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Current Status and Challenges of Nurses' Response to COVID-19 Following Its Reclassification to Category 5: An Analysis of Interviews with Nurses on Infection Control and Mental Health

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Abstract

Background: In May 2023, COVID-19 was reclassified from a Category 2 infectious disease to a Category 5 infectious disease under the Infectious Disease Control Law. However, the number of COVID-19 patients remained high, and the same infection control measures for these patients continued to be implemented in general wards. Consequently, nurses caring for infectious disease patients continued to face severe conditions.

Methods: **Research Objective**: This study was intended to clarify the current status and challenges in responding to COVID-19 after its reclassification to Category 5 by interviewing nurses in general hospitals about their perceptions of and attitudes toward caring for COVID-19 patients. A qualitative study utilizing semi-structured interviews.

Results: To clarify the current situation and challenges of COVID-19 after its reclassification to Category 5, interviews were conducted with nurses who had experience caring for infected patients in general wards. The analysis identified six categories: [Experiences of busyness], [Feelings of anxiety], [Perceived burdens], [Difficulties encountered], [Mental health issues], and [Positive experiences].

Conclusion: The study revealed that managing both immunocompromised patients and COVID-19-infected patients in the same ward created significant psychological stress for nurses. This was largely driven by their anxiety over potentially becoming vectors of infection themselves.

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Introduction

The novel coronavirus (hereinafter referred to as "COVID-19") was initially reported to be a viral infection of unknown cause in 2019. The Japanese government designated COVID-19 as a "designated infectious disease" under the Infectious Disease Control Law on February 1, 2020. Amid the focus on treatment at designated hospitals, medical institutions faced severe strain, resulting in significant tension and stress for nurses.

In May 2023, COVID-19 was reclassified from a Category 2 infectious disease to a Category 5 infectious disease under the Infectious Disease Control Law. However, the number of COVID-19 patients remained high, and the same infection control measures for these patients continued to be implemented in general wards. Consequently, nurses caring for infectious disease patients continued to face severe conditions. Understanding the current state of nursing is considered essential for identifying the challenges of providing care for COVID-19 patients in general wards moving forward.

Research Objective

This study was intended to clarify the current status and challenges in responding to COVID-19 after its reclassification to Category 5 by interviewing nurses in general hospitals about their perceptions of and attitudes toward caring for COVID-19 patients.

Research Method

1. Study design

A qualitative study utilizing semi-structured interviews.

2. Study participants

Seven nurses from Ward A who were involved in the care of COVID-19 patients.

3. Study period

From June 1, 2023, to June 30, 2024.

4. Data collection methods

Seven nurses from Ward A in a general hospital, who were responsible for receiving and caring for COVID-19 patients, were interviewed about their perceptions and attitudes. The interviews were transcribed verbatim and analyzed qualitatively.

5. Analysis method

Data analysis was conducted using qualitative analysis methods. Verbatim transcripts were created from the interviews, and subcategories were identified. These subcategories were grouped based on similarity and further categorized.

Ethical Considerations

Participation in the research was entirely voluntary. The head of the nursing department provided both written and verbal explanations to ensure participants were not pressured, and consent was obtained. Participants were informed that they could withdraw their consent or discontinue the interview at any time. Interviews were recorded on an IC recorder only with prior consent, and the recordings were transcribed and then destroyed.

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Personal data, such as participant names and facility names, were anonymized to ensure confidentiality and prevent individual identification.

This study was conducted with the approval of the hospital's Ethics Review Committee (Approval Number: 20240603-1).

Results

Among the 71 older adults who have participated in the program since March 2017, questionnaires were sent to 17 (23.9%) who were eligible for this study, and 9 responded (response rate: 52.9%), including three males (33.3%) and six females (66.7%), with a mean age of 80.4 ± 4.30 years as of March 2023.

Dropout factors

1. Basic attributes of study participants

Years of experience: Seven nurses with 6 to 30 years of experience (two males, five females).

2. Analysis results

Verbatim transcripts were created from the interviews conducted with the seven nurses. The analysis resulted in the extraction of 48 codes. On the basis of their similarities, these were grouped into 19 subcategories and further organized into 6 main categories . The categories are represented as【 】and the subcategories as〈〉. The extracted categories were【Experiences of busyness】,【Feelings of anxiety】 Perceived burdens】,【Difficulties encountered】,【Mental health issues】 , and 【Positive experiences】 .

