

Psychological Impact of Covid-19 Pandemic on the Performance of Nursing Staff of Mid Atlantic Wellness Institute, Bermuda

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Abstract

The novel Coronavirus or Covid-19 infection is one of the infectious diseases that has covered the world like a storm and sent the scientific communities scrambling for a cure with the World Health Organization (WHO, 2020) declaring it as a Pandemic on March 11th, 2020. Nurses as frontline workers become overwhelmed with the large number of cases thereby affecting their physical, social, and psychological wellbeing. For this reason, this study will explore the psychological impact of the Covid-19 pandemic on the performance of nursing staff at the Mid Atlantic Wellness Institute, Bermuda. The study explored a qualitative research method utilizing purposive sampling technique adopted under the auspices of Husserl's phenomenological philosophical theoretical framework. Twelve participants recruited for the study were Registered Nursing Staff at the Mid Atlantic Wellness Institute, Bermuda. One on one interview used as a method of data collection using interview guide. The data was analyzed using Colaizzi's descriptive phenomenological method. Ethical approval obtained from the Institutional Review Board (IRB) of Bermuda Hospital Board. Three themes emerge: mental/psychological response to Covid 19, Psychological effect of Covid-19, and Impact of Covid 19 on staff performance. Covid 19 pandemic has affected the performance of Registered Nursing Staff of MAWI in Bermuda. Therefore, to forestall further effects, there is need for the MAWI Bermuda to provide adequate mental and psychological support to Registered Nurses affected by Covid 19 Pandemic.

Keywords: Covid-19 pandemic, Mid Atlantic Wellness Institute- Bermuda, Nursing staff, psychological impact, post-traumatic stress disorder (PTSD).

Introduction

The novel Coronavirus (covid-19) pandemic has devastated the world like no other disease before affecting all aspects of human endeavors. First, declared a public health emergency on January 30, 2020, by the World Health Organization (WHO, 2020) [1] as a pandemic on March 11, 2020. With estimated cases of 756 million, 650 million recovered, and over 6.8 million deaths across the globe with over 200 countries affected including Bermuda (World Health Organization, WHO, February 11, 2023) [2]. Similarly, Nurses as important frontline

healthcare workers perceived the physical, social, and mental effects of the pandemic. The level of uncertainty about the nature of this pandemic has led to manifestations of anxiety, panic attack, somatization, depression, suicide ideation, and post-traumatic stress disorder (PTSD) amongst healthcare workers including nurses. Similarly, Hayat (2021) [3] reported that the Covid-19 pandemic has significantly affected the mental health status of frontline healthcare workers and their performance capabilities. Additionally, the metamorphosis of the infection into different variants has added

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more stress to the global health community. Despite its smallness in land mass and population (19 square miles and approximately 62000 according to population census estimate as of November 2021), Bermuda as a tourism destination got its own share of the Covid-19 pandemic.

As of March 31, 2023, Bermuda has had 18,860 cases, with 18,685 recovered and 165 deaths. Furthermore, the Bermuda Government department of health Covid-19 vaccine report as of March 31, 2023, indicated that 132,650 doses of vaccine administered in Bermuda, out of which 74.4% had two doses and 75.5% had one dose, females account for 52% of the recipients and male 48% [4].

On the whole, the medical community in Bermuda was apprehensive and panicky in the early stage of the pandemic due to the fear of the unknown. Additionally, there is no documented study on the impact of Covid-19 in Bermuda on nurses' and other healthcare professionals' work-related activities. For this reason, this study aimed at exploring the mental health impact of covid-19 on the performance of professional duties of nursing staff at the Mid-Atlantic Wellness Institute, in Bermuda.

The coronavirus (Covid-19) pandemic has taken the world by surprise causing the global scientific community to scramble for an ultimate solution. The frontline healthcare workers, especially nurses, awakened to the rude reality of managing large numbers of sick individuals across the globe. The stress associated with work overload during the Covid-19 pandemic exposed frontline healthcare workers to stress-related physical and mental challenges in form of physical exhaustion, anxiety, depression, and post-traumatic stress disorders (Shreffler et al, 2020) [5].

