

***”The pandemic gave me a different perspective on life “ - practical nurses experiences during COVID-19 pandemic”.***

Subtitle

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**Introduction:** COVID-19, a multisystem disease caused by the severe acute respiratory coronavirus 2 (SARS-CoV-2), was first detected in Wuhan China in December 2019 and was later declared a pandemic by the WHO on 11 March 2020.

**Aim, methods, and results:** This research aims to describe practical nurses' experiences, their coping strategies, and the effect of the COVID-19 pandemic on their well-being, the case of Practical nurses working in elderly care homes or 24-hour care units in Seinäjoki. The research questions are, what is the impact of COVID-19 on the well-being of Practical nurses? how do Practical Nurses describe the changes in their lives during the pandemic? What are the coping strategies and sources of hope and strength? Data was collected through interviews using open-ended questions. The results have five themes which are COVID-19's effects on the mental and physical well-being of practical nurses, effects on the provision of care, COVID-19's changes in lifestyle, coping mechanisms and sources of hope and strength, Conclusively, the pandemic affected the overall well-being of practical nurses in a variety of ways which include, effects on mental well-being like fatigue, scary and sad experiences, loneliness and sadness, difficulties sleeping, self-blame, and lifestyle changes, etc.

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## 1 Introduction.

COVID-19, a multisystem disease caused by the severe acute respiratory coronavirus 2 (SARS-CoV-2), was first detected in Wuhan China in December 2019. It was initially considered by the WHO as a public health emergency of international concern. Countries were advised to implement good measures for early detection and promotion of suitable social distancing with emphasis on research acceleration and vaccine development. It was later declared a pandemic by the WHO on 11 March 2020.

The COVID-19 pandemic has impacted the lives of people globally, especially healthcare workers. The consequences included psychosocial problems such as anxiety, depression, emotional distress, and social isolation. (Uphoff EP et., al 2021).

This thesis is aimed at describing practical nurses' experiences, their coping strategies, and the overall effects of the COVID-19 pandemic on their well-being.

During the COVID-19 pandemic, the workload for healthcare workers increased significantly due to increased hospitalization of COVID-19 patients. The increased infection rate among people living in nursing homes and the implementation of hygiene measures like frequent washing and disinfection of hands and common places increased the workload for nurses. The continued use of personal protective equipment (PPE) increased the workload, particularly for nurses working in care homes or 24-hour care facilities. (Schulze et al., 2022).

The rapid transmission of the viral infection in Europe and the USA during the spring of 2020 caused devastating challenges for all healthcare systems. Hospitals became overwhelmed with patients infected by the COVID-19 virus. Out of the global COVID-19 death rates, 41% were care home residents. This puts significant strain on the nurses working at these facilities. (Herring et al.,2020).

In Finland, COVID-19 hit the elderly population hard and over 90% of deaths were from people above 70 years. Half of all coronavirus-related deaths in Finland took place in social welfare units providing 24-hour care. Those above 70 years of age had the highest number of COVID-19

infections and the majority of these age groups lived in elderly homes or units providing 24-hour care. The increased number of infections had a huge impact on their already deteriorating health conditions. This increased the workload for nurses significantly because those residents who were initially independent while at the care facilities became bedridden or needed some form of help because of their poor health. The nurses were therefore responsible for all their basic needs. (THL,2020).

A good number of nurses suffered from anxiety, depression, and sleep disturbance during the pandemic. Nurses in long-term care facilities suffered more from poor mental health, burnout, and emotional difficulties as compared to those who were working at the hospital. (Schulze et al., 2022).

Cross-sectional studies that specifically focused on the impact of COVID-19 on health professionals showed high levels of anxiety, uncertainty, depression, and sleep disorders experienced by nurses. (Sarabia-Cobo et al., 2021).

Rendering care is stressful and the many new ways of working brought about by the pandemic were exceedingly stressful for health professionals. The increased work volume and having to adapt to new protocols mounted enormous stress and pressure on nurses thus affecting their well-being. (Sarabia-Cobo et al., 2021).

## 2 Theoretical Framework.

The theoretical framework of this thesis is built on existing literature that describes well-being and coping strategies. The concept of well-being will be examined from a general perspective and then followed by coping strategies.

These two concepts are important for this study because, well-being refers to what is ultimately good or is in the best interest of someone and coping strategies refer to thoughts, behaviors, and emotions that people use to adapt or adjust to changes brought about by life. Therefore, coping strategies are usually employed when there is a deviation in well-being.

### 2.1 Well-being.

Well-being has become an important concept of health at many levels for decades now. The interest in well-being dates back to the ancient Greeks. In contemporary society, the notion of well-being is at the root of modern social science. (Jarden & Roache, 2023).

The Cambridge University Press, (2019), defines well-being as a state of being healthy and happy. While this definition is simple, the concept of being healthy and happy is limited as they are constantly on a continuum. At any given moment, one can be happy and not healthy as well as being healthy and not happy. (Crisp & Roger,2021).

Furthermore, the Oxford English Dictionary (2020) defines well-being as a state of being healthy, happy, or comfortable. Being happy, comfortable, and healthy is a measure of how fulfilled people are with their sense of purpose and life in general. However, this can be impacted by both internal and external factors. Internal factors include resilience and optimism and external factors such as poverty and stress. This again points to the fact that well-being is dynamic and changes easily in response to internal and external environments or factors. (Mental Health Foundation 2016).

In addition, well-being is the possession of social, physical, and psychological resources by an individual to meet up with his or her social, psychological, and physical challenges. An individual is said to be in high psychological, social, and physical well-being when he or she has an abundant positive affect over negative affect and will turn to be low in the respective well-being when the negative affect predominates over positive. (Dodge, Daly, Huyton, & Sanders,2012).

Affect in this context refers to the exhibition of pleasant and unpleasant moods and emotions. The positive and negative effects, together with life satisfaction (the level at which basic needs are met) are what make up subjective well-being. (Dodge et al,2012).

Subjective well-being simply refers to the approach to measuring the perceptions and life experiences of an individual. It is therefore the feeling and thoughts individuals have on how desirable their lives are regardless of how other people see it. These perceptions and experiences can accrue over time, hence accrued well-being. (Das et al., 2020).

Also, the WHO, in its glossary of terms 2021, defines well-being as a positive state that is experienced by individuals or society. It is therefore a resource for daily life which is determined by economic, social, and environmental factors. The quality of life and the ability of individuals or society to contribute to the world with a sense of meaning and purpose is what encompasses well-being. (WHO,2021).

Mahony, & Schifferes, (2012), simplify well-being as how people feel, and function on societal and individual levels, and how they evaluate their lives as a whole. How individuals or people feel represents emotions such as happiness or anxiety. How individuals function indicates their sense of competence or their sense of being connected with their environment or to those around them. How people evaluate their life as a whole is based on their level of satisfaction with life or how well they can rate their lives.

High well-being refers to a situation where someone functions well with a positive feeling of day-to-day life and overall positive remarks on how well their lives are going. On the other hand, low well-being is when someone doesn't function well in society or has negative feelings about his day-to-day life. Worthy of note is the fact that well-being isn't happiness. The feeling that people get from moment to moment which may not tell us how they evaluate their lives or how they function is called happiness. (Mahony, & Schifferes, 2012).

Additionally, success at professional, personal, and interpersonal levels has been linked to individuals with high well-being. These individuals show greater productivity at the workplace, effective learning, and increased productivity. Also, many outcomes regarding physical health and longevity have been linked to higher well-being. (Ruggeri et al.,2020).



As previously mentioned, the well-being of a person indicates what is good for the person. A variety of theories related to well-being try to determine the features contributing to a person's well-being. (Crisp & Roger,2021).

The theories that define well-being are classified into desire, hedonistic, and objective list theories. Hedonistic and Desire theories are subjective. According to these theories, the subjective mental state and attitude of a person determines the degree of well-being of that person. Meanwhile, in Objective list theories, a person can benefit from things independent of his or her subjective attitudes toward these things. (Crisp & Roger,2021).

According to hedonistic theories, the experiences of pain or pleasure are what determine a person's mental state. Therefore, an experience is considered valuable depending on the duration of pain or pleasure present. Bentham is considered the simplest form of hedonism. According to Bentham, when one's life is filled with pleasant memories, the better the life would be. However, a more painful encounter in life indicates a challenging life. Both of such experiences are measured in terms of their duration or intensity. (Crisp & Roger,2021).

Furthermore, the Desire theory holds that the well-being of a person consists more of desired satisfaction. A person's well-being is considered higher when he has a higher number of satisfied desires. However, not all desires are good because some have bad consequences. To avoid this, the Desire theories hold that a fully informed desire is considered good for the person. (Crisp & Roger,2021).

In the Objective list theories, a variety of basic objective goods are what determines a person's well-being. These include subjective dependent factors like desire satisfaction, pleasure, and pain other than just virtues or friendship. However, subjective dependent factors cannot determine a person's well-being because sometimes the person may not care about these factors. (Crisp & Roger,2021). The above theories serve as a guide in determining the well-being of a person despite their shortcomings.

According to Ruggeri et al. (2020), well-being is the embodiment of good feelings and of functioning well, it involves positive emotions such as happiness, contentment, and the development of one's potential, as well as being in positive relationships and having a sense of

purpose. Well-being is therefore a sustainable condition that allows an individual or a group of people to develop and thrive.

#### 2.1.1 The essential elements of well-being.

These are important elements that differentiate a prosperous life from one spent suffering. They are therefore the determinants of well-being. These elements are Career well-being, Financial well-being, social well-being, physical well-being, and community well-being. (Rath & Harter 2010, p (6).).

For this study, the primary focus will be on career, social and, physical well-being.

Firstly, Career well-being represents how an individual occupies his or herself in everyday life or simply likes what he does every day. This also includes the type of job people, the career opportunities that they have and how easy they thrive at their workplace.

Secondly, Social well-being is being able to have strong relationships and love in one's life. It includes aspects like the level of social support we have, our communication skills, and our sense of belonging. Social wellbeing is vital for maintaining mental well-being and preventing social isolation

Thirdly, Physical well-being refers to the state of physical health. That is an individual has good health and the energy to manage his or her daily activities. Good physical well-being is important in preventing health-related illnesses and preventing chronic diseases. Important aspects of maintaining physical well-being are sleep, diet, and overall fitness. (THL,2023).

While most people do well in at least one of the above elements, very few people are doing well in all aspects. Damage or wear in our well-being occurs if we struggle or have difficulties in any of the elements. We turn to have better days' weeks, months, or even years when we strengthen our well-being in any of the abovementioned areas. However, the best of life is not gotten if we don't strive well in all aspects. (Rath & Harter 2010, p (6).).

Despite being the essential elements of our well-being, that cut across nationality, faiths, and cultures, people take different paths to improve their well-being. For some people, their faith drives them in all areas because it is the most important aspect of their lives. While other people

believe that spirituality will help them thrive in all aspects of life, others believe in protecting the environment. In as much as there are many ways to create a thriving social, physical, financial, and career well-being (spending money wisely, spending more time with families or friends,) the biggest threat to our well-being is ourselves. A typical example is allowing our short-term actions to override our long-term goals. (ibid).

### 2.1.2 Importance of Well-being.

Well-being is considered an important constituent of physical and psychological health and an important factor that contributes to individual development. It is a complex combination of someone's mental, physical, social, and emotional factors and not just the absence of disease or illness. Therefore, it is as important as health itself. An important approach to well-being will help in deviating from the narrow focus on what may go wrong in people's lives to looking at a broader picture of what makes life good for them. Having a good approach to well-being also implies paying more attention to the positive things people offer to the community or bring to situations and not just looking at what people need or lack. This will help empower people and help improve their lives. The focus should not only be on economic circumstances but also include important areas of people's emotional and social needs. Once we understand the aspects that make people's lives go well, the positive things they bring into situations appreciated and taken note of, and their emotional as well as social needs understood, it is easier to design better services and projects to respond to the many aspects that make up people's lives. (Rath & Harter, 2010, p.8).

THL (2023), states that well-being is as important as health, and therefore improving well-being is the same as improving health. Maintaining positive well-being like regular exercise, eating healthy, and having adequate rest and sleep adds years to life, improves recovery from illnesses, and helps us achieve our goals in life or be the best versions of ourselves. This has broader positive outcomes in terms of individual, social, economic, and societal well-being.

Encouraging and maintaining healthy well-being is also associated with positive health behaviors in children, adults, and the community at large. This will reduce the health care burden as mental illnesses like depression, anxiety, stress, and work-related mental issues may easily be taken care of. Also, healthy well-being for staff and healthcare workers increases productivity at work and

reduces work-related stress and burnout. This may also have implications on decisions to plan care and health outcomes of patients or customers in other public sectors. (ibid)

Conclusively, feelings of well-being are essential to the overall health of an individual that may enable them to successfully overcome challenges, and difficulties and achieve their best desires in life. (ibid).

### 2.1.3 Factors influencing well-being and how it is promoted.

#### **Factors influencing well-being**

According to THL(2023), an individual's state of well-being is influenced by every aspect of his life. These factors center around the five elements of well-being described above. An individual's well-being can be influenced or enhanced by a variety of factors which include the following.

- A happy, rewarding, and intimate relationship with one's partner influences well-being positively. When people feel loved, cared for, and appreciated, it has an overall positive effect on their health and well-being. The reverse is true for negative well-being.
- Having enough finances to care for one's basic needs and that of the family is an important factor in enhancing well-being. Being able to pay bills and allocate finances for leisure activities has proven to have a positive impact on well-being. People become stressed and even end up being depressed when they are not able to meet their financial obligations. Hence a negative impact on their well-being.
- In addition, having healthy eating habits, exercising regularly, and getting enough rest and sleep can improve self-esteem and prevent chronic diseases, and fatigue or burnout, hence a positive well-being.
- Setting realistic and achievable goals and living in a society that is fair and democratic, thus giving everyone equal opportunities to achieve their goals in life are important aspects of enhancing positive well-being. (THL,2023).

#### **Promotion of Wellbeing.**

According to THL (2023), well-being promotion are set of activities that enhance the well-being of the residents of the municipality, region, and state. This helps the population in their pursuit of maintaining and improving their health. Finland's legislation clearly defines the tasks related

to the promotion of the health and well-being of its citizens. An example of this is in Section 19, of the 1999 constitution which gives every citizen the right to health and well-being. The Section states that “public authorities shall guarantee for everyone, as provided in more detail by ‘the Act, adequate social, health, and medical services and promote the health of the population by doing the following:

- Monitoring and influencing the determinants of health and well-being, like working conditions, work-life balance, living conditions, opportunities for leisure, basic income, promoting a healthy lifestyle like eating, exercising, sleep, and rest, maintaining good health, and improving functional capacity.
- By preventing illnesses through vaccinations, health education, and preventing alcohol and drug abuse, and prevention of accidents in general,
- By improving mental health through raising awareness of mental health illnesses at schools and through mental health institutions.
- By providing a fairer society for all and reducing health inequalities between populations or groups. (THL,2023).

