

Experiences of Home Care Nurses During the COVID-19 Pandemic

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Background: The COVID-19 pandemic has provoked several changes in home care. Understanding home care nurses' experiences during the COVID-19 pandemic plays an essential role in home care management.

Objective: This study aimed to explore and articulate the experience of home care nurses during the COVID-19 pandemic in Spain.

Design: A qualitative study using hermeneutic phenomenology was carried out. Twenty home care nurses were interviewed by teleconference between January and March 2021. Interviews were audio-recorded, transcribed verbatim, and analyzed using qualitative data analysis software.

Results: Three main themes with five subthemes emerged from the data analysis: (a) "The effect of COVID-19 pandemic on home care," with the subtheme "the reorganization of home care nurses' competencies"; (b) "The role of telehealth in home care," which included the subthemes "home care nurses' satisfaction with telehealth" and "barriers to implement telehealth in home care"; and (c) "Effects of the pandemic on home care nurses' lives," including the subthemes "working in a pandemic is emotionally draining" and "the continuing fear of infecting others."

Discussion: The findings from this study demonstrate the profound effect that home care has experienced during the COVID-19 pandemic. Home care nurses' competencies were modified to care for and diagnose COVID-19 patients. Face-to-face home care was replaced by telehealth. All home care nurses experienced physical and psychological symptoms and the fear of infecting others.

Key Words: COVID-19 • home care • home care nurse • phenomenology • qualitative research

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COVID-19, an infectious disease caused by a novel beta-coronavirus called severe acute respiratory syndrome coronavirus type 2 (W. Liang et al., 2020), was first identified in Wuhan, China, at the end of December 2019 (Munster et al., 2020). Consequently, because of the rapid worldwide spread of the disease, the World Health Organization declared COVID-19 a pandemic in March 2020 (World Health Organization, 2021). The severity of the epidemic led to the government adopting rigorous containment measures such as lockdown strategies to reduce social contacts and contain the pandemic's progress (Parmet & Sinha, 2020). Despite the efforts and actions taken by the Spanish government in March 2020, Spain has been the European country with the second highest contagious and case fatality rate (Ceylan, 2020). During the first pandemic wave, more than 240,000 people were infected with COVID-19, and the case fatality rate

was approximately 11.8% (Ministry of Health, Consumption and Social Welfare, n.d.).

The COVID-19 pandemic has caused an immediate and profound effect on countries' health systems, modifying their organization and processes (Rawaf et al., 2020). Home care is an essential instrument of primary healthcare in Spain (Martínez-Riera & Gras-Nieto, 2021). Home care can be defined as the provision of health services by formal or informal caregivers at home in order to promote, restore, or maintain the maximum level of comfort, functionality, and health, including care toward a dignified death (Genet et al., 2011). During the pandemic, home care nurses have been involved in identifying and managing COVID-19 patients and supporting patients with non-COVID-19 health needs (García et al., 2020). Therefore, home care has adopted several changes (Rawaf et al., 2020). Although the care provided by home care nurses is considered necessary, in times of the pandemic, it can represent a serious problem (Porzio et al., 2020). Most home patients are elderly people who have severe and chronic disorders. As a result, they are more susceptible to infection and developing the disease in its most intensive form. In addition, the home environment can be unsafe for home care nurses as they may be most at risk of being infected (Porzio et al., 2020). Thus, in-person visits were reduced, and new models of care such as telehealth, in which care was provided remotely via phone or teleconferencing, were implemented (García et al., 2020).

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We followed Corley's (2002) theory of moral distress as a theoretical framework. This theory suggests that moral distress directly affects the patient, the nurse, and the health system's organization. Home care nurses have also been on the front line of the pandemic (García et al., 2020). Current research has highlighted the effect of the pandemic on nurses' well-being and mental health (Liu et al., 2020). Frontline nurses have experienced anxiety, stress, fear, depression, and exhaustion because of heavy workloads and personal protective equipment (PPE; Leng et al., 2021; Liu et al., 2020; Nie et al., 2020). Various international studies on nurses' experiences caring for COVID-19 patients have been published (Liu et al., 2020; Tan et al., 2020). However, few qualitative studies have shown the experiences of home care nurses during the pandemic. Hence, this study aimed to explore and articulate the experiences of home care nurses during the outbreak of the COVID-19 pandemic in Spain.

