



The Lived Experience of Redeployed Nurses during COVID-19 Pandemic of March- 2020 in the United Arab Emirates (UAE)

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ABSTRACT

Background: Following the unexpected breakout of COVID-19 from Wuhan and declaration of pandemic in March 2020 by World Health Organization (WHO) (Lake, 2020,), the world began to live in panic and a terror situation made worse by the lack of information and studies about the nature of virus that they are dealing with. Most of the research area is focused on the disease itself and it is rare to find paper about frontline (nurses) experience during this period; thus, there was an opportunity to review studies recently conducted to have an overview and background as a foundation for future research.

Aims: The objective of this literature review was to find evidence of lived experience of nurses who were redeployed during COVID-19 through extensive search of articles relevant to the topic.

Method: The method that was used is the review of current literature in a systematic manner.

Finding: A summary of the main themes in the literature is negative emotions such as fear, anxiety and physical exhaustion were dominant in the early stage of the pandemic, then nurses were able to take care of themselves by utilizing coping strategy. Not only that they were able to grow professionally within this disaster (Kackin et al., 2020; Sun et al., 2020; Liu et al., 2020; Tan et al., 2020& Zhang et al., 2020).

Conclusion: It is important to have further comprehensive research about frontline lived experience of nurses who were under great emotional and psychosocial impacts during the COVID-19 pandemic to enhance and develop the emergency care system.

To cite this article

[Chapman, Y. & Bakran, F. (2021). The Lived Experience of Redeployed Nurses during COVID-19 Pandemic of March-2020 in the United Arab Emirates (UAE). *The Journal of Middle East and North Africa Sciences*, 7(01), 1-6]. (P-ISSN 2412-9763) - (e-ISSN 2412-8937). www.jomenas.org. 1

Keywords: Hermeneutic Phenomenology, Lived Experience, COVID- 19 Pandemic, Redeployed Nurses.

1. Introduction:

Several studies have shown that COVID-19 or SARS-Cov2 is caused by a novel betacoronavirus (Lake, 2020). This virus shares 79% sequence identity with SARS-Cov which was discovered first in Wuhan, a city in China in December 2019, when many people presented with unidentified cluster of pneumonia who were associated with the south China sea food market (Lake, 2020). COVID-19 has been classified as one of the malicious diseases as it is spreading quickly from person to another affecting directly the respiratory system leading to severe acute respiratory syndrome (Lake, 2020). Moreover, according to the latest update SARS-Cov2 branched from coronavirus family and classified as highly

invasive ability which infect the lower respiratory tract causing life-threatening pneumonia like SARS-Cov and MERS-Cov (Lake, 2020). Also, this novel virus has infected more than 200 countries with 43,341,451 confirmed cases and 1,157,509 death all over the world based on the World Health Organization (WHO) latest data (Lake,2020; Glass et al., 2020). The most common signs and symptoms of COVID-19 disease are fever, dry cough, fatigue and the less common symptoms are gastrointestinal disorder such as nausea, vomiting and diarrhea, loss of smell and taste and conjunctivitis (Lake, 2020; Glass et al., 2020). Currently, supportive treatment is the only option to treat patient with COVID-19, while medical research around the world are still racing against time to come up

with proper treatment and test the effectiveness and the safety of the developed vaccine. Also, measures were followed by most of the countries to contain the spread of disease. The United Arab Emirates (UAE) is one of the countries that strictly followed the guidance of WHO at the health care system level, and one of the challenges that the country faced was the shortage of staffing to cover isolation areas, therefore, a need for redeployment of nurses and doctors was necessary, so they had to encompass new roles out of their domains (Gandhi, 2020). For example, school nurses, nurses who work in dental centers and public health centers and volunteers were allocated in isolation and quarantine places where they had to deal with different and jeopardizing situations resulting them being in overwhelmed by their fears. The objective of this literature review is to find evidence of lived experience of nurses during COVID-19 pandemic to better understand the lived experience of nurses to inform nursing management department of how to better manage deployment in the future, especially during the second and subsequent waves of COVID-19. The absence of this scope addressing nurses who experienced the phenomenon in UAE will aid in greater understanding of nurse's perspective, insightfulness and emotions. Not only that, they need to be valued and appreciated by other nurses because their experience deserves to be disclosed.