## 2.2 Coping strategies.

Coping is the ability of an individual to mobilize his behaviors and thoughts to handle or manage external or internal stressful situations. Internal refers to stressful situations originating from within an individual while external is stress from the environment and its surroundings. While defense mechanisms are subconscious or unconscious responses to stress, coping mechanisms are conscious and voluntary. However, both coping and defense mechanisms are aimed at reducing stress. (Algorani & Gupta, 2021).

Individuals use coping mechanisms, styles, or strategies when they are subjected to stressors. The coping styles or strategies are sets of traits that determine the behavior of an individual in response to stress which are consistent over time and in different situations. In general, coping can be proactive which is anticipating and aiming to deal with or neutralize stressors in the future, or reactive which is a reaction that ensues following a stressful situation. Individuals who are proactive turn to do well in stable environments because they are less reactive to stressors, they

are rigid and may follow a particular routine to handle stress. On the other hand, individuals who are reactive to stressors perform well in variable environments. (ibid).

The type of coping mechanism exhibited by an individual can be measured using coping scales which include but are not limited to Coping Orientation to Problems Experienced (COPE), Ways of Coping Questionnaire, (WCQ), Coping inventory for stressful situations (CISS), Coping Response to Inventory (CRI). (Kato,2015).

According to Algorani & Gupta (2021), there are four major categories into which coping is classified. These approaches are useful depending on the situation. These are:

**Emotion-focused approach.** This has as an objective or aims to address problems associated with negative emotions. Typical examples of this method are acceptance, reframing positively, humor, and turning to religion.

**Problem-focused** style is another coping category that digs down into problems that cause distress. Examples of this include planning to restrain, active coping, and suppressing competing activities.

**Meaning-focused.** Here, situations are managed using cognitive strategies. Individuals use their intellectual capabilities to address and understand the meaning of a situation.

The last dimension of coping is **seeking support or social coping**. Here, individuals in situations often seek support of any kind from families, organizations, government, or community. (Algorani & Gupta, 2021).

While healthy coping strategies or mechanisms help address, solve, or help individuals deal with their problems, employing unhealthy strategies or applying strategies in harmful ways may end up causing more problems. Unhealthy coping strategies may offer instant comfort or relieve stress but may cause negative consequences in the future. Some of these unhealthy strategies are avoiding a problem or procrastinating, high alcohol and drug use, overeating or undereating, withdrawing from social situations, avoiding sleep, or sleeping too much. Helen et al. (2021).

### 3 Background.

The background of this thesis is built based on the effects of COVID-19 on practical nurses and the recent research concerning how they describe their experiences during the pandemic. Also, the outbreak of COVID-19 is covered by describing the disease, its mode of transmission, the mortality rate, and the effects on the well-being of practical nurses.

#### 3.1 COVID-19 – the virus.

A sequence of acute atypical respiratory diseases that ensued in Wuhan, China in December 2019. It rapidly spread to other areas of China and the world. Later on, it was discovered that a novel coronavirus was responsible. It was named severe acute respiratory syndrome coronavirus-2 (SARS-Cov-2, 2019- COVID) because it resembled SARS-COV which caused acute respiratory distress syndrome in the past. (Yuki, Fujiogi & Koutsogiannaki, 2020).

The outbreak was initially considered to have started spreading only among animals (zoonotic transmission) linked to seafood in Wuhan. It was later discovered that human-to-human transmission also played a significant role in the outbreak. It was therefore named by the WHO as COVID-19. (Yuki et al. 2020).

According to WHO, as of October 4<sup>th</sup>, 2023, there have been 771,151,224 confirmed cases of COVID-19, including 6,960,783 deaths. A total of 13,513,324,853 vaccine doses have been administered.

Finland has registered as of October 10<sup>th</sup>, 2023 a total of 1,486,623 confirmed cases of which 802,582 are females of all age groups and 684,041 males of all age groups. The number of deaths registered in Finland as of October 10<sup>th</sup>, 2023 is 10,286. (THL, 2023).

The table below illustrates the current global statistics on COVID-19 in general and in Finland in particular. The table describes the total number of confirmed COVID-19 cases, the number of recovered cases, the number of deaths, and the number of vaccines used at a global scale as of October 4<sup>th</sup>, 2023. It also describes the current (as of November 10<sup>th</sup>, 2023) number of confirmed cases in Finland, the number of deaths, and the number of vaccines used so far. The table also describes deaths in Finland concerning gender.

COVID-19	Confirmed cases	Recovered cases	Vaccine doses	Confirm deaths	Male deaths in all age groups	Female deaths in all age groups
WORLD	771,679,618	764,702,595	13,534,467,273	6,977,023		
Finland	1,490,937	1,457,246	13,265,766	10,286	5,414	4,872

*Table 1: COVID-19 statistics in Finland and the world.*

The vaccine doses as shown in Table 1, indicates the total number of first, second, third, and booster doses.(THL,2023, WHO COVID-19 dashboard 2023).

### 3.1.1 Mode of transmission, signs and symptoms.

The COVID-19 virus is transmitted through large droplets from an infected symptomatic or asymptomatic person through the respiratory tract. The droplets are produced when an infected person coughs, sneezes or talks. The infected droplets can spread from 1 to 2 meters and deposit on surfaces. In favorable atmospheric conditions, the virus stays alive for days but can be destroyed by common disinfectants like hydrogen peroxide, 70% alcohol, sodium hypochlorite, etc. Infection is acquired either by inhaling these contaminated droplets into the respiratory tract or through contaminated hands after touching the nose, mouth, and the eyes. (THL, 2023).

Once into the nasal cavity, the virus rapidly multiplies and starts spreading to the lower respiratory tract. A person can be infected and stay infectious as long as there is no cough. Singhal T. (2020)

After contracting the virus, it is estimated that the virus will remain dormant (incubation period) for 1 to 14 days. The symptoms usually start occurring after 3 days. An infected person is most infectious in the early stages of the symptomatic face and even 1 to 2 days before the symptoms begin (THL, 2023).

All age groups are susceptible to the infection but people with existing health conditions like diabetes, and hypertension and those above 70 years are prone to developing severe illness after contracting the virus. However, the risk of severe coronavirus is low in children. Most children suffer from the disease as asymptomatic or mild. (THL,2023).



The signs and symptoms of COVID-19 vary from person to person. They range from asymptomatic states to acute respiratory distress syndrome and multi-organ failures. The most common signs and symptoms experienced by many patients are fever, cough (productive cough), headache, fatigue, sore throat, shortness of breath, and muscle aches. A person with severe COVID-19 may develop pneumonia, respiratory failure, and even death. (ibid).

### 3.1.2 Prevention, Diagnosis and Treatment.

As mentioned above, the COVID-19 virus is spread from one person to another mainly through respiratory droplets especially when an infected person coughs or sneezes. Protecting this route of transmission is key to preventing the spread.

According to THL (2023), the COVID-19 virus can be prevented in the same ways as other respiratory tract infections. At the beginning of the COVID-19 pandemic, a series of measures were taken by authorities to curb the spread. These included but were not limited to the following:

- Staying at home or home quarantine was an effective way of curbing the spread of the COVID-19 virus. Staying home implied avoiding contact with infected asymptomatic and symptomatic persons. People were also advised to avoid nonessential travel.
- Social distancing rules were also implemented. This included avoiding crowded places like nightclubs, parties, etc. Maintaining at least two meters of distance between persons especially when they are coughing or sneezing was an important preventive measure because the droplets from coughing or sneezing are thought to travel for 2 meters.
- The population was advised to avoid shaking hands, especially when greeting people. Touching of eyes, nose, and mouth with unwashed hands was not recommended.
- After using the bathroom or touching surfaces, washing hands frequently with soap and water for at least 30 seconds, and using hand sanitizers (with at least 60% alcohol) was an ideal way of reducing the spread. Household sprays or wipes were also recommended for disinfecting common places.
- The wearing of disposable medical or surgical facemasks, especially when visiting public places or attending to customers and replacing them every 4 to 6 hours when dirty or wet was also a preventive measure against the spread of the COVID-19 virus.

- Coughing and sneezing into disposable tissues and throwing them off was an important preventive measure. However, in the absence of disposable tissues, it was recommended to cough and sneeze into your sleeve to prevent the spread of the COVID-19 virus.
- The use of personal protective equipment in healthcare settings or when rendering care for COVID-19 patients was one of the important measures to limit the spread of infections.
- Vaccination offers the best protection against severe COVID-19 infection. Vaccinations against COVID-19 were aimed at keeping society open, maintaining the adequacy of healthcare capacity, and reducing the incidence of severe COVID-19 infections. A total of three doses of vaccine and booster doses were recommended depending on the health conditions or the risk group of an individual. (THL,2023)

The infection can be diagnosed in healthcare settings using a PCR test or an antigen test. Specialized laboratories are also able to culture coronaviruses.

Most coronavirus cases can be treated based on symptoms such as cough, fever, blocked nostrils, and muscle aches, the most common form of treatments are bed rest, painkillers, and cough expectorants. The majority of people often recover from the infection without treatments. Severe cases especially those with organ failure are often admitted to the hospital. (THL 2023.)

### 3.2 Impact of COVID-19 on healthcare workers.

The lives of many people across the world have been impacted by the pandemic with consequences ranging from mental health issues, emotional distress, and social isolation owing to in part the restrictions imposed by world leaders to curb the spread of the virus and the inability to carry on with their daily activities as before the pandemic. There was uncertainty about the course and the end of the pandemic and people were constantly worried about contracting the virus, infecting others, and falling sick. Financial insecurity, job loss, and social isolation were also other aspects faced by a majority of the population. These created an impact on the well-being of the population in general and health workers in particular. (Uphoff et al., 2021).

Some groups of people were more likely to experience severe mental health difficulties because of their exposure than others. Healthcare workers were more likely to be exposed to patients with COVID-19 than any other group of people. People aged above 60 and those with preexisting conditions such as diabetes, chronic obstructive disease (COPD), and hypertension were at risk of severe COVID-19 and death. (Peters & Bennett 2021).

Healthcare professionals faced psychological problems during the pandemic worldwide. This affected healthcare delivery in terms of inadequate resources to meet with demands caused by the pandemic. Limited resources and increased workload affected employees' ability to perform their duties. Many health workers were exhausted because of increased workload and long work shifts. The increased number of quarantined health workers and the perception of stressful experiences brought about by the pandemic influenced their mental health, which led to anxiety, loneliness, and increased depressive symptoms. (Sarabia-Cobo et al., 2021).

The WHO defines health as the state of complete mental, physical, social, and spiritual, and not merely the absence of diseases or infirmity. The COVID-19 pandemic affected all the dimensions of health (mental, physical, social, and spiritual), therefore affecting the overall well-being of healthcare workers. The paragraph below describes in detail how the COVID-19 pandemic affected the mental, social, and physical well-being of health workers. Effects on mental well-being will be described, closely followed by effects on physical well-being and then social well-being. (WHO,2023).

### 3.3 Mental well-being.

According to WHO, Mental health also referred to as mental well-being is a state of well-being especially mentally in which people can realize their potential, cope with stress brought about by life, able to learn and work well, and be able to contribute to their various communities. Mental health is an important aspect of health that fortifies individual or collective abilities to make informed decisions and build relationships. It is therefore a basic human right that is important to personal, community, and socio-economic development. An alteration of mental health in any form is what is referred to as mental illness. (WHO,2023).

Mental illness is experienced differently by individuals. As a result, there is a variable degree of distress and difficulty with potentially varying clinical and social outcomes. It is more than the absence of mental disorders. (THL,2023).

The COVID-19 pandemic caused a lot of mental health issues for healthcare workers. These include depression, anxiety disorders, sleep, and eating disorders. For this thesis, more emphasis will be laid on depression anxiety, and stress. The mental health issues are described first, then followed by how COVID-19 pandemic affected these mental health issues.

### 3.3.1 Depression and Anxiety disorders.

According to WHO, depression is a common mental disorder that is characterized by a lack of pleasure or interest in activities that were previously enjoyable or rewarding. Sleep and appetite can also be affected when someone is depressed. It is the leading cause of disability around the world with an estimated 5% of adults suffering from it. (WHO,2023).

Depression can cause long-lasting or recurrent effects that alter a person's ability to function and live a rewarding life. Depression has several different causes which include a multifaceted interaction between psychological, social, and biological factors. Examples of the causes include the loss of a loved one, unemployment, long-term illnesses, and stressful situations like changes in work routine as in the case of the COVID-19 pandemic. (THL, 2023).

In addition, anxiety is an emotion that is characterized by excessive feelings of tension, worried thoughts, fear, and related behavioral disturbances. Those who suffer from anxiety usually have recurring intrusive thoughts or concerns. These thoughts may make them avoid certain situations. Physical symptoms such as trembling, sweating, dizziness, rapid heartbeat, and, increased blood pressure can be observed. (WHO,2023).

In anxiety disorder, symptoms are severe enough to cause significant distress or impairment of normal functioning. Different kinds of anxiety disorders include generalized anxiety disorder (excessive worry), panic disorder (characterized by panic attacks), social anxiety disorder (characterized by excessive fear and worry in social situations), separation anxiety disorder (characterized by excessive fear or anxiety about separation from those individuals to whom the person has a deep emotional bond), and others. (ibid).

Finland's COVID-19 was not extreme when compared to other countries. However, the increased workload, and changes related to healthcare setting routines and protocols, as well as the fear of the unknown caused anxiety to a significant number of Finnish nurses. (Mattila et al.,2021).

According to Mattila et al., (2021), 55% of Finnish hospital workers had normal anxiety levels, 30% mild anxiety, and 10% suffered from moderate anxiety levels. About 5% suffered from severe anxiety during the COVID-19 pandemic. The pandemic increased anxiety symptoms in workers who never had pre-existing psychiatric problems. A good number of Finnish hospital workers (60%), felt that work-related stress had increased during the COVID-19 outbreak.

The mental health issues such as anxiety and depression caused by the pandemic may have been experienced more by nurses in long-term care facilities because of factors related to older age and comorbidities of the residents, location, and size of the facility, and limited staffing which contributed to the high morbidity and mortality rates in nursing homes. (Schulze et al., 2022).

According to THL, (2020), over half of the COVID-19-related mortalities in Finland were from people above 70 years of age and the majority of these people lived in social welfare units providing 24-hour care services. This had a significant burden on the well-being of workers rendering care at these facilities because of the increased workload and having to deal with the grief of losing clients. Another burden on the mental well-being of nurses was having to deal with relatives in the event of the death of a loved one.

According to Rucker et al. (2021), nurses working at nursing homes in Sweden expressed difficulties, particularly for residents with dementia who could not adhere to or respect quarantine and social distancing rules. This put a significant strain on both workers and other residents because nurses were constantly anxious that the COVID-19-positive dementia residents would transmit the infections to staff and other residents since they could not abide by the rules.