During the October 2020, world mental health day program, the WHO Director-General reaffirmed the impact of the Covid-19 pandemic on individuals' mental health and the stress placed upon mental healthcare facilities. Furthermore, the demand for mental health

services overwhelmed the healthcare workers, especially nurses exposing them to physical, psychological, and social stress.

Similarly, a study conducted in England and Scotland by Serrano-Alarcom et al (2021) [6], utilizing General Health Questionnaire (GHQ-12) indicated that the Covid-19 pandemic lockdown protocols greatly affected the mental health of the public along with healthcare professionals by causing generalized stress and anxiety. This is true with the Bermuda situation, where the Covid-19 pandemic lockdown in 2020 brought increased hospital admissions of people with psychosocial traumas, such as anxiety, boredom, insomnia, and feelings of being overwhelmed. Equally, Mental Health America (MHA, 2021) [7] reported that out of 1119 health workers surveyed in America 93% indicated experiencing stress, 86% reported anxiety, 76% reported exhaustion, and 75% indicated being overwhelmed. However, in Bermuda, there is no such data to indicate the magnitude of the psychological impact of the Covid-19 pandemic on the nurses. For this reason, this study is to describe the psychological impact of the Covid-19 pandemic on the performance of nursing staff at the Mid Atlantic Wellness Institute, in Bermuda.

Psychological Impact of Covid-19 on the Performance of Nursing Staff

Good mental health entails optimum physical, psychological, and social performance without merely the absence of stress. For this reason, Nurses and other healthcare personnel that represent frontline workers' exposure to the pandemic event makes them susceptible to work overload stress and fear of spreading the infection to their family and significant others.

Furthermore, the National Institute of Health (NIH, 2020) [8] reported that the demands for healthcare services during pandemic diseases like Covid-19 greatly affect the mental health well-being of the frontline healthcare workers with psychological issues like anxiety, panic

attack, insomnia, depression, post-traumatic stress disorder, suicide ideation among others.

Similarly, NIH (2020) [8] pointed out that, in a recent survey conducted on healthcare workers in the United States out of 4692 nurses working in the Covid-19 frontline 42.7% (2,005) exhibited somatic symptoms such as headaches, throat pain, lethargy, irritability, and insomnia. Likewise, another survey conducted in the United States by the American College of Chest Physicians among 313 (53 male and 260 female) healthcare workers including nurses by Aiyar et al (2020) [9] using the Covid-19 Anxiety and Stress Survey (CASS) revealed that 55.9% presented with a mood disorder, 48.2% elevated stress level, and 42.4% with various level of anxiety.

Equally, a study done in Singapore on the psychological impact of the Covid-19 pandemic on healthcare workers by Benjamin et al (2020) [10] corroborates the previous studies by reporting the prevalence of depression, anxiety, stress, and post-traumatic stress disorder (PTSD) in the study subjects. In addition, a cross-sectional survey conducted among healthcare workers in China by Krishnamoorthy et al (2020) [11] revealed that a greater percentage of the participants narrated feelings of psychological distress, anxiety, insomnia, and depression.

Additionally, survey-based research in Italy on 933 healthcare workers by Conti et al (2020) [12] showed that 71% exhibited signs of somatization, and 55% psychological distress. However, the female respondents' anxiety and somatization are predominant signs and symptoms, whereas respondents below the age of 40 years displayed somatization, depression, anxiety, and post-traumatic stress disorder. Moreover, Cabarka, S. et al (2020) [13] reported that Australian General Practitioners noted that, healthcare workers are more vulnerable to mental health challenges during a covid-19 pandemic because of first-hand exposure to the ravaging effects of the disease and long hours at work.

These challenges according to them include insomnia, anxiety, obsessive-compulsive symptoms, depression, suicide ideation, and self-harm. Equally, Carbajal, et al (2020) [14] reported that inadequate personal protective equipment (PPE), inadequate sanitization amenities, and work overload during the Covid-19 pandemic contributed immensely to escalating abnormal psychological presentations among frontline healthcare workers. Additionally, the presentations include symptoms of post-traumatic stress disorder (PTSD), anxiety, depression, and relapse of mental health conditions in susceptible individuals.

