The lived experience of UERMMMCI student nurses: The untold stories of home confinement during the first 3 months of COVID-19 lockdown

Kyrah Aaliya B. Baclig, Mark Joseph V. Chang, Ellysa Rei N. Garcia, Jasmin Claire I. Lubao, Michal Irijah T. Manatlao, Iyanla Jireh V. Millares, and Flory May G. Agustin, MAN, RN

Abstract

Introduction The COVID-19 pandemic has forced countries to impose lockdowns. The aim of the study was to explore lived experiences of student nurses during their home confinement and acquire the shared meaning of the phenomenon among the participants. In this study, the researchers explored the impact of home confinement on student nurses to gain a thorough understanding of their perceived experiences, including their personal feelings, responses to the pandemic and learnings.

Methods The researchers used a descriptive phenomenological approach, wherein student nurses from all levels were selected through purposive sampling and were interviewed one on one through Zoom using a semi-structured open-ended questionnaire. The researchers utilized Colaizzi's method of analysis to extract their lived experiences during their home confinement during the first three months of COVID-19 lockdown.

Results The results resulted in eight themes: Delighted, Attitude Towards the Disease, Home Isolation, Situational Awareness, Stronger Connection, Adaptation to Change, Role Function, Psychological Development and Outlook.

Conclusion Based on Sister Callista Roy's Adaptation Model Theory, there is a direct relationship between the stimuli, coping and behavior of the participants.

Key words: Long term home confinement, COVID-19 pandemic, new normal

Correspondence:
Flory May G. Agustin, MAN, RN, College of Nursing, University of the East Ramon Magsaysay Memorial Medical Center, Inc., 64 Aurora Boulevard, Barangay Doña Imelda, Quezon City, PH 1113; Email: fgagustin@uerm.edu.ph; Telephone: +63917 636 3143

College of Nursing, University of the East Ramon Magsaysay Memorial Medical Center, Inc., Quezon City, PH

The COVID-19 pandemic has been a global concern that has forced countries to impose a lockdown.[1] It is a threat to life and manifests as pneumonia, fever, difficulty of breathing, and lung infection.[2] The transmission of COVID-19 may be direct, through droplets from human to human interaction, or indirect transmission, like contaminated objects and airborne contagion.[3] The first person to be identified with COVID-19 was reported in Wuhan, China in December 2019.[4] Twenty three days after the first case of the viral pneumonia outbreak in Wuhan, the World

Health Organization announced that COVID-19 was a Public Health Emergency of International Concern (PHEIC).

The first recorded COVID-19 case in the Philippines was a 38-year-old Chinese female on January 30, 2020. The first death was recorded on February 2, 2020 and was also the first death outside China; in the same month, the third case was a 60-year-old female, a Chinese national. The three cases had a history of travel to Wuhan.[4] On March 12, 2020, the Inter Agency Task Force (IATF) was activated and tasked to manage the emerging infectious disease COVID-19. The IATF on COVID-19 later raised Code Red Sublevel in the Philippines which included the suspension of classes in Metro Manila, prohibition of mass gathering, and implementation of an enhanced community quarantine (ECQ) and strict lockdown in Metro Manila. ECQ and strict lockdown included strict home confinement for all family members with only one person per household allowed to go out for essential goods, suspension of transportation in Metro Manila, and checkpoints along city and provincial boundaries manned by uniformed personnel. People felt vulnerable due to the lockdown and quarantine throughout the COVID-19 pandemic. Singh mentioned that the COVID-19 pandemic brought fear and anxiety especially for children and adolescents who are known to be always outside for social interaction were forced to stay in their home.[5]

Despite a wide variety of studies around, there are few studies on how student nurses' experiences were elicited during their home confinement in the first three months of the COVID-19 lockdown. Thus, the goal of the study is to explore lived experiences of student nurses during their home confinement and acquire the shared meaning of the phenomenon among the participants. In this study, the researchers explored the impact of home confinement on student nurses to gain a thorough understanding of their perceived experiences, including their personal feelings, responses and learnings.

Methods

The researchers did a qualitative study using a phenomenological approach to obtain descriptive data of the behavior and the firsthand words from the clients as phenomenologists view human existence as meaningful and interesting because of their consciousness of that existence.[6,7] Student nurses of UERMMMCI who experienced home confinement during the first three months (March to May) of the COVID-19 lockdown aged between 18-25 years old who were currently enrolled in the SY 2020-2021, had an access to laptop, phone, or iPad and had a stable internet connection were recruited through Zoom, Google Meet or Facebook Videochat. Irregular students and those who did not attend the orientation were excluded. Participants were recruited through purposive sampling until theoretical saturation (the point in data collection when new data no longer brought additional insights to the research questions) was reached.

