The perception of nurses towards their roles during the COVID-19 pandemic

Sawsan Abuhammad1 | Manar AlAzzam2 | Tareq Mukattash3

1Department of Maternal and Child Health Nursing, Jordan University of Science and Technology, Irbid, Jordan
2Department of Community Health, Al-Albayt University, Mafraq, Jordan
3Department of Clinical Pharmacy, Jordan University of Science and Technology, Irbid, Jordan

Correspondence
Sawsan Abuhammad, Department of Maternal and Child Health, Jordan University of Science and Technology, Irbid 22110, Jordan.
Email: shabuhammad@just.edu.jo

Abstract

Purpose: The study aims to evaluate the available content on local Jordanian Facebook nursing groups regarding perception of their roles during coronavirus pandemic.

Method: Researchers used the Facebook search engine to select local Facebook groups. Results: Nurses were perceived to perform a constructive role when acting as the first-line health provider, having a public awareness role and providing care for patients. Advocating and supporting the sick and their families, ignoring and underestimating their role, nurses have a positive perception of their roles during the coronavirus pandemic. Besides being responsible for their daily activities during the epidemic, they had additional roles of ensuring the safety and contentment of their patients.

Conclusion: In general, nurses in Jordan perceived their roles during the COVID-19 outbreak to be constructive. They performed the task of supporting and advocating for the sick and their families. Despite these efforts during the outbreak.

Implication for Nursing: Nurses in general, nursing leaders and managers are in the forefront of responding to the unique needs of their workforces during the COVID-19 crisis. There must be an explicit adoption of strategy in all clinical environments and other clinical institutions to enhance the nurse image among themselves and community members.

INTRODUCTION

The coronavirus pandemic, also called COVID-19, began in December 2019, and has led to extreme challenges for people in China. World Health Organization (WHO) declared that healthcare professionals (HCPs) are a highly predisposed group like the old, chronically ill individuals and pregnant women? This is because it is expected they will be affected during the pandemic as they work in the leading role with the patients.1 Past research on epidemics like the SARS, Ebola and AIDS that was done with Briand et al2 and Evans et al3 showed that nurses suffered negative impacts such as exhaustion, fatigue, physical complaints, emotional and mental stress and blame during the outbreak.

To minimise these negative outcomes, WHO has determined five important methods. These methods include providing factual information to combat the pandemic, supporting countries in their fight against the disease, assisting in developing their capabilities in association with various organisations, offering medical implements and safety measures to frontline nurses, and developing research and coaching of healthcare providers (HCPs).4 According to the International Association of Medical Assistance to Travelers, IAMAT,5 the WHO and the American Nurses Association (ANA) have updated their guideline for nurses worldwide, aiming to guide nurses through the COVID-19 outbreak. There were several recommendations on the guideline on how to deal with the COVID-19 epidemic, such as mitigation and the kind of counselling that nurses should offer during the pandemic.4,9 A prominent controversy is whether Jordanian nurses have roles in efficiently fighting COVID-19 pandemic and what their views regarding their responsibilities are.

According to Ahmad6 and Abuhammad et al,7 Jordanian nurses are perceived to be excellent professionals who offer patient care.
Globally, nurses are a vital part of the healthcare system, and since the outbreak of COVID-19, they have had challenging experiences and problems. Presently, in association with other healthcare providers, they are in the frontline of the battle against the COVID-19 outbreak, and they are striving to help their patients in every sector.\(^7\)\(^8\)

The authors of this study found it challenging to execute an assessment using structured interviews on nurses because of the imposition of quarantine on all Jordanian citizens. This forced them to perform an analysis of the social network content containing the posts of nurses on different local nursing groups. The quantitative content analysis aimed to measure the frequency and content of Facebook posts by Jordanian nurses to evaluate their view regarding their roles and obligations in combating the outbreak of COVID-19.

2 | METHOD

2.1 | Sample

According to Cole-Lewis et al.,\(^10\) although Facebook is quite an unreliable venue, it is a crucial source of information because of its easy utilisation and extensive users. Thus, this study adopted Facebook to evaluate the available content on local Facebook nursing groups regarding the perception of nurses towards their roles during COVID-19 outbreak.

Researchers used a Facebook search engine to select local Facebook groups. The keywords included nurse, nursing, nurses and Jordan in both English and Arabic. The study only used located Jordanian groups. Nine groups the authors are chosen to be in the designated group. Table 1 lists and describes the groups in this study.

