CLINICAL CHARACTERISTICS AND EXPERIENCES OF A HEALTHCARE PROFESSIONAL TESTED COVID-19 POSITIVE TWICE: CASE REPORT

Teac. Asst. Orhan ÇAKIR[1]
[1]*İzmir Tınaztepe University, Vocational School of Health Services, İzmir, Turkey*
ORCID ID: 0000-0002-4231-3561
orhan.cakir@tinaztepe.edu.tr

Assoc. Prof. Dr. Gülendam HAKVERDİOĞLU YÖNT[2]
[2]*İzmir Tınaztepe University, Faculty of Health Sciences, İzmir, Turkey*
ORCID ID: 0000-0003-3257-2102
gulendam.hakverdioglu.yont@tinaztepe.edu.tr

Kemal YILMAZ[3]
[3]*Ege University, Faculty of Medicine ,İzmir, Turkey*
ORCID ID: 0000-0002-6886-7781
kemaly03@gmail.com

ABSTRACT

In addition to the negative changes occurring in the social and economic order in the society, the COVID-19 epidemic has also caused such feelings as uncertainty, fear, concern and anxiety in people and has evolved into a threat for the overall public health. It is getting harder every day to cope with this epidemic that threatens humanity in all aspects. Healthcare professionals take the biggest responsibility in this fight against the virus. During the course of this on-going pandemic, healthcare professionals have represented and still goes on representing a universal army. While healthcare professionals are struggling to manage the process in order to keep the healthcare system alive, they also have to cope with their own emotions and experiences due to the process they are going through. Nurses and other healthcare professionals wear out more as the pandemic is prolonged, and tend to feel powerless due to negative situations and losses occuring. It is thought that it is important to determine their inner feelings, experiences and thoughts of nurses who are responsible for the care of patients infected with COVID-19 in each unit of hospitals so that the system can be maintained with full functions in the health systems. This study was carried out to reveal the feelings, thoughts and experiences of an emergency service nurse, who is in a key position in the combat against the pandemic and who has tested positive for COVID-19 twice.

Keywords: COVID-19, healthcare workers, pandemic, case report, nurse

ÖZET

COVID-19 salgını toplumsal ve ekonomik düzende olumsuz değişimlere; kişilerde belirsizlik, korku, kaygı, endişe gibi duyguların yaşanmasına neden olmuş ve halk sağlığını tehdit edecek düzeyde ilerleme göstermiştir. Her boyutta insanlığı tehdit eden bu salgınla baş etmek her geçen gün zorlaşmakta ve bu mücadelede sağlık çalışanları en büyük sorumluluğu üstlenmektedir. Yaşanan pandemi sürecinde sağlık çalışanları evrensel bir orduyu temsil etmiş ve temsil etmektedir. Sağlık çalışanları bir yandan sağlık sistemini ayakta tutmak için süreci yönetmeye çalışırken bir yandan da yaşadıkları süreç nedeniyle kendi duyguları ve deneyimleri ile baş etmek zorunda kalmaktadır. Hemşireler ve diğer sağlık çalışanları pandemi süreci uzadıkça daha çok yıpranmakta, yaşanılan olumsuz durumlar ve kayıplar nedeniyle güçsüz hissedebilmektedir. Sağlık sisteminin işlerliğinin sürdürülebilmesi için hastanenin her biriminde COVID-19 pozitif olan hastaların birebir bakımından sorumlu olan hemşirelerin duygularının,

yaşadıkları deneyimlerin ve hissettiklerinin belirlenmesinin önemli olduğu düşünülmektedir. Bu çalışma pandemi ile mücadelede kilit konumda olan ve iki defa COVID-19 test sonucu pozitif çıkan bir acil servis hemşiresinin yaşadığı duygu, düşünce ve deneyimi ortaya koymak amacıyla hazırlanmıştır.
Anahtar Kelimeler: COVID-19, sağlık çalışanları, pandemi, olgu sunumu, hemşire

INTRODUCTION

Coronavirus (COVID-19) broke out in Wuhan, China in December 2019 and spread all over the world showing serious symptoms (Lauer et al., 2020, Huang et al., 2020). In today's world, due to the extremely high international integration process, the spread of the disease has progressed much faster than expected. The worldwide pandemic that left its mark on the whole world and the subsequent developments accompanied with the process have caused serious economic and political problems, especially in individual psychological health, which has led to unprecedented epidemics, death rate, and economic devastation afterward (Khan et al., 2020). The rapid spread of the pandemic around the world has led to increased number of patients as well as workload, and ultimately, the felt lack of healthcare workers. At the same time, lack of adequete training together with the lack of workforce has led to the vulnerability of healthcare workers (Ng et al., 2020, Zhu et al., 2020, Jackson et al., 2020). The pandemic has affected human life in many aspects of life, ranging from cancellation of sports matches, the scope of educational and tranining activities, restriction of social communication and a slowdown in economic activities (Malay, 2020).