In a research aimed at understanding the psychosocial burden of COVID-19 on health workers at elderly care facilities in Germany, Herring et al. (2022), reported a 59.1% prevalence rate of stress, anxiety, and depression in participants. About 39% of the nurses had moderate to extremely severe stress symptoms. Clinically significant anxiety symptoms were shown by 36,5% of the nurses, while 41.4% showed clinically significant depression. (Herring et al., 2022).

Snyder et al. (2022), also pointed out that a huge number of COVID-19 cases have occurred in nursing homes and other long-term care facilities. Nursing homes have experienced shortages of nurses as well as personal protective equipment. This affected the ability to provide care. Shortages of staff meant some nurses did long work hours coupled with the already difficult work environment. All these affected their well-being significantly which led to anxiety and depression.

Systematic reviews and meta-analyses have indicated that a significant number of nurses around the world especially those working in nursing homes or long-term care facilities have suffered from anxiety, depression, sleep disturbances, and traumatic stress disorders (Al Maqbali, Al Sinani, & Al-Lenjawi, 2021).

Rothmann et al. (2022), surveyed 1390 Nurses and midwives in Denmark to assess the impact of COVID-19 on their overall well-being, the findings showed a huge impact on their work in general and more than 60% of nurses and midwives felt the risk of getting COVID-19 at work while more than one-quarter felt more stressful work conditions. More than half of the participants reported not doing tasks that were part of their routine tasks. Some reported having trained or retrained in some courses to undertake a role they would not normally do. More than a quarter of the participants did not feel ready to take care of COVID-19 patients. A small portion had considered quitting their jobs because of the pandemic.

Most nurses and midwives working at Danish hospitals did not experience any immediate psychological distress during the pandemic. However, many of them reported significant symptoms of depression and anxiety especially those who had had contact with someone infected with COVID-19. (Ibid).

In addition, female nurses experienced the worst psychological well-being during the pandemic especially those who were pregnant, those with poor self-related health issues, and those who had relatives with COVID-19. (Ibid).

### 3.3.2 Stress.

Lazarus, R.S. (1966), defines stress as a state of worry or mental tension caused by a difficult situation. It is a natural human response that stimulates an individual to address challenges and threats in his or her life. To a certain extent, everyone experiences stress, however, the way we

respond to stress makes a difference in our lives and overall well-being. Too much stress serves as a gateway for physical and mental illness.

COVID-19 has impacted the lives of many people across the globe, but the burden has been felt most by healthcare workers. This is because healthcare workers constitute a vulnerable group because of their higher risk of infection and their chance of experiencing potentially distressing events while caring for COVID-19 patients. (Harris & Sandal,2021).

The changes in working tasks, and routines and the increased workload during the pandemic affected not only the mental well-being but the physical well-being of nurses. The effects of this were a stressful work environment, and burnout as a result of long shifts. (Schulze et al., 2022).

Additional measures that were put in place to curb the spread of the virus in many health facilities like mandatory wearing of personal protective equipment and increased hygiene standards affected the overall workloads and working conditions of health workers.

Other stressors in many nursing homes were that nurses were barely able to give emotional support, enhance the autonomy of residents, and or socialize with them in a meaningful way due to lack of time and tightened regulations. A small number of COVID-19 tests for residents and the high expectations from relatives of residents added considerable stress on the nurses. (Schulze et al., 2022).

At the onset of the pandemic, there were no clear regulations. Regulations and guidance were constantly changing, sometimes conflicting with already difficult ones. This was stressful and added more pressure on healthcare workers who were in risky situations. (White, Wetle, Reddy, & Baier 2021).

In a Survey to understand the Impact of the COVID-19 pandemic on the Australian residential aged care facility (RACF) workforce, Work-related stress resulting from COVID-19 was reported by 63% of respondents. Over 53% of them had received mental health support related to stress from their workplace. (Natalia et al.,2020).

According to Rothmann et al.,2022, A vast majority of Danish nurses in their study said they felt more stressed at work during the COVID-19 pandemic as several areas or wards in the hospital

were closed and they had to move to other wards or departments to care for COVID-19 patients. Access to the hospital was restricted to most relatives, and in many situations, nurses had to stand in for them and be the close link to the patient. Performing different tasks or with unfamiliar colleagues was stressful.

### 3.4 Physical and social well-being.

According to THL, (2023), physical well-being is the ability to maintain a healthy quality of life that allows us to get the most out of our daily activities without undue fatigue or physical stress. This implies that we take care of our bodies and recognize that our daily habits and behaviors play a significant role in our overall health, well-being, and quality of life.

On the other hand, social well-being is the ability of an individual to communicate with others and be able to build meaningful relationships that do not affect his or her person. For this thesis, burnout, and skin lesions will be the primary focus on the effect on physical well-being and social well-being will be described in brief.

#### 3.4.1 Effects on skin integrity and fatigue.

The extended time and exposure while taking care of COVID-19 patients had implications for the physical health of nurses. The prolonged use of personal protective equipment and the use of hand sanitizers posed problems for many nurses. These included skin rashes, allergic reactions, and dehydration. (Moradi, Baghaei, Hosseing holipour, & Mollazadeh, 2021).

Working with personal protective equipment reduced the ability to focus on care, the struggles in taking meals, and drinking, the constant perspiration, and the inability to use toilets related to the use of PPE had an impact on the well-being of nurses. (Moradi et al. 2021).

Impaired hearing, reduced visualization, overheating, dehydration, and headache, compromised the physical functions of nurses. (Chen, Zang, Liu, Wang, & Lin, 2021).

Also, fatigue or burnout was experienced by many nurses as a result of long work shifts. The WHO defines burnout as a syndrome resulting from chronic workplace stress that has not been managed successfully. Three dimensions are characteristic of burnout. These are feelings of exhaustion or energy depletion, the feeling of mental distance or negativism related to one's job, and reduced work efficacy.



During the pandemic, many people were infected, some requiring hospital and intensive care, while most of the residents in nursing homes were heavily infected by the COVID-19 virus. It is therefore indisputable that the workload for healthcare workers increased during the pandemic. Because of the increased workload, shortages of health workers, and increased quarantined nurses, most nurses reportedly worked long hours, worked in high-risk environments, and had decreased social support. This led to fatigue. Some even considered quitting as they thought they were in the wrong profession. (Schulze et al.,2022).

According to Sagherian, & Steege, (2023), during the pandemic, hospital nurses had high acute fatigue and insomnia with moderate recovery from shift work owing to increased workload, understaffing problems, and extended work shifts. There was moderate inter-shift recovery because extended shifts made it difficult for nurses to sleep adequately after work hours.

On the other hand, frontline nurses who cared for COVID-19 patients had high acute fatigue when compared to other groups who were not directly in touch with COVID-19 patients. (Sagherian, & Steege, 2023).

To add, during the pandemic, most nurses frequently skipped work breaks because of increased demands for the care of COVID-19 patients. The increased workload, shortage of PPE, and human resources coupled with long work shifts caused fatigue to a significant number of hospital nurses. (Sagherian, & Steege, 2023).

As far as Social well-being was concerned, many nurses expressed feelings of loneliness that were caused by isolation from social life, families, and friends. The fear of contracting the virus and infecting family members made some nurses to be lonely even in their homes. The quarantine period for some nurses who contracted the COVID-19 virus and the overall global lockdowns led to decreased social interactions and decreased intimacy with partners. Nurses who worked out of their hometowns or countries had problems connecting with their families and loved ones. Some felt loneliness and depressive symptoms even at their homes because some family members never understood their working conditions. All these significantly affected their social well-being. (Hosseinzadeh, Zareipour, Baljani, & Moradali, 2022).

In Finland, many research articles have focused more on the impact of the COVID-19 pandemic on hospital nurses, (Laukkala et al.,2021, Mattila et al.,2021). Very limited research has focused on the impact of the pandemic on practical nurses in 24-hour residential care units or care homes and how it impacted their well-being. (Paananen et al. 2021, Hult & Välimäki 2023).

Despite the important roles played both in the care of residents in care homes and long-term care facilities and in preventing the spread of COVID-19, current literature that includes the perspective of the well-being of practical nurses is limited. (Konetzka, White, Pralea, Grabowski, & Mor, 2021).

Researching in this area would help describe the experiences of practical nurses, the effects on their well-being, and how they coped during the pandemic. The findings will be an important tool for policymakers and mental healthcare strategists to map out a plan that will address their overall difficulties and possible ways to handle future similar pandemics.

#### 4 Aim and research questions.

This research aims to describe practical nurses' experiences, their coping strategies, and the effect of the COVID-19 pandemic on their well-being, the case of Practical nurses working in elderly care homes or 24-hour care units within the Seinäjoki health district. The results may be used in developing efficient strategies for promoting the well-being of practical nurses, especially in future COVID-19-related or respiratory tract pandemics.

To achieve the aim of this research, the following questions were designed.

- What is the impact of COVID-19 on the well-being of Practical Nurses?
- How do Practical Nurses describe the changes in their lives during the pandemic?
- What are the coping strategies and sources of hope and strength practical nurses experienced during the pandemic?

## 5 Research Design.

The strategy and approach chosen to intergrate different constituents of a study in a coherent and logical way is refered to as research design. This ensures that the research problem is properly investigated. In research design, the constituents are the type of research approach used (qualitative or quantitative), data collection, measurements, analysis, and interpretation of results. (Austin & Sutton, 2014).

About the aim of this research, a qualitative approach was found to be suitable because it gives detailed data on the perceptions, experiences, opinions, feelings, and impact on the well-being of practical nurses. Qualitative research enables researchers to gain insights into what other people go through in their world, their perception as well as their experiences.(Ibid).

Qualitative research is often used in the fields of sociology, anthropology, and history. In qualitative research, there is a chronological flow of data. Here, events and consequences can be observed, and rich explanations can be given as to why such events occur. (Austin & Sutton, 2014.)

With qualitative research methods, participants are allowed to give a deeper understanding of how they feel or perceive a phenomenon of interest. (Holloway & Wheeler 2010; Smith, Bekker & Cheater 2011).

### 5.1 Ethical Considerations.

Researchers or scientists need to adhere to ethical principles or codes of conduct, especially when collecting data from people. In research, ethical considerations are a set of principles that will help guide research designs and practices. Research centered around humans often has goals of understanding phenomena, investigating behaviors, and improving lives. It is therefore important to note that the type of research and how it is conducted involves key ethical considerations. (Bhandari, 2021).

This research followed the 2019 ethical guidelines put in place by the Finnish National Board on Research Integrity. (TENK,2019).

Concerning these guidelines, semi-structured questionnaires were prepared, and face-to-face interviews were conducted with people. Those who participated are termed informants. The research had the following ethical considerations.

- Interviews were conducted with people of working age. No minors were involved, therefore, no authorizations were needed as in the case with minors.
- Participation in the interviews was voluntary and participants had the right to quit at any stage of the interview without any consequences.
- The consents of all informants were sought and documented in writing. The research did not require personal data like names, or dates of birth, however, any sensitive information obtained during the interviews was encrypted.
- Informants were made to understand the aim of the research, and the effects and potential benefits of the research before enrolling for participation. They were made to understand that their responses were for research purposes only and would be shared only with the supervisor.
- Informants were also informed that their audio notes shall be saved in the researcher's computer which has a password only accessible by the researcher. Wealthy of note is that all audio notes and transcripts shall be permanently deleted after the research process is over.

## 5.2 Data collection.

Studying everyone in a large population of interest is often cumbersome for any researcher. Sampling is therefore used to ease the work of the researcher. Sampling is simply a set of data that is collected from the population of interest. It aims to approximate the characteristics of those under study that are relevant to the research question. The approximation can therefore be representative of a larger population. (Kelley, Clark, Brown, & Sitzia, 2003).

One aspect of credibility in qualitative research lies in the scope, characteristics, and structures of participants. Therefore, it is important to select participants using the right technics that reflect the research objectives. Data collection in qualitative research can be done through interviews, observation, focus groups, and appraising. (Barrett & Twycross, 2018).

An interview is a qualitative data collection method that is used to get a deeper meaning and understanding of the feelings, experiences, perceptions, and thoughts of participants under research. Qualitative interviews give researchers the opportunities to explore deep into issues that are unique to participants thereby giving them an insight into how phenomena of interest are perceived and experienced by participants. (Barrett & Twycross, 2018).

In open-ended questions, participants are not given a predetermined set of choices or answers. Instead, participants are allowed to provide answers in their own words. While Open-ended questions often allow the researcher to be holistic and have a comprehensive look at the topic being studied, open-ended questions also allow respondents to provide more options and opinions, giving the data more diversity when compared to closed-ended questions. (DeJonckheere & Vaughn, 2019).

On the other hand, Semi-structured interviews are a method of data collection that requires an in-depth interview where participants respond to preset open-ended questions. The overall purpose of using semi-structured interviews is to gather information from participants who have personal experiences, attitudes, perceptions, and beliefs related to the topic of interest. (DeJonckheere & Vaughn, 2019).

#### 5.2.1 Informants.

Participants were selected based on the valuable information needed to attain the research objectives. A Facebook post was made regarding the research topic and shared in a social media forum. The information was spread and those who showed interest contacted the author. (Find attachment in Appendix 1).

A total of 9 informants who were practical nurses were selected. The selection criteria were those practical Nurses who had two years of experience and were working in care facilities in Seinajoki that have registered at least 5 COVID-19 cases. Those who were fluent in the English language were considered irrespective of their nationalities.

After selection, all necessary arrangements like date, time and location were made for meetings and interviews.

### 5.2.2 Data collection process.

In this research, primary data was obtained through semi-structured interviews (attached in the Appendix 2) with individual informants using open-ended questions. The questionnaires were developed based on the gap that exists between the experience of nurses working in hospitals and that of Practical nurses working in care homes during the COVID-19 pandemic. Based on existing literature, (Schulze et al., (2022), Al Maqbali, Al Sinani, & Al-Lenjawi, (2021), and Herring et al., (2022), practical nurses experienced worse mental health issues when compared to hospital nurses. Semi-structured interviews with open-ended questions were considered because non-formatted information was needed. The open-ended questions were pretested on friends before being administered to informants. This was to ensure an understanding of the process of interviews and to correct possible mistakes before the actual interviews. Informants were interviewed at their convenience and in a conducive environment. To facilitate the process of interviewing, informants were initially sent questions for the interview through their contacts. Comprehensive feedback was obtained before the interviews were initiated.

Interviews were conducted in English. It was audio recorded which was later transcribed using Microsoft Word. Each was transcribed to at least two Microsoft Word pages. To ensure safety and privacy, personal data was not required during the interview. However, any information given during the interview that could tamper with privacy was encrypted.