METHODS

Design

This qualitative study followed an approach based on Gadamerian hermeneutic phenomenology. Hermeneutical phenomenology permits us to understand the meaning of a phenomenon as it really is (Gadamer, 2013). The method was considered suitable for this study because it allowed researchers to capture the individual experience of home care nurses and present their perceptions clearly and meaningfully. The steps of Gadamerian-based research were used (Fleming et al., 2003). Initially, it was decided if the research question was relevant to the methodological assumptions. Home care nursing during the COVID-19 pandemic is a phenomenon that can be understood from the perspective of hermeneutic phenomenology. Immediately, the researchers reflected on the preunderstanding of the phenomenon based on their clinical experiences as home care nurses. In addition, this study followed the Consolidated Criteria for Reporting Qualitative Research checklist, according to Enhancing the Quality and Transparency of Health Research guidelines (Tong et al., 2007).

Sampling

A purposive sampling method was used to invite home care nurses from various health centers in southern Spain to participate in the study. The inclusion criteria were being a home care nurse, having more than 3 years of experience in home care, not having been infected by COVID-19, and agreeing to participate in the study. Home care nurses with experience only during the pandemic and those who refused to participate in the study were excluded. Forty-five participants received information about the study via e-mail and were invited to participate. Twenty-three participants agreed to take part. Three participants withdrew from the study because they declined to have their interviews recorded (Table 1).

TABLE 1. Sociodemographic Characteristics of Participants

Participant	Gender	Age (years)	Years of experience in-home care
1	Male	35	6
2	Male	56	29
3	Female	40	10
4	Male	38	5
5	Female	63	20
6	Male	57	35
7	Male	57	29
8	Female	59	33
9	Female	51	21
10	Female	57	36
11	Female	59	32
12	Female	54	32
13	Male	44	20
14	Female	31	3
15	Male	34	5
16	Female	42	8
17	Female	58	25
18	Male	39	7
19	Female	45	11
20	Female	51	12

Data Collection

Data were obtained from January to March 2021, using in-depth interviews. The interviews were conducted by the second author of this study, who had previous experience in qualitative research and home care. We used an interview guideline to conduct the interviews with open-ended questions based on the literature review and researchers' previous experiences (see Table 2). Interviews began with introductory questions such as "Could you tell me about your experience as a home care nurse during the pandemic?" and "How has home care changed during the pandemic?"

The researchers conducted interviews by teleconference. Each participant was interviewed once, and interviews lasted an average of 40 minutes. The participants took part in the teleconference from their own homes. Before the interviews, participants' informed consent and sociodemographic data were obtained. All the interviews were automatically recorded and transcribed verbatim. Data collection ceased after reaching data saturation; that is, no new information was obtained from the interviews (Polit & Beck, 2010). Saturation was reached with the 18th participant, although two more participants were interviewed to verify this. The researchers used a reflexive journal to register thoughts and observations related to their experiences during the interviews.

Ethical Considerations

Approval for the research was obtained from the Research Ethics Committee of the Department of Nursing, Physiotherapy and Medicine of the University of Almería. Participants were informed of the aim of the study and reminded of their

TABLE 2. Sample of the Questions Used During the Semistructured Interviews

Introductory question	What has been your experience as a home care nurse during the COVID-19 pandemic?
Questions to explore home health nurses' narratives about the changes in-home care	Could you tell me how home care has changed during the pandemic? What have been the main competencies of home care nurses during the pandemic? What type of home care interventions have been carried out during the pandemic?
Questions to explore home health nurses' narratives about telehealth	Can you describe your opinion about the use of telehealth in-home care? What are the main difficulties have you encountered in providing home care by telehealth?
Questions to explore home health nurses' narratives about the impact of the pandemic on their lives	How have you felt providing home care during the pandemic? Could you tell me how your life has changed because of the pandemic? Can you describe what kinds of physical and emotional problems have you suffered from pandemic work?
Final question	Would you like to add something else that you consider important?

right to withdraw from the study at any time without explanation. All participants signed an informed consent document and participated voluntarily. The anonymity, privacy, and confidentiality of the participants were guaranteed. Participants were assigned numbers to replace their names in the transcripts, and personal identifiers were removed from study documents.