Three researchers evaluated posts and deliberations on local nursing Facebook groups from March 15 to April 25 2020. The objective of the three researchers was to determine deliberations that explained the perceptions of nurses towards their roles during the Jordanian COVID-19 outbreak. This led to the identification of 300 posts and threads in all the nine groups on Facebook.

2.2 | Analysis

A general qualitative technique was used to understand the reports of the subjective opinion of nurses, their temperament and convictions. Three researchers evaluated all posts and responses for a complete understanding of the information. Most of the posts and threads were in Arabic. For reporting, the posts were translated from Arabic to English and vice versa to keep the meaning and the context.

All responses were noted and de-identified before analysis. These were later entered into QSR International’s NVivo 11 Software. Three different researchers, called SA, TM and RH, analysed the content of the responses. The consensus was used to resolve any discrepancies. There was limited editing of respondent posts to eliminate meaningless content such stutters, repeated words, etc. and to correct grammar. An ellipsis was used to indicate an excluded content. Square brackets were utilised to add words that respondents omitted or substitute sensitive words. The Institutional Review Board at XXXXX IRB reviewed and approved the research protocol (REF: XXXX).

3 | RESULTS

This study identified nine local Facebook nursing groups. There were 789873 subjects with a combination of private groups\(^6\) and public\(^4\) groups that all Facebook users could view. Table 1 gives more details for more than 300 posts about nurse role in COVID-19. A qualitative review showed three underlying themes regarding the perception of nurses towards their roles during the Jordanian COVID-19 pandemic. These themes included: performing constructive roles, advocating and supporting patients and their families, and ignoring and underestimating the nurse role.

Performing a constructive role was the first theme. Many posts and threads talked about the beneficial roles of nurses before and during the COVID-19 pandemic (152 posts). This theme produced three sub-themes, which included being a first-line health provider, giving information regarding COVID-19 and providing home care for vulnerable patients. It was concluded that nurses provided the first line of healthcare and professionally treated COVID-19 patients. The posts also indicated that unless nurses worked in critical care departments or not had an essential role by focusing on extreme cases that required extensive medical care. Nurses appreciated this responsibility and were proud of their input during the coronavirus pandemic, and they were called heroes by many people.

SL mentioned “We have relieved part of the burden on hospitals and emergency departments, and this has allowed hospitals to focus on the serious cases that need critical care.”
Table 1: A summary of local Facebook nursing groups

| Group                        | Active since | Number of members | Status      | Link                                                                 |
|------------------------------|--------------|-------------------|-------------|----------------------------------------------------------------------|
| Jordan Nurses and Midwives Council | June 2013    | 32188             | Private     | https://www.facebook.com/pg/%D9%86%D9%82%D8%A7%D8%A8%D8%A9-%D |
| Jordanian Nursing Council    | May 2017     | 9416              | Public      | https://www.facebook.com/JNCGOVJO/                                 |
| Nursing Creative             | February 2016| 32480             | Private     | https://www.facebook.com/groups/1718841675067739/                   |
| Hand with Hand for better Nursing | July 2019   | 5432              | Private     | https://www.facebook.com/groups/1718841675067739/                   |
| Nurse-creative Page          | April 2015   | 14856             | Public      | https://www.facebook.com/pg/RN-Nursecreative-page-1401576670163693/about/?ref=page_internal |
| Jordan Nursing               | March 2011   | 5368              | Private     | https://www.facebook.com/NursingJordan/                              |
| Nurse Diary                  | April 2014   | 660593            | Private     | https://www.facebook.com/nursesdiary/                                |
| Jordan Nurse Meeting         | May 2016     | 4964              | Private     |                                                                      |
| JO Nursing                   | April 2010   | 24576             | Public      | https://www.facebook.com/pg/JoNursing/about/?ref=page_internal       |

RA said “Nurses are still working during the outbreak and dealing with patients. We deal with most serious cases and save lives, we are heroes”

Additionally, nurses perceived that their role of educating patients, their families and the whole community about COVID-19 was essential to create and disseminate public awareness about treating, providing care for, preventing and predisposing factors of COVID-19. Nurses motivated themselves to utilise social media to spread awareness and combat misleading beliefs. Additionally, they mentioned performing one-on-one counselling with patients, their families and all members of the community on the phone.

LA said “We are nurses and we have a major role in educating people about COVID-19.”

NB mentioned “Our role is exceeding any role of other health care providers; we need to educate people all over the world.”

