Health Care Providers' Experience of Caring for Patients in the Hospital Dying of COVID-19: A Case Study

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INTRODUCTION

Coronavirus disease-19 (COVID-19) was declared a pandemic by the World Health Organization (WHO) on March 11, 2020 (World Health Organization, 2021).

Early in the pandemic, health care providers worked in unprecedented conditions; increasing numbers of patients with COVID-19 cases, many deaths, lack of adequate resources, constant media coverage and no treatment protocols.

COVID-19 forced health care providers to make significant changes in care delivery to patients and families (Yardley & Rolph, 2020). The increased number of deaths that health care providers witnessed, along with COVID-19 restrictions that limited compassionate care, impacted health care providers' mental health.

Emerging data from around the world highlights the detrimental mental health effects and the need for emotional preparedness and interventions to support health care providers (Soklaridis et al., 2020).

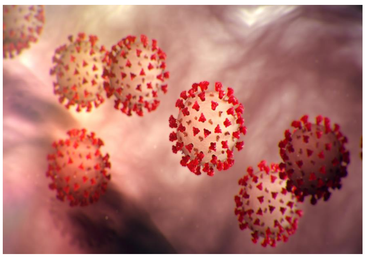
More research is needed on the experience of caring for patients dying of COVID-19 in the hospital.

MATERIALS AND METHODS

Qualitative multiple case study design (Yin, 2018)
Case: Caring for patients dying in the hospital of COVID-19
Case Boundaries: Patient admission to death
Setting: Nationally recognized county-owned teaching hospital in South Central Texas
Sample: 11 health care providers
Data Collection: Semi-structured interviews via Zoom from November 2020 to May 2021
Guiding questions: 1. Tell me about your experience caring for a COVID-19 patient dying in the hospital. What was expected? What was not expected? 2. Tell me about offering palliative care to a COVID-19 patient dying in the hospital. 3. How is providing end of life care for dying patients now different than prior to the pandemic?
4. What kinds of coping strategies do you use now?

Data Analysis: Qualitative content analysis- 1. Line-by-line analysis with open coding 2. Open codes grouped into categories 3. Within categories, codes grouped into sub-categories 4. Themes identified in subcategories
Trustworthiness: Repeated data immersion during the analysis process

Figure 1



RESULTS

Demographic and clinical characteristics of study participants

Characteristics	% (n)	Mean(sd)	Range
Age in years		33.3(8.4)	23 - 48
Experience in years Occupation Registered Nurse		4.51 (3.7)	0.3 - 11
	45 (5)		
M.D.	18 (2)		
Technician	18 (2)		
Physical Therapist	9 (1)		
Respiratory Therapist	9 (1)		
Gender			
Female	82(9)		
Male	2(18)		

5 categories: Standing with families, COVID-19 is "so-so-so devastating, "There's a lotta death", Personal toll of COVID-19 on HCPs, Safe environment

Standing with families- the importance and challenges of the relationships with families of patients dying from COVID-19.

•Sub-category 1: Connecting families with patients (Themes)

a. "It's not the same" connecting families through technology
b. Supporting with presence
c. It's not safe to visit

•Sub-category 2: Policies limiting visitation (Themes)

a. "It's harder when family isn't there"

b. Watching through a window

"The thing that has really changed is how we orchestrate that care at the end of life 'cause you know, that's sacred time. That's a sacred space. And we value families being present, and they're not or they can't be." (M.D.)
"We had to talk to the family. They still couldn't see him. We still didn't let them come in. They had to make all these pretty life changing decisions over the phone and still have no real closure. It was more—from my side, it was, hey, we're doing a disservice to these people." (RN)
"They just wanted to hold them one last time and we couldn't let them then because of the patient had COVID-19, and noticing that I don't wish that upon anybody and I don't wish it upon anybody to have to say bye to their loved one behind a glass door. I just wish there was something else that we could have done, a different procedure but I understand it's there for safety. It's just hard to see family members to not be able to say goodbye." (Technician)

Personal toll of COVID-19 on HCP- HCPs affected personally and professionally

• Sub-category 1: Physical toll (Themes)

a. Physically draining b. Overwhelming fatigue

•Sub-category 2: Emotional toll (Themes)

a. "I think this is gonna stay with us forever" b. Emotionally draining

•Sub-category 3. Coping (Themes)

a. "Share each other's experiences b. Sense of normalcy c. Finding purpose/meaning

"In the summer, that was tough, um, because we were working for—I think we were working 14-day stretches, you know, 14-hour days, and then we'd have a day off and then another 14 days. I think I worked 21 days straight once, um, and had a day off, and that was because I just couldn't do any more." (M.D.)

"It's really, really hard. And I think I've seen it with myself and even my colleagues that we were just tired. If, you know, if you asked anybody, the typical answer we got was, like, you know, I'm just, I'm tired. I'm just really tired. And, um, yeah, it's rough. It's really rough." (RT)

"It was really sad. Um, I think, you know, I-I don't think that we're-I don't think that we're probably gonna be—have coped with this for many years. I think this is gonna stay with us forever." (M.D.)

NEXT STEPS / CONCLUSIONS

Caring for COVID-19 patients dying during the early pandemic was an unfamiliar and uncharted experience for health care providers.

Participants discussed the difficulties connecting with families that were not allowed to visit their loved one in the hospital. Many participants advocated for changes to policies to allow visitation at the end of life. Participants believed that health care facilities should find innovative ways to safely allow family members' presence while their loved one is dying of COVID-19. Compassionate care for the patient and family includes family presence. Family presence decreases the burden for the health care providers.

Health care providers experienced unprecedented trauma and emotional turmoil during this time. The physical impact of caring for the sheer volume of COVID-19 patients, combined with the emotional impact of witnessing so much death and also serving as a surrogate for the family due to restricted visitation, has a detrimental effect. Health care facilities must provide support and solutions to mitigate these effects on the health care providers. One common coping mechanism, discussed by almost all of the participants, was sharing their experiences with other health care providers. Forming provider support groups may be one opportunity for health care facilities to adopt.

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