
Implications of Work in the Covid Isolation Ward and the Central Emergency Department on the Life and Work of Nurses

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Abstract

Nurses as the largest group of health workers are at the forefront of the health system's response to the pandemic. In order to control the spread of infection

in patients with suspected or confirmed infection, the need for the formation of COVID isolation wards was emphasized. The situation required rapid adaptation to new working conditions, which affected the psychophysical condition and professional and private life of nurses who were actively involved in the care of patients with suspected or confirmed SARS-CoV-2 infection. The aim of the paper is to identify the most common problems faced by nurses working in COVID isolation wards and central emergency departments. Based on the obtained results, the biggest problems in working with SARS-CoV-2 positive patients were working in 12/24-hour shifts (82%), working in protective clothing (74%) and lack of staff (88%). Also, problems were present due to the frequent reorganization of work and the absence of members of the already experienced team due to illness (76%). Working with SARS-CoV-2 suspected/positive patients negatively affected job satisfaction (46%) as well as did frequent isolation from family (58%). Research has shown that working with SARS-CoV-2 suspected/positive patients has changed the private lives of nurses (74%), and has negatively affected physical health (78%), as well as mental health (70%), of our respondents. Despite difficult working conditions, satisfaction was shown with the knowledge and experience of working with highly contagious patients in isolation conditions (64%), strengthened sense of teamwork (66%) and meeting team members who are extremely dedicated and good colleagues (72%).

Introduction

In the last two decades, several epidemics caused by viruses, such as severe acute respiratory coronavirus syndrome (SARS-CoV) from 2002 to 2003, and H1N1 influenza in 2009, have had a significant impact on global health. Since COVID-19 was declared a pandemic, the virus has spread to 223 countries with more than 138 million cases, and more than 2.9 million deaths have been reported globally. The current WHO estimate of the global mortality rate of COVID-19 is 2.2% (1). According to the CNIPH (Croatian National Institute for Public Health), from the beginning of the epidemic until 14 November 2021, 9,880 people died of SARS-CoV-2 infection in Croatia (2).

Although experts have long predicted a large-scale pandemic such as COVID-19, health systems have differed in the context of preparedness, management and monitoring (2). The biggest problems were the allocation of the necessary resources and equipment needed to combat the spread of the virus. As this is a new infection, a lack of understanding of the signs and symptoms of SARS-CoV-2 and an incorrect treatment can accelerate the spread of the infection in the health system (3).

Nurses are the most vulnerable group of health care professionals caring for patients with COVID-19 and have been at the forefront of the pandemic since its beginning. The COVID-19 pandemic has led to a sharp shift in nursing practice to meet the sudden and increased demand for pandemic-related care. During the pandemic, nursing care has gone through a period of change. There are changes in the provision of health services, organizational structure and professional relationships. The roles of nurses are numerous. They conduct health education that includes strategies to prevent infection (regular hand washing, avoiding touching mucous membranes with dirty hands, cancelling group activities) and early detection of infection. Furthermore, they monitor and prevent nosocomial infections. Standard precaution measures are applied (hand hygiene, wearing protective masks, wearing personal protective equipment, disinfecting rooms and objects), and educating patients and healthcare staff. They also provide care for patients in isolation wards.

