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Nurses Experiences with Personal Protective Equipment

Rahul Ratan*

Department of Nursing, Lovely Professional University, India

INTRODUCTION

During the first wave of the COVID-19 pandemic in the United States, this study sought to describe nurses' experiences with personal protective equipment while providing patient care. From May to September 2020, 100 nurses from various backgrounds and practise settings were interviewed individually. For thematic analysis, interviews were audio recorded, transcribed, and verified. During COVID-19, three major themes concerning personal protective equipment emerged

DESCRIPTION

- Safety concerns,
- Personal protective equipment supply concerns, and
- Health-care systems changing personal protective equipment policies concerns. The importance of transparent and equitable institution-wide PPE standards in creating safe working environments is supported by these findings

It Clear communication about personal protective equipment policies and procedures, as well as personal protective equipment education and assurance of equitable access to equipment, can help nurses reduce fear, confusion, and frustration while reducing risk and disability. Maintaining clear and consistent personal protective equipment guidelines, as well as communication about supplies and procedures, improves transparency in both routine and critical situations, reducing the inevitable strain that comes with providing patient care during a global pandemic.

The novel coronavirus-2019 (COVID-19) caused a global public health infectious disease crisis, spreading quickly from person to person primarily through respiratory droplets in close contact encounters [1-5]. Globally, over 479 million confirmed cases and over 6 million deaths have been reported as of March 2022. Since the beginning of 2020, health care systems have been repeatedly overwhelmed by surges caused by a lack of consistency in the implementation of mitigation strategies, which has been exacerbated by the emergence of COVID-19 variants such as the Delta and Omicron strains.

The generalizability of this large-scale qualitative examination of nurses' PPE experiences during COVID-19 to nurses across specialty areas ranging from emergency departments to acute care settings and medical/surgical units is one of the study's strengths. The study sample's racial and ethnic diversity is also strength, as it allows us to state unequivocally that these PPE challenges were experienced across the entire nursing discipline in the United States. While the qualitative methodological protocol was followed for the thematic network analysis, the study was limited by the cross-sectional nature of the study design, with all interviews taking place during the first wave of what has now been a global disease outbreak for more than two years.

The study participants went into great detail about their experiences with PPE; however, the findings would have been strengthened if we had been able to discuss our thematic network analysis with them, which we were unable to do due to logistical constraints. From recruitment to data collection, future nursing research should strive to be inclusive in design to ensure diverse sampling of nurse sociodemographic characteristics, such as race, ethnicity, and gender. Survey methodology should be used in future studies of nurses' experiences with PPE to quantify the prevalence of the qualitative themes described by the sample of 100 nurses interviewed for this study. Future research may look into the relationship between healthcare system PPE policies and experiences of PPE inequity among healthcare workers, with a focus on women.

CONCLUSION

The key findings from this nationwide study of a large, diverse sample of practising nurses focused on their narrative experiences with PPE during the first wave of the COVID-19 pandemic in the United States. It emphasises the importance of

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Corresponding author Rahul Ratan, Department of Nursing, Lovely Professional University, India, Tel: + 917789498712; E-mail: rahulratan_56@gmail.com

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adhering to and maintaining guidelines to ensure safe working conditions, clear leadership communication, and advocating for nursing practise, which includes appropriate and adequate supplies, as well as on-going PPE training and education. Establishing consistency in PPE policies and practises, as well as including nurses with patient contact at all levels of healthcare leadership, will improve transparent communication between organisations and frontline nurses, allowing for more equitable access to health system resources and reducing the inevitable strain that comes with crisis situations.

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DECLARATION OF CONFLICTING INTER-ESTS

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REFERENCES

- 1. Callie F, Joanne I, Mary KS (2021) Veterinary Clinical Ethics and Patient Care Dilemmas. Vet Clin North Am Small Anim Pract. 51(5): 1079-1097.
- 2. JoAnne P (2019) Complex Patient Care Technology. AACN Adv Crit Care. 30(1):23-24.
- Seamus C (2017) Nursing research and patient care: A case for the bedside rather than the bench. J Nurs Manag. 27(4): 679-680.
- 4. Afroditi DL, Marek C, Zofia C (2020) Improving Patient Care Through Objective Testing of Shunts *In Vivo*. World Neurosurg. 141: 514-517
- 5. Peter R (2004) Improving MS patient care. J Neurol . 5:v69-v73