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Exploratory Study of Nurses as Frontliners in Caring for COVID-19 Patients

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Abstract
The objective of this study was to explore actual experiences of nurses as frontliners in caring for COVID-19 patients in ICU and COVID-19 wards. The researchers use qualitative, open ended questionnaires. Twenty-four frontliners from Hospital in Klang Valley was participated in this study. All eligible registered nurses as medical frontliners were approached via by mobile communication. Informed consent was obtained from each participant prior to study. Interview completed until saturation of information. The exploratory finding from this research could be summarised into four themes. Firstly, psychology of frontliners towards caring of COVID 19 patients; secondly, coping capability; thirdly, maintaining well-being of frontliners and lastly, required interventions. The severity of the pandemic may have caused possible long-term psychological and physical trauma of the nurses in caring for the infected COVID-19 patients. These aforementioned conditions should not be neglected. Psychological health support must remain the priority for the foreseeable future should there is a reoccurrence of the same pandemic scenario. Government and hospitals must play their part in making sure that the psychological health of healthcare workers is at its best and optimal care being given.

Keywords: COVID-19; frontliners; coping capability; well-being; interventions

1. Introduction

In March 2020, WHO declared COVID-19 to be a worldwide pandemic (WHO, 2020). The announcement forced governments into gridlock as legislative bodies and health officials struggle to consider COVID-19 response plans. Within a few months, nearly every country on the planet was put under a lockdown as measures to break the chain of infection. However, the virus remained active and continue to spread almost unchecked. As we witnessed, COVID 19 profoundly impacts not only the patients but also the medical frontliners. These are mainly healthcare providers who are dealing directly caring for COVID 19 patients in discharging their duties and responsibilities. They faced psychological issues that impact their wellbeing. In the early days of the pandemic, the psychological health of the frontliners received only minimal attention by most healthcare providers especially from the administrators and authorities. They are primarily focused on the handling, containing and minimizing the outbreaks within the communities. The current literature recognizes the continuous need for psychological health support that will give ~~a~~ tremendous positive impact on the mental health wellbeing of the frontliners. The novel 2019 coronavirus (COVID-19), has raised intense global attention on its public health impact. The outbreak was first identified in Wuhan, China in December 2019, with most early cases reported within the city. In a matter of two months (13 February, 2020), the COVID 19 outbreak resulted in 46,997 confirmed cases (Kucharski et al., 2020). The World Health Organization (2020), confirmed that infected COVID-19 patients have spread far and wide to Western, European, Middle East and South East Asian countries, including Malaysia. The exponential increased in the number of cases with massive geographical spread raised the global health emergency barometer announcing it as a fatal global pandemic (WHO, 2020).

A major pandemic challenge is the urgent deployment of healthcare workers to be front liners in the delivery of treatment and care of the affected patients. The mainstream healthcare workers generally consist of the medical and nursing personnel. These are the personnel who faced immense physical and psychological challenges during viral pandemic (Chong et al., 2004) with massive, sudden, and disastrous impact. The scenario is made worst due the health system unpreparedness from the material, human resources and psychological perspectives. Most health professionals working in hospitals do not receive or have little training in

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providing mental health support to patients and in meeting their own requirement (Ford-Jones & Chaufan, 2017; Kang, Li, et al., 2020; Zhang & Ma, 2020). With the pandemic, nurses as a front liner must adapt themselves with the sudden increase and major changes in their workload, routines, protocol, rules, and regulations (Sun et al., 2020). Concurrently, the nurses need to uphold their work ethics and professionalism while working under extraordinary overwhelming difficult situation beyond their normal nursing practice (Adams & Walls, 2020; Chen et al., 2013).

The value of saving human life is of great importance in the nurses' job, so much so they mostly ignore their own needs and family requirement (Aliakbari et al., 2015). They are caught in between commitment and work responsibility against self and family needs.