Nurses are exposed to the virus on a daily basis and encounter a variety of psychophysical complications. There are 3.8 million nurses in the United States and 20 million in other parts of the world, and yet there is a need for many more nurses (4). Nurses who have cared for patients with suspected and confirmed SARS-CoV-2 infection since the beginning of the pandemic have had to become familiar with new diagnostic and therapeutic procedures and protocols. They are actively involved in caring for patients and remain key actors in stopping the pandemic. Several viral diseases are known to have an effect on healthcare professionals, which is currently also observed in SARS-CoV-2 infection (4). In the first cases in China, 29% of patients with SARS-CoV-2 infection were healthcare professionals and were presumed to have contracted the disease in hospitals. Deaths among health professionals are rare and mostly affect people over the age of 50. With the growing understanding and prevention of the disease, the proportion of health workers suffering from COVID-19 in the hospital has decreased (3). Safety at work is crucial because healthcare professionals are faced with the risk of infection on a daily basis. Healthcare professionals during care for patients with SARS-CoV-2 infection must be fully protected with appropriate personal protective equipment to prevent the risk of infection. It is important that health facilities have appropriate infection control protocols and personal protective equipment in sufficient quantities for staff caring for patients with suspected or confirmed SARS-CoV-2 infection. Risk categories for exposure in the health system are often based on the type of contact established and whether personal protective equipment is used consistently and appropriately.

The impact of the pandemic on the health of nurses

The high prevalence of SARS-CoV-2 infection in the world population and the characteristics of the disease have contributed to the development of psychological problems. According to a longitudinal study on the Chinese population, during the onset and peak of the epidemic, the symptoms of posttraumatic stress disorder were found to decrease significantly after four weeks (5). However, psychological problems affected not only the general population but also health workers. Nurses' reactions to stress during a pandemic must be viewed from the perspec-

tive of health and safety at work. Stress and burn-out of nurses were recognized as a hazard to work even before the pandemic. Characterized by feelings of exhaustion, burnout is thought to be the result of chronic work stress that an individual is unable to manage (6). The onset of the COVID-19 pandemic increased stress at work, jeopardizing the mental health and well-being of nurses (7). Research from China and Italy has shown that nurses that are directly involved in the health care of patients with COVID-19 are at increased risk of mental health problems compared to other health professionals (3).

Between March 20 and April 10, 2020, the American Nurses Association (ANA) conducted a national survey during the early stages of the pandemic in the United States. A total of 32,000 nurses responded to a survey that asked questions about their professional needs and concerns about the pandemic. 74% of respondents stated that their greatest stress is the lack of appropriate personal protective equipment, and 64% of respondents stated concerns about the safety of their family and friends. More than 85% expressed fear of going to work (8).

Nurses experience fear of developing infections, fear of not providing adequate care to patients due to inadequate organization, insufficient staff and lack of work equipment, fear of transmitting the virus to family and friends, and fear of stigmatization. Also, the stress in the workplace is associated with increased patient mortality, an increase in the number of patients, a high workload, and inadequate organizational support. It is necessary to take into account the psychological and physiological impact of the pandemic on nurses. Pandemic-related stressors can significantly affect their psychophysical functioning (4).

Studies have shown that psychological effects during a pandemic period can last a long time and negatively affect psychological well-being, and can cause post-traumatic stress disorder, depression, and stress in healthcare professionals. Batra et al. conducted a meta-analysis to show the impact of COVID-19 on the psychological well-being of health professionals (9). Major factors including anxiety, stress, depression, insomnia, and burnout were identified, and higher levels of anxiety and depression were more prevalent among women than men, and nurses compared to physicians (9).

Aim

The aim of the study was to determine the most common problems faced by nurses working in COVID isolation wards and the central emergency department where SARS-CoV-2 positive or suspected patients are stationed and to determine the implications of working in COVID isolation wards on the life and work of nurses.

Methods

The research was conducted from 1 April to 30 April 2021 at the Clinical Hospital "Sveti Duh" in Zagreb. The study involved 50 nurses working in isolation wards and at the central emergency department. All subjects worked with SARS-CoV-2 suspected/positive patients. The survey questionnaire was anonymous, and it did not provide a place to enter the names and surnames of the participants, and the nurses decided whether they wanted to fill it out. The completed questionnaires were placed by the respondents in an envelope for the whole group of respondents.

The research was conducted by filling out a structured survey questionnaire. The research was approved by the Ethics Committee of the Clinical Hospital "Sveti Duh".