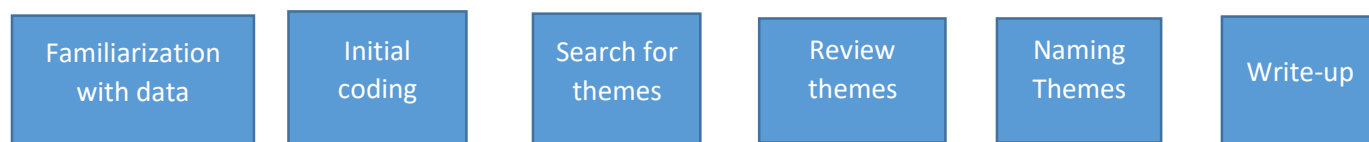
Before the interviews, informants were informed about the timing and recording of the interview. Interviews were done face-to-face using open-ended questions and lasted for 40 to 55 minutes. An interview guide and a rational approach to qualitative interviews were used. This was to ensure uniformity and a free-flow conversation which allowed the informants to lead in the form of dialogue and for the interviewer to ask follow-up questions and seek clarifications when needed. In all, the interview sessions were relaxed, and conversational, giving room for a friendly rapport between the researcher and the informants. After all the interviews, all data collected were transcript.

### 5.3 Data analysis.

Thematic analysis was used to analyze data in this research. This is a method for analyzing qualitative or non-numeric data collected through qualitative methods like interviews, observations, etc. This involves searching across a set of data to identify, analyze, and report repeated patterns.

The transcribed interviews were read more than once to get a mastery of the data before the analysis process. Thematic analysis was chosen because it explores behaviors, experiences, perceptions, and meanings that people hold about a particular concept. (Braun & Clarke 2006).

As Kiger & Varpio (2020), describe, thematic analysis gives the possibility of not just uncovering patterns but also unexpected data that could help in understanding the subject under study. The Nvivo app was used for the initial coding process. NVivo is a software designed to help in qualitative data analysis. It helps researchers to organize, analyze, and interpret large qualitative data. It is an important tool for Thematic data analysis. The software has important features with a simplified interface. It has a straightforward process that starts with importing data like interviews, surveys text documents, etc. into the software. steps for conducting thematic analysis are shown in Figure 1 below.



*Figure. 1, the process of conducting thematic data analysis.*

As shown in Figure 1 above, qualitative data analysis starts with familiarizing and grouping of data collected, initial coding, searching for themes, reviewing themes, naming of themes, and write-up as described below.

***Familiarization with data.*** The first step to a qualitative analysis is familiarizing yourself with data. It was initiated by transcribing the audio interviews using Microsoft Word. The transcripts from the 9 informants were grouped into individual files and each file was assigned a name (for



example Informant 1 from Finland). This was to ease the analyzing process. All the files were read and re-read to get familiar with research data.

**Initial coding:** The initial coding starts with the organization of data in a meaningful way. Coding reduces lots of data into small and comprehensible data that is easy to analyze. During the coding phase, each segment of the data that was relevant to the research question or showed something interesting regarding the research was highlighted. Open coding was used during the process, that is to say that there were no preset codes but rather the codes were developed and modified during the coding process.

The files of the individual informants were uploaded on the NVivo software for coding as shown in Appendix 3. After uploading, the files were worked on one at a time. Texts that appeared relevant to the research questions were highlighted and were considered codes. Figures 2 and 3 below, illustrate the process.

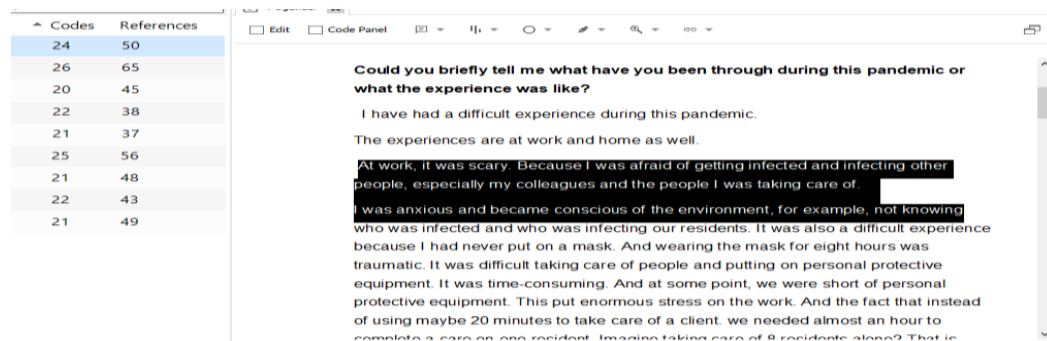


Figure.2, highlighting codes.

Codes								
Search Project								
Name	Files	Reference	Created on	Created b	Modified on	Modified b		
Experience about the pandemic. Research question	9	84	1/24/2024 8:54 PM	NORB	1/24/2024 9:36 PM	NORB		
How did they cope during the pandemic	9	14	1/27/2024 6:45 AM	NORB	1/27/2024 7:20 AM	NORB		
Knowledge about COVID-19 research question on	9	9	1/24/2024 8:52 PM	NORB	1/27/2024 7:26 AM	NORB		
Life changes as a result of pandemic.	9	19	1/27/2024 6:43 AM	NORB	1/27/2024 7:20 AM	NORB		
Source of hope and comfort. Research question 3	9	33	1/24/2024 8:55 PM	NORB	1/25/2024 6:57 AM	NORB		
What can be improved upon	9	21	1/24/2024 8:56 PM	NORB	1/24/2024 8:56 PM	NORB		

Figure.3, codes formed

The file of an informant contained several codes (the responses to individual research questions). The codes expressing similar ideas were placed into common codes, hence uncovering similarities, and variations among them.

**Identification and review of themes:** Formation of themes is one of the end goals of thematic analysis. This is because themes are used to address research questions or talk about issues under investigation.

As indicated by (Clarke & Braun, 2013), the research questions and the guide to qualitative interviews served as a foundation for the development of themes using the deductive approach. The codes formed in the NVivo software were exported to a Microsoft Word document and those expressing similar ideas were grouped under the same clusters or categories. Codes that were found to be non-relevant to the scope of the research were removed.

**Naming of themes:** Initial themes were sought (cluster or categories) by grouping the codes that were formed, and possible connections of the codes were regrouped and merged. Unfamiliar codes were eliminated or substituted for more codes until a point was reached where no new codes were formed. At this point and without the application of a preconceived framework, the code formed reflected the research questions and were then used to form themes. See Appendix 4. The themes created were later taken back to the Nvivo software and all the responses that reflected a theme were placed under the various themes.

Codes								Search Project
Name	Files	Reference	Created on	Created b	Modified on	Modified b		
Experience about the pandemic. Research question	9	84	1/24/2024 8:54 P	NORB	1/24/2024 9:36 PM	NORB		
○ (THEMES) effect on provision of care	5	8	1/25/2024 11:55 A	NORB	1/25/2024 11:55 A	NORB		
○ (THEMES) Effects on Mental wellbeing	9	49	1/25/2024 11:53 A	NORB	1/25/2024 11:53 A	NORB		
○ (THEMES) Effects Physical wellbeing	9	26	1/25/2024 11:54 A	NORB	1/25/2024 11:54 A	NORB		
How did they cope during the pandemic	9	14	1/27/2024 6:45 A	NORB	1/27/2024 7:20 A	NORB		
○ THEMES, Coping mechanisms	0	0	1/27/2024 7:29 A	NORB	1/27/2024 7:29 AM	NORB		
Knowledge about COVID-19 research question on	9	9	1/24/2024 8:52 P	NORB	1/27/2024 7:26 A	NORB		
Life changes as a result of pandemic.	9	19	1/27/2024 6:43 A	NORB	1/27/2024 7:20 A	NORB		
○ THEME. How life has changed because of the Pa	0	0	1/27/2024 7:31 A	NORB	1/27/2024 7:31 AM	NORB		
Source of hope and comfort. Research question 3	9	33	1/24/2024 8:55 P	NORB	1/25/2024 6:57 A	NORB		
○ (THEMES) Where their hope and comfort came f	9	32	1/25/2024 12:13 P	NORB	1/25/2024 12:13 P	NORB		
○ Faith and belief	6	8	1/24/2024 9:57 PM	NORB	1/25/2024 10:01 A	NORB		
○ Friend and families	8	9	1/24/2024 10:01 P	NORB	1/25/2024 10:02 A	NORB		
○ Trust in the health and social system of Eilat	7	7	1/24/2024 9:58 PM	NORB	1/25/2024 9:57 AM	NORB		

*Figure. 4 grouping codes under the themes created on Nvivo software.*

As shown in Figure 4, the files represent the number of informants and the references represent the number of responses or the code counts. For example, on the experiences of the pandemic, three themes were formed. All 9 informants gave 84 responses to the question. Using the Nvivo software, the various responses were placed under the various themes. For example, under the theme, of the effects on the provision of care, 5 informants gave 8 responses. On the effects on mental well-being, all 9 informants gave 49 responses as shown in Figure 4 above. The results were then exported to an Excel sheet for easy presentation.

## 6 Results/Findings.

The results or findings of this research were derived from the themes that were formed from the thematic analysis of the interviews collected. The objective of presenting the results is to adequately describe the results and not to interpret them in relation to existing literature. Those who were interviewed during the research are referred to as informants. While describing the themes, direct quotations from informants are used to foster understanding.

The results have themes as the main heading, followed by categories and subcategories with themes marked in red, categories marked in yellow, and subcategories in blue as illustrated in Figure 5 below. Direct quotations are presented in italics.

Name	Informants	Code counts
	9	84
Effects on provision of care	9	18
Changes in life style	2	2
Trap in one's world	4	5
Self-awareness	5	6
Nuts but difficult to crack	5	5
COVID-19's effects on mental wellbeing of practical nurses	9	49
Crowded minds full of uncertainty	7	9
fatigue	6	6
Scary and sad experience	9	11
Trap in the jail of covid 19	3	3
loneliness and sadness	9	15
Sleeping difficulties	5	10
Effects on personal and Family lives	9	14
Self-blame	4	5
COVID-19's effects Physical wellbeing of practical nurse	9	26
Breathing difficulties	4	4
Challenge with some residents.	8	9
Effects on skin integrity	5	6
Coping mechanisms	9	46
Learning new skills.	3	6
Listening to motivational speakers	4	5
Keeping fit & enhancing positive energy	3	5
Sticking to the COVID-19 guidelines.	9	9
Sources of hope and strength.	9	32
Faith and belief	6	8
Friend and families	8	9
Trust in the health and social system of Finland	7	7
Unity amongs colleaques	8	8
Keeping an eye on the future	9	21
Plan of action for future respiratory infections	9	12
Salary increment	9	9

Figure.5, illustration of themes, categories and subcategories.

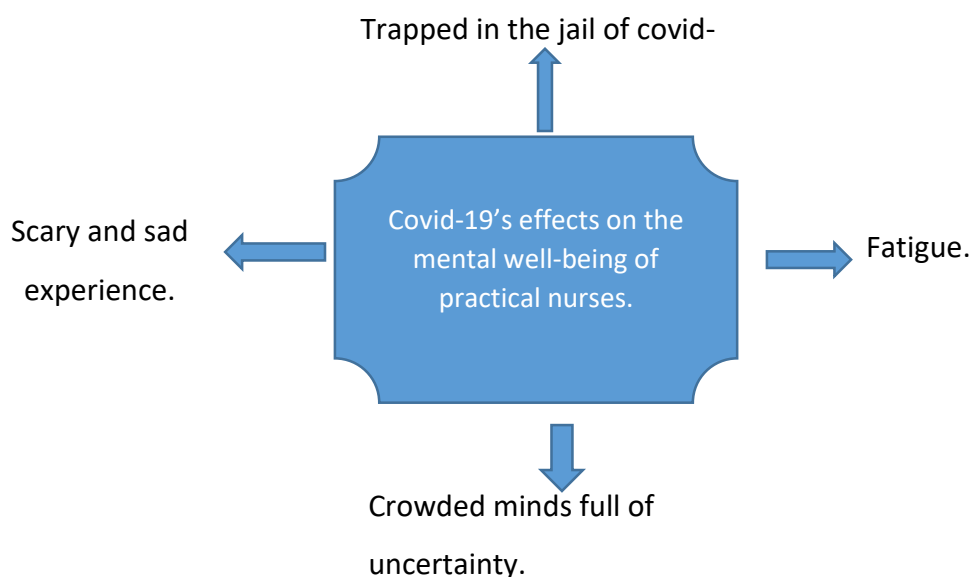
As shown in Figure 5 above, the main themes that evolved from the data analysis are COVID-19's effects on the mental well-being of practical nurses, COVID-19's effects on the physical well-being of practical nurses, effects on the provision of care, COVID-19's changes in lifestyle, coping mechanism, sources of hope and strength, and keeping an eye on the future (this theme shall be

discussed in detail in the recommendations). Some themes have subcategories that are described in detail during the presentation of results.

Firstly, COVID-19's effects on the mental and physical well-being of practical nurses are presented, followed by the effects on the provision of care, changes in lifestyles and their coping mechanisms, sources of hope and strength, and lastly, keeping an eye on the future (some measures proposed by informants on what can be improved upon when faced with a similar pandemic in the future) will be described in the recommendations.

### 6.1 COVID -19 's effects on the mental well-being of practical nurses.

The first theme is termed "COVID -19's effects on the mental well-being of practical nurses". All the informants experienced some form of effect on their mental well-being as presented in Figure 6 below. The theme is divided into four categories which are scary and sad experiences, fatigue, trapped in the jail of COVID-19, and crowded minds full of uncertainty. Scary and sad experiences will be presented first, followed by fatigue, trapped in the jail of covid-19, and lastly crowded minds full of uncertainty.



*Figure.6, Covid-19's effects on mental wellbeing of practical nurses.*

Figure 6 above illustrates the theme, "COVID-19's effects on the mental well-being of practical nurses. The main theme is presented at the center with its protrusions demonstrating categories

as described above. Scary and sad experiences will be described first, followed by fatigue and then trapped in the jail of COVID-19. It is essential to note that loneliness and sadness, self-blame, sleeping difficulties and effects on personal lives as well that of families are sub categories of “trapped in the jail of COVID-19” as described below.

The WHO defines mental well-being as a state of well-being especially mentally in which people can realize their potential, cope with stress brought about by life, able to learn and work well, and be able to contribute to their various communities. Any deviation in the above-mentioned aspects gives rise to problems with mental well-being. COVID-19's effects on the mental well-being of practical nurses are described in the following categories as shown in Figure 6.

#### 6.1.1 Scary and sad experience.

The informants described their experiences during the pandemic as scary and sad. It was scary because of the numerous deaths that were being reported in the media and the challenges they faced with the COVID-19 patients at their various facilities. Furthermore, informants said they were anxious and sad about the pandemic because they didn't know the course and the end, not knowing who was infecting their clients despite respecting all the national guidelines.