2. Lived Experience:

"The philosopher Diogenes, raised two questions: What does it mean to study the human being in his or her humanness? And, what methodology is required for this kind of study?" (Van Manen, 1990, p.5). Thoughts need to be given the questions that were raised from Diogenes, a Greek philosopher who lived in fourth century BC, known now as innovative thinker (Van Manen, 1990). Wondering about the way we experience the world and how as human beings living in the world (lived experience) never stopped but occupied the thinking of scientists (Van Manen, 1990). According to Van Manen (1990), lived experience is a self-given awareness or what he called reflexivity which is an instant pre-reflective consciousness of life (p.35). In addition, Merleau-Ponty (1962), another proponent of phenomenology, has given the notion of lived experience as sensibility which is the appreciation and the responsiveness of complex emotion and influences (cited in Van Manen, 1990, p.36). Roberts and Taylor however describe lived experience as "the knowledge humans have of how it is to live a life in regard to being someone or something unique everyday situation" (Miles et al., 2015, p.289). Thereby, lived experience is best described as a resonant moment revealing understanding, like peeling the layers of onion we go deeper and find new different things. Thus, uncovering lived experience and as we go deeper the more meaningful meaning is understood (Miles et al., 2015, p.290). So, how can lived experience be revealed? The best methodology to approach lived experience is

phenomenology. Van Manen (1990) has best described the role of phenomenology as a transforming the phenomenon into textual expression embodied with its essence in a way that gives the text a reflexive effect of something meaningful (p.4).

3. Search Strategy:

A systematic literature search was conducted focusing on the research question: 'what was the experience of nurses who were redeployed from their usual place of work during the recent COVID-19 pandemic in the United Arab Emirates (UAE)?'.

After that, many of databases from the University of Wollongong's library were used such as MEDLINE, PUBMED, CINAHL and SCOPUS, then search terms (synonyms or alternative word) were formulated to look for studies about nurses 'experience during COVID-19 which were: lived experience, life experience, experience or feeling or perspective and post nurse, redeployed nurse, nurse or nurses or nursing and Covid-19 or corona virus 2019 or ncov and Epidemic or pandemic or outbreak.

Search filters were limited to full text, references available and published date between 2010-2020 to narrow and focus the results number to the relevant topic.

The inclusion and exclusion criteria were identified and listed below:

Inclusion criteria: Scholarly journal articles published in full studies, written in English language and are qualitative in nature. Also, studies relevant to the research topic (lived experience or life experience for redeployed nurses during COVID-19).

Exclusion criteria: Publications published as a report and abstract or theses. Also, the articles did not meet the inclusion criteria as was mentioned before.

The results of each database are listed in a table and were assessed for their relevance from the title and the abstract to have a quick overview about the content.

Table 1: The database search results.

Database	Search results	Numbers or article retrieved
MEDLINE	38	1
CINAHL	8	1
PUBMED	23	3
SCOPUS	13	1

4. Result:

In this section, five articles were considered relevant and suitable for the review. Four articles conducted from China and one from Turkey. The study design of the five articles are qualitative paradigm used in three articles, one qualitative descriptive study and one descriptive phenomenology study. Finally, three of the articles are primary research identified in two terms; original and major article. Main points were highlighted in three themes; first, better understanding of the real problems and



Table 2: Brief description of the selected articles.

Article name	Study design	Type of publication	Country of origin	Date of publication	Name of published Journal
Experiences of clinical first-line nurses treating patients with COVID-19: A qualitative study	Qualitative study Original article	Journal	China	5/07/2020	John Wiley & sons ltd
Experiences of front-line nurses combating coronavirus disease-2019 in China: A qualitative analysis	Qualitative study	Journal	China	30/06/2020	Public Health Nursing
The Psychological Change Process of Frontline Nurses Caring for Patients with COVID-19 during Its Outbreak	Qualitative descriptive study	Journal	China	04/06/2020	Issues in Mental Health Nursing
A qualitative study on the psychological experience of caregivers of COVID-19 patients	Qualitative study Major article	Journal	China	18/03/2020	American Journal of Infection Control
Experiences and psychosocial problems of nurses caring for patients diagnosed with COVID-19 in Turkey: A qualitative study	Descriptive phenomenology study Original article	Journal	Turkey	16/07/2020	International Journal of Social Psychiatry

challenges, coping strategies and positive emotion and growth under pressure.

4.1. Better understanding of the real problems and challenges

The experiences of nurses of the emergency rescue during the unexpected pandemic of COVID-19 revealed valuable information for better understanding of the real problems and challenges such as training program, working condition and psychological wellbeing (Kackin et al., 2020; Sun et al., 2020; Liu et al., 2020; Tan et al., 2020 & Zhang et al., 2020).