The questionnaire consisted of five open-ended questions that covered the respondent's experiences, feelings, response to the announcement of the lockdown, relating with people in the household, and learnings during home confinement. The interviewers asked the respondents to elaborate on their answers to each question. The instrument was pilot tested on Level III nursing students. Student nurses who qualified and gave their informed consent were oriented on the study and interviewed online using Zoom. The interviews lasted for 1 to 2 hours and were recorded with the permission of the participants. The interviews were transcribed from the recordings; the transcriptions were used for the data analysis.

The data was analyzed using Colaizzi's descriptive phenomenological method and the constructivist paradigm was used.[8] The researcher first familiarized himself or herself with the data by reading through all the participant accounts several times. Second, the researcher extracted significant statements in relation to the research question. Third, the researcher distinguished implications relevant to the phenomenon that emerged from cautious consideration of the critical statements. The researchers reflexively "bracketed" their pre-assumptions to adhere to the phenomenon as experienced (formulating meanings). Fourth, the researchers clustered the formulated meanings into themes that were basic across all records. Fifth, the researchers developed an exhaustive description where they composed and articulated a description of the phenomenon from all the clustered themes. Sixth, the researchers produced the fundamental structure in which they condensed the exhaustive description to a short, compact statement that captured those aspects deemed to be essential to the structure of

the phenomenon. Seventh, the researchers sought verification of the fundamental structure by returning the summarized data to all participants to confirm if the structure made by the researchers was really the participants' experience/s.

Results

There were five respondents with an average age of 19.2 years (range 18 to 21 years), three of whom were female. Two participants were in Level III and the rest were in Levels I, II and IV. The results obtained from the participants' interview exhibited their actual experiences during the three-month lockdown period. The formulated meanings centered on 1) actions that the participants did; 2) negative effects of the phenomenon; 3) the change in perception on the situation; 4) acquisition of information; 5) formation of bonds; 6) action undertaken to overcome the situation; 7) exposure to a different setting; 8) accountability that the participant developed; 9) apprehension of the phenomenon that the participant experienced; 10) honing of oneself during the phenomenon. The similar formulated meanings were grouped into 34 clustered themes as shown in Table 1. The clusters were further grouped into eight emerging patterns or themes - Delighted, Attitude Towards the Disease, Home Quarantine, Situational Awareness, Stronger Family Ties, Adaptation to Change, Personal Role and Contribution, Psychological Development and Outlook as shown in Table 2.

Table 1. Formulated meanings and clustered themes.

Formulated meanings	Clustered themes
• PT1: Happy without knowing what the situation entails; saw the phenomena as a suspension of classes • PT4: Happy with the cancellation of exams • PT5: The lockdown was like a summer vacation because there is no task to be done	Initial reaction to the announcement of the phenomenon
• PT3: He and his family got closer and bonded together which made him happy • PT5: Happy because she reunited with her family • PT5: Excitement of going home due to homesickness	Family reunification
• PT2: Fear that going out entails risk of compromising the health of a vulnerable individual • PT2: Death of family members with common risk factors resulted in fear of going out • PT4: Concern on family's health and safety Perception of exposure to the virus	Decline in mental health
• PT2: Mental health worsened as the virus infects her family members • PT2: Overthinking on possible preventive measures • PT2: Lack of social interaction led to unstable situations putting her mental health at risk • PT2: The repetitive cycle and inability to go out led her to feel like she was going crazy • PT3: Insomnia worsened	
• PT4: The great amount of schoolwork was a burden leading to neglecting oneself • PT5: Altered sleeping pattern Inadequate self-care	
• PT1: Social media as the source of stress with regards to recent happenings and unhealthy relationships • PT3: Stressed initially because of the vulnerable age of his father. • PT3: Insomnia adding to his stress. • PT3: Variety of stressors • PT5: Contradicting mindsets within the family was chaotic and frustrating • PT5: Irritation led to less communication	Stressors
• PT2: The history of death of family members with common risk factors resulted in fear of going out. • PT2: Fear regarding her health condition and of her child • PT3: Fear of acquiring the virus	Feeling of fear

