals of Ners Community*, 6(2), 166-174.
- Sastroasmoro, S. & Ismail, S. (2014). *Dasar-Dasar Metodologi Penelitian Klinis Edisi ke-5*. Jakarta: CV. Sagung Seto.
- Srinivas, M., Gomersall, C. D., & Fowler, R. (2020). Critically Ill patients with COVID-19. *JAMA*, 323, 1499-500.
- Sugiyono. (2015). *Metode Penelitian Kuantitatif, Kualitatif, dan R&D ..* Bandung: Alfabeta. Hal 270-275
- Suprihatin titin (2020). *Managemen Stress Kerja Pada Perawat ICU*. Vol. VIII No 1 Agustus 2015 ISSN 1979 – 8091
- Tan, B. Y. Q., Chew, N. W. S., Lee, G. K. H., Jing, M., Goh, Y., Yeo, L. L. L., . . . Sharma, V. K. (2020). Psychological Impact of the COVID-19 Pandemic on Health Care Workers in Singapore. *Annals of internal medicine*, M20-1083. <https://doi.org/10.7326/M20-1083>
- Vinkers, C. H., van Amelsvoort, T., Bisson, J. I., Branchi, I., Cryan, J. F., Domschke, K., . . . van der Wee, N. J. A. (2020). Stress resilience during the coronavirus pandemic. *European neuropsychopharmacology : the journal of the European College of Neuropsychopharmacology*, 35, 12-16. <https://doi.org/10.1016/j.euroneuro.2020.05.003>
- Members, W. C., Wang, H., Zeng, T., Wu, X., & Sun, H. (2020). Holistic care for patients with severe coronavirus disease 2019: An expert consensus. *International journal of nursing sciences*, 7(2), 128-134.

- Wang, J., Zhou, M., & Liu, F. (2020). Reasons for healthcare workers becoming infected with novel coronavirus disease 2019 (COVID-19) in China. *J Hosp infect*, 20(10.1016).
- WHO. (2020). Kementerian Kesehatan Republik Indonesia. Info Infeksi Emerging Kementerian Kesehatan RI [Internet]. 2020 [;cited 2020 desember 14].
- WHO. Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected: interim guidance. (2020). [https://www.who.int/publications-detail/clinicalmanagement-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinicalmanagement-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected) (accessed desember 9, 2020).
- World Health Organization. (2018). *BASIC EMERGENCY CARE: approach to the acutely ill and injured*. World Health Organization.
- World Health Organization. (2020). Mental Health and Psychosocial Considerations During The COVID-19 Outbreak. WHO/2019-nCoV/MentalHealth/2020.1.
- Xie, J., Tong, Z., Guan, X., Du, B., Qiu, H., Slutsky, A. S. (2020). *Critical care crisis and some recommendations during the COVID-19 epidemic in China*. Intensive Care Med.
- Yanga, J., Zheng, Y., Gou, X., Pu, K., Chen, Z., Guo, Q., ... & Zhou, Y. (2020). Prevalence of comorbidity and its effects in patients infected with SARS-CoV-2: a systematic review and metaanalysis. *Int J Infect Dis*, 94, 91-95.
- Yona, S & Nursasi, AY. (2008). Analisis Fenomenologi tentang Pengalaman Perawat dalam Memberikan Asuhan Keperawatan pada Pasien dengan Avian Influenza. *Jurnal Keperawatan Indonesia*, Volume 12, No. 1, Maret 2008; hal 1-6.
- Zhou, F., Yu, T., Du, R., Fan, G., Liu, Y., Liu, Z., ... & Cao, B. (2020). Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. *The lancet*, 395(10229), 1054-1062.