The stressful impact of COVID 19 may be qualitatively distinct form the stresses of other disasters especially for the nurses who day in and day out, are in close contact with the infected patients (Kang, Li, et al., 2020; Wu et al., 2009; Xiang et al., 2020; Zhang & Ma, 2020). Nurses as health care workers often accept the risk of infection as part of their chosen profession, but the COVID-19 outbreak has immensely added to their mental distress the worries of getting infected with the high-risk fatal infection while caring for their infected patients. The nurse's inability to go home due to their very high workload, worrying about catching the virus and the possibility of spreading it to their family (Chen et al., 2013; Kang, Li, et al., 2020; Salim et al., 2020; Wang et al., 2020; Wong et al., 2018) increase their physical and psychological stresses. Hence, an acute episode of outbreak, could significantly lead to a high rate of post-traumatic psychiatric morbidity (Chong et al., 2004) among nurses. Studies on the mental health impact of previous disease outbreaks, such as SARS (Severe Acute Respiratory Syndrome) and MERS (Middle East Respiratory Syndrome) showed increase numbers of emotional distress and mental problems of depression, insomnia, and post-traumatic stress among nurses (Chong et al., 2004; Mak et al., 2009; Wu et al., 2009). Working under highly morbid conditions, medical personnel and nurses become physically and emotionally exhausted. In order to protect the healthcare workers, in this case the nurses, against long term psychological impact, the health care authority should not only focus on the prevention and prevalence of the outbreak but to also addressed the mental health and coping ability of the nurses during the peak phase of outbreak and the post phase.

Possible long-term psychological and physical trauma of the nurses in caring for the infected COVID-19 patients has not been identified and studied in the Malaysian scenario. Thus, this present study explored the actual experiences of nurses caring for COVID-19 patients, their coping ability, and requirements during and after the outbreak in the two main hospitals in the Klang Valley Malaysia.

2. Methods

2.1 Subjects

Twenty-four frontlines were selected and interviewed from various units which involved in caring of COVID 19 patients from October, 2020 to Feb, 2021. Those units are intensive care unit (ICU) and wards modified for COVID 19 patients from Hospitals in Klang Valley. Inclusive criteria were as follows: 1) all registered nurses involved in caring for COVID-19 patients in ICU and COVID-19 wards; 2) Respondents (permanent, contract, borrowed from other units) involved in caring for COVID-19 patients in ICU and COVID-19 wards; 3) all respondents regardless pre-existing mental illness or pre-existing medical illness. Frontlines who met the study criteria were interviewed. The data collection ceased until there is saturation of information. Information sheet and informed consent were distributed to selected respondents.

2.2 Interview outlines

Rigorous searching and reading on relevant literature and expert opinion were used to design research interview questionnaires. Open Ended Questionnaires with semi structured questionnaires using the pre-determined domains, sub-domains were developed. The open-ended questionnaires were as follows: (Q1) How do you feel when it was announced that you were one of the frontlines to care for covid-19 patients? (Q2) Taking into account the dangerousness of COVID 19, how do you handle yourself in caring for your covid-19 patients? (Q3) How do you cope with yourself and family needs? (Q4) How do you cope with yourself with equilibrium? (Q5) Could you share with us what support you require to handle yourself? (Q6) What support do you think that organization such as Ministry of Health Malaysia should offer to you as COVID 19 frontlines? (Q7) In your opinion what could be done to ensure a better nursing and health care preparation in case of another pandemic such as COVID 19 appears in the future?

2.3 Data collection

Due to pandemic and conditional control movement order implemented in Malaysia in October 2020 and early of year 2021, interviews were conducted virtually using online google meet platform. Once ethical clearance had been obtained, letter of approval will be sent to Head Matron to get the data of all registered nurses caring for COVID-19 patients. All participants were contacted via WhatsApp messages and telephone for arrangement on the interviews. Informed consent and information sheet were given to the participants thru WhatsApp. Participants were contacted individually for agreement in joining the research interviews. Once

Evaluation Studies in Social Sciences (2021)
eISSN 0128-0473/ Vol 2 Special Issue/ 2021 (14-22)