COVID-19 is highly contagious, and anyone providing healthcare closely to an infected patient is left vulnerable (Jackson et al., 2020). During the pandemic process in which societies and governmental administrations were unprepared, healthcare workers assumed the greatest responsibility, felt mostly vulnerable and their risk of infecting other people increased (Schwartz et al.,2020, Novel Coronavirus Pneumonia Emergency Response Epidemiology Team, 2020). In the face of such a serious pandemic, healthcare professionals have faced pressure both physically and psychologically. Even if the disease is brought under control in time, it seems likely that the stress experienced in this period may cause further mental problems (Atrooz et al., 2019, Wu et al., 2009). In a study examining the effects of the pandemic process on healthcare workers, it was found that depressive and anxiety symptoms were observed in healthcare workers in countries depending on the process (Bohlken et al., 2020). It should not be forgotten that in addition to physical health, the psychological health of healthcare workers is also quite curicial for the maintainance of patient care during the pandemic process.

The risk and severity of infection with the incrased viral load show that nurses have a high risk of infection because nurses are people who spend considerable amount of time while providing one-to-one care for COVID-19 patients (Jackson et al., 2020). Healthcare professionals, especially nurses, aim to provide better care to patients during the pandemic process, and at the same time make an effort to protect themselves and other healthcare workers from being infected. Sometimes they may have difficulty coping due to the negativity they experience. For this reason, psychological and social problems are now addressed in the field of occupational health as well as physical health (Jackson et al., 2020).

Our case study is related to the feelings, thoughts and experiences of a nurse working in emergency service, who has tested COVID-19 positive twice with an interval of 2 months and 10 days. It is thought that the experiences of a nurse experiencing the disease twice will guide our nurses and healthcare workers working at center of the condition in their efforts to maintain and protect health and coping with the disease. It is thought that the information to be obtained from the study will also contribute to national and international literature on the subject.

COVID-19 is highly contagious, and anyone providing healthcare directly to an affected patient has a very high risk of becoming infected (Jackson et al., 2020). During the pandemic process in which

societies and administrations were caught unprepared, healthcare workers assumed the greatest responsibility, felt mostly vulnerable and the risk of infecting other people increased (Schwartz et al.,2020, Novel Coronavirus Pneumonia Emergency Response Epidemiology Team, 2020). In the face of such a serious COVID-19 pandemic, healthcare professionals are under pressure both physically and psychologically. Even if the disease is brought under control in time, it is possible that the stress experienced in this period may cause mental problems (Atrooz et al., 2019, Wu et al., 2009). In a study examining the effects of the pandemic process on healthcare workers, it was found that depressive and anxiety symptoms were observed in healthcare workers in countries depending on the process (Bohlken et al., 2020). It should not be forgotten that in addition to being physically healthy, the psychological health of healthcare workers is also quite important for the quality of patient care during the pandemic process.

CASE REPORT

The male nurse presented in the case is 28-year-old single who lives alone. The nurse, who has a bachelor's degree, has been working in a duty-based system in the emergency service for 6 years. As he works with Covid-19 positive patients in the hospital, he was tested for COVID-19 and the result was negative on June 23, 2020. In the process following the test, he was tested for the second time on 10 September 2020, when he contacted with a positive patient and his test turned out to be positive this time. As of this date, his treatment was initiated and one week after the treatment, he underwent a retest on 17 September 2020 and the result was negative.

A double test was requested to start to work on September 24-25, 2020 and both results were negative. The nurse working in the emergency service was tested again 2 months and 10 days after receiving the first positive diagnosis on 27 November 2020 when he started experiencing COVID-19 symptoms, and the test result was positive for the second time. The nurse, who received treatment for the second time, was retested on 6 December 2020 following his treatment and the result was negative. Although he did not experience any symptoms during the first positive test, he experienced symptoms of COVID-19 such as loss of taste, loss of smell, weakness, muscle pain and diarrhea when he was seen to be positive in the second test.