3. Classification of categories

1.【Experiences of Busyness】

This category was divided into four subcategories:〈Frequent responses to nurse calls from infected patients 〉,〈Frequent donning and doffing of protective clothing for room entry 〉,〈Challenges in care and treatment for infected patients 〉, and〈Staff shortages during night shifts 〉.

〈 Frequent responses to nurse calls from infected patients 〉involves nurses' descriptions of handling frequent nurse calls from infected patients during both day and night shifts. These calls involved physical needs such as assistance with toileting, eating, and hygiene. Nurses also mentioned environmental requests, such as "Can you grab something for me?" or "I dropped something," which were associated with a decline in ADL (activities of daily living) caused by COVID-19 symptoms such as fever and fatigue.

〈Frequent donning and doffing of protective clothing for room entry〉 refers to the requirement for nurses to don personal protective equipment (PPE) whenever they entered a COVID-19 patient's room, which caused delays from the time a nurse call was received to when they could enter the room. This was particularly burdensome during night shifts, when fewer nurses were on duty (typically one or two), making the time and effort required for PPE preparation a significant challenge.

〈Challenges in care and treatment for infected patients〉 refers to the demanding nature of day shifts, in which nurses were responsible for hygiene care and medical procedures. These interventions were typically managed by one or two assigned nurses, with the workload increasing based on the patient's ADL level and the complexity of the procedures.

2.【Feelings of Anxiety】

〈This category was classified into four subcategories: 〈Managing bed allocation for infected patients within the ward〉, 〈Fear of infecting non-COVID-19 patients〉, 〈Fear of nurses becoming vectors of infection〉, and 〈Concerns about the worsening condition of infected patients〉.

〈Managing bed allocation for infected patients within the ward〉 refers to the anxiety nurses felt about managing COVID-19 patients whose rooms were far from the nurses' station, even when their conditions worsened. These patients could not be transferred to closer rooms and had to remain in their original locations throughout their hospitalization, raising concerns about effectively managing patients with severe conditions.

〈Fear of infecting non-COVID-19 patients〉 involves the anxiety nurses experienced while managing COVID-19 patients in the same ward as vulnerable individuals, such as post-chemotherapy patients, dialysis patients, and post-surgical patients. Although nurses wore protective clothing while transporting dialysis patients to their beds, the patients themselves only wore masks, which heightened concerns about the potential spread of infection to other patients.

〈Fear of nurses becoming vectors of infection〉 refers to the anxiety nurses felt, even though their responsibilities were divided between COVID-19 patient rooms and general patient rooms within the same ward. They experienced a vague sense of unease about the possibility of transmitting the virus themselves.

〈Concerns about the worsening condition of infected patients〉 involves the uncertainty nurses felt about how much worse the conditions of severely ill COVID-19 patients might get. Additionally, they feared that their potential role as vectors of infection could inadvertently contribute to the deterioration of a patient's condition.

3.【Perceived Burdens】

This category was classified into two subcategories: 〈Continued restrictions on ward staff's activities even after reclassification to Category 5〉and〈Admitting general patients while caring for infected patients〉.

〈Continued restrictions on ward staff's activities even after reclassification to Category 5〉refers to the burden caused by continued behavioral restrictions on ward staff, even after COVID-19 was reclassified to Category 5. These restrictions were also extended to their families, which added further strain.

〈Admitting general patients while caring for infected patients 〉 refers to the burden of having to admit general patients to the surgical ward, even though COVID-19-infected patients were already hospitalized in the ward.

4)【Difficulties encountered 】

〈This category was classified into three subcategories: 〈Difficulty in restricting the behavior of dementia patients〉, 〈Patient families not strictly adhering to visitation restrictions〉, and 〈Location of infection-prevention equipment being obstructive〉.

〈Difficulty in restricting the behavior of dementia patients〉refers to the challenges of restricting the behavior of dementia patients who frequently wandered, making it difficult to confine their actions to their rooms. Instances of patients repeatedly leaving their rooms and moving about the ward were observed.