Data Analysis

The transcribed data were analyzed according to Fleming et al.'s (2003) approach using a computer-assisted qualitative data analysis (ATLAS.ti 9.0). The first step of the analysis

consisted of achieving an in-depth understanding of the subject through dialogue with the participants. Second, to understand the phenomenon through text analysis, each transcription was analyzed line by line. Three researchers with experience in qualitative data analysis individually carried out data coding and selected meaningful phrases as quotes. Each researcher then assigned every quote a code to capture meaning. The researchers discussed the initial analysis, and after reaching a consensus, the codes were grouped into units of meaning, subthemes, and themes. A table with examples of coded phrases, units of meaning, subthemes, and themes was developed in this step (Table 3).

TABLE 3. Examples of Coded Phrases, Units of Meaning, Subtheme, and Theme

Coded phrases	Units of meaning	Subtheme	Theme
"We have put home care aside for a while because everything was COVID-19, and we had to control the positives, call the contacts, and this has greatly limited the rest of the work." (Participant 20)	Different competencies in pandemic	The reorganization of home care nurses' competencies	The impact of COVID-19 pandemic on home care
"Telehealth can be a bit cold, we have been forced to use it, but face-to-face visits should not be lost." (Participant 3).	Telehealth: satisfaction	Home care nurses' satisfaction with telehealth	The role of telehealth in-home care
"Sometimes the use of telehealth leads to communication errors that make home care difficult." (Participant 17)	Telehealth: barriers	Barriers to implement telehealth in-home care	
"It has been such a strange situation, so overwhelming...I had never taken anxietytics, and I had to take them to be able to sleep." (Participant 5)	Psychological distress	Working in a pandemic is emotionally draining	Effects of the pandemic on home care nurses' lives
"You were afraid to go to a home and that there would be a positive, not because of me, but because I was afraid of returning home and infecting my family." (Participant 11)	Protecting family members	The continuing fear of infecting others	

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Rigor

To assure the study's trustworthiness, we followed the criteria of credibility, confirmability, dependability, and transferability (Lincoln & Guba, 1985). To demonstrate credibility, all participants received a copy of their transcripts to confirm the findings. To establish confirmability, the researchers who conducted the interviews had no relationship with the participants and no direct contact with patients who had COVID-19. Three researchers carried out the interpretation of the data, and similarities and differences were discussed to guarantee dependability. Finally, to assure transferability, a detailed description of the method, context, and participants was provided. Furthermore, a specified explanation of the steps of the research and data collection was provided.

RESULTS

The final sample consisted of 20 home care nurses, with a median age of 48.5 years and a median experience of 18.6 years. The home care nurses' sociodemographic data are shown in Table 3; main themes with five subthemes were identified from the participants' narratives. The themes and subthemes are presented in the following section, together with the most representative verbatim quotes.

The Effect of the COVID-19 Pandemic on Home Care

The COVID-19 pandemic has drastically affected the provision of home care. This topic reflects the experience of home care nurses of the reorganization of their job skills and the changes that occurred in home care during the pandemic.

The Reorganization of the Competences of Home Care Nurses

The COVID-19 outbreak caused substantial changes in the competencies of home care nurses. The workload in the care system increased considerably, so the workflow and responsibilities of home care nurses had to be readjusted, establishing rotating shifts to carry out diagnosis and follow-up of patients infected by COVID-19 and for the care of home patients. This situation led to the abandonment of individuality and continuity in the care carried out in-home care.

We have all had to give up the care of chronic patients and home visits to carry out COVID diagnostic tests.... in addition, continuity of care is very important, and it has been lost if a wound is healed every day by a different nurse, it is handled accordingly to their own experience, and it is difficult for that wound to evolve well..... (Participant 19)

To try to correct the abandonment of home care and prevent the spread of the virus, our participants delegated most of the home care to caregivers as their work was essential to maintain the well-being of patients cared for at home during the pandemic. Thus, home care performed by the nurse was relegated to on-demand activities such as the analysis of

prothrombin time in immobilized patients or the healing of difficult pressure ulcers.

We have had to rely a lot on the caregivers and empower them; most of them have helped a lot. We have been advising them on the care that the patient needs....before they asked you to come to their house, but then they phoned you to ask you any doubts they had. They were afraid that you would go to their house and infect them....we have carried out home care, but only the essentials, some bedsores that we had to see to.... (Participant 15)

The Role of Telehealth in Home Care

In many of the cases, home care was provided by telephone or videoconference. This topic shows the experience of home care nurses on the provision of care through telehealth and the barriers found in its implementation.