Furthermore, a systematic review and meta-analysis study conducted by Sun, et al (July 2021) [15] on the psychological impact of the covid-19 pandemic on 81, 277 Healthcare workers revealed that; 37% of the respondents complained of being anxious, 36% presented with symptoms of depression, and 32 % experienced insomnia. These studies further revealed that the Covid-19 pandemic has greatly affected the psychological well-being of healthcare with snowballing effects on their performance. As has been noted, the psychological impact of Covid-19 on frontline healthcare workers, especially nurses, cannot be overemphasized.

Methods

A qualitative phenomenological study was adopted to explore the psychological impact of the Covid-19 pandemic on the performance of the nursing staff of Mid Atlantic Wellness Institute (MAWI) Bermuda. Furthermore, the design will help to give a vivid description of the lived experience of the study subjects better than a comparative research design that only makes comparisons between groups.

Equally, Gadamer (2004) [16] pointed out that, in Husserl's phenomenological philosophical framework the researcher suspends their judgment or biases on the experience through the process of "*Bracketing*

or *Epoche*” for the researcher to get the full understanding of the essence of the topic understudy. Likewise, it is more appropriate for this group and the chosen topic than an experimental, case study, action research, and observation research designs because of the multifaceted nature of these designs. Additionally, a mixed-method research design will not be appropriate because it is too complex for this study, and it requires multiple data collection methods. However, in this study, there will be in-depth interviews to collect primary data from the study participants.

As the researcher and staff of the Bermuda Hospitals Board (BHB) working as a Registered Psychiatric Nurse for 12 years now at Mid Atlantic Wellness Institute (MAWI). The study participants for the research are my professional colleagues although working in different departments. Additionally, we are working on the platform of Registered Psychiatric Nurses despite years of work experience. Since the research framework is Husserl’s transcendental phenomenological philosophical study, I will bracket/*Epoche* my experience on the topic understudy to get the essence of the study participants lived experience on the psychological impact of Covid-19 pandemic on the performance of Registered Nursing Staff of MWI Bermuda.

The study participants were Registered Nurses with 5 years of working experience at Mid Atlantic Wellness Institute, Bermuda. Purposive sampling technique was used to select twelve participants because of their ability to provide the required information based on their lived experience on the topic understudy (Creswell & Clark, 2017) [17].

Semi-structured and follow-up interviews were conducted using an interview guide because of the tool’s appropriateness with the qualitative research method for obtaining subjective data on the lived experiences of the study participants. Furthermore, the study participants were given Consent Form and Information Sheet with demographic

information to complete which will include professional affiliation, gender, age, years of work experience, and the unit/department. Then the recruited participants were interviewed using semi-structured interview and follow-up interview to validate the data collected.

The data analysis was done using Colaizzi’s (1978) descriptive phenomenological methodology, which allows for the description of the phenomenon according to the people who experienced it using seven steps for the descriptive phenomenological method as follows: familiarization, identifying significant statements, and the open interview recordings transcribed into meaning units and themes. Equally, formulating meanings, clustering themes, developing an exhaustive description, producing the fundamental structure, and seeking verification of the fundamental structure.

Validity and reliability are important concepts to assess the quality of the research activities. For this study, a peer review mechanism was implored to allow neutral colleagues to review the demographic questionnaire and the semi-structured interview tools documents as a pilot scheme before the start of the actual data collection. Similarly, the transcripts were reviewed for authentication of the accuracy of the deduced data to enhance the credibility of the procedure.

Equally, the services of an external independent assessor to assess the content of the tools and the overall process of data gathering and interpretations for validity and reliability were performed. Therefore, these processes guarantee the validity and reliability of the entire process for the accuracy and consistency of the data. To ensure the credibility of the data collection process I spent time explaining the nature of the study; then I implored member to checking to ensure that the information collected and transcribed is a true reflection of their lived experience of the phenomenon understudy. Additionally, under strict Covid-19 social distance protocols Participants were given the

