

# Nurses' Experiences in Service Provision a COVID-19 Dedicated Tertiary Public Hospital

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## Abstract

**Objectives:** To assess the nurses' experiences in service provision a COVID-19 dedicated tertiary public hospital. **Materials and Methods:** This descriptive cross-sectional study was conducted in one tertiary level public hospital namely Dhaka Medical College Hospital (DMCH), Dhaka, Bangladesh from January to December 2021. Data were collected through face-to-face interview using a structured questionnaire containing demographic details and experiences faced by the nurses in service provision during COVID-19. Data was analysed by using SPSS (Statistical Package for Social Science) software version 23. **Results:** The findings revealed that the mean age of the respondents was  $32.35 \pm 7.248$  years, the minimum age was 23 years and maximum age was 58 years. About half of the respondents 52.1% were in 21 - 30 years. The majorities 89% were female. More than half of the respondents 72.6% were Muslim and 63.83% of respondents have completed Diploma in nursing. About 32.2% respondents were living with senior citizen, 33% respondents were infected by COVID-19, 24.23% respondent mentioned nurse-Patient ratio in general ward was 1:7 and 71.08% mentioned nurse-patient ratio in I.C.U/C.C.U. was 1:3 (December 2021). PPE were available among 88.0% respondents and N95 mask were available among 84.0% respondent. About 34.8% respondents got COVID-19 guideline training and 32.4% got donning and doffing training. More than half of the respondents 76% stated that equipment is adequate, 56.38% respondents mention that insufficient of nurses and 53.7% were mentioned insufficient of subordinate staff. About 22.6% respondents faced social stigma and majorities 96.5% respondents mentioned they got proper family support. There was a significant association found between Professional educational qualification and satisfaction of current designation ( $p$  value =  $0.001 < 0.05$ ). **Conclusion:** The most important findings of this study was lack of training, insufficient of manpower especially nurses and subordinate staff, high nurse-patient ratio and fear about personal

and family safety. The findings of the study will be helpful for the authority in planning for future course of action.

## Keywords

Nurses' Experiences, Service Provision, COVID-19, Tertiary Public Hospital

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## 1. Introduction

Experience refers to conscious events in general, more specifically to perceptions, or to the practical knowledge and familiarity that is produced by these conscious processes. Understood as a conscious event in the widest sense, experience involves a subject to which various items are presented. Nurses' experiences are opportunities and challenges faced by nurses during practical contact. The experience of providing nursing care in this context has the potential to have significant short- and long-term consequence for individual nurses, society and the nursing profession. Service provision is a term used to describe a wide range of activities, including the provision of assistive devices, rehabilitation services, therapy and health services

Nurses are at the forefront of promoting health, advocating for patients and advancing the science of care. The World Health Organization designated the year 2020 as the Year of the Nurse and the Midwife. Organizations within the World Health Assembly such as the International Confederation of Midwives, International Council of Nurses, Nursing Now and the United Nations Population Fund planned to celebrate nurses worldwide, to address challenges nurses face and to highlight nurses' vast contributions throughout 2020.

The year of the Nurse and the Midwife, however, was quickly overshadowed by the international invasion of the novel coronavirus disease 2019 (COVID-19). The effects of COVID-19 have been felt in and continue to ripple through all areas of the world. Anecdotes continue to emerge as nurses engage in the power of storytelling to share their individual reality of COVID-19. Curating and archiving these pandemic experiences are important and necessary. This study aims to scientifically examine the resilience and experiences of registered nurses (RNs) practicing during the pandemic [1].

Respiratory diseases annually cause about 5 million deaths worldwide; however, an epidemic is likely to increase this number significantly. Recently, these diseases have been associated with viruses such as coronavirus. A novel coronavirus, designated as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) causing COVID-19, was erupted in Wuhan, China, at the end of 2019. The COVID-19 quickly spread throughout the world so that the world health organization (WHO) declared the outbreak a global pandemic on 11 March 2020 (WHO). The spread of the disease has been rapid as such it has become a worldwide pandemic. Since there is currently no valid treatment for this disease, the main approach is symptomatic and supportive treatments, which include

keeping vital signs, preserving oxygen saturation and blood pressure and treating complications such as secondary infections or organ failure.