*At work, it was scary. Because I was afraid of getting infected and infecting other people, especially my colleagues and the people I was taking care of. The number of deaths reported by the media daily, made it even more scary. I kept thinking to myself, what next, shall we cope? (Informant 1.)*

The scary nature of the pandemic as described by many informants was caused by the numerous death announcements from the media and what they experienced when taking care of infected residents. The high mortality and morbidity rates sent shock waves down the spines of informants and made them start thinking of the worst possible outcome should they contract COVID-19. Some reportedly had an increased level of sadness because of fear of the unknown, they never knew what would happen to them if they got infected, and some were afraid of death if they happened to contract the COVID-19 virus.

*I was sad, and anxious and became conscious of the environment, for example, not knowing who was infected and who was infecting our residents. Because of the numerous death announcements from the media, I became even more anxious and I was thinking to myself that I was going to die if I contracted COVID-19. (Informant 3).*

The anxiousness and sadness resulted from the unexplained high infection rate in their various facilities despite restricting visitors or relatives. It was difficult to know who was infected and spreading the infections in the units as they could be asymptomatic infected persons among staff members. Most informants became anxious because of fear of the unknown.

Some informants were scared because they felt that if they contracted the virus, it may transform into something else in their bodies in the future. This made some lose interest in the things they used to do before.

*There was fear of the unknown. I was thinking to myself if I contract this, could it transform into something more serious in the future? could it develop into cancer? I had many thoughts that is, I never knew what would happen to me in the next minute, especially when I was sick. I lost interest in doing things that I would normally do before. At work. I was suspicious of the symptoms. Everyone who coughed became suspicious of me (Informant 5).*

As quoted by this informant, the notion of the COVID-19 virus developing into cancer in the future was born at the onset of the pandemic because very little was known about the potential effects of the infections on the human body. Many people including some informants, resorted to conspiracy theories as there were so many fake news and “social media doctors.” This made many people start believing in such conspiracies and a typical example was the idea that the virus can transform into or cause cancer in the future. This made many informants to be afraid of the unknown. Also, the COVID-19 infection and flu have similar symptoms and anyone who coughed or sneezed became a suspect of COVID-19 infection.

#### 6.1.2 Fatigue.

The increased workload owing to the increased infection rate and the increased number of sick leaves made most of the workers do long shifts to cover up for the absentees. Also, because of the increased infection rates that affected many residents, added to the use of personal protective equipment (PPE), informants reportedly spent more time taking care of residents than they used to do before, this added strain to their work, hence fatigue.

*So many workers were infected with the COVID-19 virus and they were a lot of absenteeism. The workload increased dramatically, the few workers who were not infected were doing long work hours just to ensure that the residents were safe. Generally, there was no energy to do basic things because of the increased workload and I was fatigued and I felt burned out, (Informant 2).*

The expression from the informant above stems from the fact that fatigue resulted from an increased workload caused by many staff calling off duty because of COVID-19 infections. Many workers had to work long shifts to meet up with work demands. In addition, independent resident became bedridden and needed help with their daily activities after contracting COVID-19. This added an enormous workload to practical nurses, hence fatigue.

Putting on Personal protective equipment (PPE) needed a lot of effort as extra time was needed to dress, undress a PPE, and disinfect common places added enormous work for informants. This made most of them exhausted or fatigued at the end of an eight-hour shift.

*It was time-consuming putting on personal protective equipment and working with them was generally difficult. In fact, instead of using maybe 20 minutes to take care of a client. We needed almost an hour to completely care for one resident. Imagine taking care of 8 residents alone? That is maintaining body hygiene and ensuring that the client eats, ensuring that you do basic care. At the end of the shift, you couldn't do anything for yourself. (informant 9).*

As reported by the informant above, personal protective equipment was new to many practical nurses and informants described how it took time to get acquainted with them. Time and effort were needed to dress, and undress. It was generally difficult to work while putting on PPE. Because of this, more time was spent on residents as compared to how it was before the pandemic.

*The was too much to handle at work because most of the residents were also sick. Some that were independent became bedridden and that increased our workload in terms of providing hygiene, feeding, etc. so many of my colleagues contracted the virus and could not come to work. (Informant 3).*

Fatigue also resulted from the increased workload that was caused by the high infection rates in the various facilities. The increased COVID-19 infection rates affected many residents and the majority of them became bedridden. This meant that help was needed in every aspect of their lives, resulting in more workload for practical nurses.

### 6.1.3 Crowded minds full of uncertainty.

This category explores the informant's perception of COVID-19 during the early days of the pandemic. The results showed the majority of the informants interviewed did not believe in the COVID-19 pandemic when it had just started. Their minds were crowded, and they resorted to believing in conspiracy theories. They thought it was a ploy put in place by world leaders to



intimidate the population to have control of what they say, do, and how they live their lives. To them, it was a new world order.

*In the beginning, I thought it was a joke, I didn't believe it was real. I honestly thought it was a kind of new world order to gain full control of the population, that is to control what I do, say, and how I live my life. (Informant 3).*

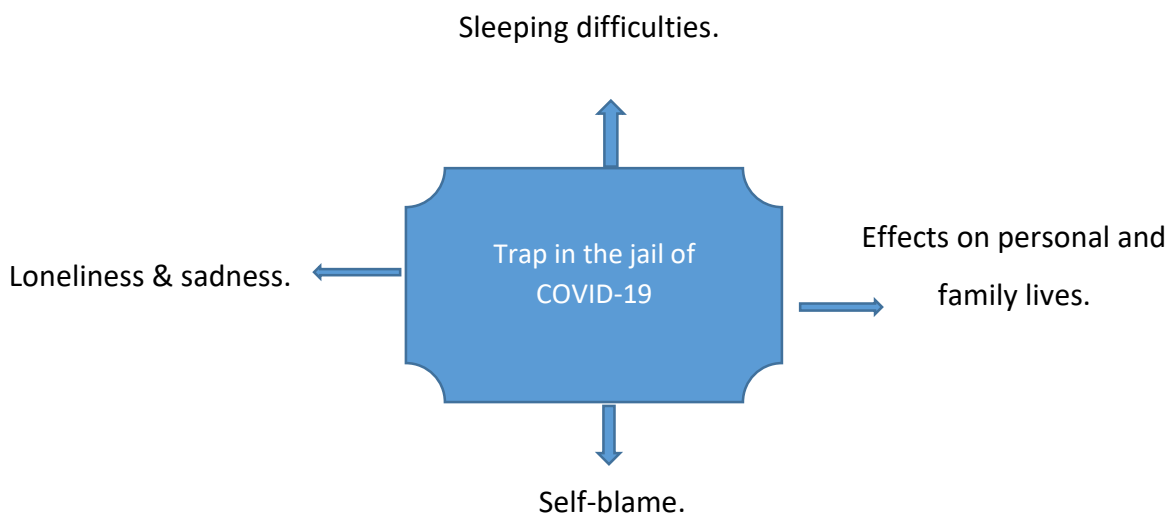
However, as the pandemic progressed, all the informants became aware of it, their knowledge about the pandemic improved and thus the uncertainty in their minds brightened. Informants had a mastery of where it originated, its mode of spread and prevention.

*When the pandemic hit hard at our facilities, I began to understand that it was real and one has to be careful. I know that COVID-19 started in China and later spread to the world. It was declared a pandemic in 2020 by the WHO. It is a viral infection caused by the COVID-19 virus. (Informant 2).*

Informant's perception of the pandemic changed when they started experiencing infections in their facilities. They started understanding how real it was and became more knowledgeable about the COVID-19 infection. The thought that COVID-19 was a new world order to control their lives was completely forgotten.

## 6.2 Trapped in the jail of COVID-19.

This category explores how informants reported as being trapped in the jail of COVID-19 and how difficult it was for them to exit. The category is divided into subcategories as follows, loneliness and sadness, effects on personal and Family lives, self-blame, and sleeping difficulties.



*Figure.7, trap in the jail of COVID 19. Category 3, with subcategories.*

Figure 7 above demonstrates the category, trapped in the jail of COVID-19 with subcategories. Loneliness and sadness will be described first, closely followed by effects on personal and family lives, self-blame and lastly sleeping difficulties.

#### 6.2.1 Loneliness & sadness.

All informants interviewed expressed some level of sadness and experienced loneliness at some point during the pandemic. The lockdown and the 10-day quarantine period for those who contracted the virus were the primary reasons some of the study informants gave for their sadness and loneliness.

*At home, I was just sleeping, feeling lonely and somehow depressed because I couldn't get to life as before. I couldn't go to the gym, I couldn't party. I became hopeless because I didn't know when it was going to end. (Informant 4).*

Loneliness resulted from social isolation caused by the lockdown that was imposed by world leaders to curb the spread of the infection. The sudden change in lifestyle from moving freely to being confined in homes, especially during the quarantine period, made many informants lonely and sad as they could not get to life as before.

Furthermore, the extended number of quarantined days at the start of the pandemic posed a threat to the mental well-being of people as described by some informants.

*When I contracted the COVID-19 virus, I was quarantined for 10 days, that is to say, I was home alone, feeling sad and it felt like there was a wall in front of me that I couldn't get over.(informant 4).*

According to the study informants, the quarantine period hurt their well-being. The sudden transition from a free world to a confined environment with nobody to interact or talk to for 10 days was difficult to handle for many study informants. This led to loneliness and sadness.

#### 6.2.2 Effects on personal and family lives.

This subcategory examines how COVID-19 affected the personal and family lives of practical nurses. Effects on family lives are presented, followed by the effects on their personal lives. On the effects on the practical nurse's family lives, most informants were concerned about their families especially those of immigrant backgrounds whose parents were not residing with them. Some relatives were of the risk groups, their siblings were not going to school because of the

lockdown. Others also expressed concerns about getting the virus and infecting their kids or spouses at home.

*I was disturbed because of my loved ones. My wife is a nurse working at the hospital and I am working in elderly care. That means that we are both vulnerable to infections and that may affect our kids too. My parents were in the risk group. (informant 3).*

Many informants were worried about their families and the possibility of infecting other members of the family who were not exposed to COVID-19 like them. This got them worried and anxious.

On the other hand, immigrants, especially from Africa, were more worried about their families because of distance and the fact that they could not give the necessary support their families deserve and also because their families don't have or enjoy the services they have here in Finland.

*I was worried about my family back home. When there was a strict lockdown, people fell sick and there wasn't any way to get hold of everyone. My mom was in the risk group. It became so stressful for me, especially knowing that if she contracted the virus it would be difficult for her and the fact that there are no good services at their disposal like in Finland. My siblings were not going to school because of the lockdowns. (Informant 7).*

As described by most informants, especially from Africa, accessibility to healthcare services is generally difficult and the services are expensive for the poor masses. They were generally concerned about the well-being of their families during the pandemic because they may not receive adequate care if they fall sick.

Considering the effects on their personal lives, some informants had emotional breakdowns as they couldn't meet up with their wedding plans because of the lockdown. There was a decrease in intimacy especially among those informants whose spouses or partners were living abroad or in different cities.

*Emotionally, I was disturbed because I had had my wedding planned and canceled twice because of the lockdown. My fiancé was in Austria while I was in Finland. There was no way to meet up and finalize our wedding. Our level of intimacy was reduced which was stressful emotionally. (Informant 6).*

Informants reported the emotional break down they had owing to cancellation of wedding, decreased intimacy and not being able to enjoy the relationship with their partners. Those whose partners or spouses resided in different countries experience more effects on their emotions as compared to those whose partners were residing in Finland.

### 6.2.3 Self-blame.

The majority of informants blamed themselves or had an intrusive thought for not adequately protecting themselves, the reason why they contracted the COVID-19 infection. Others felt they might have infected their residents since visitors were not allowed during that period.

*I started blaming myself for not protecting myself and for also possibly infecting our clients who were already in poor shape. (Informant 9).*

Self-blame arises from the feeling that, what an individual experiences results from his or her actions. The idea of this self-blame originated from the fact informants started wondering how they got infected despite respecting all the infection control rules. The increased infection rates in their facilities also made them start blaming themselves for infecting their clients as no visitors were allowed. Some thought they might have unconsciously broken the infection control rules or might not have adequately protected themselves, the reason they still got infected.

### 6.2.4 Difficulties sleeping:

Many informants expressed difficulties sleeping owing to the numerous deaths they heard about from the media, how quickly the world changed because of the lockdown, the experiences they faced daily dealing with COVID-19 patients, the grief of losing clients coupled with concerns about their personal lives and that of their family members. All these posed a threat to their sleeping routines.

*I had difficulties sleeping because of the number of deaths reported by the media. My siblings were not going to school because of the lockdowns. This got me worried about their future, thus making me have sleepless nights. (Informant 6).*

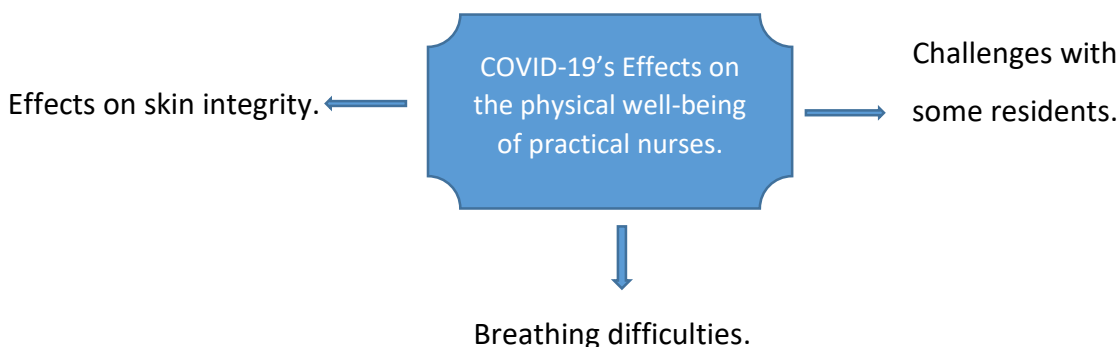
*Every day you wake up to hear of thousands of people dying. Thousands of people falling sick. And it became so worrisome especially also dealing with residents who were sick with COVID-19. I couldn't sleep most of the nights, I was thinking, what next? Where is my life going? (Informant 2).*

The difficulties in sleeping were mainly caused by the high mortality rate from COVID-19 that was constantly announced by news organs or the media. Also, the change in work routines and dealing with clients who were sick of COVID-19 caused sleepless nights for most informants.

## 6.3 COVID-19's Effects on the physical well-being of practical nurses.

The COVID-19 pandemic brought a lot of changes to the work routines of practical nurses, and the increased infection rates for residents had an enormous impact on the workload. The use of

personal protective equipment increased their work times as it was time-consuming to dress and undress with the personal protective equipment.



*Figure.8, Covid-19's Effects on the physical well-being of practical nurses.*

This theme explores all the above aspects, and it is divided into three categories as demonstrated in Figure 8 above. Effects on skin integrity will be examined first, followed by breathing difficulties and then challenges with some residents.