interview guide to review before the study commences. Being a member of the professional team, the participants were calm and receptive throughout the process, which further enhanced the credibility of the data collection process. For transferability, the lived experiences narrated by the participants are in-line with similar groups from other jurisdictions during the covid-19 pandemic. However, the island cannot be used as a yardstick to measure and generalize the findings with other places with a large population and a high number of cases of covid-19 infection. For confirmability, I pay more attention to the participants' lived experiences. Additionally, I used bracketing and journaling to set aside my personal biases to get the essence of the phenomenon under study. Ethical approval was obtained from the Institutional Review Board (IRB: BHB/EC/LK/11-05-2022) of Bermuda Hospitals Board which has a standing ethics committee that also served for research purposes. Similarly, the study participants' informed consent was obtained with the assurance of protecting their privacy. Additionally, instead of their names, codes were used to replace the names of the study participants. Furthermore, assurance given to the study participants that they are free to leave the research activities at any time they so desired without any prosecution.

Findings

Background Information of the Participants

This section presents the background information of the 12 key informants who participated and selected in the study using non-probability purposive sampling technique based on the following criteria: Registered Nurses, with 3 to 5 years of work experience at Mid Atlantic Wellness Institute, Bermuda who speak and understand English Language.

All the key participants were Registered Nurses working at Mid Atlantic Wellness Institute, Bermuda as indicated in Table 1, Four out of twelve participants were Registered Nurses and Registered Psychiatric Nurses, four were only Registered Psychiatric Nurses, and remaining four were Registered Nurses only. The participants ages ranges between 35 to 52 years with seven males and five females. In terms of years of working experience, most participants have at least five years and at most nine years in Mid Atlantic Wellness Institute, Bermuda. Five of the participants were working at Acute In-patient ward, four at Rehabilitation In-patient ward and three at In-patient Substance used ward.

Table 1. Participants' Demographics

Participant	Registration Status	Age	Sex	Unit/Ward	Years/Work Experience
P1	RN/RPN	38	Male	Acute in Pt.	6
P2	RN/RPN	41	Male	Acute in Pt.	7
P3	RN/RPN	40	Female	Acute in Pt.	5
P4	RN/RPN	42	Female	Rehab in Pt.	8
P5	RPN	35	Male	Rehab in Pt.	6
P6	RPN	45	Male	Rehab in Pt.	7
P7	RPN	42	Male	In Pt. Detox	5
P8	RPN	51	Male	In Pt. Detox	6
P9	RN	43	Female	In Pt. Detox	7
P10	RN	52	Female	Acute in Pt.	9
P11	RN	42	Female	Acute in Pt.	8
P12	RN	38	Male	Rehab in Pt.	7

Code: RN (Registered Nurse), RPN (Registered Psychiatric Nurse), Acute in Pt. (Acute In-Patient ward), Rehab in Pt. (Rehabilitation In-Patient ward), In Pt. Detox (In-Patient Substance used ward)

Organization of Themes

Three major themes emerged in this study. The theme was presented with extracts of the participants' verbatim quotations. Pseudonyms were used to maintain anonymity of the participants.

This section presents the research question, which describes the psychological impact of Covid-19 on the performance of Registered Nursing Staff at MAWI in Bermuda during the ongoing Covid-19 pandemic. Data analysis showed that the psychological impact of Covid-19 on the performance of Registered Nurses at MAWI, Bermuda falls under three themes. Findings revealed that the participants experience with Covid-19 pandemic that involves mental/psychological response, psychological effect of Covid-19 and impact of Covid-19 on staff performance as summarized below:

1. Mental/psychological response to Covid-19.
2. Psychological effect of Covid-19.
3. Impact of Covid-19 on staff performance.

Mental/Psychological Response to Covid-19 by Registered Nursing Staff at MAWI in Bermuda

This is the initial psychological and mental reaction to Covid-19 by Registered Nursing staff at MAWI in Bermuda that involves work related stress, worries, fear and anxiety about self and family infection, mental drained due to lock down and mandatory Covid-19 testing.

The participants narrated that Covid-19 added more work-related stress in addition to the stressful work environment that exist in MAWI especially caring for Psychiatric patient. Participant 8 shared his experience; "Covid-19 added more stress to an already high-stress work environment by adding anxiety associated with contracting the disease". As the people became used to the pandemic the work-related stress reduced with time as narrated by Participant 7; "... work was stressful initially but became easier as time passed".