To this end, it is also important to prevent its infection or further spread by individuals travelling to viral epidemic sites through measuring their body temperature and recommending them to have self-care for 14 days [2].

Bangladesh is a low resource country in South Asia which ranks 8th in population and 17th in the order of COVID-19 infection worldwide; its first case was officially identified on 8 March 2020. The doctor to patient disparity is significantly high. The International WHO estimated 3.05 physicians per 10,000 population and 1.07 nurses per 10,000 population in Bangladesh based on the Ministry of Health and Family Welfare Human Resources Development Unit. These numbers show healthcare professionals as among the most vulnerable segment in society who need to be protected in order to continue supporting the healthcare system of the country. However, healthcare professionals are critically affected daily during the pandemic as the increasing numbers of infection and death shows Chan Yeung. In Bangladesh, among frontlines, doctors hold the highest mortality rate from COVID-19 although the actual figure is not available. Thus, it is essential to protect healthcare professionals [3].

The aim of the study is to find out the nurses' experiences in service provision during COVID-19 pandemic. Nurses' who were getting PPE, N95 mask, Hand sanitizer, donning-doffing area, hand washing facilities, availability of RT-PCR test, isolation and quarantine facilities or not who has adequate training or not, necessary equipment and facilities available for patient care, workload and working hour also identified. This study also focused mental and emotional condition of nurses when providing care of COVID-19 patient. Therefore, this study gathers adequate information about nurses' experiences in service provision during COVID-19 pandemic, which will help to our superior in future planning regarding proper management of nursing services and to ensure quality patient care.

## 2. Materials and Methods

This descriptive cross-sectional study was conducted in one tertiary level public hospital namely Dhaka Medical College Hospital (DMCH), Dhaka, Bangladesh from January to December 2021. Sample size was  $n = 376$ . Data were collected through face-to-face interview using a structured questionnaire containing demographic details and experiences faced by the nurses in service provision during COVID-19. Data was analysed by using SPSS (Statistical Package for Social Science) software version 23.

### Inclusion criteria

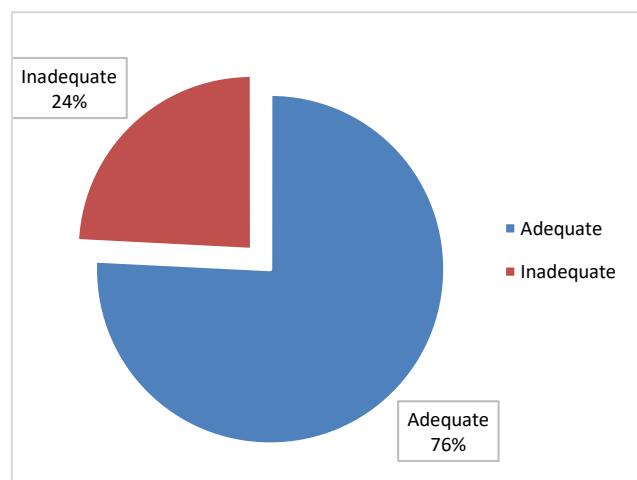
- Nursing staffs in both sexes who were actively involved to management of COVID-19 patients.
- Nurses who were give informed consent to participate.
- Nurses who were available in duty time.
- Nurses who were willing to participate in this study.

### Exclusion criteria

- Nurses who were already suffering from major psychological illness.