agreement and consent—given, the date of the interviews were arranged according to the suitability of participants. Collection of qualitative data based on the phenomenological approach: (i) Scheduled interviews will be arranged at the participant's convenience per group 4-6 participants; (ii) 1 hour focus interview will be conducted for each session in a quiet room to avoid interruptions. Because the sessions were conducted virtually, participants were required to turn on their cameras throughout the session. To avoid any interruptions during this session, participants were instructed to mute their microphones and they can unmute their microphones if they want to speak or their names been call up. The audio recording will be de-identified, and there will be no mention of personal identifying information such as names, Malaysian identity card number, etc. during the interview. The audio recording is for transcription purposes and will not be copied/ sent to any other individual or used for any other purpose. After transcription, the audio recording will be disposed of securely. The interviews will be recorded and will be kept strictly confidential. Video recordings will NOT be taken during the interview. The focus interview will be carried until there is saturation of information. Open ended questionnaires will be used to encourage disclosure of feelings and opinions as COVID-19 nurses; (iii) the researchers will remain neutral in collecting the data while establishing good rapport with the respondents. Techniques of unconditional acceptance, active listening, and clarification to promote the authenticity of the data and to avoid bias will be utilized; (vi) Interview session will be recorded with consent, concurrently scribe will write down the interview. A similar session will be repeated with similar procedure, similar numbers of participant and similar information will be repeated until saturation of information occurs. Saturation of information in this research defined researcher's satisfaction as the point no new information or theme observed in the interview, this based on domain and sub-domain questionnaires.

2.4 Data analysis

The qualitative data was manually analysed. Transcripts are prepared by typing everything in the recording word for word by the person speaking. Thematic Analysis was made. With every taped session were transcribe per verbatim. The researchers were read and re-read a transcription to identify category, theme and sub-theme and to ensure accuracy. Following category and theme, the researchers will compare findings to reach a conclusion. Three (3) researchers independently coded, summarized and refined the interview materials to form category, theme and sub-themes.

Table 1. Characteristics of the study participants

Characteristic	N	%
Gender		
Female	20	83.3
Male	4	16.7
Race		
Malay	22	91.7
Chinese	0	0
Indian	1	4.2
Other	1	4.2
Religion		
Muslim	22	91.7
Hindu	1	4.2
Buddha	0	0
Other	1	4.2
Marital Status		
Single	11	45.8
Married	13	54.2
Other	0	0
Living Situation		
Spouse and children	10	41.7
Parents	3	12.5
Friends	9	37.5
Live alone	2	8.3
Duration of Experience		
< 2 years	3	12.5
> 2 years	12	50
>10 years	9	37.5
Employment Status		
Permanent	24	100
Unit		
Intensive Care Unit (ICU)	8	33.3
Infectious Disease Ward	4	16.7
Medical Surgical Ward	9	37.5
Other ward	3	12.5

3. Results

3.1 Study population

The participants were determined according to the availability of frontliners and approval from the head of matron in nursing departments from Hospitals in Klang Valley. The study was conducted on 20 females and 4 males, aged between 23 to 36 years old. Table 1 show the characteristics of the study participant.

3.2 Four categories and four themes

The actual experiences of nurses as frontliners caring COVID 19 patients were explored using phenomenological methods. All findings were summarised into four (4) categories and four (4) themes (Table 2).

Table 2. Categories and themes identified through interviews with frontliners in caring of COVID 19 patients

Category	Theme	Sub-theme
Psychological need	Psychological perspective in caring of COVID 19 patients	1. Fear, worries, anxiety, stress 2. Depressed, loneliness, sad, tired 3. Excited, proud, acceptance (*redha*)
Personal capability	Coping capability	1. Support (religious, friends, family and institutions) 2. Personal capability (self-control, self-awareness and self-isolation)
Safety	Maintaining well – being	1. Well-being of frontlines caring for COVID-19 patients (insurance coverage, transportation, child care)
Suggestion	Required intervention	1. Nurses professional, family need and psychological need

3.2.1 Category 1: Psychological need

- *Sub-theme 1: fear, worries, anxiety, stress*

Majority of participants expressed fear, worries, anxiety with less expressed stress in caring of COVID 19's patients. N1: *"I'm afraid of this virus because this is contiguous disease and I'm afraid that I will bring this virus to my family at home"*. N2: "*I'm going to handle—confirmed positive COVID 19' patients and I'm afraid I will bring this virus to family members at home, I have kids"*. At same time, N3, N14*:" fear for the unknown disease and how this disease spread".* N23 *"Afraid because the virus is unstable".*