Home Care Nurses' Satisfaction With Telehealth

Most participants confirmed the usefulness of telehealth as a protection system for home care during the COVID-19 pandemic because many of the patients cared for in-home care are elderly patients with several chronic pathologies. Although all home care nurses agreed that telehealth should never replace face-to-face care, some of them reported that, in the future, the current use of telehealth could be an effective practice for specific nursing procedures such as queries about treatment questions, absorbent prescriptions, or follow-up of chronic patients.

The use of telehealth can be beneficial in the future because it prevents the patient from having to go to a consultation, where patients crowd together, and it also speeds up consultations....but there are certain situations that the nurse has to assess in person, such as the state of the home or architectural barriers or whether patient suffers from a cognitive deficit....face-to-face care will never supplant telehealth..... (Participant 8)

Many participants did not initially feel prepared to provide home care through telehealth as they had no prior knowledge or understood their main aim in providing home care through this system. Furthermore, some of the home care nurses felt that, because of the use of telehealth, they were providing incomplete patient care, feeling limited, frustrated, and dissatisfied with their jobs.

It has caused me tremendous sadness and helplessness. I felt empty because, even if I tried to do my job as well as possible, I was not satisfied. No matter how many videoconferences or calls you make, it is impossible to cover all the needs of a home care patient. (Participant 3)

Barriers to Implement Telehealth in Home Care The home care nurses identified a series of barriers to implementing and maintaining the home care telehealth program. The main difficulty encountered by the home care nurses was the limitations regarding the use of technology, as most of the patients are older and do not know the use of technology or how to access the Internet. So, a large part of the home care was carried out by telephone, using the videoconferencing system on a few occasions. For this reason, participants perceived that communication was not as effective as in traditional in-person visits because of the absence of eye contact and body language. In addition, participants reported that it was difficult for them to provide emotional support to the home patient and their caregiver, which is why, in this sense, they consider face-to-face interaction essential.

Everything we have been able to solve by phone has been appreciated because it has been much faster, but you called a home to find out how someone was immobilized, and it required more than you thought. We were not going to the home; we had no face-to-face communication. It's not the same, and logically more doubts arose. (Participant 5)

Effects of the Pandemic on the Lives of Home Care Nurses

The stress associated with high workloads and the provision of care wearing PPE directly affected the well-being of the home care nurses. This topic shows the consequences of the pandemic on the home care nurses' physical and psychological health.

Working in a Pandemic Is Emotionally Draining Some participants explained that, especially during the peaks of the pandemic, they had experienced psychological symptoms such as despair, mental breakdown, anxiety attacks, negativity, and uncertainty about the future. The home care nurses stated that insomnia had been widespread in the entire nursing community.

There have been times when I have lost my bearings, I could not take it anymore, I have had no sleep for 2 or 3 months, and on some occasions, I have had to take anxiolytics...it's a very strange and stressful situation; we did not think that this could happen to us, sometimes I felt like I was in a horror movie..... (Participant 10)

Other participants experienced nocturnal tachycardia because of stress caused by work overload and continuous headaches from wearing a mask and PPE for long hours.

You almost always take your work home with you.... how will this patient's breathing sound tomorrow....I have to call this patient who is isolated by COVID to see how he is doing, if he has symptoms....because

he is alone, and his family is far away....sometimes I had tachycardias at night....and psychologically, it is not the same to work all day with a mask that causes a headache as to work with your face uncovered. (Participant 13)

The Continuous Fear of Infecting Others The home care nurses reported that, during home care, they were constantly afraid of being infected by the disease and of being a vehicle for transmitting the disease to patients and their families. This fear was stronger at the beginning of the pandemic when the nurses lacked sufficient, appropriate PPE.

We have felt very fragile because when you went to a home, you did not know whether the patient or the relatives had it, but what we were most afraid of was that we did not have adequate protection; we have worn protective equipment that people had prepared for us with plastic or garbage bags....I went home every day wondering whether I had caught it or not..... (Participant 2)

Because of all the above factors and to safeguard their integrity and that of the patients and their families, the home care nurses adopted various strategies, sometimes obsessively, one of them being the continual use of hydroalcoholic gel and gloves each time they touched a surface.