### 3. Results

The findings revealed that the mean age of the respondents was  $32.35 \pm 7.248$  years, the minimum age was 23 years and maximum age was 58 years. About half of the respondents 52.1% were in 21 - 30 years. The majorities 89% were female. More than half of the respondent 72.6% were Muslim and 63.83% of respondents were completed Diploma in nursing. Less than half 48.9% respondents working experience were 1 to 5 years. About 32.2% respondents were living with senior citizen, 33% respondents were infected by COVID-19, 24.23% respondent mention nurse-Patient ratio in general ward was 1:7 and 71.08% mention nurse-patient ratio in I.C.U/C.C.U. was 1:3 (December 2021). PPE were available among 88.0% respondents and N95 mask were available among 84.0% respondent. Hand sanitizer were available among 97.9%, Donning and doffing area were available among 93.6%, Hand washing facilities were available among 96.8%, RT-PCR/ RAT test facilities were available among 94.7%. About 34.8% respondent got COVID-19 guideline training and 32.4% got donning and doffing training. More than half of the respondents 76% stated that equipment is adequate, 91.2% respondent mention that Pulse oximeter is adequate, 75.0% stated adequate of high flow nasal cannula, 99.7% mention adequate of blood pressure machine, 99.5% mention adequate of portable and central oxygen supply, 98.7% mention adequate of suction machine, 39.1% mention adequate of Intubation set, 95.7% mention adequate of emergency medication, 99.5% mention adequate of wheelchair, 97.9% mention adequate of Stretcher, 29.0% mention adequate of Cardiac monitor, 28.2% mention adequate of Mechanical ventilator machine, 44.9% mention adequate of ECG machine, 29.8% mention adequate of Syringe pump and 22.3% mention adequate of ABG machine. 56.38% respondents mention that insufficient of nurses and 53.7% were mention insufficient of subordinate staff. About 22.6% respondents faced social stigma and majorities 96.5% respondent mention they were got proper family support (See **Tables 1-7**, and **Figure 1**).



**Figure 1.** Distribution of the respondents by availability of equipment (n=376) [8].

**Table 1.** Socio-demographic characteristics of the respondents [4].

Characteristics	Frequency	Percentage (%)	
Age group (In year) (n-376)	21 - 30	196	52.1
	31 - 40	140	37.2
	41 - 50	25	6.6
	51 - 60	15	4.0
	Mean $\pm$ SD - 32.35 $\pm$ 7.248 years		
Maximum-58 years			
Minimum-23 years			
Gender	Male	42	11
	Female	334	89
Marital status (n-376)	Married	308	81.9
	Unmarried	66	17.6
	Widow/Widower	1	.3
	Divorced	1	.3
Religion	Muslim	273	72.6
	Hindu	99	26.3
	Christian	4	1.1
Working experience (In year)	Below 1	29	7.7
	1 to 5	184	48.9
	6 to 10	116	30.9
	11 to 15	13	3.5
	16 to 20	5	1.3
	21 to 25	13	3.5
	26 to 30	10	2.7
	31 to 35	6	1.6
Professional educational qualification	Diploma in Nursing	240	63.83
	B.Sc in Nursing	102	27.13
	MSN/MPH	34	9.04
Family type	Nuclear	280	74.5
	Joint	89	23.7
	Extended	7	1.9
Pregnancy status	Pregnant	17	4.5
	Not Pregnant	359	95.5
Husband/wife occupation	Businessman	33	10.71
	Service holder	272	88.31
	Retired person	2	.53
	Student	1	.32
Living with senior citizen	Yes	121	32.2
	No	255	67.8