During the interviews N20*: "I feel worried to be chosen to care these patients, I feel I want to run away", N8: "I'm worried because this is my first time handling this disease, not sure how to don, gloves and handling patients".* N21: *"I feel stress because I'll be busy wearing personal protective equipment (PPE), very difficult if I want to eat, drink or go to the washroom. So, I set my mind ~~to~~ not to go out until I finished my duty, I need to wear this for minimum eight hours, it's stressful, one ward we have 29 patients".*

However, from the observation half of the participants feel fear at the beginning knowing they are assigned to care for COVID 19's patients but after the explanation and support from the team the feeling of fear, afraid and worries changed to feeling happy, needed, not alone and excited. N18: *"I feel worried but if not me who else, and I feel proud and responsibility not heavy because I'm working at infection ward"*. N19: *"at the beginning I feel fear because I received all negative information about this virus but after that I feel alright".* N20: "*at first I feel want to run away and afraid when first time I knew I'm selected but after some period of time I can accept because I've been exposed to guidelines, support from team and with good team".* Some of the participants have mixed feeling between feeling fearful, to proud and acceptance. N5: "*I feel afraid but proud at same time because I can help the nation and government". N18: "I feel afraid and feel proud at same time", N19: "I feel afraid because received all negative news but after that I accept this task well"*

- *Sub-theme 2: Sad, tired*

Three of participants expressed feeling of sad, tired and loneliness while caring for COVID-19 patients. N14: "*I feel sad whenever I go to restaurants or shops to buy foods public will look at me with stigma that I bring the virus to them, public will run away from me, I feel tired too until I don't feel want to eat, I feel sad also because separated from my family.* N16: "*I feel sad and tired until when I reached home, I just want to sleep and don't want to eat, sometimes I just want to work without rest*", N17: "*I feel sad with my colleague because they have to be separated with family*". N16: "*I feel sad until when I reached home, I don't even touch my food, I feel very tired until feel burn out". N14: "I feel very tired until I don't have time to hang out with friends, every time go home and straight to bed".*

- *Sub-theme 3: Happy, excited, proud, acceptance (redha), new experiences*

Despite of the negative feeling expressed by participants, there are positive feeling expressed during the interview session in regards of caring COVID 19's patients. Half of participants expressed feeling of proud, happy, excited, acceptance and new experiences when they been given a task to taking care of COVID-19 patients. N1*: "I feel excited". N5:*

Evaluation Studies in Social Sciences (2021)
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"Proud because I can contribute to society and country by become a frontliners". N18: "I used to care patients with high flow mask and infections cases, feel excited with teamwork". N22: "I feel proud because not everyone can care for ~~of~~ COVID 19 patients". N24: "Excited, I must grab the opportunity to get new experience because before that I'm working at labour ward and I'll volunteer to get this new experience". N11 and N16: "new experience such as handle emotion, caring of own-self and team". N18: "I used to care patients with high flow mask, infections and I feel happy with teamwork".

3.2.2 Category 2: Personal capability

- *Sub-theme 1: Support (religious, friends, family and institutions)*

All participants stated that they received strong support from theirs friends, family, institutions and from own religious beliefs. N2: *"my children and husband understand me well, they have good awareness regarding COVID-19, I do not hug or kiss them when I reached home, my family wait for me at another room until I am done cleaning myself and ready to meet them", N21: "My family supports me". They also called their parents and family daily either just sharing their feelings or requesting them to pray for their safety and well-being.*

All participants believed that own prayer and prayer from parents are very important during this situation. N4: "*Informed my husband, my strength and spirit come from you and your prayers, please pray all of us always protect~~ed~~ from COVID-19*", N8: "*Always asked prayers from my mom", N11: "I always ask my mom and family to pray for myself and my colleague's safety*".

Most of participants considered that they have good support and teamwork from own colleague or administration. This can be seen from the support from the team and teamwork during the shift. *N1: "during this crisis I can see that we worked together – teamwork, we go back together, we complete our task together and only we go home, we go home together", N4: "everyone stress, not enough staff, working extra hours, friends support because everyone know that everyone is stressed, all of them very supportive, strong teamwork". N10: "We have team work, we plan and organized our work well, everyone understand well their task, cooperate with each other, I'm not alone", N12: "Infection control team very supportive, they will make sure all self-care, scrub suit, towel are changed every day, wards were organized accordingly, health status of staff are monitored daily and they arranged personal protective equipment for us in such a way make it easy for us to use it'. Apart on this, expressing their worries, sadness or negative feelings will help them to overcome this feeling. N11: "I make video calls to my mom every day, WhatsApp them every day", N14: "call family, sister, parents to express my feelings", N16: "Talking to wife and same time expressing my feelings when caring for COVID-19 patients, sharing with friends about my feelings".*