4.2. Training program

Liu et al., (2020) supported his finding by consulting other research which has shown the importance of disaster training in improving nurses' first aid awareness, the quality of their response and their ability to deal with the situation because when nurses have sufficient capacity to respond effectively indicates the successful of health care services (Liu et al., 2020; Sun et al., 2020). Based on Sun et al., (2020) findings they have suggested improving nurses' capabilities of the emergency rescue despite the training program which was brief for nurses who were working in infectious department and nurses who worked in other departments had to undergo through three training levels such as; pre-job training, adaptation training and negative pressure ward training. Similarly, Kackin et al., (2020) and Liu et al., (2020) informed of the insufficiency of health care organization's preparation for crisis and

disaster, inadequate knowledge and skills to handle sudden epidemic. Moreover, Tan et al., (2020) purported that nurses need training for specialized knowledge although nurses were theoretically trained in emergency medicine but lacked in intensive care skills. Therefore, Tan et al., (2020) suggested to strengthen training in public incident rescue and emergency medicine rescue for nurses in non-emergency time.

4.3. Work conditions

Nurses faced tremendous challenges and changes in working settings during the pandemic where the management had to accommodate the increased number of patients by recruiting nurses, redeploying nurses and increasing working hours 1.5-2 times normal working hours (Kackin et al., 2020; Sun et al., 2020; Liu et al., 2020; Tan et al., 2020 & Zhang et al., 2020) . All these measures placed pressures on nurses resulting in exhaustion, anxiety and depression. Sun et al., (2020) found that 50% of nurses were anxious because of the challenges of changes in new working settings like shortage of personal protective equipment (PPE) where they have to limit the time of changing for the conservation purpose and nurses (n=11) reported their concern about un equal ratio between nurses and patient in isolation wards because of increased number of patients during the outbreak. On the one hand, Tan et al., and Zhang et al., (2020) informed similar findings of unfamiliarity of work environment, shortage of nurses and PPE, dealing with ill patients of different severity and loneliness because they were isolated from outside world.



In addition, Zhang et al., (2020) reported that nurses had to deal with patients' adverse emotion like aggressive behavior, irritability and noncompliance with the treatment which lead to burnout, mental and physical exhaustion and decrease quality of care. Consequently, researchers were able to have better overview of the challenges and difficulties faced by nurses therefore recommendations were suggested in their studies. For example, the nursing management must perform proper assessment of the situation and recognizing the difficulties faced by front-line, fostering nurses' resilience and adaptation, optimizing scheduling by making the shift short and flexible to ensure adequate rest. Also, implementing enough nurses in proportion to the patients' number and provide adequate PPE and equipment (Kackin et al., 2020; Sun et al., 2020; Liu et al., 2020; Tan et al., 2020 & Zhang et al., 2020).

4.4. Psychological wellbeing

The basic human needs according to Maslow's hierarchy of needs are psychological and safety needs. Once these needs are satisfied the individual can step forward to growth needs which is self-actualization (Zhang et al., 2020). If this is applied to nurses, they will be able to perform their duty with sense of safety, security, warmth and accomplishment which will help to boost their energy (Zhang et al., 2020).

In the early phase of the disease, nurses experienced ambivalent feelings and they went through self-conflict between their sense of responsibility and the fear of contracting the infection (Zhang et al., 2020). Not only that but anxiety because of the lack of information and treatment, rapid spread of disease, highly risk exposure, excessive wear of PPE, unfamiliar colleagues and work setting, and infected health care giver with COVID- 19 or dying from it as well (Kackin et al., 2020; Sun et al., 2020; Liu et al., 2020; Tan et al., 2020 & Zhang et al., 2020). In addition, nurses were concerned about their family safety because most of them were living with elderly relations and children. Additionally, they lost their normal balanced life thus all these factors collectively lead to anxiety, frustration, depression, helplessness and increased the tendency to develop mental problems (Kackin et al., 2020; Sun et al., 2020; Liu et al., 2020; Tan et al., 2020 & Zhang et al., 2020). A significant finding of Kackin et al., (2020) was nurses were being stigmatized by society to the extent that some of them received warning letter from a neighbor about not spreading the disease, so this led to social isolation. However, one of the initiatives that had been done to boost nurses' moral was public applause for 3 days (Kackin., 2020). Finally, based on the researchers' findings, they informed that nurses need psychological support, for example, hotline counselling and provide them with psychologist (Kackin et al., 2020; Sun et al., 2020; Liu et al., 2020; Tan et al., 2020 & Zhang et al., 2020).

4.5. Coping Strategy

Nurses had worked out to find their path with coping strategies, for example, self-reflection by writing diaries, exercising regularly, practicing breathing exercises and listening to music to reduce the level of stress (Kackin et al., 2020; Sun et al., 2020; Liu et al., 2020; Tan et al., 2020 & Zhang et al., 2020).

4.6. Positive Emotions and Growth Under Pressure

In the middle stage of the pandemic nurses enter the adaptation phase where they developed positive emotions and self-growth (Kackin et al., 2020; Sun et al., 2020; Liu et al., 2020; Tan et al., 2020 & Zhang et al., 2020).