The survey questionnaire was constructed for the purposes of this research and contains two parts. The first part of the questionnaire includes information about the respondents - education, age, frequency of illness and mode of infection. The second part of the questionnaire refers to questions related to work in the COVID isolation ward, namely the assessment of the complexity of work in the isolation ward and the impact of work in the isolation ward on personal, family and business life.

Statistical data processing was performed using the Microsoft Office Excel program and descriptive statistical methods were used to describe frequency distribution. The data are shown in a tabular view.

Results

Sociodemographic data

The study involved 50 respondents. The most represented are respondents in the age group between 25 and 29 years - 14 respondents (28%). The smallest number of respondents, 2 (4%), belongs to the age group between 45 and 49 years. The average age of all respondents was 32.3 years. The largest share among the respondents are nurses with completed

high school education, and the smallest share make up the respondents with graduate degree education. Out of 50 respondents, 32 (64%) have high school and 15 (30%) have an undergraduate diploma. The smallest share in the sample of respondents was with graduate degree education, 3 of them (6%). Furthermore, out of 50 respondents, 23 (46%) had COVID-19, of which 15 (71.4%) developed an infection at work and 2 (8.7%) of the surveyed respondents developed the disease while they were in self-isolation as a family contact.

Work at the isolation ward of the Clinical Hospital "Sveti Duh"

Table 1. **Assessment of the complexity of work in the isolation ward**

	1 I don't agree at all	2 Generally, I disagree	3 I neither agree nor disagree	4 Generally, I agree	5 I totally agree
1. Working in protective clothing at the COVID isolation ward/ emergency department is very strenuous.	0%	6%	2%	18%	74%
2. I spend more time in protective clothing than expected.	2%	10%	16%	22%	50%
3. Due to the dynamics of work in the COVID isolation ward/ emergency department, there is no time for proper exchanges between working in protective clothing and rest.	10%	12%	6%	20%	50%
4. The intensity of work in the COVID isolation ward/ emergency department has increased due to the lack of nurses (reorganization of work, illness, self-isolation, etc.)	0%	4%	4%	30%	58%
5. Absence of team members in the COVID isolation ward/ emergency department due to reorganization of work and illness complicates the work process.	0%	0%	8%	20%	56%

6. It takes more time to complete a task with new staff in the COVID isolation ward/emergency department due to a lack of shared work experience.	0%	4	16	26%	54%
7. There are enough protective materials and means to work in the COVID isolation ward/emergency department.	6%	10%	12%	34%	38%
8. Work in extraordinary circumstances at the COVID isolation ward/emergency department revealed certain shortcomings in the organization of the service.	4%	8%	8%	36%	44%
9. Working in 12/24-hour shifts at the COVID isolation ward/emergency department is extremely mentally and physically difficult.	0%	0%	18%	16%	66%
10. Working in extraordinary circumstances in the COVID isolation ward/emergency department creates frequent conflicts in the team.	22%	22%	22%	22%	12%

37 (74%) respondents fully agree with the statement that working in protective clothing in COVID isolation wards/emergency department is very strenuous. None of the respondents answered that they did not agree with the statement at all. Furthermore, 25 (50%) respondents believe that they spend more time in protective equipment at work than expected. 11 (22%) respondents mostly agree, and a smaller number of respondents, 5 of them (10%), generally disagree with the statement. Only one respondent completely disagrees.

To the statement of the extent to which the dynamics of work in the COVID isolation ward/emergency department affect the proper exchange between working in protective clothing and rest, 25 (50%) respondents fully agree that more time is spent in protective clothing than expected. Two respondents did not respond to this statement.

To the statement "The intensity of work in the COVID isolation ward/emergency department has increased due to the lack of nurses", the largest number of respondents, 29 (58%), answered that they fully agree with the statement. An equal number of respondents, 2 of them (4%) generally disagree with this statement and believe that neither is true. None of the respondents agreed with the stated statement, and 4 respondents did not answer at all.