Nevertheless, support from institutions equally important like all other support. N8: *"Manager in the ward will only choose staff who are not pregnant or with commodity, roster manager will arrange daily and alternate date of work in caring of COVID -19 patients to ensure we're less exposed to the virus", N11: "support from management and top administration, they come to see us and give moral support even though in normal situations we never have any chances of seeing them, with this support we feel appreciated, not alone, feel less stress and satisfied'.*

- *Sub-theme 2: Personal capability (self-control, self-awareness and self-isolation)*

All participants have good self-control in caring of COVID 19 patients. Although they feel afraid and there are negative feelings but they need to overcome these feelings over the blink of their eyes to ensure those feelings will not mentally deteriorate them that could affect their ability to deliver effective, efficient and quality ~~of~~ care. They explained patiently regarding the procedures and diseases repeatedly although some of the patients might not understand it. N3: *"If patients asked many things, we explained to patients because they don't understand*", N4: "*Accepted and we can be happily doing our works*", N11: "*Prayers, follow standard operation procedure (SOP), accepted and trying their best*", N16: "*Educate patients how and where to throw used mask, gloves and rubbish", N18: "we need to have strong self-control, think positive, if there is negative feeling and thinking we need to be strong and quickly changed it and think positive", N24: " To avoid public stigma, I will not wear my uniform in public, just listen to their complain in public, no comment and don't bother about negative comment form public and just ignore it".*

Self-awareness is the most important personal capability. Awareness on the diseases and how to protect yourself from being infected and how to cope in this situation. The frontliners follow strictly standard operation procedure, wearing or donning personal protection equipment, personal hygiene, contact with positive patients and before going home. *N1: "we follow standard operation procedures (SOP), follow SOP strictly, we can protect ourselves", N3: "we plan our nursing care, time to drink, go to toilet, and change new personal protective equipment", N23: "hygiene very important, less contact, after attending to patients need to take shower and when reached home also take another shower".*

All participants practiced self-isolation to avoid spreading the viruses. *N5: "Quarantine myself when I reached my house, my mom stayed with me, I don't want her to get infected", N9: "stayed at hotel*

provided by non-government organization, afraid bring home the virus", N15: "go home and take care of myself, isolate myself at home".

3.2.3 Category 3: Safety

- *Sub-theme 1: Well-being of frontlines caring for COVID-19 patients (child care and other incentives)*

Most of participants feel overwhelmed and appreciate the support given from the non-government organizations, government organization, privates companies, administrations of the hospitals and the public. They received good support, plenty of foods, disposable items, priority for COVID-19 test, counselling sessions and accommodation for some nurses. However, well-being of frontliners caring for COVID-19 patients need to be considered to ensure they are able to focus during their duties, job satisfaction, worthy of their sacrifice and feeling appreciated by the government and administration. 80% of the participants raised their concerned regarding their children's well-being. The effect of pandemic forced the government to close all childcare centers for the safety of the children. Thus, they requested the authority to provide childcare centers for their children. N1: *"Childcare center were closed due to the pandemic, please provide us with childcare centers for our children so that we can focus on our works".*

Most participants expressed their demand ~~on~~ to increase their salary and their annual leave need to be revised. N16: "*support to increase salary", N24: "extra leave for time with family".* Allowance should be given continuously and should be given to all staff. N16: "*allowance should be given continuously and not only one off, but the allowance should also be given to all staff not limited to staff who care for COVID-19 patients because COVID-19 is everywhere and everyone in the hospital will directly or indirectly involved with caring of COVID-19 patients, non-COVID ward somehow will change to become COVID ward".* Furthermore, frontliners must be given some sort of appreciation either in the form of certificates, awards, tokens or promotions. This kind of appreciation will somehow increase their motivation, self-appreciated, reward and gratitude for their caring, support and sacrifice to the communities, societies and country. N20: "*support from the administration to frontlines can be in many forms, such as appreciation with medals, awards, certificates or job promotions*", N21: *"certificate of appreciation to frontlines beside emotional support".*