**Table 2.** Job and nursing personnel management related experiences [4].

Experiences	Frequency	Percentage (%)	
Designation	Senior staff nurse	371	99
	Staff nurse	5	1
Satisfaction with current designation	Yes	329	87.5
	No	47	12.5
Working department	Medicine	71	18.88
	Surgery	122	32.45
	Pediatric	40	10.64
	Cardiology	6	1.60
	ICU	65	17.29
	CCU	18	4.79
	Gynecology	24	6.38
	Emergency	3	0.80
	Dialysis	1	0.3
	Urology	5	1.33
More involved in non-nursing work	Yes	42	11.2
	No	334	88.8
Nurse-patient ratio in general ward	1:5	50	17.06
	1:6	55	18.77
	1:7	71	24.23
	More than 1:7	117	39.93
Nurse-patient ratio in ICU/CCU (n-83)	1:1	2	2.40
	1:2	6	7.23
	1:3	59	71.80
	More than 1:3	16	19.28
Current salary	21,000 - 30,000	164	43.62
	31,000 - 40,000	166	44.15
	41,000 - 50,000	15	3.99
	More than 50,000	31	8.24
Getting any type of leave	Yes	193	51.3
	No	183	48.7
Spend quarantine period	Government	28	7.4
	Arranged hotel		
	Government house	39	10.4
	Own house	49	13.0
	Rented house	260	69.1
Respondent infected by COVID-19	Yes	124	33
	No	252	67
Spend isolation period	Isolation canter	34	27.42
	Own house	22	17.74
	Rented house	68	54.84
Needed hospitalization due to COVID-19 infection (n-124)	Yes	43	34.68
	No	81	65.32

**Table 3.** Resource and facilities related experiences [5] [6].

Availability of resource and facilities	Yes	No	Total
PPE (Personal protective equipment)	331 (88.0%)	45 (12.0%)	376 (100%)
N95 Mask	316 (84.0%)	60 (16.0%)	376 (100%)
Hand Sanitizer	368 (97.9%)	8 (2.1%)	376 (100%)
Changing room	346 (92.0%)	30 (8.0%)	376 (100%)
Donning and Doffing area	352 (93.6%)	24 (6.4%)	376 (100%)
Hand washing facilities	364 (96.8%)	12 (3.2%)	376 (100%)
Wash room	356 (94.7%)	20 (5.3%)	376 (100%)
RT-PCR/RAT test facilities	356 (94.7%)	20 (5.3%)	376 (100%)

**Table 4.** Training related experience [7].

Name of Training	Yes	No	Total
Orientation training	140 (37.2%)	236 (62.8%)	376 (100%)
Department related training	89 (23.7%)	287 (76.3%)	376 (100%)
Infection prevention and control training.	117 (31.1%)	259 (68.9%)	376 (100%)
COVID-19 guideline training	131 (34.8%)	245 (65.2%)	376 (100%)
Donning and Doffing training	122 (32.4%)	254 (67.6%)	376 (100%)
Fire training	27 (7.2%)	349 (92.8%)	376 (100%)
Refresher training	16 (4.3%)	360 (95.7%)	376 (100%)

**Table 5.** Distribution of the respondent by adequate of equipment (n-376) [8].

Name of Equipment (Adequate)	Yes	No	Total
Pulse Oximeter	343 (91.2%)	33 (8.8%)	376 (100%)
High flow nasal cannula.	282 (75.0%)	94 (25.0%)	376 (100%)
Blood pressure machine.	375 (99.7%)	1 (0.3%)	376 (100)
Portable Oxygen cylinder	374 (99.5%)	2 (0.5%)	376 (100)
Central oxygen supply.	374 (99.5%)	2 (0.5%)	376 (100)
Suction machine	371 (98.7%)	5 (1.3%)	376 (100)
Intubation set	147 (39.1%)	229 (60.9%)	376 (100%)
Emergency medication and resuscitation item.	360 (95.7%)	16 (4.3%)	376 (100%)
Wheelchair	374 (99.5%)	2 (0.5%)	376 (100%)
Stretcher	368 (97.9)	8 (2.1%)	376 (100%)
Cardiac Monitor	109 (29.0%)	267 (71.0%)	376 (100%)
Mechanical ventilator machine	106 (28.2%)	270 (71.8%)	376 (100%)
ECG machine	169 (44.9%)	207 (55.1%)	376 (100%)
Syring Pump	112 (29.8%)	264 (70.0%)	376 (100%)
ABG machine	84 (22.3%)	292 (77.7%)	376 (100%)