28 (56%) respondents fully agree with the statement that the absence of members of the already well-coordinated team complicates the work process. None of the respondents answered that the statement did not apply to them at all, and 16 respondents did not answer the statement. 27 (54%) respondents agree that it takes more time to complete tasks with new staff due to a lack of shared work experience. The smallest number of respondents, 2 of them (4%)

generally disagree with this statement.

19 (38%) respondents fully believe that there are enough protective materials and resources to work in the COVID isolation ward / emergency department. 3 (6%) respondents disagree with this statement.

22 (44%) respondents believe that working in extraordinary circumstances revealed certain shortcomings in the organization of the service. They are followed by 18 (36%) respondents who mostly agree with the statement.

33 (66%) respondents fully believe that working in 12/24-hour shift is extremely physically and mentally difficult. None of the respondents answered that they generally or completely disagree with the statement.

6 (12%) respondents fully agree with the statement that working in extraordinary circumstances in the isolation COVID ward/emergency department creates frequent conflicts in the team. Equal number of respondents, 11 of them (22%) agree equally with the other statements.

Table 2. Impact of work in the isolation ward on personal, family and business life

	1 It doesn't apply to me at all	2 Mostly it doesn't apply to me	3 I don't know - I can't evaluate	4 It mostly applies to me	5 It completely applies to me
1. Working in extraordinary circumstances strengthened my sense of teamwork.	8%	16%	10%	30%	36%
2. Working in extraordinary circumstances has created additional security and self-confidence in my daily work.	8%	16%	22%	24%	30%
3. Working in extraordinary circumstances has revealed to me people who are extremely dedicated and good colleagues.	4%	6%	16%	34%	38%
4. Working in extraordinary circumstances provided me with experience and knowledge in working with highly contagious patients in isolation conditions.	8%	8%	18%	28%	36%
5. Working with SARS-CoV-2 suspected/positive patients has negatively affected my job satisfaction.	14%	16%	24%	24%	22%
6. Because of my work with SARS-CoV-2 suspected/positive patients, I am often isolated from my family.	12%	14%	16%	32%	26%
7. The experience of working with SARS-CoV-2 suspected/positive patients has made me aware of the value of community.	20%	22%	12%	28%	18%
8. Working with SARS-CoV-2 suspected/positive patients has changed my private life.	8%	8%	10%	36%	38%
9. Working with SARS-CoV-2 suspected/positive patients has negatively affected my physical health.	2%	8%	12%	38%	40%
10. Working with SARS-CoV-2 suspected/positive patients has negatively affected my mental health.	12%	8%	10%	28%	42%

To the statement that working in extraordinary circumstances has strengthened their sense of teamwork, 66% of respondents say that it fully or mostly applies to them, while 24% believe that it does not apply to them at all or that it applies to them mostly, and 10% are undecided.

18 (36%) respondents agree with the statement that working in extraordinary circumstances has created additional security and self-confidence in their daily work, and the smallest number of respondents, 4 (8%) believe that the statement does not apply to them at all. With the statement that through their work in extraordinary circumstances, they discovered people who are self-sacrificing and good colleagues, the largest number of respondents, 72% of them, completely or mostly agree that it refers to them. The smallest number of respondents, 4 (8%), do not agree with the statement at all.

For the statement "Working in extraordinary circumstances provided me with experience and knowledge in working with highly contagious patients in isolation conditions", 64% of respondents believe that it fully or mostly refers to them, while 16% disagree or mostly disagree and 18% are hesitant.

Furthermore, for the statement "Working with SARS-CoV-2 suspected/positive patients negatively affected my job satisfaction", 46% respondents stated that it fully or mostly applies to them, while in one third of the respondents (30%) there was no negative impact, and they state that the statement does not apply to them at all or that it mostly applies to them.

