Commentary: Nurses’ lived experiences of caring for patients with COVID-19: a phenomenological study

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Given events of an international pandemic where nurses serve as frontline care providers for COVID-19 patients, this paper is timely and provides much needed information regarding multiple stressors of clinical practice. It presents a compelling examination of how nurses respond to a new and exceptional healthcare crisis. While the context of these nurses’ experiences is unique to their geographic location, nurse responses also contain universal elements experienced across cultures and geography.

Investigators in this descriptive phenomenological study interviewed 13 male and female nurses caring for COVID-19 patients for approximately 5 months. Recorded semi-structured interviews were transcribed verbatim and systematically analysed. The overall theme was “Caring from self-sacrifice to avoidance” which reflected the anxiety felt by nurses, the physical and psychological conditions needed to provide humanitarian care, ethical considerations, and the challenges of overcoming a crisis.

Contributions
Several strengths are present in study outcomes. The portrayal provided about nurse experiences came from earlier days of the pandemic when little information was available regarding the organism, transmission, and best practices needed to care for infected patients. Change is the constant mediator of practice. Historically, nurses have responded to unique health situations necessitating learning as more becomes known. Examining how nurses respond in the early phases of epidemics can facilitate offering nurses needed support and aid future planning when new health crises emerge. This study provides evidence of how nurses adapt and grow professionally in times of crisis. This study also demonstrates the need for support mechanisms for nurses and patients so that critical needs are met.

One practice implication is that nurses need to recognise they are not alone. The dilemmas and practice hardships faced by these nurses are like those experienced by other nurses in similar situations.

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Another implication is that hospital administrators must be proactive, working to make changes to accommodate for long-term crisis situations. Authors describe “turning crisis into opportunities” where administrators used the demands of the situation to leverage requests for improved patient care and better working conditions for healthcare providers.

**Suggestions**

While this study provides important information regarding nurse experiences early in a pandemic, it does have some limitations. Qualitative studies tend to be limited by sample size and in this instance, geographic location, thus limiting generalisability of findings.

This study provides a broad overview of nurses’ experiences of caring for COVID-19 patients. It leaves readers wanting a greater depth of information. For example:

- How do nurses decide whether to care or avoid caring for COVID-19 patients? What are important factors in their reasoning processes?
- What interventions would facilitate nurse stress reduction for both their physical and psychological concerns?
- Moving away from nursing experiences to those of family members, how do families manage when they are deprived of contact opportunity with loved ones when they are ill—and particularly when family members are dying?

These questions provide fertile ground for future research.

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