**Table 6.** Availability of manpower [9].

Availability of manpower	Sufficient	Frequency	Percentage (%)
		167	44
	Insufficient	209	56
Insufficient of physician	Yes	138	36.7
	No	238	63.3
Insufficient of nurses	Yes	212	56.38
	No	164	43.62
Insufficient of subordinate staff	Yes	202	53.7
	No	174	46.3

**Table 7.** Mental and emotion related experiences [9] [10] [11].

Experiences	Frequency Percentage (%)		
	Worried about themselves due to caring of COVID-19 patient.	Yes	203
No		173	46
Feel strong pressure due to full responsibility for the patient.	Yes	174	46.3
	No	202	53.7
Feel fear due to more chance of infection and transmission of virus to themselves and their family members.	Yes	304	81
	No	72	19
Social stigma or social discrimination.	Yes	85	22.6
	No	291	77.4
Family members support.	Yes	376	96.5
	No	13	3.5

#### 4. Discussion

Corona virus disease is a highly contagious disease affecting all population in all ages with high infection transmission rates. Only nurses keep close contact with patient and providing 24 hours service providing service to the COVID-19 patient is very difficult because nurses have lack of COVID-19 guideline training and facilities. This cross-sectional descriptive study was conducted at Dhaka Medical College Hospital, Dhaka. (COVID-19 dedicated), to determine the Nurses' experience in service provision a COVID-19 dedicated tertiary public Hospital. The study was conducted from January to December 2021. Total 376 samples were collected from Dhaka Medical college Hospital. Samples were selected conveniently for data collection, which was done by face-to-face interview. The data was analysis by SPSS. The Significant findings of the study were discussed below.

The Study shows that the youngest respondents were 23 years of age where the oldest was 58 years of age. The mean ages were  $32.35 \pm 7.248$  years. Most



52.1% respondents were in 21 - 30 years, followed by 37.2% were in 31 - 40 years, 6.6% were in 41 - 50 years, 4.0% were in 51 - 60 years. A study conducted in Bangladesh found minimum age 25 years and maximum age 45 years. (Moustaq, 2021) [8]. The study shows that the majorities 88% were female and 11% were male. Majorities 81.9% were married 17.6% unmarried, 0.3% widow/widower and 0.3% were divorced. More than half 72.6% were Muslim, 26.3% were Hindu and 1.1% respondents were Christian. About 7.7% respondents working experience were below 1 year, 48.9% were 1 to 5 years, 30.9% were 6 to 10 years, 3.5% were 11 to 15 years, 1.3% were 16 to 20 years, 3.5% were 21 to 25 years, 2.7% were 26 to 30 years and 1.6% respondents working experience were 31 to 35 years. More than half 63.83% of respondents were completed Diploma in nursing, 27.13% completed B.Sc in nursing and 9.04% completed M.Sc in nursing/MPH. A study was conducted by Mahmuda, 2021 [9] found that 75% were female and 25% were male that was similar to this study because Bangladesh government allowed only 10% male nursing student, also shows that 85% married and 15% were unmarried. 70% respondent were Muslim, 30% others. Working experience were 6.94 years shows that 70% respondent completed Diploma in nursing, 15% completed B.Sc in nursing and 15% completed MSN/MPH. Both study few numbers of Post graduate respondent because shortage of post graduate nursing institute in Bangladesh.