Furthermore, nurses mentioned working and commitment to offering physical and mental care to patients during the pandemic. Nurses said that they had performed all the necessary steps and they could not deny treatment to patients. A nurse indicated that they are obligated to offer these services during the COVID-19 outbreak.

KH said “Today nurses not in role, have the responsibility to decrease the burden of the hospital and help patients with chronic diseases in their areas.”

JM mentioned “We have relieved part of the burden on hospitals and emergency departments, and this has allowed hospitals to focus on the serious cases that need critical care.”

Advocating and supporting patients was the second theme. Many thread posts by nurses focused on taking on more obligations than their typical working responsibilities (88 posts). This theme produced two sub-themes, which included advocating for patients’ rights and supporting patients psychologically and physically.

RS said, “It was a hard day, I spent more than 12 hours until I guaranteed that risk was released.”

TA mentioned “Today, my patient told me, ‘you are my lawyer and speak with my voice. Thank you for being here.’”

Numerous nurses indicated they defend the rights of patients personally. This point had more discussions, and nurses had a favourable view of this responsibility, which was needed more than usual during the pandemic.

KM wrote “Patients with corona are terrified and anxious, it is our responsibility to stand with them during this difficult time.”

OK said “I am a nurse; it is my role to stand with you and I will not leave you under any condition.”
Ignorance and underestimating of their roles were the third theme. Some nurses were not content with the media coverage of their roles during the pandemic and thought that the media covering role was insufficient in (62 posts) comparison to other healthcare providers combating the spread of COVID-19 in the frontline. These were the sub-themes from this theme: inadequate media coverage of their roles and underestimating the responsibilities of individuals. Nurses perceived that the media did not sufficiently cover their role in hospitals.

KM wrote "In my opinion, TV and social media should be doing many more, as the role of many of us exceed any health care provider and physician."

RD said "In circumstances like these, we should be seeing our roles more appreciated."

OK mentioned "I am a nurse and I am proud, but I am unsatisfied with TV focusing on physicians and ignoring us when we do more for patients."

Discussions revealed that nurses in hospitals worked directly with patients, which exposed their lives to danger daily. Posts indicated that nurses expected better media coverage of their roles, especially clinical nurses, who have a direct role in treating COVID-19 patients, especially multiple morbidity individuals.

LA said “After many days of working for long hours, my neighbor told me, 'do you think you this is the best you can do during this outbreak?'”

SD mentioned “It really is disheartening for me to have to say this, but unfortunately, the role of a large number of nurses has been solely unappreciated or underestimated by relatives and community.”

Nurses admitted to not having a limited role in hospitals and reaching patients in each area. Nevertheless, their roles were ignored and under rated by the media and individuals who portray a negative picture of the entire Jordanian nursing sector.

4 | DISCUSSION

This study evaluates the perception of nurses’ roles during the Jordanian coronavirus outbreak. From the start of the pandemic, researchers internationally have begun investigating the various characteristics of the new outbreak that became a pandemic in March. Since there are scarce data on the role of healthcare professionals during the COVID-19 outbreak, there have not been many studies on the responsibilities of nurses. Awareness of the contribution of nurses during the pandemic would focus on their successes and as well as show any deficiency in covering their roles, offering a good chance for improvements in the future.

Nurses internationally lead in fighting the new coronavirus disease, and they are striving to do their best to help their patients, in hospitals as well as in presently isolated areas. Nurses currently perceive themselves to have an affirmative responsibility and they coordinate with other professionals in healthcare. Despite the nurses facing risks, they persisted in providing services during the pandemic. Jordanian nurses work as first-line professionals in healthcare. Since they are accessible, patients tend to encounter the nurses before any other healthcare expert.

From this study, it is apparent that nurses kept their practice of community service. A crucial responsibility of nurses includes their ability to create public awareness about COVID-19, procedures for prevention, predisposing factors, signs and symptoms. This obligation relies on nurses having the necessary knowledge and information. Giving them this information can be done via online courses offered by the Ministry of Health and the Council of Jordanian Nurses and Midwives.

The Council of Jordanian Nurses and Midwives has offered numerous seminars and online education about COVID-19. This service aims to allow nurses to answer patients’ questions and increase patients’ access to the current COVID-19 updates. Some nurses offered to visit patients without COVID-19 at their homes to reduce the pressure in hospitals and enable hospitals to provide optimal attention while at the same time protecting uninfected patients from the pandemic. It has been proven that home visits are a valuable service and assists in lowering problems related to treatment, particularly in elderly patients and chronic ill patients.