### 6.3.1 Effects on skin integrity.

Many informants experienced effects on their skin because of frequent hand hygiene and sanitization and the use of personal protective equipment. The effects included sweating, blurred vision, body odor, and skin rashes.

*The heat produced by the PPE led to blurry views when taking care of residents, the heat also induced sweating, and overall body image was affected because of body odor. Sometimes I had to shower at work before continuing work. (Informant 2).*

*It was also difficult and stressful because of the heat produced by the PPE. Imagine putting on tied clothing and masks for hours. I was sweating, my vision wasn't clear especially when I sweat. I had rashes on my hands as a result of constantly disinfecting them. After sweating profusely, you know what happens next, body odor, thirst, etc. it was really hard. (Informant 4).*

Some informants reported experiencing several problems as a result of practicing the infectious control measures aimed at protecting themselves and also patients. The constant washing and disinfection of hands using hand sanitizers and the use of PPE caused problems to the skin like skin rashes, body odor, and sweating.

### 6.3.2 Breathing Difficulties.

Breathing difficulties were experienced by many informants. Wearing masks was a new phenomenon to many informants and it was difficult to get used to

*It was very difficult for me to breathe especially as I am asthmatic and also because it was my first time putting on a mask. I had many asthma attacks during the working hours. Some masks had a bad smell, especially the FFP2 masks. I felt like I was suffocating. (Informant 4).*

Many informants felt they were short of oxygen each time they put on masks. Those with a history of asthma, experienced difficulties more when compared to those who had no history of asthma. Some masks had bad scents and putting them on provoked breathing difficulties for some informants. There were many asthma attacks during a work shift that many informants believed were caused by masks.

### 6.3.3 Challenge with some residents.

Some informants had difficulties dealing with some residents especially those with memory problems who could not understand infection control rules. Some workers were physically and verbally abused while taking care of residents with memory issues.

*some residents with memory issues did not understand that they had COVID-19, so they never respected the isolation protocol. They were moving from one place to another and touching whatever they saw. I am sure they infected many of our residents including colleagues. This was draining because everybody including other residents was anxious, angry, and stressed (informant 2).*

*I was verbally abused when I told some of my clients that they had COVID-19 and they were going to stay indoors. This got them angry and some started raining insults on me. It got to a point where I was hit on my chest while I was changing the diaper of one resident. (Informant 9).*

The challenges with the residents mainly consisted of a lack of understanding of the seriousness of the disease among the residents at the elderly homes. This might be because of health issues related to memory loss. Not understanding why the personnel kept them isolated made them anxious and the practical nurses were verbally and physically abused when caring for the residents as they were following the rules given.

### 6.4 Effects on the provision of care.

Informants reported that their primary focus was to strictly follow infection control protocol. They had limited time to provide adequate care to their clients. The use of personal protective equipment made them have blurred vision as a result of sweat, they spent more time dressing

and undressing the PPE than actually on their residents. Furthermore, because most people were in isolation, there was no quality time spent with the clients to understand their needs. The primary focus was changing diapers and providing food and medications. Those who needed showers were put on hold until their isolation period was over. Minor wounds were not treated like before.

*COVID-19 made us focus more on doing things about COVID-19 and not providing appropriate care. Imagine going into a client's room and just rushing as though they were not humans, simply because you want to finish quickly and go to the next client. Even though it was time-consuming. Adequate care was not provided for the client. (Informant 5).*

On the part of wound care and body hygiene, when residents contracted COVID-19 and were in isolation, informants prioritized the care of deep wounds that they considered were most serious to the health of the patients. Showers and the wounds of those that were not serious were taken care of only after their isolation period was over.

*We prioritized deep wounds and cared for them only until the isolation period was over. Wounds that were not big or discharging were not taken care of. There were no frequent showers of residents like before. It was sad but at least understandable because of the increased workload and limited number of staff. (Informant 6).*

The prioritization of care especially concerning wounds and showers caused by the increased workload and limited number of staff affected the overall body image of most residents with others reportedly having infected wounds that needed antibiotic treatment. Informants expressed concerns about the situation but couldn't do otherwise as there were no options.

## 6.5 Changes in Life style.

Informants described a variety of changes in their lives as well as changes in their lifestyles brought about by the pandemic. They pinpointed, trapped in one's world, nuts but difficult to crack, and self-awareness as factors that led to changes in their lives or lifestyles. These factors are grouped into categories as shown in Figure 9 below. Trapped in one's world will be described, followed by nuts but difficult to crack and then self-awareness.

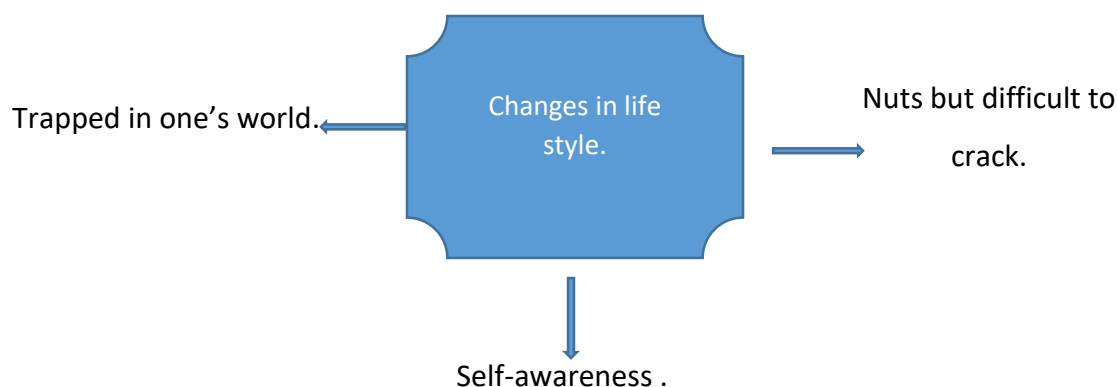


Figure.9, changes in lifestyle.

Figure 9, is a theme that describes the changes in the lifestyle of informants brought about by the COVID-19 pandemic. Informants described that changes in their lifestyles related to self-awareness, trapped in one's world, and nuts that were difficult to crack. Trapped in one's world will be described first, followed by nuts but difficult to crack, and lastly self-awareness.

#### 6.5.1 Trapped in one's world.

Trapped in one's world refers to a phenomenon described by informants as being in a situation that was difficult to exit. The pandemic caused a shift in the thoughts and actions of many informants and the things that were initially difficult to handle or deal with became a "new normal" and it was difficult to get rid of. As described in their own words.

*Before the pandemic, when I stayed for three months without visiting or seeing my parents, I felt like I was in the middle of no way. As time went on during the pandemic, I didn't care about them again, I started being myself and avoiding people. It became normal for me to stay for days without talking to anyone. (Informant 8.)*

*I used to be a social person and this pandemic has made me become more of an introvert. I like staying alone now especially when my kids are not around. When I first moved to Finland, it was difficult to adapt to the culture and knowing that my family was far away. I used to miss my mum and dad daily and sometimes I will visit them every other month. That perspective has changed because of this pandemic. I no longer miss them and I can stay for weeks without calling them and it wouldn't bother me. (Informant 3).*

Staying away from friends and families at the beginning of the pandemic was difficult to handle but as time went on, it became normal that they didn't care about what was initially difficult to handle. They described the desire to be left alone and thinking only about themselves at some



point during the pandemic. Not missing their parents and loved ones and also avoiding people became normal things that were difficult to escape.

*I used to train and go clubbing with friends two times a week, but not anymore. I have become more of an introvert and I don't even remember how life was before the pandemic. (Informant 2 from Finland).*

On the other hand, some informants expressed decreased interest in their hobbies. Some shifted from going clubbing and outdoor sporting activities to becoming indoor persons, laying on the couch every evening and watching television or doing video games and not wanting to talk to anyone. The decreased interest in hobbies and becoming more of an introvert as described by the informant was a result of the national lockdown and the quarantine periods when many were confined in their homes after contracting COVID-19. To some informants, not being interested in the things of the world meant not listening to the news from the media, just accepting the COVID-19 pandemic, and moving on with life even if something bad happens.

*I decided to abstain from news and anything that had to do with media. Before the pandemic, I used to be bothered about little things like looking down on people when they were wrong or may not share the same idea with me. The pandemic has canceled that because I saw very rich, educated people die like nothing. It gave me a different perspective on life and I started understanding that humanity is the same when attacked by a disease or an illness. (Informant 3).*

Informant's rejection of news and anything that had to do with the media was because of how the media magnified the pandemic with many global morbidity and mortality rates. This got many informants scared and the best way to deal with was to completely avoid anything that had to do with the media. Also, this made a lot of people including informants of this study understand that humanity was the same irrespective of social class, color, or ethnic group as everyone was affected by the pandemic.

#### 6.5.2 Nuts but difficult to crack.

Informants expressed their emotions as nuts that were difficult to crack because of the pandemic. They reported that the emotional pain they have been through because of the pandemic has now made them to be so strong.

*Restricting family members from visiting their loved ones was the most difficult emotional experience I had, some residents even died without any of their relatives besides them, another emotional breakdown was to inform the family members about the death of their loved ones. At this point, I felt like humanity was forgotten. With this, I said to myself, that I have to be*

*emotionally strong to start handling these kinds of situations. I became even stronger in subsequent encounters. (Informant 1).*

Many informants expressed how difficult it was for them to be strong emotionally, especially after losing a resident whose relatives were not able to visit them because of the pandemic. Delivering the sad news to relatives was one of the most difficult things to handle. Some informants had difficulties at the beginning but as time went on, they became strong to handle such difficult moments. On the other hand, those whose spouses or partners were far away had to be emotionally strong and kept committed in their relationships until when necessary.

*Because I and my husband reside in different countries, the lockdown hindered us from meeting like before, and our level of intimacy was reduced. Though it was difficult to handle emotionally, we had to be strong in it. That's how my relationship survived. (Informant 9).*

The challenges faced especially by informants whose partners or spouses were living in different countries were caused by the national lockdown. This resulted in decreased intimacy, and absence of companionship, and most informants reportedly had difficulties expressing their emotions to their loved ones as before the pandemic. Because there was no deadline for the pandemic, informants became emotionally strong and were able to navigate through the difficult moments until they met with their partners or spouses.

### 6.5.3 Self-awareness.

Self-awareness is understanding one's thoughts, feelings, beliefs, and actions. It is therefore understanding who you are. The pandemic allowed many informants to understand themselves regarding their thoughts and their actions.

*The pandemic gave me a different perspective on life and I have learned how to easily deal with mental issues like stress. I learned so much about mental health issues and got to understand what people usually go through when they have mental issues. (Informant 4 from Finland).*

*Mentally, the pandemic gave me a perspective to understand myself more, I was able to study personality disorder and understand how people deal with the pandemic. (Informant 2).*

The majority of the informants said the pandemic gave them a perspective to focus on themselves, especially during the quarantine period. Time was spent thinking about humanity and understanding their thoughts and actions. Some informants reportedly read books about personality and other mental health illnesses. These gave them an idea of what mental health issues were like.

## 6.6 Coping Mechanisms

Coping mechanism or strategies is the ability of an individual to mobilize his behaviors and thoughts in other to handle or manage external or internal stressful situations. (Algorani & Gupta, 2021). The COVID-19 pandemic brought so many difficulties to healthcare workers particularly to practical nurses working in care homes or facilities providing 24 hours care. This section describes the coping mechanisms adopted by informants to deal with difficulties brought about by the pandemic as described in Figure 10 below.

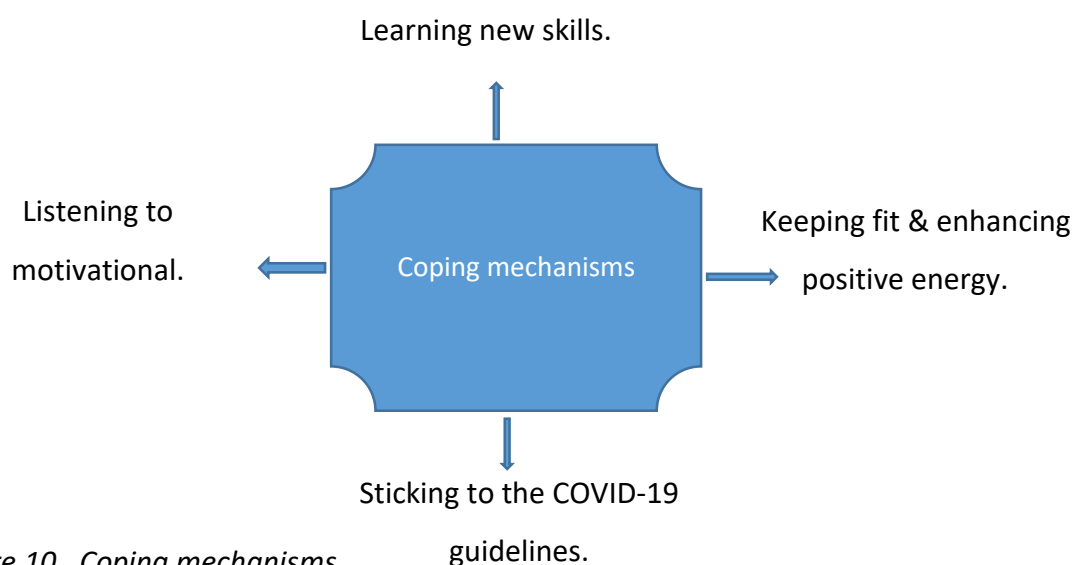


Figure.10 , Coping mechanisms.

Figure 10 above shows the coping mechanisms adopted by informants during the COVID-19 pandemic. The main theme is coping mechanisms located centrally, with its protrusions as categories (listening to motivational speakers, learning new skills, keeping fit while, enhancing positive energy, and sticking to COVID-19 guidelines). They are described in detail below as in the order listed above.

### 6.6.1 Listening to motivational speakers:

Informants described the pandemic as scary with some describing it as the worst experience in their lives because of the thousands of deaths that were being announced on traditional media coupled with the difficulties they faced at their workplaces. Some reportedly quit listening to news from the media and anything that had to do with COVID-19 except at their workplaces.

Motivational speakers on YouTube channels and other social media platforms gave them the tranquility needed to carry on with their daily activities.

*I abstained from news and anything that had to do with traditional media. I was listening more to music and multinational speakers. This gave me the calmness that I needed to carry on with my daily activities. (Informant 3).*

*My pastor was inspirational to me during this difficult moment. He allowed me to reach out to him at any time when the need arose. I underwent counseling sessions with him and this helped me a lot during the pandemic. (informant 7).*

Amid chaos brought about by the pandemic, informants came out with many coping strategies that helped them navigate the pandemic. Traditional media became a nuisance to many informants because of their content concerning the pandemic. The only way they could cope was to abstain from news or anything that had to do with traditional media. Their primary focus was on motivational speakers and some men of God who gave them the calmness they so desired.