This study shows that 4.5% were pregnant and 95.5% of participants were not pregnant. Study findings among 308 respondents 10.71% of respondents husband/ wife's occupation was businessman, 88.31% were service holder, 0.53% were retired person and 0.32% husband/wife's occupation was student. About 32.2% respondents were living with senior citizen and 67.8% of respondents were not living with senior citizen. Majorities 371 (99%) of respondent's current designation was Senior staff nurse and 5 (1%) of the respondent's current designation was staff nurse. This study shows that 18.88% respondents working in medicine department, 32.45% in surgery department, 10.64% in paediatric, 1.60% in cardiology, 17.29% in ICU, 4.79% in CCU, 6.38% in gynaecology department, 0.80% in emergency, 0.3% in Dialysis, 1.33% in urology department and 5.59% respondent's working department in cabin. A study conducted in Hong Kong found that 58.9% respondent were register nurse, 20.5% were advanced practice nurse, 2.6% were Senior nursing officer, 7.7% ward manager, 7.75 nurse consultant and 2.6% respondent were department operations managers, also found 41.0% worked in Isolation ward, 20.6% in Intensive care unit, 23.5% accident and emergency department, 2.9% in Medical and geriatric ward, 14.7% in paediatric ward and 5.1% others role (Janita, 2021) [4].

The Study shows that 11.2% respondent mention he/she more involved in non-nursing work and 88.8% mention he/she is not involved in non-nursing work. In this study shows that among 293 respondents, 17.06% respondents mention he/she has full responsibility for 5 patients, 18.77% has responsibility for 6 patients, 24.23% respondent has responsibility for 7 patients and 39.93%

has responsibility more than 7 patients (actual nurse-patient ratio in ward). This study shows that among 83 respondents, 2.4% respondents mention that he /she has responsibility for 1 patient, 7.23% has responsibility for 2 patients, 71.08% has responsibility for 3 patients and 19.28% respondents has responsibility more than 3 patients (actual nurse-patient ratio in I.C.U./ C.C.U). A study conducted in Bangladesh by Moustaq, 2021 (8) on Experiences of front-line nurses caring for patients with COVID-19 (qualitative study) represent shortage of nursing staff and an increase in the number of patients; (P19) mention a nurse is responsible for more than 40 patient per shift; (P15) stated a nurse in a government hospital typically deals with more than 70 patients. Both studies represent nurse-patient ratio in Bangladesh is higher or across the standard nurse-patient ratio.

The study shows that 88.0% respondents mention that they were getting available PPE and 12.0% told that they were not getting available PPE. 84.0% were getting available N95 mask and 16.0% were not getting available N95 mask. 97.9% were getting available hand sanitizer and 2.1% were not, 92.0% respondents have dress changing room available and 8.0% have not, 93.6% have donning and doffing area available and 6.4% have not, 96.8% have hand washing facilities available and 3.2% have not, 94.7% have wash room and RT-PCR/ RAT test facilities and 5.3% have not wash room and RT-PCR / RAT test facilities. A study conducted by Moustaq, 2021 [8] in Bangladesh represent non-standard Personal Protective Equipment. Respondents narrated the following statement, (p8) opinion my hospital gave me a pair of PPE that were of low quality, so my husband got me two pairs that were of good quality; (p17) told our surgical mask belts sometimes break within hours of use and some mask belts break while wearing the mask; (p20) opinion surgical gloves tear while working; (p14) told Gowns are thick and uncomfortable, and nurses always sweat. It is very in interesting and hopeful that previous study represents lacking of resources but this study represents facilities and resource condition is comparatively better than previous study.

In this study shows that among 376 respondents, 37.2% were getting orientation training and 62.8% were not, 23.7% were getting departmental training and 76.3% were not, 31.1% were getting Infection prevention and control training and 68.9% were not, 34.8% were getting COVID-19 guideline training and 65.2% were not, 32.4% were getting donning and doffing training and 67.6% were not. A study was conducted by Janita, 2021 [8] on Nurses Experiences of caring for people with COVID-19 in Hong Kong shows 89.7% respondent were getting COVID-19 related training and 10.3% were not getting COVID-19 related training. Hong Kong study represent majority of respondent trained up but this study training condition is not satisfactory.