Nurses defend patients and promote the available channels of communication with doctors and various healthcare professionals. Nurses who offered to work during the pandemic protected the rights of their patients and discussed their needs and wishes. This enabled nurses to provide excellent physical and mental care for the sick. Experienced nurses provided patients and their families with clinical, educational and psychosocial help in every instance. However, more of this is necessary during an outbreak. Besides the importance of the ability to give information and support the families, it is also important to recognise the skills and the abilities of the patient and their family. Recognising the abilities of the patient and their family promotes the family which facilitates successful adaptation and gives confidence to families that they can collaborate with patients and providers of healthcare.

According to Jackson et al. investigating the experience of a family in the initial detection of COVID-19 showed combined feelings of shock, desolation, nervousness, responsibility, inadequacy and the overall feeling of their family falling apart. These feelings come with grief when the patient and their family mourn losing their health and the impact the illness has. Conversely, some families have felt relief for being diagnosed when they get the psychological help they need.

Generally, nurses viewed their responsibilities as national roles and were content in performing these roles during the outbreak. The role of a nurse is to “hold hope” and “bridge the gap” for a family with COVID-19 patients. Collaboration makes the family the focus of all care, where the objectives of nurses exceed the patient care.
and monitor the coping and adaptation of the whole family to satisfy their personal needs. The nurse does not only celebrate achievements but also the challenges that the family encounters.19 The nurses in our study reported there is ignorance and underestimation of their roles. Nursing differentials and notions of gender discrimination play a role in depicting the view of oppression in nursing,20 making nurses get little communal respect compared to doctors and other healthcare occupational groups.21 Constructive public pictures promote the professionally recognised notions like the angels of mercy, and words used in the definition of an ordinary nurse, for instance, caring and loving. Consequently, poor nursing images, frequently generated by the media instead of based on facts, produce negative repercussions. Nursing is often depicted to be a lesser and deficient venture to be considered as a job.22 Negative words such as ‘too posh to clean’ or ‘too witty to care’ were advanced, indicating that the public and the media lack an understanding of the underpinning knowledge base in nursing and how complicated the nursing roles are in modern healthcare. It is known that nursing and nurses’ images vary per culture and context, and frequently, the images are based on various socio-cultural structures.

5 | CONCLUSION

In general, nurses in Jordan perceived their roles during the COVID-19 outbreak to be constructive. The purpose of nurses was not limited to their regular roles during the outbreak. They performed the task of supporting and advocating for the sick and their families. Despite these efforts during the outbreak, there is persistence in the ignorance and underestimation of the efforts of nurses in comparison to doctors and other healthcare providers. Bettering the prestige of nursing professionals and their social position, including the provision of chances for creativity and innovation in the nursing practice, will change the perception of nurses, promoting effective and permanent changes in the notion of nursing.

5.1 | Relevance to nursing practice

Nursing leaders and managers are in the forefront of responding to the unique needs of their workforces during the COVID-19 crisis. They need to implement strategies for nurses and surrounding community to increase visibility of nurses’ roles during crises through media and other accessible ways. Moreover, they must adopt explicit adoption of strategy in all clinical environments and other clinical institutions to enhance the nurse image among themselves and community members. They also may undertake briefings to ensure their staff’s image. Steps to improve nurses’ self-image are considered another avenue where nurse managers can intervene. Recognising the important roles of nurse during pandemic and non-pandemic time, Nurse managers can improve nurses’ images through verbal persuasion (i.e. providing positive feedback on their staff during crisis) and act as role models in handling the crisis of COVID-19 in an empowering way. The results of this study would promote applying up-to-date and authentic research outcomes that may decrease conflict in the nurses’ role and enhance self-esteem among certified nurses that may reflect on the quality of healthcare, the stay length of patients and possible complications in health.