My biggest fear was infecting myself, my husband, and my daughters....you become an obsessive person when you go to a home and ring a doorbell, you don't know whether to touch it and put gel on or touch it with a glove and throw it away....you use gloves everywhere to touch things...we have become a bit hypochondriacal..... (Participant 7)

DISCUSSION

This was a phenomenological study to explore and articulate the experiences of home care nurses during the outbreak of the COVID-19 pandemic in Spain. The findings highlight the profound effect that the pandemic has caused in home care. The role of the home care nurse has had to change drastically to adapt to the needs of the pandemic and the increased workload, as can be seen in studies in other countries (Halcomb, McInnes, et al., 2020). Consequently, the care of patients with non-COVID-19 conditions has been reduced, which has harmed the quality of care provided, contributing to the dissatisfaction of the home care nurses (Halcomb, Williams, et al., 2020; Krist et al., 2020). However, according to Mauro et al. (2020), the patients' fear of being infected has also contributed to reducing the demand for care. Previous studies have shown that the interruption to routine service care has led to increased morbidity and mortality in older people with complex chronic conditions (Krist et al., 2020).

Telehealth provides an opportunity to offer home visits and prevent the hospitalization of home care patients, reducing the exposure of patients and home care nurses (Osakwe, 2020). Previous research has shown the benefits of telehealth in the management of home care patients with chronic conditions (McFarland et al., 2021). Telehealth is a tool that could be helpful in home care in the future because of its capacity to empower a patient's self-care, education, and decision-making (Guo & Albright, 2018). Furthermore, telehealth eliminates patients' waiting times, travel, and expenses and saves home care nurses' time (Hickey et al., 2017). Despite the potential benefits of telehealth, following Radhakrishnan et al. (2012), home care nurses are usually dissatisfied with the use of telehealth in the management of chronic conditions in home care and prefer in-person care because of difficulties of communication.

Nevertheless, the satisfaction of home care nurses with the use of telehealth could be related to the lack of physical contact with home care patients (Adams & Walls, 2020) and inadequate training in utilizing telehealth devices (Gagnon et al., 2012). Negative attitudes of healthcare professionals toward the use of telehealth have been reported as a barrier to its implementation (Koivunen & Saranto, 2018). Moreover, this method faces other obstacles as we saw that, in elderly patient populations, lack of access to devices and limited knowledge of technology are the main difficulties to use telehealth in home care (Hirko et al., 2020). Many of these barriers could be solved with the provision of devices and the training of patients to use devices and applications.

The results of this study point in the same direction as other international studies on the effect of the COVID-19 pandemic on nurses' physical and mental well-being. Current research has found that nurses experience greater psychological problems than other healthcare professionals (Qiu et al., 2020). As in other studies, home care nurses exhibited symptoms of stress, uncertainty, anxiety, and an intense fear of infecting others (Chew et al., 2020; Y. Liang et al., 2020; Luo et al., 2020). Factors such as insufficient health information, heavy workloads, and the lack of PPE have been related to greater psychological stress (Luo et al., 2020). In addition, measures linked to social distancing have resulted in nurses not having access to their usual social support networks, thereby increasing psychological stress (Huang et al., 2020). Hence, to relieve psychological stress, home care nurses have adopted negative coping behavior such as taking drugs (Nie et al., 2020). However, preserving the mental health of nurses is essential for the optimal control of the pandemic (Okechukwu et al., 2020). These findings highlight the necessity to develop necessary interventions to improve the coping strategies of home care nurses and their problem-solving tactics to deal with the physical and mental problems that might arise from the COVID-19 pandemic.

Strengths and Limitations

This qualitative study is not without limitations. Teleconference interviews offer less effective nonverbal communication, which

could have affected the results. In addition, participants were all home care nurses selected from various healthcare centers in southern Spain. Therefore, home care nurses' experiences in other geographical locations or countries could differ. To gain a deeper understanding of the topic, future research should develop studies with populations from different geographical areas. Though, this research is the only study to date that represents the experiences of home care nurses in Spain. Participants' characteristics are diverse in age and length of clinical experience, which ensured the variability of the responses.

Conclusion

The COVID-19 pandemic has had a profound effect on the competencies of home care nurses. Home care activities were practically abandoned to carry out the caring and diagnosis of COVID-19 patients. Furthermore, to prevent the spread of the disease, face-to-face home care was replaced by telehealth. Despite the potential benefits of telehealth, home care nurses have experienced difficulties in its implementation and deficiencies in patient care. This study also highlighted the adverse effects of pandemic work on the lives of home care nurses. Home care nurses experienced psychological and physical symptoms and constant fear of infecting others. More research is necessary to validate and support the findings from this study.

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