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CLINICAL EXPERIENCES

Being a clinical nurse in times of pandemic: When the groundbreaking system is urgently needed

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Abstract
COVID-19 impacted the life and health of people worldwide including the healthcare team in Hospitals. As a consequence, this situation disturbs the healthcare systems along with the care provider such as nurses fighting as the frontlines to save the patient's lives. Exploring the issues during their work time will support them and lead an innovative strategy on how to improve the outcome and reduce the morbidity among nurses. This paper explored the nurses' experience when taking care of patients with COVID-19 infection in the Intensive Care Unit of Mental Health Hospital "Prof. Soerojo" Magelang, City. It is hoped that this article will encourage the nurses to keep helping and giving the best care to the patient endlessly.

Keywords: COVID-19 pandemic; intensive care unit; nurses; clinical experiences; nursing care

Introduction

Health innovation is crucial to improve the open-minded perspective when delivering care in a hospital (Kelly & Young, 2017), particularly during the COVID-19 pandemic. As a clinical nurse, creativity is essential in finding new ways to care for the patient. In times of pandemic, nurses were heralded as unsung heroes with heavy work that potentially led to being emotionally drained and exhausted. All of the nurses around the world experience that condition, such as in Indonesia. Therefore, the following is a clinical experience of a nurse when working at the Intensive Care Unit during the pandemic:

I have the opportunity to help others according to my expertise program in the field of nursing, and at this time, I was placed in the intensive care unit (ICU) specifically for patients with COVID-19 infection. When I joined as a volunteer, I intended to participate in the fight against covid 19. In Indonesia, especially in Magelang, I have had many experiences when treating patients with covid 19, including wearing personal protective equipment that is very closed and hot, which is worn for about 3-5 hours and can interfere with the respiratory system. Because it is too tight, sometimes it also inhibits the flow of blood and oxygen to the brain, and it is not uncommon that when removing the PPE, the skin turns bluish-pale, wrinkled, and wrinkled. In addition, we also have to refrain from eating, drinking, and urinating when wearing PPE, when the action to the patient is also very limited based on our ability because we also can't wear PPE for long because it can also threaten the nurses' health.

Patients with covid in the ICU where I work, among them a lot of patients with comorbidities, and a lot of them are taken to the hospital when their condition is severe, with oxygen saturation below 90 and some even under 60 who must require 100% oxygen with the help of a device (high flow nasal cannula) / HFNC, with the use of HFNC, it was found that cases of using HFNC for too long made the patient experience epistaxis (nosebleeds) due to high oxygen pressure. Then the problem now is that at our place, there is not much stock of HFNC equipment; besides that, some are damaged so that we are forced only to meet the oxygen needs with a non-rebreathing mask (NRM) of 15 Lpm if the patient does not receive HFNC. In addition to patients with comorbidities, we treat pregnant and post-SC patients because they require intensive care and oxygen. The signs and symptoms in these patients with COVID-19 in the ICU are shortness of breath, cough, weakness, aches, and fever. After the anamnesis, most of the Covid patients treated in the ICU have not been vaccinated.

In addition, the current problem is the depletion of oxygen stocks, so this condition can cause patients to lack oxygen supply. During treatment in the ICU covid, families are not recommended to wait for patients. Still, if the family

wants to wait, they must provide informed consent to wait for the patient to finish treatment in the ward and be willing to SWAB when leaving the ward at personal expense. When the family does not attend to the patient, it also results in the patient's dependence on nurses to meet their needs, such as eating, singing, changing clothes, changing diapers, defecating, and urinating. This condition is also a dilemma for medical personnel. After all, we cannot immediately provide fast service when patients need our help when we are not in the treatment room because we also have to prepare to wear personal protective equipment, which takes approximately 15-20 minutes. Moreover, even when the patient is in an emergency, we cannot provide immediate help if we are not in the treatment room, so our patients often die.

Our wards are always entire, and there are even many indents from other wards, even from hospitals outside and within the region, so many of our medical personnel have also fallen and contracted Covid because of our heavy workload. We are also experiencing a shortage of medical personnel, so even healthy people will be burdened with a lot of work to treat patients and are at risk of falling sick too. Not infrequently, our ER also closes and refuses many patients because the wards are entire and oxygen stocks are running low. Therefore, the community and medical staff need high awareness to improve compliance with implementing health protocols such as washing hands, keeping a distance, and wearing masks. In the hospital environment, all employees have also been advised to wear double masks because the delta variant of the covid virus is easier to infect.