Moreover, participants experienced fear, anxiety and worries about self and family infection with Covid-19. The Registered Nursing Staff of MAWI perform their duties with fear and anxiety of contracting Covid-19 infection as highlighted by Participant 3; "Duties were conducted with fear and anxiety of catching Covid-19". Similarly, the fear and anxiety expressed by participants were related to an unknown virus as echoed by Participant 9; "initially there was fear and anxiety about getting the Covid-19 virus".

Moreover, Participant 5 described his initial response to Covid-19 as worrisome because of the new virus that little is known about it virology with risk of infecting self and patients. He narrated:

"I was a little worried at first when I first heard about covid-19, as it was a new virus. I was not sure how it would affect patients or staff that had contracted it. So initially, it was a bit worrisome. In addition, because so many individuals surrounded me when I went to work, this exposed me to the possibility of contracting the virus, which again made me somewhat concerned. Therefore, I would describe my response to work in this pandemic as initially worrisome" (Participant 5).

Some participants described the Covid-19 lockdown as mentally draining because of restriction in movement and there is no physical interaction between nurses and their clients as echoed by Participants 9:

"The lockdown was mentally draining, as I could not go out to work, as was my normal routine. My psychological response as it relates to infection control heightened and I had some apprehension about physically interacting with clients" (Participants 9).

In a related development Participant 2 described the Covid-19 Lockdown and situation as emotionally draining especially accompanied with the worried of death due to the pandemic as stated; "initially apprehensive regarding the unknown. Worried I might get sick and die, became emotionally drained."

Meanwhile, most participants adjusted to the Covid-19 pandemic by becoming mentally stable and adapted to the pandemic. Participant 1 stated that he was mentally and adjusted to the pandemic as explained; “I was mentally stable and comfortable in performing my duties once all the resources were available”. On the other hand, Participant 11 adopted to the pandemic situation realistically without any negative mental health response as stated; “I believe I adapt to the pandemic realistically first and do not believe it has caused a bad mental response to how I work or carry out tasks.”

Psychological Effect of Covid-19 Experienced by Registered Nursing Staff at MAWI in Bermuda

The Registered Nursing Staff at MAWI Hospital experienced psychological effects of Covid-19 such as anger and stress, worry and fear, anxiety, and sleep disturbances. Likewise, due to fear of the unknown effects of Covid-19, many Registered Nursing Staff expressed fear and anxiety about Covid-19 infection. This led to hyper-vigilant seeing everybody as a potential Covid-19 carrier as mentioned by Participant 1; “Underlined fear of the unknown and what effects it could have on my body, always looking at everyone as a potential carrier”. Participant 10 expressed his fear of contracting Covid-19 virus as stated; “fear of contracting the illness”.

Other staff experienced worry and fear about getting Covid-19 infection, and the risk of infecting their family members and other people. Participant 2 shared that his level of stress increased due to excessive worrying of become infected by Covid-19 infection as stated:

My stress levels increased due to excessive worry about becoming ill, infecting my family and others, and sleep disturbance in the early months of the pandemic (Participant 2).

Participant 6 shared similar experience but his worried about his elderly parents who have an underlying comorbidity as narrated; “I was mostly worried about my family especially elderly parents who have underlying illnesses,

which make them more susceptible to dying from the virus”.

On a related development, Participants 9 experienced anger when he wanted to home during the lockdown as airlines were not operating and reacted to Covid-19 vaccine as explained by the participant:

I felt angry when I wanted to go home, and the airline suspended flights as countries closed their borders. I felt an increased level of stress and anxiety when I reacted to the Covid-19 vaccine and my symptoms were individualized. As an expert worker/RN, I was anxious and mostly lonely being away from family. I had a problem sleeping and just the sound of a cough from a family member made me panic (Participant 9).

Most Nursing staff experienced sleep disturbances as a psychological effect of Covid-19 pandemic especially in the early months of the pandemic. Participant 2 shared his experience; “my stress levels increased due to excessive worry about becoming ill, infecting my family and others, and sleep disturbance in the early months of the pandemic”. Participants 2 suffered from insomnia when he heard the news of someone close to him being diagnosed with Covid-19 as narrated; “when news of someone having Covid-19 there is some level of stress, and sleepless nights if you thought you are exposed”. Moreover, Participant 9 shared similar experience “I had a problem sleeping and just the sound of a cough from a family member made me panic.”