4.7. A sense of Proudness

Nurses were proud because of patients' compliments, family and society support which gave them the sense of acknowledgment, importance and happiness (Kackin et al., 2020; Sun et al., 2020; Liu et al., 2020; Tan et al., 2020 & Zhang et al., 2020).

4.8. Confidence and Sense of Responsibility

Nurses developed confidence about the government's medical capabilities because they have received pre-job training to have an adaptation to the new environment unlike of the other studies where nurses were placed in new place without any proper orientation (Kackin et al., 2020 & Sun et al., 2020). Strong responsibility had grown more into nurses toward their duty which was to provide care for needed patient during this pandemic (Kackin et al., 2020; Sun et al., 2020; Liu et al., 2020; Tan et al., 2020 & Zhang et al., 2020).

5. Discussion:

The reviewed articles used qualitative methods to answer their research question which mainly focused on the frontline experience during COVID-19 pandemic and supported their research by consulting another article related to MERS, SARS and Ebola (Kackin et al., 2020; Sun et al., 2020; Liu et al., 2020; Tan et al., 2020 & Zhang et al., 2020). For the data analysis Sun et al., (2020) Kackin et al., (2020) and Zhang et al., (2020) specified the usage of Colaizi's analysis whereas Tan et al., (2020) used content analysis for the interpretive data. Liu et al., (2020) did not specify the type of analysis except mentioning that their data were analyzed qualitatively. Another point where they have followed the step of returning the transcript back to the two of the participants for validation which according to one study is no longer needed because it will jeopardize the interpretive study's rigor for a reason that either the participant might exaggerate the believing of what had been said is important and relevant to the study or the researchers might redirect the participant to their own preferences (Mc Connell-Henry et al., 2011). The interesting thing about these reviewed articles is that their findings are almost similar, and there is an emphasis on



understanding the transition of the frontline experience during COVID-19 pandemic. The whole process was captured from its beginning where participants' feelings and perceptions were about fear, anxiety and physical exhaustion then moving forward to witness the changes positively as they lived the phenomenon.

5.1. Literature Informs Practice and Future Research:

According to Kackin et al., (2020) who supported the study from Liu et al., (2020) that proper orientation about preventing and controlling the infection (PCI) for healthcare professional is important because this will contribute in a safe working environment (Kackin et al., 2020). Also, for effective personal and team performance is it was necessary to provide information about the whole situation by the organization (Kackin et al., 2020). For example, information was needed to be given about PPE, work setting and hours, reasonable shift timing and dilemmas that might arise during the pandemic (Kackin et al., 2020). Another important point was the need to provide effective communication which involved the role and the responsibility of the employee and establishing a standardized procedure and the sense of belonging to resolve conflict (Kackin et al., 2020). In addition, a mental health program for coronavirus was established by consultation to support nurses who were affected negatively from COVID-19 and mental health support services because based on the study, it's important to support nurses' mental health (Kackin et al., 2020 & Tan et al., 2020). On the one hand, according to Sun et al., (2020) consulted other study where it said that nurses can develop self-psychological stability which is achieved by cognitive evaluation and professional knowledge (Sun et al., 2020). Liu et al., (2020) informed that their study provided important data where it could be used to establish capacity-building disaster training, safe emergency rescue system and mental health service for nurses. Similarly, Tan et al., (2020) support their findings with a related study that stressed the need of emergency medicine training for nurses to master needed skills. Finally, based on Zhang et al., (2020) provided recommendations for nursing leadership; promoting emotional expression by identifying negative psychological response in the first stage, provide work support in the second stage, last point is fostering nurses' resilience and adaptation.

5.2. Future Research:

Further studies suggested by Kackin et al., (2020) include; research about causes and levels of stigmatization in health care professionals as well as the cause and the level of burnout in nurses. Also, research is needed about secondary trauma which should be conducted within large number of sample group for scientific evidence (Kackin et al., 2020). On the other hand, Sun et al., (2020) suggested long-term lived- experience studies and Tan et al., (2020) suggested to conduct a larger study that covers many places

and geographical areas for more comprehensive understanding.

9. Conclusion:

In conclusion, the reviewed studies focused their interest on the psychological experience of the nurses' daily life during COVID-19 pandemic through conducting qualitative research. Their findings focused on their emotions which were fear, anxiety, depression, physical exhaustion and challenges in the early phase of the outbreak then they were able to develop adaptation and resilience because of the support of the healthcare authorities and colleagues. Finally, the great things that they were able to gain were happiness and care for themselves despite the obstacles.

Acknowledgements

Wish to thank Professor. Ysanne Chapman for her expert advices and encouragement throughout this project. Thanks also to my parent, friends, husband and everyone who always stand by me.

Conflict of Interest:

There was no conflict of interest by authors.

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Received November 10, 2020; reviewed November 20, 2020; accepted December 11, 2020; published online January 01, 2021