#### 6.6.2 Learning new skills:

Learning new skills was a common phenomenon among the majority of the informants. They described new skills as a way to distract themselves amid the pandemic. Improvising or learning new skills were adopted most especially during quarantined periods or when informants were isolated after contracting the COVID-19 virus. The new skills included playing guitar and piano, learning how to sew, dancing, and singing.

*During this pandemic, I was able to learn how to sew, I practiced how to sing and I enjoyed it because it distracted me from the chaos brought about by the pandemic. (Informant 1 from Uganda).*

*I am a fan of nightclubs especially on weekends, because I could not go out anymore, I had to create a home nightclub for myself. I bought flashy lights and played music on weekends, danced, and enjoyed myself. I went from zero knowledge of singing to probably an expert now. (informant 5).*

Learning new skills was an important aspect of dealing with the pandemic as described by informants. Learning new skills was proven to help them during the pandemic as they felt distracted and were able to carry on with life despite the difficulties. Singing practice, listening to music, playing piano, guitar, and dancing helped in relieving stress.

### 6.6.3 Keeping fit and enhancing positive energy.

Regular exercises are integral to maintaining a healthy life, thereby enhancing positive energy. Informants described taking part in physical activities daily during the pandemic as a way to distract themselves. They also experienced positive energy after physical exercises.

*During the pandemic, I was lonely especially when I was quarantined after contracting the virus. So I took it upon myself to take a 20mins walk every day in the forest. This kept me not only physically active but also improved my mental well-being. (Informant 5).*

*Mentally, the pandemic gave me a perspective to understand myself more, to identify strategies that can help me deal with mental health issues like actually reading books about mental health and how to deal with them, studying personality, and understanding how people deal with the pandemic. This gave me a positive energy to navigate through the pandemic. (Informant 2).*

A 20-minute walk every day in the forest and also in the yard was reportedly practiced by many informants. They described it as making them fit while relieving stress at the same time. On enhancing positive energy, some informants described their ability to continuously be positive during the pandemic despite the odds. They reportedly developed the zeal and dedication to understand their overall well-being and above all developed interests in understanding mental health problems. This gave them a perspective on what mental health issues are and it feels to have mental health problems.

*The biggest way my life has changed as a result of this pandemic is understanding that we are just like flies and a pandemic can get away with our lives just like that. Irrespective of their social or economic statuses, so many people have lost their lives as a result of this pandemic that one wouldn't imagine. Whether you are black, white, or any color, the pandemic had no boundaries. I started understanding that there isn't any superior race in the world. (Informant 3).*

To add, the pandemic reshaped the mentalities of some informants as they spent their isolation time thinking about humanity. Some focused on their inner selves and developed positive attitudes toward the pandemic. This helped relieve them from psychological trauma. To some informants, it was a moment to reflect on dismantling racial lines because irrespective of color, race, or sex, everyone was affected by the pandemic.

### 6.6.4 Sticking to the COVID-19 guidelines:

The majority of the informants accepted the pandemic and in so doing respected all the national guidelines as a way to curb the spread of COVID-19 infections. They described this as a coping

mechanism because knowing that everyone respected the guidelines made them feel safe, especially at work.

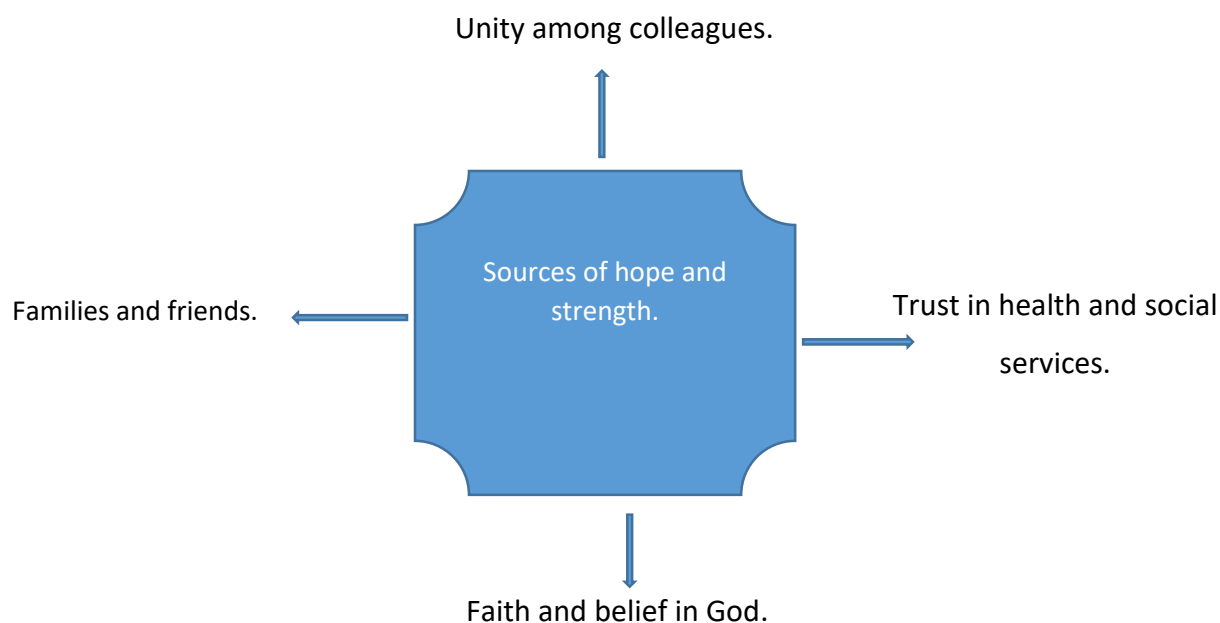
*One important thing to note here is that all health workers including my place of work accepted the pandemic and everyone was following infection control protocols to limit the spread of the infections. Everyone was concerned about the pandemic, all co-workers were putting on masks and helping each other when the need arose. I felt safe because, at this point, I knew I couldn't infect or get infected when everyone was respecting the guidelines. (Informant 9).*

Sticking to rules and regulations is part of ethical principles in nursing. Informants were aware of this and everyone accepted the pandemic and respected the guidelines. The respect of guidelines was one of the important factors that limited the spread of the infection. Safety to some extent was guaranteed when everyone respected the guidelines.

### 6.7 Sources of hope and strength.

According to the American Psychological Association, hope is when one expects a positive experience or the feeling that a potentially negative or difficult situation will not materialize. It is therefore an attitude or an outlook that good things will happen with the ultimate fulfillment of one's aims or wishes. (American Psychological Association, 2018). On the other hand, comfort is the pleasant feeling of being relaxed and free from pain. (Cambridge Dictionary, 2023).

This theme describes how and where informants got their hope and strength during the pandemic. Informants described their sources of hope as that which resulted from unity among colleagues, trust in the health and social system of Finland, Faith, and belief in God, and from friends and families as shown in Figure 11 below.



*Figure.11. Sources of Hope and strength.*

Figure 11 describes the sources of hope and strength for informants of this study. As shown in the figure, the sources of hope and strength were faith and belief in God, families, and friends, trust in the health and social service, and unity among colleagues. Unity among colleagues will be presented first, followed by trust in the health and social services, families and friends, and lastly faith in GOD.

#### 6.7.1 Unity among colleagues:

Informants described the united front put by colleagues during the pandemic as their greatest source of hope and strength. According to informants, their colleagues were united to fight the pandemic and were willing to help a staff member when the need arose. Some colleagues assisted in shopping, especially for those who were quarantined during the pandemic, others were able to check on every staff member when they were sick. Others described the smiles put on even in the face of adversity as comforting.

*My greatest source of hope and strength was the unity among workers and the love they had for each other during very difficult moments, the smile we put on our faces in the face of reality, and the comfort we got from each other, especially when one was sick with the virus. This was unbelievably comforting. (Informant 3).*

*Every worker was united to fight the pandemic. Everyone was helping in his or her way. Also, the leadership skills displayed by my boss were exemplary. The constant checking on staff and their well-being was what added some hope to me. (Informant 2)*

*Irrespective of your status, race, sex. We are all the same during the pandemic. There was unity of purpose during the pandemic. Everyone played an important role, especially in caring for our residents. Every nurse was putting on a mask. We were doing social distancing and everyone was ready to help. I remember when I was sick, I had nobody to buy me foodstuff. One of my colleagues drove to the shop and brought me food. I felt comforted. (Informant 5).*

The hope and strength of informants were derived from the unity and the love they had for each other. There was unity of purpose and everyone was involved in fighting the pandemic and ensuring the safety of their residents. Informants demonstrated their love for their profession as they were willing to provide help when needed. Also, the exemplary skills of their bosses. The constant checking of staff members and willingness to provide some form of help especially when there was a shortage of staff was comforting to most informants.

#### 6.7.2 Trust in the health and social services of Finland.

All informants trusted the expertise of health workers and the overall health and social services in Finland when compared to other countries, especially the USA. They described Finland as providing the best quality care and social support and they believed they were going to receive quality care if they felt sick.

*The source of my strength was knowing that I was in a system that provided contact and good treatment for citizens and even social support for the unemployed. So that comforted and gave me strength because I knew if I was not working I would still have social support. If I am sick, the system is there to take care of me. And of course, there are so many mental health facilities that I can be referred to in a worst-case scenario. (Informant 1).*

*My biggest source of hope and strength was the enormous work the healthcare system had to offer. The contact and trace that led to the identification of infected people was my biggest source of hope. I was sure that if I happened to be admitted to the hospital, I would be well taken care of. Finland has many good hospitals with specialists, the health care is free compared to other countries like the USA. That gave me hope. (Informant 2).*

The enormous work the health care system offered to the population during the pandemic using contact and tracing and the potential identification of infected cases added more strength to some informants. The healthcare services of Finland are good and accessible to all. Also, the social services are awesome and offer incredible help to those in need. Being in such a system



provides comfort and strength to most informants as they believe that they will be taken care of when needed.

### 6.7.3 Friends and Families.

Informant described the support they received from families and friends as incredible. Some described their families as being there on a 24/7 basis.

*Friends and families were also another source of my hope and strength. I remember having a plan with my parents to always call me every two hours when I had COVID-19. And that gave me a perspective on how important family is to me. Knowing that I was truly taken care of by my family now and then was incredible. (Informant 7).*

*Friends were also there for me. There was a pandemic but not the internet, so we were using social media to connect and that was how I got comforted especially when I was isolated. (Informant from Finland).*

*My family too was my source of hope and strength. They stood by me in difficult times. They provided comfort even though they were not living with me here in Finland. (Informant from Kosovo).*

Family and friends constituted the highest source of comfort and strength for most informants. This demonstrates the importance of family and friends in times of difficulty. Most informant had their families and friends checking on them on a two-hour basis. Those informants without parents wished theirs were still alive.

### 6.7.4 Faith and Belief in God:

Faith-based practice is an important source of hope and strength for many especially those of immigrant backgrounds. Most informants believed that God is the provider of health, life, and sickness, and going closer to God using prayers and worship would provide them hope and strength as described by informants in their own words.

*During this pandemic, trusting and improving my faith in God gave me the power and the energy to withstand the numerous problems that I faced. I remember having suicidal thoughts when I was locked up in my home because I contracted the virus. I had to pray to God and sometimes talk to men of God. This provided me strength and gave me hope too. (Informant 7).*

*A lot of things provided me comfort and gave me strength during this pandemic, trusting myself and knowing that God will handle the rest. During the pandemic, I had negative thoughts about life but when I started reading the Koran and having a deeper knowledge about life, it gave me a perspective and the negative thoughts gradually disappeared. (Informant 8)*

Some informants especially of immigrant background described their faith and belief in God as the sources of hope and strength during the pandemic. Some reported that the pandemic was a

trying moment for them and a way to test their faith in God. It gave them a perspective to go deeper in strengthening their relationship with God who is the provider of health and life. The reading of bibles and engaging in meaningful discussions with men of God helped strengthen their faith in God during the pandemic and this provided them hope and strength they so desired.

## 7 Discussion.

COVID-19 has impacted the lives of many people across the world, especially those healthcare workers who had direct contact with COVID-19 patients. In Finland, current literature has specifically focused on the impact of the pandemic on hospital nurses. A gap therefore exists on the impact of the COVID-19 pandemic on practical nurses working in 24-hour residential care units or care homes and how it impacted their overall well-being.

About the theoretical framework of this research which is well-being and coping strategies, the COVID-19 pandemic had enormous impacts on the well-being of many people worldwide, especially practical nurses working in elderly care homes or units providing 24-hour services. The consequences included psychosocial problems such as anxiety, depression, fatigue, emotional breakdown, and loneliness (Uphoff EP et al.,2021).

The COVID-19's impact on the well-being of nurses was brought about by increased workload due to increased hospitalization of COVID-19 patients. The increased infection rate among people living in nursing homes and the implementation of hygiene measures like frequent washing and disinfection of hands and common places and the use of personal protective equipment added enormous workload to practical nurses which had an impact on their overall wellbeing. Also, the change in work routine and the overall death rates in nursing homes had an enormous effect on the well-being of practical nurses. (Schulze et al., 2022).

The impact on their well-being led to the adoption of coping strategies. Coping strategy refers to thoughts, behaviors, and emotions that people use to adapt or adjust to changes brought about by life. The coping strategies used by practical nurses during the pandemic are, singing, playing of guitar, etc. (Algorani & Gupta, 2021).

Utilizing semi-structured interviews with nine practical nurses working in five different elderly care facilities providing 24-hour services in Seinäjoki, this qualitative research aimed at describing practical nurses' experiences, their coping strategies, and the effect of the COVID-19 pandemic on their well-being.

A great deal of data was derived from this research that directly answered the research questions. The findings contain several factors that affected the overall well-being of practical

nurses and how they coped during the pandemic. These findings may also contribute to existing knowledge that could be useful in future developments, especially in similar pandemics.

### 7.1 The relationship of results to the research questions and existing research.

In this paragraph, the results will be described as they are related to the research questions and what existing research holds about the results.

The discussions will mention everything about a theme, its categories, and subcategories in the same paragraph. The relationship to existing literature will be discussed at the end of each theme. The discussions are in the following order. COVID-19's effects on the mental and physical well-being, effects on the provision of care, lifestyle changes, coping mechanisms, and the sources of hope and strength.

On the effects on the mental well-being, the results showed that all of the practical were sad about the COVID-19 pandemic and they described the situation as scary, stressful, and a sad experience. The numerous death toll reported by the media coupled with their exposure to COVID-19 infections in care facilities had a huge impact on their mental well-being. The course and the end of the pandemic were not known and this alone exacerbated their anxiousness. This theme correlates to Herring et al., (2022) who reported a 59.1% prevalence rate of stress, anxiety, and depression in participants working in nursing homes in Germany. Clinically significant anxiety symptoms were shown by 36,5% of the nurses, while 41.4% showed clinically significant depression.