〈Patient families not strictly adhering to visitation restrictions〉 refers to the difficulty of ensuring that patient families complied with

visitation restrictions. Some families ignored the rules, such as by meeting patients in the hospital lobby despite restrictions. This made enforcing visitation rules challenging and raised concerns about the potential introduction of infections from outside.

This refers to the issue of PPE (personal protective equipment) placement, which, due to the structure of the patient rooms, hindered the smooth movement of nursing staff, causing difficulties.

5.【Difficulties encountered】

This category was classified into three subcategories:〈Difficulty in restricting the behavior of dementia patients〉,〈Patient families not strictly adhering to visitation restrictions〉, and〈Location of infection-prevention equipment being obstructive〉.

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This refers to the issue of PPE (personal protective equipment) placement, which, due to the structure of the patient rooms, hindered the smooth movement of nursing staff, causing difficulties.

6.【Mental Health Issues】

This category was classified into four subcategories:〈Complaints about bed management for infected patients〉,〈Stress from being responsible for infected patients〉,〈Negative feelings caused by comments from patient families〉, and 〈Difficulty caused by frequent shift changes due to staff illness〉.

〈Complaints about bed management for infected patients〉 refers to complaints from ward staff regarding bed management for infected patients. The hospital was designated by the government as a key COVID-19 treatment facility and qualified for "Infection Control Improvement Incentive 1," so it was required to secure beds for emergency patients. To meet this requirement, the hospital maintained vacant beds in the specialized COVID-19 ward. However, ward staff expressed dissatisfaction about having to care for infected patients in general wards despite the availability of empty beds in the specialized ward.

〈Stress from being responsible for infected patients〉refers to the stress caused by the need to implement thorough infection control measures to prevent the spread of infection within the ward.

〈Negative feelings caused by comments from patient families〉 refers to unpleasant experiences caused by comments from patient families, such as being told, "Why did they get COVID-19 while in the hospital?"

〈Difficulty caused by frequent shift changes due to staff illness〉 refers to the challenges caused by nurses falling ill due to COVID-19, which resulted in frequent and exhausting shift adjustments.

6.【Positive Experiences】

This category was classified into two subcategories:〈Being able to provide advice to patients based on personal experience with infection〉and〈Confidence gained from believing one would not get infected again after experiencing infection〉.

〈Being able to provide advice to patients based on personal experience with infection〉refers to the ability of nurses to empathize with patients and provide advice, such as on dietary matters, based on their own experiences with infection.

〈Confidence gained from believing one would not get infected again after experiencing infection〉refers to the confidence nurses developed from their prior experience with infection, leading them to believe they would not contract the virus again.

Discussion

1. Infection Control Measures

Although COVID-19 was downgraded to Category 5 under the Infectious Disease Control Law, it became evident that due to its high infectiousness and the high mortality rate among the elderly, infection control measures continued to follow those in Category 2. The specialized COVID-19 wards were insufficient to meet the demand of increasing numbers of patients, necessitating the provision of care in general hospital wards. In these general wards, patients undergoing hemodialysis, chemotherapy, or recovering from surgery—patients in immunocompromised states—were managed alongside COVID-19 patients in the same ward. Therefore, nurses experienced substantial burden and anxiety caring for both COVID-19 patients and immunocompromised patients within the same ward.

The analysis of the six categories identified in this study (Table 1) revealed that infection control measures included the use of PPE (personal protective equipment) for entering infectious disease rooms designated for COVID-19 patients. However, frequent nurse calls from infected patients and the need for close monitoring due to changes in their medical conditions led to an increased number of room entries, which in turn heightened the frequency with which nurses donned and doffed PPE. This process became an added burden for nurses. Furthermore, managing both immunocompromised patients and COVID-19 patients in the same ward, frequent entries into rooms for infected patients, and the shortage of staff during night shifts often forced a lone nurse to handle both patient groups simultaneously. This created significant anxiety among nurses about the possibility of becoming vectors of the virus and potentially spreading the infection to other patients.

As part of its role as an acute care hospital, the facility continued to admit non-COVID-19 patients alongside COVID-19 patients. However, accommodating both groups in the same ward created burdens in managing rooms for infected patients, particularly due to the inability to restrict the behavior of dementia patients with COVID-19. This raised concerns about the potential spread of the infection to other patients. These issues underscore the limitations of infection isolation measures in general hospital wards. Moving forward, as proposed by Aoi, it will be necessary to assign infection control specialists and establish workplace systems to enhance medical safety.