Tests	**Dates**
COVID-19 Tests	1st Test: 23 June 2020 2nd Test: 10 September 2020 3rd Test: 17 September 2020 4th Test: 24 September 2020 5th Test: 25 September 2020 6th Test: 27 November 2020 7th Test: 6 December 2020
COVID-19 Negative Test Results	23 June 2020 17 September 2020 24 September 2020 25 September 2020 6 December 2020

COVID-19 Positive Test Results	**1. Diagnosis: 10 September 2020** **2. Diagnosis: 27 November 2020**
Symptoms	
1st. Positive	No Symptom
2nd. Positive	Loss of taste Loss of smell Fatigue Muscle pain Diarrhea

Individual Experiences of the Nurse in the First Positive Diagnosis

'Since we are in intense contact with patients, I thought that they would definitely infect us. I was already predicting that our lives would change in every field with the epidemic. When I was diagnosed, I experienced feelings of indecision and anxiety. I had concerns about what would happen / what I would do if my loved ones were infected, and what I would experience if this virus spreads to my lungs. I had some doubts about what to do and what course I should follow. I was very hesitant about whether to use drugs or not. Of course, the situation is a different dimension for me in terms of my job. As a result, I had different anxieties as I was involved and got to know the disease, its course and other patients' experiences. After being diagnosed, I tried not to expend energy as I was in quarantine at home. During this period when I was in quarantine at home, I felt that I was beginning to alienate from my profession feel worn out. What if I die or something happens to me because of the behavior of some irresponsible people? I had a lot of fears about how my family would feel. Because of these irresponsibilities, we are working at great risk under threat with increasing workload. What I or we go through is so cruel.

Experiences of the Nurse in the Second Positive Diagnosis

'After getting the second diagnosis, I took different foods paying attention to my diet compared to the first time I was diagnosed with the virus. When I first tested positive, I didn't take any vitamin D supplements. After a scientific study I read, I started taking vitamin D when I got the second positive diagnosis. I told everyone about my first positive result, but did not share the second one with anyone, including my family, to avoid panic until my second positive result turned out to be negative. Another reason why I did not share was the fear of being excluded from the environment. When I got the second diagnosis of covid-19 compared to first one, the number of cases increased incredibly and everyone was in panic. I was witnessing the excluded healthcare workers on the news. If I told that I was positive again, I thought I would be completely alone. Think about it!, I am both a healthcare worker and an infected sick person! I thought about not working after my test result turned out to be negative. I had no motivation to work again in the hospital. I constantly monitored my own symptoms at home. Since I experienced more than one symptom during my second diagnosis, it was severe. I felt my body completely tired. I watched movies and turned to books to feel psychologically good. I was constantly worried. I was wondering if I was okay, asking "Will anything happen to me? Will my breathing get worse? .. "

The psychological dimension of what I went through was incredibly wearing, which was what I shared the most with my friends. I told my friends not to carry out the slightest procedure without using personal

protective equipment. Yes, I'm also tired of using personal protective equipment. However, there is only one method to follow, which is to wear them. Although I am tired of wearing personal protective equipment, I cannot tolerate going through a third one. Though I used to see most places in the hospital as disindected, now everywhere seems to be completely infected. And most importantly, as an emergency professional, we are the first to contact the patient and the decisions we make affect the patient's life. There is an incredible increase in workload. Believe me, I don't know how long we can handle this. I really have neither strength nor motivation anymore. When I see people who don't wear masks, I want to kill them. I see these irresponsible people as responsible for the death of so many of my colleagues".

DISCUSSION

Nurses, who are in close contact with the patient in hospitals, are the people who experience all the difficulties of the process by having to stay with the patient in close contact during this pandemic time. They are also expected to combat physical, chemical and biological risks arising from the working environment they are in. On the one hand, Nurses, who have to take all precautions to protect their own health while maintaining the care and treatment of the patients, feel regret for the loss of their patients and colleagues. While trying to fulfill the requirements of their profession in fear, stress and anxiety, they are also at the forefront of the pandemic process. The level of stress experienced by nurses and healthcare professionals can affect their ability to meet the service expected of them. Nurses who are directly involved in duties related with human health may experience the stress caused by the work environment more intensely (Sakaoğlu et al., 2020).