3.2.4 Category 4: Suggestion

- *Sub-theme 1: Nurses professional, family need and psychological need*

Most of the participants suggested for continuous training to equip themselves with the knowledge to handle unpredictable health crisis or disaster. Such training could include proper wearing and donning full PPE, handling such contagious patients, investigation and infection control training. The training could be organized as monthly update or yearly basis. N2: "*Training for infection control update, how to wear personal protective equipment, continuous training, with such trainings we can protect ourselves, family and public", N6: To include infection control and personal protective equipment on job trainings so we don't panic whenever we faced such disasters*", N7: " *preparation on handling disaster by continuous training ~~on~~ such as health crisis or disaster, training on wearing and donning personal protective equipment, update on universal precaution, infection control; conference once a year or twice a year for updating on disaster management*. N8: "*Agreed for continuous training so that whenever faced with any disaster we're ready and not panic.* N24: "*Continuous increase knowledge by training".*

Apart from training staff, nurses should be encouraged to enroll in post basic or specialty course such as infection control or disaster management. N7: "*After attending post basic infection control, we can share our knowledge and update ~~to~~ others"*. N20: "*Hospital need to add and approved staff who need further study without delay, need to change policy for staff to further study especially for post basic or specialty in infection control courses"*

Nurses need to prepare mentally and physically in facing this pandemic. N22: "*mental and physical preparation such as being physically healthy because sometimes I need to push beds with patient on it three to six times a day, this will injure my feet, I just sit on the floor because of too tired, wearing personal protective equipment need high patience and be mentally strong, however, with teamwork all task become easier"*. Mental and physical support need to be given attention from the administration and authority. They claimed that such support will give them job satisfaction. N8: "*when there are support, our emotions are better controlled and we feel satisfied with our jobs. N16: "Staff must be adequate", "provide us with enough personal protective equipment". N17: "Result should be notified faster so plan and action can be taken more effectively, fast and efficient".* Apart from this, post trauma psychological support needed to be given to all frontliners'. N11: "*Emotional and psychological preparation for all staff especially post trauma", N24: "Prepare mental, continuously update knowledge, strong will power, and ignore negatives".*

Formed trained disaster team can be very helpful in the event of such health crisis or disaster that might occur again in the future. N11: *"form disaster team as preparation, choose the right staff to be involved in the team".*

Public need to be aware and emphasised on the pandemic such as health education awareness, openly explained and sharing updates. Such information will avoid stigma amongst public towards healthcare personnel. N16: "*Health education,*

Evaluation Studies in Social Sciences (2021)
eISSN 0128-0473/ Vol 2 Special Issue/ 2021 (14-22)

healthcare awareness to public to inform them of this virus and pandemic is true, improve health education and public awareness are necessary".

4. Discussion

The present study explored the psychological experiences of registered nurses as frontliners during caring of COVID 19's patients using phenomenological methods. The interviews were taken place during the end of first year of pandemic and the beginning of second year of pandemic. Our findings are summarized into four categories and four themes:

- Category 1: psychological need; Theme 1: psychological perspective in caring of COVID 19 patients;
- Category 2: personal capability; Theme 2: coping capability.
- Category 3: safety; Theme 3: maintaining wellbeing.
- Category 4: suggestion; Theme 4: required intervention.

The feelings of fear, afraid, worries and stress amongst nurses as frontliners caring of COVID-19 patients are similar with those who have experienced caring upper respiratory diseases patients (Chong et al., 2004; Leung et al., 2014; Mak et al., 2009; Zhang & Ma, 2020). Although, the COVID-19 outbreak is new, lessons learned from battling the SARS outbreak identifies that the psychological distress and mental health problems among healthcare workers including nurses occurs gradually but lasted for a long time (Chong et al., 2004; Kang, Li, et al., 2020; Wu et al., 2009) with a possibility of burnout.