Discussion

This experience documented the negative impact COVID-19 is having on the mental health of clinical nurses. A lot of nurses are more anxious and stressed than usual. The pandemic is not just a physical and mental health crisis, particularly for those providing direct care to patients in Hospitals. Amidst all this, a certain amount of pressure can motivate, helping to perform and feel energized when facing challenges. However, being under intense pressure for too long can lead to psychological stress. During the COVID-19 pandemic, creative solutions from the healthcare system are needed even though many healthcare professionals face daily dealing with the influx of patients, lack of resources, and low staffing (Qi et al., 2020). The pandemic continues to challenge the healthcare system. In responding to this, collaborative healthcare efforts are necessary for optimizing the care in the hospital. Moreover, interprofessional teams have needed to lean on one another emotionally and professionally in dealing with deep stress and uncertainty in practice (Morgantini et al., 2020). Also, Interprofessional collaboration is fundamental to developing a new idea to reduce nurses' burnout in the clinical setting (McKinlay et al., 2021; Samarasekera, Nyoni, Amaral & Grant, 2022; Alrasheed et al., 2021). The fact highlighted that the staff has excellent ideas for improving the system and patient experience. Finally, as a healthcare professional, developing a culture where innovation can engage and where the nurses and patients feel encouraged to contribute to the innovative nursing process (Gao, Lu, Hou, Ou & Wang, 2022; Barchielli, Marullo, Bonciani & Vainieri, 2021; Baig, Azeem & Paracha, 2022).

In the event of a pandemic caused by an infectious disease, nurses are at the forefront of providing patient care, and they play an essential part in both treating patients and stopping the spread of the disease. As a result, it is essential to consider their prior experiences while formulating strategies to battle the coronavirus illness 2019 (COVID-19) (Clari et al., 2021; Copel, Lengetti, McKeever, Pariseault & Smeltzer, 2022). The line graph of hospital admissions over the past 20 months looks like a series of peaks and valleys. The initial surge was Mount Everest for the state's medical facilities, with patient loads and death rates that have not been matched since the pandemic began to spread worldwide in early 2020. When the pandemic started, some people had only recently begun their employment, while others had been working there for years. They put their own lives in danger to be there for their patients, and their experiences are filled with hope, tragedy, and resiliency.

As a result of the fact that nurses spend more time with patients than any other member of the healthcare team, it is reasonable to assume that nurses have a more significant potential for contracting and passing on diseases (Sabetian et al., 2021; Mathabire Rücker, Gustavsson, Rücker, Lindblom & Hårdstedt, 2022; Çakıcı, Avşar & Çalışkan, 2021). The characteristics of the SARS-CoV-2 virus, such as its latent period, route of transmission, and infectiousness, highlighted the persistent nature of the threat to the nurses' health and justified their feelings of uncertainty as well as their concerns over their mental health (Riedel, Horen, Reynolds & Hamidian Jahromi, 2021). The COVID-19 outbreak has caused nurses to experience increased stress, worry, and despair levels. Recent research conducted in China and Italy, which were the first two countries to be affected by this disease, found that nurses who provided direct patient care to COVID-19 patients had a higher risk of developing mental health issues in comparison to nurses who worked in other areas of the health care industry. In addition, a study that involved 1,379 healthcare providers, of which one-third were nurses, found that having a co-worker who suffered from COVID-19 was a significant factor that aggravated mental health problems among nurses (Aloweni, Ayre, Teo, Tan & Lim, 2022). This finding was gleaned from the study's findings, which included 1.379 healthcare professionals.

The nurses had the impression that COVID-19 had impacted both the professional and social climate. It was believed that COVID-19 was a condition that might affect people's social connections and their ability to communicate with one another as a result of their social lives in general (Hosseinzadeh, Zareipour, Baljani & Moradali, 2022; Eddy, 2021). These shifts were novel for collectivist cultures, which traditionally center their social lives on getting together with others. In addition, the environments in which nurses worked were confronted with significant difficulties, including the requirement to utilize personal protective equipment (PPE) that was both foreign and restrictive as the sole safeguard against becoming infected with the virus. In addition, nurses were expected to be knowledgeable about various novel pharmaceuticals and medical procedures. Even though nurses were well aware of the dangers posed by the epidemic, and the vast majority of them reported experiencing both physical and mental strain as a result of their work, every nurse remained dedicated to the principles of nursing ethics and continued to provide treatment to patients who were infected (Gebreheat & Teame, 2021; Jia et al., 2021). They also mentioned that caring for sick patients was formed in part due to their religion, in addition to the nature of the work that they had.

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