The study shows that 285 (76%) respondents stated that equipment is adequate and 91 (24.20%) told equipment is inadequate to cope with the current situation. The study shows 91.2% respondent mention that Pulse oximeter is

adequate, 75.0% mention adequate of High flow nasal cannula, 99.7% mention adequate of blood pressure machine, 99.5% stated adequate of portable and central oxygen supply, 98.7% mention adequate of suction machine, 39.1% stated adequate of Intubation set, 95.7% told adequate of emergency medication, 99.5% told adequate of wheelchair, 97.9% mention adequate of stretcher, 29.0% mention adequate of Cardiac monitor, 28.2% stated adequate of Mechanical ventilator machine, 44.9% mention adequate of ECG machine, 29.8% mention adequate of Syringe pump and 22.3% mention adequate of ABG machine. Moustaq, 2021 (8) study shows lack of necessary medical equipment. The majority of the respondents claimed that there is a lack of necessary medical equipment in the hospital. Such as a BP machine, Pulse oximeter, Thermometer, Syringe pump etc. Participants described the following statement: (p7) mention A thermometer for more than forty COVID-19 patients. Sometimes we only feel by hand whether the patient has a high temperature or not; (p2) mention the nurse take one serial after another to get BP machine and pulse oximeter to check the patient's vital sign; (p1) opinion we have no enough ventilator machine to save the COVID-19 patient as per patient quality.

The study shows that among 376 respondent, 167 (44%) respondent's opinion manpower were sufficient and 209 (56%) opinion manpower were insufficient. 36.7% respondents mention insufficient of physician and 63.3% mention adequate of Physician. 212 (56.38%) respondents mention that insufficient of nurses and 164 (43.62%) were mention nurses were sufficient. 53.7% were mention insufficient of Sunordinate staff and 46.3% were mention sufficient of subordinate staff. Moustaq, 2021(8) represent Shortage of Nursing staff.

The study shows that among 376 respondents, 203 (54%) respondents worried about themselves due to caring of COVID-19 patient and 173 (46%) were not worried about themselves because of caring of COVID-19 patient. 174 (46.3%) respondent mention he/she feel strong pressure because of nurses have full responsibility for the patient and 202 (53.7%) mention he/she were not feel strong pressure because of nurses have full responsibility for the patient. A study conducted by Mahmuda, 2021, (5) represent participant are not wanted to work in infection wards because they were felt anxious. They were felt fear because COVID-19 is a pandemic fatal disease there is no treatment in the world for this reason we were not agreed to work at that time. 304 (81%) respondents mention he/ she feel fear because of more chance of infection and transmission of virus to them and their family members In this study shows that 22.6% respondent opinion that they were getting social stigma or social discrimination. Among 376 respondents, (96.5%) respondents mention that family members were supporting to them and 13 (3.5%) mention were not getting family members' support. A study conducted by Zohreh, 2020 [10] shows (p2) opinion "I'm not calm at all, and I do not know what's going on"; (p4) opinion "I don't think anything good will happen"; (p9) opinion "I haven't met my family for a long time"; (p8) "I don't know what my kids are doing now"; (p5, p11) mention "These days, all of our work is hard and people have their own problems" Zohreh, 2020 [10] studies

participant mental and emotional condition is not so good but this study respondent mental and emotional condition is comparatively satisfactory because their worried and strong pressure condition is not so good but fear, Social stigma or social discrimination and family support condition is better than previous study. There was a significant association found between Professional educational qualification and satisfaction of current designation ( $p$  value =  $0.001 < 0.05$ ).

## 5. Conclusion

Despite the difficult conditions posed by COVID-19 in most countries in the world in general and healthcare workers in particular, urgent preparedness of facilities in such outbreaks is inevitable. The rapid spread of COVID-19 poses a serious threat to human health and is impacting severely public health, global communications and economic systems worldwide. Nurses work on the front line, providing direct care to individuals infected with COVID-19. This cross-sectional descriptive study was conducted with the aim to find out the Nurses' experiences in service provision at COVID-19 dedicated tertiary public hospital. The study found that significant proportion of the respondents was showing their concern about lack of COVID-19 guideline training, lack of donning and doffing training, lack of infection prevention and control training and also fire, departmental and orientation training. Manpower is not adequate especially insufficient nurses and subordinate staff, high nurse-patient ratio, and fear about more chance of infection and transmission of virus to himself/ herself and their family members. Ensuring the fulfillment of all lacking and insufficiency is essential to provide effective care for COVID-19 patients and future preparedness. The findings of the study will be helpful for the authority in planning for future course of action.