To the statement "Because of my work with SARS-CoV-2 suspected/positive patients, I am often isolated from my family", 58% of respondents answered that the statement fully or mostly applies to them, 24% cannot assess, while 30% do not agree with the abovementioned statement. Responses to the statement "The experience of working with SARS-CoV-2 suspected/positive patients has made me aware of the value of community" were polarized in equal proportions: 46% of respondents answered affirmatively (It completely applies to me/ It mostly applies to me), while 44% of respondents gave a negative answer (It doesn't apply to me at all/ Mostly it doesn't apply to me). Most respondents (74%) stated that working with SARS-CoV-2 suspected/positive patients changed their private lives, while in 16% of them working conditions had

no impact on their private life and 10% could not give an assessment. Working with SARS-CoV-2 suspected/positive patients negatively affected the physical health of the majority (78%) of respondents. A similar range of responses is to the statement "Working with SARS-CoV-2 suspected/positive patients has negatively affected my mental health" in which 70% of respondents state that it applies completely or mostly to them, while 20% believe that the statement completely or mostly does not apply to them and 10% cannot give an estimation.

Discussion

Nurses are at the forefront of the care of hospitalized patients with suspected or proven SARS-CoV-2 infection. As such, they have a high risk of infection and psychophysical consequences. The aim of this research was to investigate the implications of working in COVID isolation wards and the emergency department of the Clinical Hospital "Sveti Duh" in Zagreb.

Personal protective equipment is one of the most significant challenges faced by the health system during the COVID-19 pandemic. It presents challenges to both the supply and implementation of security measures to protect the health of the health personnel. According to the obtained data, it is evident that the work in protective clothing in COVID isolation wards is extremely hard for most of the respondents and that they spend more time in it than expected.

Numerous studies have shown that nurses lack health system support in terms of lack of personal protective equipment and hand sanitizers, which is crucial for the protection of health professionals (10). A qualitative study conducted by He et al. using an in-depth interview on a sample of 10 Chinese nurses in February 2020 found that nurses worked without personal protective equipment or with inadequate protective equipment (11). In our research, it was shown that nurses believe that there is enough protective material and means to work.

Analysis of our research data shows that due to in-

sufficient experience in working with SARS-CoV-2 suspected/positive patients, more time is needed to complete tasks. The COVID-19 pandemic requires the flexibility and resilience of healthcare professionals. They had to prepare for the epidemic and form isolation wards and intensive care units for SARS-CoV-2 positive patients. This required education on the new way of working, as well as the redistribution of nurses within the health system. However, many nurses had no prior training and were assigned to isolation wards without proper preparation. Due to the reorganization of work and numerous self-isolations due to the spread of the disease among health workers, the intensity of work in the isolation wards has increased, with which most respondents agree.

Since the beginning of the COVID-19 pandemic, health workers have been under a heavy workload. Working in 12/24-hour shift is physically and mentally difficult for most respondents. Shifts in the isolation ward due to demanding work tasks can contribute to fatigue and burnout of nurses. Therefore, to minimize the risk of burnout, healthcare facilities should employ additional staff to relieve the burden on nurses and reduce the overload of 12-hour and 24-hour shifts.

Most respondents in our study believe that working with SARS-CoV-2 positive patients has changed their private lives. Seven studies have shown that nurses are extremely concerned about their families and the safety of their families because of SARS-CoV-2 positive patients (10). Nurses are afraid of transmitting the virus to their families even though they wear personal protective equipment while working. Several studies have shown that nurses are concerned about not being able to fulfill their family roles and spend enough time with their children and family members (11).

The majority of respondents could not assess the extent to which working with SARS-CoV-2 suspected/positive patients affected their physical health. On the other hand, most respondents generally believe that there has been a negative impact on their mental health. Nurses feel responsible for caring for patients, but there is a fear of infection. Several studies have shown that nurses experience feelings of anxiety, fear, or depression. Zhang and co-workers observed psychological changes in nurses at Wuhan Hospital in China, the epicenter of the COVID-19 epidemic, from February 9 to March 15, 2020.