ORCID
Sawsan Abuhammad https://orcid.org/0000-0001-5817-8950

REFERENCES
1. WHO Q&A on coronaviruses (COVID-19). 2020. https://www.who.int/news-room/q-a-detail/g-a-coronaviruses. Accessed 19 April 2020.
2. Briand S, Bertherat E, Cox P, et al. The international Ebola emergency. N Engl J Med. 2014;371(13):1180–1183.
3. Evans C, Nalubega S, McLuskey J, Darlington N, Croston M, Bath-Hextall F. The views and experiences of nurses and midwives in the provision and management of provider-initiated HIV testing and counseling: a systematic review of qualitative evidence. JBI Database Syst Rev Implement Rep. 2015;13(12):130–286.
4. World Health Organization. Coronavirus disease (COVID-19) outbreak: rights, roles and responsibilities of health workers, including key considerations for occupational safety and health. World Health Organization, Interim guidance. 2020.
5. International Association of Medical Assistance to Travelers (IAMAT). Jordan General Health Risks: CoronavirusCOVID-19. 2020. https://www.iamat.org/country/jordan/risk/coronaviruses. Accessed 19 April 2020.
6. Ahmad MM. Advancing nursing practice toward quality of care. 2016.
7. Abuhammad S, Alzoubi K, Khabour O, Mukattash T. Jordanian national study of nurses’ barriers and predictors for research utilization in clinical settings. Risk Manag Healthcare Policy. 2020;23(2):45–52.
8. García-Martín M, Roman P, Rodríguez-Arrastía M, Díaz-Cortes MD, Soriano-Martín PJ, Ropero-Padilla C. Novice nurse’s transition to emergency nurse during COVID-19 pandemic: a qualitative study. Journal of Nursing Management. 2020. 4(2):34–42. https://doi.org/10.1111/jonm.13148
9. American Nurse Association. Update of Nurses during COVID-19. 2020. https://www.nursingworld.org/.. Accessed 19 April 2020.
10. Cole-Lewis H, Perotte A, Galica K, et al. Social network behavior and engagement within a smoking cessation Facebook page. J Med Internet Res. 2020;18(8):e205. https://doi.org/10.2196/jmir.5574
11. Rokkas P, Cornell V, Steenkamp M. Disaster preparedness and response: challenges for Australian public health nurses – A literature review. Nurs Health Sci. 2014;16(1):60–66.
12. Hamdan KB, Al-Ghalabi RR, Al-Zu’bi HA, Barakat S, Alzoubi AA, AbuAd WB. Antecedents of job performance during covid-19: a pilot study of jordanian public hospitals nurses. PalArch’s Journal of Archaeology of Egypt/Egyptology. 2020;17(4):339–51.
13. Buheji M, Buhaid N. Nursing Human Factor During COVID-19 Pandemic. Int J Nurs. 2020;10(1):12–24.
14. Jordan Nursing Council. COVID-19 guidance of nurses in health care clinical areas. 2020. http://www.jnc.gov.jo/en/Pages/defaul t.aspx. Accessed 19 May 2020.
15. Wallace CL, Władkowski SP, Gibson A, White P. Grief during the COVID-19 pandemic: considerations for palliative care providers. J Pain Symptom Manag. 2020;18(3):43–50.
16. Jackson D, Bradbury-Jones C, Baptiste D, et al. Life in the pandemic: some reflections on nursing in the context of COVID-19. J Clin Nurs. 2020;29(13-14):2041–2043. https://doi.org/10.1111/jocn.15257
17. Paterson C, Gobel B, Gosselin T, et al. Oncology nursing during a pandemic: critical reflections in the context of COVID-19. Semin Oncol Nurs. 2020;36:151028.
18. Jones MM, Saines M. The eighteen of 1918–1919: black nurses and the great flu pandemic in the United States. Am J Public Health. 2019;109(6):877–884. Lim KM, Kim HY, Park GJ. The influence of nurse image and major satisfaction on nursing professionalism of male nursing students. Journal of the Korea Academia-Industrial cooperation Society. 2017;18(10):423–31.
19. Lotfinejad N, Peters A, Pittet D. Hand hygiene and the novel coronavirus pandemic: the role of healthcare workers. J Hospital Infect. 2020;105 (4):776–777. https://doi.org/10.1016/j.jhin.2020.03.017
20. Halcomb E, McInnes S, Williams A, et al. The experiences of primary healthcare nurses during the COVID-19 pandemic in Australia. J Nurs Scholarship. 2020;52(5):553–563.

21. Zarea K, Negarandeh R, Dehghan-Nayeri N, Rezaei-Adaryani M. Nursing staff shortages and job satisfaction in Iran: issues and challenges. Nurs Health Sci. 2009;11(3):326–331.
22. Rosa WE, Gray TF, Chow K, et al. Recommendations to leverage the palliative nursing role during COVID-19 and future public health crises. J Hospice Palliative Nurs. 2020;22(4):260–269.

How to cite this article: Abuhammad S, Manar A, Mukattash T. The perception of nurses towards their roles during the COVID-19 pandemic. Int J Clin Pract. 2021;75:e13919. https://doi.org/10.1111/ijcp.13919