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## Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

## References

- [1] Jenna, A.L. and Susan, B. (2021) Experience of Nurses during the COVID-19 Pandemic: A Mixed Methods Study. *ANCC Advanced Critical Care*, **32**, 14-25. <https://doi.org/10.4037/aacnacc2021816>
- [2] Ahmad, K.S., Leila, Z., Saeed, S., Seyed, T.H. and Vajihe, T. (2021) Nursing Experiences of COVID-19 Outbreak in Iran: A Qualitative Study. *Nursing Open*, **8**, 72-79. <https://doi.org/10.1002/nop2.604>
- [3] Mehadi, H., Tahmina, B., Syeda, A.B., *et al.* (2021) Healthcare Workers during the COVID-19 Pandemic: Experiences of Doctors and Nurses in Bangladesh. *International Journal of Health Planning and Management*, **36**, 174-181. <https://doi.org/10.1002/hpm.3154>
- [4] Janita, P.C.C., Suzanne, H.S.L., Ravneet, S., *et al.* (2021) Nurses Experiences of Caring for People with COVID-19 in Hong Kong: A Qualitative Enquiry. *BMJ Open*, **11**, 1-9. <https://bmjopen.bmj.com/content/11/8/e052683>
- [5] Elizabeth, H., Susan, M., Anna, W., *et al.* (2020) The Experience of Primary Healthcare Nurses During the COVID-19 Pandemic in Australia. *Journal of Nursing Scholarship*, **52**, 553-563. <https://doi.org/10.1111/jnu.12589>
- [6] Dorien, U., Joep, G., Ward, S. and Jochen, B. (2021) Clinical Placement Experience of Nursing Students during the COVID-19 Pandemic: A Cross-Sectional Study. *Nurse Education Today*, **99**, Article ID: 104746. <https://www.sciencedirect.com/science/article/pii/S0260691721000034>
- [7] Hado, B., Knar, S., Yeonsu, K., Jane, L., Mary, C. and Linsey, S. (2021) Nurses' Experience with Type II Workplace Violence and Underreporting during the COVID-19 Pandemic. *Workplace Health and Safety*, **70**, 1-9. <https://journals.sagepub.com/doi/full/10.1177/21650799211031233>
- [8] Moustaq, K.K.R., Shuvashish, D.B., Moshiur, R., Afrin, J.D. and Ibne, K. (2021) Experience of Front-Line Nurses Caring for Patients with COVID-19 in Bangladesh. *Belitung Nursing Journal*, **7**, 380-386.
- [9] Mahamuda, S.S. and Mahmud, H. (2021) Nurses Experiences of Care for Patients with COVID-19 in Bangladesh. *International Journal of Research in Medical Surgical Nursing*, **2**, Article ID: 2058158. <http://www.matjournal.com/>
- [10] Zohreh, K., Zhila, F., Mohammad, B., Nasrollah, A. and Ali, M. (2020) The Lived Experience of Nurses Caring for Patients with COVID-19 in Iran: A Phenomenological Study. *Risk Management and Healthcare Policy*, **13**, 1271-1278. <https://nebi.nlm.nih.gov/pmc/articles/pmc7450521/>
- [11] Rong, T.M.N., Ting, Y.M.N., Kaiyan, L.R.N., *et al.* (2020) Experience of Clinical First-Line Nurses Treating Patients with COVID-19: A Qualitative Study. *Journal of Nursing Management*, **28**, 1381-1390.