• PT1: The house as a resting place • PT3: Went home when the lockdown was announced • PT4: Doesn't feel like her room is her safe place anymore due to endless workload • PT5: Alone in her pad	Comfort zone
• PT1: Staying at home was being a prisoner • PT2: Felt isolated from the outside world • PT4: Felt locked up inside her room with piled up requirements • PT4: Restricted from going outside • PT4: Pile of workload restricted her from going out.	Being secluded from the outside world
• PT2: COVID was the usual topic being talked about with her family • PT3: Interest in political and financial awareness • PT5: Torn between two emotions since the announcement of the phenomenon is a novel news	Concern on current events
• PT2: Found out about the phenomenon through her mother as she was not updated on the recent events • PT3: Acquired information regarding the steps of the government through his sister • PT4: Updated through social media	Obtaining of information
• PT2: There is uncertainty on next steps on enrollment • PT2: Lack of knowledge and uncertainty of the virus, resulted in fear • PT3: Uncertainty on what to do • PT3: Inadequate knowledge leading to curiosity, confusion, and uncertainty • PT4: COVID-19 cases were insignificant resulting in elated experience • PT4: Uncertainties made her scared and nervous • PT5: Uncertainty brought confusion	Lack of information during the novel situation
• PT2: Social interaction is needed in order to survive and develop oneself • PT4: Realization of importance of face-to-face interaction	Social interaction
• PT3: Communication was the family's response to the situation • PT3: Communicates with friends through online platforms • PT4: Importance of communication between colleagues	Communication
• PT1: Talking with each other enabled their family to be closer • PT3: Made him and his siblings open to one another • PT3: Conversing over shared experiences, stories and lives leading to closeness with his family • PT5: Understanding among siblings • PT5: Sharing of problems brought her closer to her siblings • PT5: Shared her emotions with her siblings	Reaching out to family members
• PT3: Routine consisted of entertainment activities and talking to friends • PT4: Leisure activities as a form of bonding • PT5: Conversing and leisure activities as forms of bonding with her siblings	Forms of bonding
• PT1: Bonding with his brother by watching since his parents are managing their business • PT1: Bonding with his family by talking about the same interests • PT2: Close affiliation with the people she was living with • PT2: Closeness through bonding with her family • PT3: Bond with siblings brought them closer • PT3: Casual relationship with his siblings • PT3: Talking and joking around with one another as their bonding • PT4: Happy because her family role enhanced their bonding • PT4: Joy in completing their tasks which made her family closer • PT4: Bonds with her family through showing affection and teasing	Enhanced closer relationship
• PT3: Family and friends as his support system • PT5: Support system as her source of motivation	Support system

• PT2: Mother's Day was the only significant thing that happened during the lockdown • PT3: The lockdown made his family members stay in one place • PT3: The participant's family was complete during the lockdown	Rare occurrences
• PT1: COVID affected the livelihood of the family • PT2: It was tough since many relatives died • PT3: Uncontrolled situations caused intimate relationship problems	Unforeseen circumstances
• PT1: Reads books to relax	Coping mechanism
• PT1: Routine of waking up, doing household chores, and playing PS4 • PT4: The routine included doing schoolwork and watching • PT5: Routine became a repetitive cycle but she was able to try new activities	Cycle of routine during the lockdown
• PT1: Not able to do things he could do before such as going out • PT1: Change in routine because of the lockdown restrictions • PT1: Cycle was tiring • PT1: Change of emotions from having fun to being exhausted from the clashing of responsibilities • PT2: Change of routine brought by the lockdown from being able to go out to staying inside the house • PT3: Staying at home with restrictions was the only thing that changed in his routine • PT4: Small difference with regards to her routine	Changes in routine
• PT4: Difficulty in adapting to a new learning setting • PT4: Hard to cope to the new normal • PT5: Phenomenon was chaotic since the family is not used to being with one another	Unfamiliarity to new situations
• PT2: Panic buying was the response • PT2: Not new to staying at home, but the situation was difficult since there was limited access to supplies • PT2: Lack of resources limited her performance of daily activities • PT2: Difficulty of adjusting in obtaining needs and wants • PT2: Difficult to access healthcare and consultation due to fear • PT4: Possibility of food scarcity	Uncertainties on the access to limited resources
• PT1: Became a responsible family member • PT2: Thoughtful of her family on what they needed to do • PT3: He improved as a family member	Role engagement
• PT2: Routine depended on her child • PT2: He became the leader in her family which led her to show her maternal instincts	Maternal role
• Imparted health education to her family • Exhibited therapeutic communication by embodying the role of a student nurse	Application of being a student nurse
• PT1: More grateful in life • PT1: Recognized the importance of family and time • PT1: New learnings and realizations • PT3: Respecting other people's opinion by practicing active listening • PT4: Being considerate of other people's situations is good but in moderation • PT5: Different age groups have different perspectives	Realizations
• PT1: Lost interest • PT3: A family life event greatly affected his point of view in life	Outlook during the three-month lockdown
• PT4: Lockdown snatched her time • PT4: Importance of time management to do self-care • PT4: Sunday is the rest day • PT4: Realization of the importance of time spent with family and friends	The importance of time