Psychological Impact of Covid as Experienced by Registered Nursing Staff at MAWI in Bermuda

This is the subtheme that emerged from the data which refers to as the psychological influence of Covid-19 as experienced by Registered Nursing Staff at MAWI Bermuda that involved anxiety, fear of infecting patient and families, reduced quality of care and poor communication skills. Participant 8 stated that

Covid-19 psychologically affected his life by causing anxiety as highlighted:

Interviewer: what is the psychological impact of the pandemic on the performance of your work as a Registered Nurse?

Participant 8: it gave me mild anxiety.

Moreover, some participants expressed their fear and concern regarding transmission of Covid 19 to mentally ill patient who are physically healthy as narrated by Participant 11:

“My only concern psychologically is the fear of transmitting the virus to a physically healthy patient and then not being strong enough to fight the virus. The fear dampens a lot of how I feel as a nurse working in the pandemic” (Participant 11).

Moreover, Participant 7 shared a similar experience in which the Participant was fearful of the Covid 19 virus as stated; “Psychologically I was fearful of the unknown as the virus was new to everyone”. Participants 4 also shared similar experiences; “everyone may have Covid so stay away from the impact positively and negatively, more work to maintain safety for both clients and patients”.

One of the impacts of Covid 19 pandemic was on the performance of the registered Nursing Staff that lead to lower work performance and reduced quality of care due to restricted interaction, and social isolation as highlighted by Participant 2:

“The pace of work performance slowed down, and the quality of care was diminished due to a reduction in face time with clients, isolation of clients, and not being a close presence for better interpersonal relationships with clients” (Participant 2).

However, another reason that affect the quality of care was poor communication skills as communication were only restricted to virtual and written communications between nurses and patients as described by Participant 3; “Duties were conducted with poor communication skills and written, and virtual communication became normal.”

Discussion of Findings

Good mental health entails optimum physical, psychological, and social performance without merely the absence of stress. For this reason, Nurses and other healthcare personnel that represent frontline workers’ exposure to the pandemic event makes them susceptible to work overload stress and fear of spreading the infection to their family and significant others. Furthermore, the National Institute of Health (NIH, 2020) [8] reported that the demands for healthcare services during pandemic diseases like Covid-19 greatly affect the mental health well-being of the frontline healthcare workers with psychological issues like anxiety, panic attack, insomnia, depression, post-traumatic stress disorder, suicide ideation among others. Similarly, NIH (2020) [] pointed out that, in a recent survey conducted on healthcare workers in the United States out of 4692 nurses working in the Covid-19 frontline 42.7% (2,005) exhibited somatic symptoms such as headaches, throat pain, lethargy, irritability, and insomnia. Likewise, another survey conducted in the United States by the American College of Chest Physicians among 313 (53 male and 260 female) healthcare workers including nurses by Aiyar et al (2020) [9] using the Covid-19 Anxiety and Stress Survey (CASS) revealed that 55.9% presented with a mood disorder, 48.2% elevated stress level, and 42.4% with various level of anxiety.

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workers revealed that; 37% of the respondents complained of being anxious, 36% presented with symptoms of depression, and 32 % experienced insomnia. These studies further revealed that the Covid-19 pandemic has greatly affected the psychological well-being of healthcare with snowballing effects on their performance. As has been noted, the psychological impact of Covid-19 on frontline healthcare workers, especially nurses, cannot be overemphasized.

Conclusion

In conclusion, Covid-19 pandemic has affected the performance of Registered Nursing Staff of MAWI in Bermuda both positively and negatively. Therefore, there is need for the MAWI Bermuda to provide psychological support to Covid-19 exposed Registered Nurses. Additionally, there is the need for further study on the wellbeing and quality of life of Registered Nurses of MAWI Bermuda post Covid-19 pandemic era.

Conflict of Interest

Author declares that there is no Conflict of Interest.

Acknowledgment

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