According to the Ministry of Health, Labour and Welfare's "Guidelines for the Diagnosis of Novel Coronavirus Infections," COVID-19 is more likely to cause severe symptoms among elderly patients and those with underlying health conditions. This indicates that all patients in hospital wards are at a high risk of severe outcomes if infected with COVID-19. Nurses must remain vigilant in monitoring

Category	subcategories
【Experienses of Busyness】	Frequent responses to nurse calls from infected patients
	Frequent donning and doffing of protective clothing for room entry
	Challenges in care and treatment for infected patients
	Staff shortages during night shifts
【Feelings of Anxiety】	Managing bed allocation for infected patients within the ward
	Fear of infecting non-COVID-19 patients
	Fear of nurses becoming vectors of infection
	Concerns about the worsening condition of infected patients
【 Perceived Burdens 】	Continued restrictions on ward staff's activities even after reclassification to Category5
	Admitting general patients while caring for infected patients
【 Difficulties encountered 】	Difficulty in restricting the behavior of dementia patients
	Patient families not strictly adhering to visitation restrictions
	Location of infection-prevention equipment being obstructive
【 Mental Health Issuses 】	Complaints about bed management for infected patients
	Stress from being responsible for infected patients
	Negative feeings caused by comments from patient families
	Difficulty caused by frequent shift changes due to staff illness
【 Positive Experiences 】	Being able to provide advice to patients based on personal experience with infection
	Confidence gained from beliving one would not get infected again after experiencing infection

Table 1: Interview results.

patients, with a focus on the early detection and response to changes in patient conditions. The management of severe cases was considered an essential part of a nurse's responsibilities.

2. Mental health aspects

Managing both immunocompromised patients and COVID-19-infected patients within the same ward, frequent entries into rooms for infected patients for care, and the shortage of staff during night shifts often forced a lone nurse to handle both groups of patients. This situation suggests that nurses experienced anxiety about potentially becoming vectors of the virus and spreading the infection to other patients.

Akiyama and colleagues identified several factors that exacerbate anxiety during infectious disease outbreaks: 1) the virus is invisible; 2) it is a new disease with no established preventive or treatment methods; and 3) humans tend to fear the unknown. The anxiety experienced by nurses caring for COVID-19-infected patients is therefore considered inevitable. Additionally, the environmental stress of managing both immunocompromised patients and COVID-19 patients within the same ward further intensified their stress levels. Buyou et al. stated, "The environment in which nurses work and the roles required of them differ. It is important to consider mental health support that takes these differences into account." From this perspective, it is necessary to clarify and share the individual challenges faced by nurses working in the same environment and engaged in the same caregiving tasks to provide effective mental health support. Furthermore, nurses were deeply concerned about contracting the virus themselves and potentially transmitting it to other patients. This contributed to significant stress and heightened tension. They were also emotionally affected by comments from patients' families, such as comments directing criticism or blame, which caused psychological harm. Additionally, societal stigma surrounding COVID-19 created emotional stress both at home and in the workplace. Therefore, it is considered necessary to provide support that enables nurses to express their feelings and share their thoughts with others.

Limitations of This Study and Future Challenges

This study gathered insights from nurses who cared for COVID-19 patients in general wards. However, the small number of interviews raises the possibility of data bias, limiting the generalizability of the findings.

Future research should focus on qualitative studies from the perspective of providing emotional support to nurses responsible for COVID-19 infection control in general wards.

Conclusion

To clarify the current situation and challenges of COVID-19 after its reclassification to Category 5, interviews were conducted with nurses who had experience caring for infected patients in general wards. The analysis identified six categories: [Experiences of busyness], [Feelings of anxiety], [Perceived burdens], [Difficulties encountered], [Mental health issues], and [Positive experiences].

The study revealed that managing both immunocompromised patients and COVID-19-infected patients in the same ward created significant psychological stress for nurses. This was largely driven by their anxiety over potentially becoming vectors of infection themselves.

Competing Interests

The author have no conflicts of interest to declare that are relevant to the content of this article

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