Using deliberate sampling, they interviewed 23 nurses. In the early stages of the pandemic, nurses deployed to the COVID-19 isolation ward felt fear and nervousness, and some even fear of death (12). After several weeks in the isolation unit, the nurses expressed anxiety, depression, and irritation. The study found that the younger group of nurses were more emotionally exhausted (12).

Several studies have evaluated mental health outcomes among healthcare professionals treating patients exposed to SARS-CoV-2 infection. A systematic review and meta-analysis aimed at synthesizing and analyzing evidence on the prevalence of anxiety, depression, and insomnia among health professionals during COVID-19 was conducted in April 2020 at PubMed, Google Scholar, Cochrane Library, Embase. Meta-analysis of articles determined the prevalence of anxiety 23.2%, depression 22.8% and insomnia 38.9%. Furthermore, according to the same review, there is growing evidence that SARS-CoV-2 infection may even be an independent risk factor for stress in healthcare professionals (13).

Nurses work in teams which is considered an important strategy to improve patient treatment outcomes. Some teams have effective collaboration, while some have difficulties. Using an inductive approach, Laura Petri (14) has systematically analyzed a review of the literature to clarify the current use of interdisciplinary collaboration in health care. Within an effective interdisciplinary approach to patient care, Petri described in the article "Concept Analysis of Interdisciplinary Collaboration" that cooperation can simply be defined as an act of working together, but for it to be effective it must take place in an atmosphere of mutual trust and respect (14).

Our research has shown that working in COVID isolation wards does not create frequent conflicts in the team, moreover, nurses feel that their sense of work is strengthened and that they work in a team with dedicated colleagues. During crisis situations, such as epidemics, nurses work in interdependent but stressful environments, but put collegial relationships first to ensure that the care provided is always of the highest quality. Similar results were shown by a multidimensional study of hospital staff working in two Finnish specialized medical care centers, which showed that in stressful situations caused by the COVID-19 pandemic, nurses cared for and helped each other and, to some extent, felt collective empowerment (15).

Research limitations and implications for future research

The limitations of this research are mostly in its coverage of respondents, that is, in the sample of respondents in the Clinical Hospital "Sveti Duh", which may be a problem in the generalization of research in relation to other sites with isolation wards.

Research has obtained results that show that health facilities must be actively involved in providing support to nurses during and after a pandemic. It is vital that nurses receive clear, concise, and up-to-date information on best patient care and infection control practices, as well as sufficient access to appropriate personal protective equipment to optimize their safety. Experienced and well-trained staff is needed to provide adequate patient care. The physical and psychological impact of work on nurses in the isolation ward needs to be recognized in a timely manner. Proper protection against the poor psychophysical condition of staff will certainly lead to greater ability to perform their tasks.

The results of this research can contribute to the organization and planning of ways of working that would improve long-term working ability and working conditions in this crisis. First, it is important to enable the already mentioned adequate communication as well as the availability of updated and accurate information. Using tools such as strengthening safety procedures, providing systematic support, and monitoring stress levels would greatly help develop a safe environment for staff and patients in every way. Rotation of staff from sites more affected by stressful events to those less affected, pairing less experienced workers with those more experienced, encouraging staff to provide social support to each other, as well as providing and directing staff to places of psychosocial support. Preserving the psychophysical health of nurses can lead to successful coping with everyday stressful situations, which will ultimately result in maximum work productivity and contribution to the community.

Conclusion

The results of the research showed the complexity and effort in working in protective clothing in the COVID isolation ward/emergency department (74%) which is why more time is spent at work than planned (72%) and there is no time for proper exchanges between work in protective clothing and rest (70%). In addition, the respondents stated that working in 12/24-hour shift in the COVID isolation ward/emergency department is extremely mentally and physically difficult (82%).