Furthermore, all those who participated in the research experienced some level of sadness, and stress and also felt lonely at some point during the pandemic. While some informants said they experienced loneliness even in their family homes, those whose families were in other countries experienced loneliness more when compared to those whose families were in Finland.

As described by Rath & Harter (2010, p (6).), social well-being is being able to have strong relationships and love in your life. It includes aspects like the level of social support we get from families and friends, social services, and our sense of belonging. Social well-being is vital for maintaining mental well-being and preventing social isolation. However, the pandemic to some extent prevented informants from enjoying the company of friends, and families because of the

lockdown. Even though some family members were there from a distance, the actual companionship was missing because of the lockdown. This also corroborates with Hosseinzadeh et al. (2022), who noted in their research that many nurses expressed feelings of loneliness that were caused by isolation from social life, families, and friends. The fear of contracting the virus and infecting family members made some nurses to be lonely even in their homes. Rothmann et. al. (2022), also noted that many Danish nurses reported significant symptoms of depression, anxiety, or stress, especially those who had had contact with someone infected with COVID-19.

Many informants had a phenomenon of self-blame as they thought they did not adequately protect themselves during the pandemic, the reason they still got infected with COVID-19 infection. They also blamed themselves for possibly infecting their residents as no visitors were allowed in the facilities, yet the infection rates were increasing within their facilities. This relates to Belen, H. (2021), who described higher levels of self-blame as a contributor to increased levels of fear of COVID-19 thereby contributing to increased levels of depressive symptoms.

The majority of the informants interviewed experienced fatigue. This was due to the increased workload as a result of many COVID-19 cases in their facilities, increased sick leave as many staff were calling off duty, and changes in their work routines. Some reportedly spent much time on dressing and undressing PPE. These had an enormous impact on their workloads which led to fatigue. This is corroborated by Schulze et al., (2022), who also found out that during the pandemic, many people were infected, some requiring hospital and intensive care, while most of the residents in nursing homes were heavily infected by the COVID-19 virus. The workload for healthcare workers increased drastically which led to fatigue. Meanwhile, Sagherian, & Steege (2023), also reported that frontline nurses who cared for COVID-19 patients had high acute fatigue when compared to other groups who were not directly in touch with COVID-19 patients.

The findings on COVID-19's effect on the physical well-being of practical nurses showed that informants reported skin rashes caused by the use of PPE and constantly disinfecting their hands. Others experienced breathing difficulties especially increased asthma attacks that were provoked by the use of PPE. As Rath & Harter 2010, p (6) describes, physical well-being refers to the state of physical health. That is an individual has good health and the energy to manage his or her daily

activities. Good physical well-being is important in preventing health-related illnesses, preventing chronic diseases. Important aspects of maintaining physical well-being are sleep, diet, and overall fitness. The majority of the informants expressed difficulties sleeping owing to the numerous deaths they heard about from the media, how quickly the world changed because of the lockdown, the experiences they faced daily dealing with COVID-19 patients, the grief of losing clients coupled with concerns about their personal lives and that of their family members. All these posed a threat to their sleeping routines.

In other literature, the prolonged use of personal protective equipment and the use of hand sanitizers posed problems for many nurses. These included skin rashes, allergic reactions, and dehydration. (Moradi et al. 2021).

Furthermore, many informants who participated in the research reportedly had challenges with some residents in their units. Residents who had memory problems understood nothing about the COVID-19 infections and could not be isolated in their rooms. They reportedly moved from one place to another and possibly spread the infections. Some informants were verbally and physically abused by some of the residents who had memory issues. In other literature, as reported by Rucker et al. 2021, nurses working in nursing homes reported stressful encounters with residents who had memory problems. These residents were unable to obey and follow instructions, they had poor safety awareness, were unable to retain new guides, and were unable to follow social distancing rules.

On the provision of care, informants were faced with shortages of PPE, more emphasis was laid on infection control methods but limited time to provide adequate care for their residents. Informants also described the shortage of staff as one of the causes that hindered the provision of adequate care.

On lifestyle changes, informants described a plethora of factors that led to changes in their lifestyles. Most informants described them as being trapped in the world of COVID-19. The things that they initially had difficulties with at the beginning of the pandemic like missing their loved ones soon became normal and they wanted to be left alone in their spaces. Informants described the pandemic as giving them a perspective to understand mental health and its challenges and

therefore providing them the opportunity to be emotionally strong and how to derive strategies for dealing with mental health problems.

Amid the pandemic, informants derived coping strategies. These are methods used by individuals to mobilize their behaviors and thoughts in order to handle or manage external or internal stressful situations. Internal refers to stressful situations originating from within an individual while external is stress from the environment and its surroundings. (Algorani & Gupta, 2021).

Algorani & Gupta, (2021), state that, emotionally focused, problem-focused, meaning-focused, and seeking support or social coping are approaches often used by people to cope with things that temper well-being. **Emotion-focused approach** has as an objective or aims to address problems associated with negative emotions, e.g. acceptance, reframing positively, humor, and turning to religion. **Problem-focused**, digs down into problems that cause distress. e.g., planning to restrain, active coping, and suppressing competing activities. **Meaning-focused**, where situations are managed using cognitive strategies. Individuals use their intellectual capabilities to address and understand the meaning of a situation and lastly, **support or social coping**, where individuals in situations often seek support of any kind from families, organizations, government, or community.

As described above, informants in this study practiced an emotionally focused approach like accepting the pandemic, developing a positive attitude toward the pandemic, listening to motivational speakers, meaning-focused approach by using their intellectual capabilities to cope with the pandemic, like learning new skills, dancing, singing, and the approach of seeking support or social coping by turning to their families, social institutions, faith-based practices, etc.

Faith-based practices were found to be an important tool used mostly by practical nurses of foreign backgrounds. To them, their coping was based on their faith in God because God is the giver of life, health, and illness and COVID-19 cannot harm them without the will of God. However, the problem they faced was that they couldn't attend their prayer meetings or go to church since public places were closed during the lockdown.

These findings are consistent with Schelaro et al. (2021), who also noted a plethora of strategies including faith-based practices used by nurses during the pandemic.

Additionally, informants described their sources of hope and strength as trusting in the health and social care system of Finland. The unity among colleagues in fighting the pandemic and helping each other, the help they received from families and friends, and the belief in God.

## 7.2 Trustworthiness.

Trustworthiness is an important determinant of quality in qualitative research. It refers to the truthfulness, quality, and authenticity of qualitative research findings. The degree of confidence or trust that readers have in the results of qualitative research refers to the trustworthiness of the research. Trustworthiness can be established through validity, reliability, credibility, and transferability (Elo et al., 2014).

To ensure trustworthiness in this research, credibility, and transferability were focused on. Credibility refers to the accuracy of research findings. The Methods used to establish credibility in research include prolonged engagement with participants data debriefing and member-checking. (Elo et al., 2014).

To ensure credibility, informants for the research were fully identified and described accurately. Participants were selected based on the valuable information needed to attain the research objectives. A Facebook post was made regarding the research topic and shared in a social media forum. The information was spread and those who showed interest contacted the author. A total of 9 informants who were practical nurses were selected. The selection criteria were those practical Nurses who had 2 years of experience and were working in care facilities in Seinajoki that have registered at least 5 COVID-19 cases. Primary data was obtained through semi-structured interviews with individual informants using open-ended questions. The questionnaires were developed based on the gap that exists between the experience of nurses working in hospitals and that of Practical nurses working in care homes during the COVID-19 pandemic. The open-ended questions were pretested on friends before being administered to informants. This was to ensure an understanding of the process of interviews and to correct possible mistakes before the actual interviews.

A neutral position was taken throughout the interviews and informants were allowed to express themselves in their ways. Follow-up questions were asked for clarification. When data was



collected from the interviews, a prolonged amount of time was dedicated to getting familiar with the data. This was to ensure that the narratives of all participants were understood without being bias

The transferability of research implies that the research findings can be transferred to other settings or groups. The transferability of this research was done by describing in detail how the research was conducted (methodology described in earlier chapters) and the presentation of findings from the informant's perspective.

### 7.3 Limitations

The transcription of interviews and analysis of data was time-consuming as informants were not very fluent in the English language and the transcription app could not pick up every word. Some of the audio notes were listened to and transcribed manually.

Also, getting a convenient time and a conducive environment for the interviews was problematic as everyone was busy with work. Time constraints were also faced as a result of work, personal, and family life balance. However, despite the constraints, deadlines were respected.

The research was conducted on a very small sample of the population in a small city (Seinajoki). Therefore, it cannot be generalized. A bigger sample size probably from the bigger cities of Finland is needed to generalize this research. Therefore, extensive research are still needed in this area.

## 8 Conclusion.

The COVID-19 pandemic has had enormous impacts on the lives of many people worldwide, especially healthcare workers. The consequences included psychosocial problems such as anxiety, depression, emotional breakdown, and loneliness.

Concerning the interviews conducted on practical nurses working in elderly care homes, the informants listed COVID-19's effects on the mental and physical well-being, effects on the provision of care, and changes in lifestyle as the factors that affected their overall well-being.

Furthermore, amid adversity, informants also identified coping mechanisms or strategies that helped them navigate through the difficult moments. They also elaborated on what provided them comfort and strength during the pandemic.

However, informants felt that they were not treated fairly during the pandemic and in describing what can be improved upon if faced with a similar pandemic in the future (keeping an eye on the future), informants described employee motivation using salary increments and employment of more staff. Other aspects that can be improved on are occasional training on infection control especially the use of PPE and guidelines that are easy to follow.

## 9 Appendix

### **Appendix 1 :**

#### **What I posted on social media.**

Dear Social Media Family,

My name is Norbert Abamukong, I am currently studying for a master's in health and social service at Novia University of Applied Science. I am conducting researching the COVID-19 Pandemic, and its effects on the well-being of Practical nurses working in any 24-hour units or elderly care facilities in Seinäjoki. The research is carried out through face-to-face interviews with voluntary participants. The questions are short and will take at most 45 minutes. The interviews shall give me first-hand information about the experiences and the effects of the COVID-19 pandemic on the well-being of Practical Nurses. Participation is voluntary and participants have the right to withdraw from the process without any consequences. Personal data are not needed and any information disclosed in the course of the interview shall be handed with utmost confidentiality. All responses shall be kept anonymous. Please message me if you would like to participate in the interviews.

Kind regards,

Norbert.

## Appendix 2:

### Open-ended questions for interviews.

- What's your idea about COVID-19?
- Could you tell me a bit more about what you have been through this period?
- What is the source of your comfort and hope during this time?
- What's the biggest way your life has changed as a result of the pandemic?
- Based on your experience during this pandemic, especially working in elderly homes, what could have been done to better your working conditions?

## Appendix 3:

Codes	References	Modified on	Modified by	Classification
24	50	1/24/2024 8:39 PM	NORB	
26	65	1/24/2024 8:39 PM	NORB	
20	45	1/24/2024 8:39 PM	NORB	
22	38	1/24/2024 8:39 PM	NORB	
21	37	1/24/2024 8:39 PM	NORB	
25	56	1/24/2024 8:39 PM	NORB	
21	48	1/25/2024 9:31 AM	NORB	
22	43	1/25/2024 9:31 AM	NORB	
21	49	1/25/2024 9:32 AM	NORB	

*The files for individual informant uploaded in the Nvivo software for coding.*

**Appendix 4:**

*Exported codes from NVIVO for the creation of Themes.*

- **What is the impact of COVID-19 on the well-being of Practical nurses?**

Cluster 1	Cluster 2	Cluster 3
<ul style="list-style-type: none"> <li>- Scary and sad experience</li> <li>- Loneliness and sadness</li> <li>- Concern about family</li> <li>- emotional breakdown</li> <li>- Self-blame for not adequately protecting self</li> <li>- Problems sleeping</li> </ul> <p><b>Theme: Effects on Mental wellbeing</b></p>	<ul style="list-style-type: none"> <li>- Fatigue</li> <li>- Time consuming because of PPE</li> <li>- Effects on skin integrity</li> <li>- Breathing difficulties</li> <li>- Challenge with some residents.</li> </ul> <p><b>Theme : Effects on Physical wellbeing</b></p>	<ul style="list-style-type: none"> <li>- Shortage of PPE</li> <li>- inadequate care</li> </ul> <p><b>Theme: effect on provision of care</b></p>

- **How do Practical Nurses describe the changes in their lives during the pandemic and their coping mechanisms?**

Cluster 1	Cluster 2
<ul style="list-style-type: none"> <li>- Introvert</li> <li>- Not bothered with things of the world anymore</li> <li>- Emotionally strong</li> <li>- Understanding more about mental health issues.</li> <li>- Self-conscious (understanding oneself)</li> </ul> <p><b>Theme: Changes in life styles.</b></p>	<ul style="list-style-type: none"> <li>- Listening to motivational speakers</li> <li>- Learning new skills</li> <li>- 20mins walk everyday</li> <li>- More focus on understanding mental health issues</li> <li>- Respecting all the national guidelines</li> <li>- Improving faith in God</li> </ul> <p><b>Theme: Coping mechanisms</b></p>

- **What are the sources of hope and comfort practical nurses during the pandemic?**

Cluster 1	Cluster 2	Cluster 3	Cluster 4
Unity among colleagues	Trust in the health and social system of Finland	Faith and belief	Friend and families

**What can be improved on if faced with a similar pandemic in Future**

<b>Cluster1</b>	Cluster 2	
Salary increment Employ more staff  <b>Employee motivation.</b>	<ul style="list-style-type: none"> <li>- Occasional trainings on PPE</li> <li>- Prepare easy guidelines</li> <li>- Set up isolation rooms for residents</li> <li>- Availability of PPE.</li> </ul> <b>Theme: Future plan of action</b>	

*Illustrations of how themes were formed*

## Appendix 5:

Name	Informants	Code counts
Effects on provision of care	9	84
Changes in life style	9	18
Trap in one's world	2	2
Self-awareness	4	5
Nuts but difficult to crack	5	6
COVID-19's effects on mental wellbeing of practical nurses	5	5
Crowded minds full of uncertainty	9	49
fatigue	7	9
Scary and sad experience	6	6
Trap in the jail of covid 19	9	11
loneliness and sadness	3	3
Sleeping difficulties	9	15
Effects on personal and Family lives	5	10
Self-blame	9	14
COVID-19's effects Physical wellbeing of practical nurse	4	5
Breathing difficulties	9	26
Challenge with some residents.	4	4
Effects on skin integrity	8	9
Coping mechanisms	5	6
Learning new skills.	9	46
Listening to motivational speakers	3	6
Keeping fit & enhancing positive energy	4	5
Sticking to the COVID-19 guidelines.	3	5
Sources of hope and strength.	9	9
Faith and belief	9	32
Friend and families	6	8
Trust in the health and social system of Finland	8	9
Unity amongs colleagues	7	7
Keeping an eye on the future	8	8
Plan of action for future respiratory infections	9	21
Salary increament	9	12
	9	9

*Presentation of results on excel sheet.*



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