In this case, we aimed to share the infection experience of a nurse who has been working in the emergency service since the beginning of the pandemic period and who has tested positive for COVID-19 twice so far. In the study, important information was obtained about the experiences and emotions of the nurse during the time he spent as a Covid positive healthcare worker. It is thought that the data obtained will make a significant contribution to the literature regarding the experiences especially about epidemic diseases, thoughts and feelings of healthcare professionals working in such a high-risk environment. In the study, what stands out is the fact that he underwent a test even though he did not experience symptoms and that after learning his COVID-19 test was positive, he tried to ensure the safety of his patients, himself and his colleagues. Because the high viral load that healthcare workers are exposed to poses a risk, especially for those working in the emergency services, it shows how important the health screening of employees is. In the light of the studies on the subject, the World Health Organization (WHO) recommended conducting psychological support and routine hospital surveillance studies to reduce the spread of COVID-19 among healthcare professionals (WHO, 2020). In the same way, with the aim of preventing the transmission of the virus to healthcare workers and reducing the work stress in COVID-19 pandemic, the Center for Disease Control and Prevention (CDC) recommended that anyone who enters a health center should be screened for COVID-19 symptoms and that support should be provided to the healtcare workers with breathing exercises, meditation techniques and psychological consultation opportunity with an expert (CDC, 2020). In addition, researching strategies to improve personal protection, monitoring and surveillance of workplace characteristics are critical in ensuring the health and well-being of patients, staff, and visitors (Jackson et al., 2020).

It was found in this case that the nurse who was infected with the virus twice experienced emotions such as stress, fear, concern, anxiety and anger. It has been reported in the literature that individuals who have had an infectious disease before experience similar feelings (Bayraktar and Khorshid, 2017). Anxiety about the COVID-19 pandemic is common in the nursing workforce, potentially affecting the well-being and job performance of the nurses. During the COVID-19 epidemic, the main source of concern among

nurses is reported to be the fear of becoming infected or infecting others unintentioanlly (Labrague and De los Santos 2020). In the case of this nurse, he seems to be experiencing burnout with the increasing number of the cases in Turkey especially during his time when he was tested positive for the second time and aftermath of this process. Similarly, burnout syndrome was observed in a study conducted with healthcare workers providing service in China (Liu, 2020). In a study by Dönmez et al, it was observed that a midwife working in the emergency department experienced the same feelings during the pandemic process. (19). In addition, the Turkish Nurses Association (TNA) stated in its guideline titled "COVID-19 Nurse Training Guide and Care Algorithms" published in April 2020, that nurses working in the COVID-19 epidemic times are at risk in terms of burnout syndrome (THD, 2020). These results show how important psychological support is for healthcare workers, especially during the pandemic process. It was found that the nurse tested COVID-19 positive for the second time experienced fear of being excluded from the society and stigmatized. It is observed that a midwife working in the emergency department experienced the same feelings during the pandemic process as Dönmez et al. discussed in their study (Dönmez et al., 2020). In their case report, Karasu and Çopur stated that the nurse experienced the fear of exclusion and stigmatization with his own statement "The worst thing is that people run away from you during the pandemic as if you were the plague itself", which led him not to share his condition (Karasu, 2020). These results show that infectious diseases may cause exclusion and stigmatization in society. This fear caused by exclusion and stigmatization can negatively affect the healing process by reducing the social support of individuals. These feelings and experiences revealed the necessity to provide awareness-raising training at individual and social level in time of pandemic processes. Increasing the instutional and social support is thought to reduce anxiety felt as a result of COVID-19 (Labrague and De los Santos 2020). The results obtained from the study show that social and psychological support should be provided to nurses and other healthcare professionals, especially to those who provide care for the patients with infectious diseases.

CONCLUSION

In addition to undoubtedly changing the social and economic order, the COVID-19 pandemic has turned into a period of crisis which leads people to reaassess the sense of trust in institutions, and which also creates uncertainty, fear, anxiety, and worry-filled days threatening the individual and public health. This health and hospital-centered process represents a war in which healthcare professionals represent a universal army. During the pandemic period, the emotions, experiences and feelings of healthcare professionals as the warriors at the forefront should be evaluated and appropriate interventions should be planned according to the obtained results. Thus, it is possible to take precautions to protect the psychological health of 'health workers', who are the shared value of humanity. Based on the data obtained in this case study, public institutions, local administrations and non-governmental organizations can support healthcare professionals by working on social awareness and act as a guide for possible similar situations in the future. The COVID-19 pandemic has caused unprecedented deaths among nurses and healthcare workers, and has raised the need to review or even improve occupational health and safety for healthcare workers. COVID-19 anxiety can be alleviated through organizational restrictions, including increasing the social support, providing adequate organizational support, psychological and mental support services in addition to resilience enhancing and stress management interventions.

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