Furthermore, the intensity of work in the COVID isolation ward/emergency department was increased due to the lack of nurses (88%), and the absence of team members in the COVID isolation ward/emergency department due to reorganization of work and illness complicates the work process (76%). Additionally, it takes more time to complete the task with new staff in the COVID isolation ward/emergency department due to lack of shared work experience (80%) and working in extraordinary circumstances in the COVID isolation ward/emergency department revealed certain shortcomings in the service organization (80%), however, there are sufficient protective materials and means for work.

In assessing the impact of work in the isolation ward on personal, family and business life, the research showed that working in extraordinary circumstances strengthened the sense of teamwork in a significant number of respondents (66%) and that working in extraordinary circumstances created additional security and self-confidence. in everyday work and provided experience and knowledge in working with highly contagious patients in isolation conditions (64%).

However, working with SARS-CoV-2 suspected/positive patients negatively affected job satisfaction (46%) and frequent isolation from family (58%). In addition, most respondents (74%) stated that working with SARS-CoV-2 suspected/positive patients changed their private lives.

Furthermore, working with SARS-CoV-2 suspected/positive patients negatively affected the physical health of the majority (78%) of respondents as well as their mental health (70%).

Research has shown that the SARS-CoV-2 pandemic

has significantly affected the work of nurses. The situation required rapid adaptation to new working conditions, which affected the psychophysical condition and professional and private lives of nurses who were actively involved in the care of patients with suspected or confirmed SARS-CoV-2 infection.

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IMPLIKACIJE RADA NA IZOLACIJSKOM COVID ODJELU I SREDIŠNJEM HITNOM PRIJAMU NA ŽIVOT I RAD MEDICINSKIH SESTARA/TEHNIČARA

Sažetak

Medicinske sestre / medicinski tehničari, kao najveća skupina zdravstvenih radnika, nalaze se na prvom mjestu odgovora zdravstvenog sustava na pandemiju. U svrhu kontrole širenja infekcije bolesnika sa suspektnom ili potvrđenom infekcijom, naglašava se potreba za formiranjem izolacijskih COVID odjela. Situacija je zahtijevala brzu prilagodbu na nove radne uvjete, što je utjecalo na psihofizičko stanje te profesionalni i privatni život medicinskih sestara/tehničara koji su bili aktivno uključeni u skrb za bolesnike sa suspektnom ili potvrđenom infekcijom virusom SARS-CoV-2. Cilj rada bio je utvrditi najčešće probleme s kojima se suočavaju medicinske sestre koje rade na izolacijskim COVID odjelima i središnjem hitnom prijemu. Na temelju dobivenih rezultata pokazalo se da su najveći problemi u radu sa SARS-CoV-2 pozitivnim bolesnicima, suspektnim ili oboljelim bolesnicima rad u 12/24-satnom dežurstvu (82 %), rad u zaštitnoj odjeći (74 %) i manjak medicinskih sestara (88 %). Također, problematika je prisutna zbog česte reorganizacije rada i bolesti uslijed koje dolazi do odsutnosti članova već iskusnog tima (76 %). Rad sa SARS-CoV-2 suspektnim/pozitivnim bolesnicima negativno je utjecao na zadovoljstvo poslom (46 %), kao i čestu izoliranost od obitelji (58 %). Istraživanje je pokazalo da je rad sa SARS-CoV-2 suspektnim/pozitivnim bolesnicima promijenio privatni život medicinskih sestara/tehničara (74 %) te da je negativno utjecao na fizičko zdravlje (78 %), kao i na mentalno zdravlje (70 %) ispitanika. Unatoč otežanim uvjetima

rada, pokazalo se zadovoljstvo dobivenim znanjem i iskustvom u radu s visokokontagioznim bolesnicima u izolacijskim uvjetima (64 %), osnaženim osjećajem za timski rad (66 %) te upoznavanjem članova tima koji su iznimno požrtvovni i dobri kolege (72 %).

Ključne riječi: COVID-19, izolacijski odjel, medicinske sestre / medicinski tehničari