Since the outbreak of COVID-19 in December 2019, many hospitals globally, and Malaysia particularly, have been flooded by the outbreaks. Nurses serving as important workforce in the fight against the pandemics, are under the highest pressure of all as they faced the overwhelming workload, information overload, with insufficient personal protective equipment for self-protection, and healthcare support and treatment for them as care givers. Burnout is a prolonged response to chronic emotional and interpersonal stressors on the job (Maslach et al., 2000). In addition, high expectations, lack of time, skills and social support may cause occupational stresses and challenges leading to anxiety, post-traumatic stress disorders, great distress, and burnout or physical illness, resulting in their inability to provide high-quality services and may even see them quitting their nursing profession. Burnout has been associated with various forms of job withdrawal syndrome of absenteeism, intention to leave the jobs, and actual turnover. However, for those who stay on the job, burnout leads to lower work productivity and effectiveness. Consequently, it is associated with decreased job satisfaction and a reduced commitment to the job or the organization. Nurses experiencing burnout can have a negative impact on their colleagues, both by causing greater personal conflict and by disrupting job tasks (Chen et al., 2013; Maslach et al., 2000).Thus, burnout can be "contagious" and has the capacity to perpetuate itself effortlessly throughout the nursing society. On a larger scope this not only jeopardizes the immediate performance of the nurses but inevitably effect the quality of life of the patients they cared for. This further proves the necessity to further study this subject to mitigate the effects of this problem during the pandemic to ensure health workers generally and nurses specifically are able to continue to work at optimum performance level.

The Covid-19 pandemic could threaten nurse's mental health causing depression, anxiety, insomnia, or distress. As COVID-19 spreads very quickly, is highly contagious, can be fatal in severe cases, with no specific medicines, it poses a huge threat to the life and health of nurses and has a large impact on their emotional responses and coping strategies. In the severe cases mental health problems of stress, anxiety, depressive symptoms, insomnia, denial, anger, and fear occurs. These mental health problems affect the nurses' attention, understanding, and decision-making ability (Kang, Li, et al., 2020). Following the SARS outbreak, cumulative incidence of psychiatric disorders regarded as a "mental health catastrophe" was up by 58.9% (53/90) (Mak et al., 2009). Health care workers providing direct care to patients infected with SARS reported greater stigmatization and psychological distress than others (Grace et al., 2005). As such special interventions to promote mental well-being in nurses and health care workers exposed to Covid-19 need to be immediately implemented based on evidence. Protecting nurse's mental health is an important component of public health measures in addressing Covid-19. In other words, the unpreparedness of healthcare systems to tackle a sudden pandemic has not only posed a major threat to those who are infected but also the mental wellbeing of the nurses as front liners.

5. Implications and Limitations

Exploring and identifying actual experiences and challenges from focus group interview based on phenomenological data revealed nurses have deep seated feelings and opinions as frontlines and as nurses generally. The results of the present study revealed that the differences in the level of coping ability and capacity between various units such as Intensive Care Unit (ICU) and Wards could assist in alerting the administrators and policy makers to develop and implement preventive intervention programs for post-traumatic COVID-19. In addition, through interview, analysis and interpretations of the psychological status will help to uncover critical components required for psychological preparedness in developing the support group during such pandemic outbreak in the future.

Respondents of this study were selected from two government hospitals in the Klang Valley. Though the result of this study could not be generalized, it is the ardent target of the researchers that it could trigger and create impetus for the development of evidenced based physical and psychological support systems for the current and future nursing as medical frontliners.

6. Conclusion

The COVID-19 pandemic was a once in a lifetime event that left a lasting impression how we operate our daily lives. From how our healthcare system responds to new viruses all the way to containing a virus outbreak. The pandemic left societal implications that will forever change the course of humanity. Within two years we have managed to somehow reduce the severity of the pandemic. However, during the beginning of the pandemic there was limited research and measures taken, that caused healthcare workers to be spread thin and traumatized. Though the fear and distraught caused by the virus has slowly fizzled out, it left a lasting psychological impact often manifesting in the form of post traumatic disorder or PTSD. As we slowly emerged from the pandemic, we see that slowly the mental state of frontliners improved but more can be done. Healthcare workers like doctors and nurses cannot attend to their patients effectively if their mental health are not cared for. In the future more support in terms of mental health must be given towards healthcare workers. In addition, more studies must be conducted to evaluate post pandemic psychological health of frontliners. Nevertheless, studies on the potential intervention to prevent mental health crisis should not be neglected. The pandemic might be gone but it will never be forgotten.

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