• PT1: Got to know himself more; rediscovered hobbies and weaknesses • PT2: Able to improve herself and boost her confidence • PT3: Became more mature and improved as a person • PT3: Became future-oriented	Self-awareness
• PT2: The lockdown brought enhancement and new discoveries • PT2: Became more resourceful and invested in technology • PT3: Change in attitude towards his studies and worked harder • PT5: Became an organized person by improving her time management, resulting in motivation for completing tasks	Self enhancement
• PT2: Learned how to budget her finances and utilize resources at home • PT2: The difficult transition and adjustment of learning made her resourceful • PT3: Acquired a new hobby	New learnings

Table 2. Emerging themes derived from the clustered themes.

Clustered Themes	Emerging Themes
Initial reaction to the announcement of the phenomena Family reunification	Delighted
Perception of exposure to the virus Decline in mental health Inadequate self-care Stressors Feeling of fear	Attitude towards the disease
Comfort zone Being secluded from the outside world	Home quarantine
Concern on current events Obtaining of information Lack of information during the novel situation	Situational awareness
Social interaction Communication Reaching out to family members Forms of bonding Enhanced closer relationship Support system	Stronger family ties
Rare occurrences Unforeseen circumstances Coping mechanism Cycle of routine during the lockdown Changes in routine Unfamiliarity to new situations Uncertainties on the access to limited resources	Adaptation to change
Role engagement Maternal roles Reflection Application of being a student nurse	Personal role and contribution
Realization Outlook during the three-month lockdown The importance of time Self-awareness Self-enhancement New learnings	Psychological development and outlook

Discussion

The researchers were able to elicit eight emergent themes from the output of the participants: Delighted, Attitude Towards the Disease, Home Quarantine, Situational Awareness, Stronger Family Ties, Adaptation to Change, Personal Role and Contribution, Psychological Development and Outlook. The conceptual illustration (Figure 1) adapted from Sister Callista Roy's Adaptation Theory describes the experiences of the student nurses during the first three months of the COVID-19 lockdown.[9] It depicts how the lockdown as the stimulus affected and transformed the lives of the participants. The student nurses were able to cope with different situations from physiologic-physical elements (home quarantine, attitude towards the disease and situational awareness), self-concept group identity (physiological development and outlook), interdependence (stronger family ties), and role function (personal role and contribution). These elements helped the student nurses cope with the circumstances brought about by the pandemic. Finally, the student nurses exhibited delight as they were able to utilize these coping mechanisms to adapt during a time of crisis.

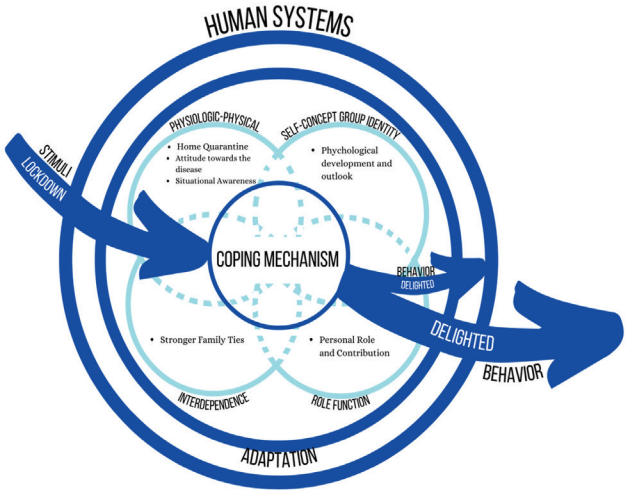

Figure 1. Conceptual illustration. The stimuli prompt the participants' adaptation. Adaptation consists of four adaptive modes: physiological functions, self-concept, role function, and interdependence. These adaptation modes are the coping mechanism of the participants and resulted in their behavior.

Conflict of interest declaration

The authors certify that they have NO affiliations with or involvement in any organization or entity with any financial interest or non-financial interest in the subject matter or materials discussed in this manuscript.

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