

Working While Pregnant: How Hard Nurses' Endless Struggle in the Time of Covid-19 Pandemic? A Grounded Theory Study Through Gender Perspective

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Purpose: This research aims explore about the challenges of pregnant nurses who worked during the recent COVID-19 pandemic and struggled with both physical and psychosocial brought on by pregnancy.

Method: Qualitative research was employed in this study, and the data were collected through in-depth personal interviews. Nine nurses who had experienced pregnancy between 2020-2021 were interviewed. A constructivist grounded theory was used to analyze the interviews. Eight themes were extracted to describe the pregnant nurses' job demand experience during the COVID-19 pandemic.

Result: There were 8 topics categorized into 2 big cluster topics. These topics are nurses experiencing changes during pregnancy (physiological and psychosocial changes) and nurses' job demand (physical burden, employee scheduling issues, organizational demand, workload, interpersonal emotions at work, and work-family conflict) during the COVID-19 pandemic.

Conclusion: Nurses experiencing pregnancy face challenges such as increased work demands, physiological changes, and psychosocial changes.

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INTRODUCTION

Coronavirus or Severe Acute Respiratory Syndrome Coronavirus 2 (Covid-19) is a respiratory infection-causing virus. According to Ministry of Health data, as of October 26, 2022, there were 6,478,720 confirmed positive cases of Covid-19 in Indonesia, 6,298,740 patients recovered, and 158,449 people died (1). Considering that nurses are required to care for patients 24 hours a day, seven days a week, the high risk faced by health workers, particularly nurses, has a significant psychological impact (2).

The roles of nurses are categorized as physical, emotional, cognitive, and organizational (3); however, due to the high demands of their jobs, nurses frequently perform more than one role. Additionally, nurses must deal with occupational risks such as violence, stress, psychiatric disorders, radiation, physical, chemical, and biological hazards, and risks to their reproductive health (4). Women make up 75% of all health workers worldwide (5). Women who work as health workers face particular challenges because they play two roles in their families: wife and mother who will give birth, breastfeed, and work as health workers (6). Pregnant female nurses are at high risk and can potentially affect the pregnancy outcome negatively (7).

During the Covid-19 pandemic, health workers, particularly pregnant nurses, face significant challenges in carrying out their duties to provide nursing care (8). In the era of the Covid-19 pandemic, which necessitates rapid, accurate, and secure treatment, nurses are required to monitor the patient's health throughout the treatment process. Nurses who provide Covid-19 services are exposed to high workloads and risks (9). The direct service process for Covid-19 patients, extended working hours, and inadequate self-protection standards can cause the risk of infection exposure. In addition to service demands, conflict at work, feelings of anxiety, and lack of support from colleagues can impact a nurse's mental health (10). According to reports, pregnant nurses caring for COVID-19 patients are susceptible to infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which can increase the risk of harm to pregnant women. With the spread of COVID-19, intrauterine transmission from mother to fetus in pregnant women is a cause for concern. One of the leading causes of death in pregnant women worldwide is viral pneumonia (11).

According to data from a hospital in Mojokerto, 76.4% of its human resources are women, with 63% working as nurses. In 2020-2021, 15 of the 23 pregnant healthcare workers were registered nurses. In the preliminary study, informants from Mojokerto X Hospital lacked a policy regarding work time adjustments for pregnant nurses. Fear of being infected and the risk to the baby they were carrying created a significant psychological burden. According to the informant, pregnancy during the COVID-19 pandemic also caused psychological stress and workplace disruptions.

It is hoped that this research will contribute to the eradication of gaps in the employment of nurses by identifying pregnancy and heavy workloads, particularly during the Covid-19 pandemic, as obstacles (adversity). This research aimed to investigate, from a gendered point of view, the experiences that nurses went through while pregnant during the Covid-19 pandemic.

Research Method

This research is qualitative research with a constructivist grounded theory research design method and has received ethical approval from the Ethics Commission for Health Research, Faculty of Medicine, Universitas Brawijaya Malang, with Number 58/EC/KEPK-S2/03/2022. The constructivist grounded theory design method emphasizes experiences, situations, and social processes that can create a concept or theory. Constructivist research methodologies are useful in discerning the meaning of experience to inform and improve health care practice subsequently (12). In this study, this situation was an individual interaction and process in responding to a phenomenon in which pregnant nurses worked in hospitals during the Covid-19 pandemic.

Participants were selected based on the following criteria: being pregnant nurses at Mojokerto X Hospital in 2020 and 2021, being adults or at least 20 years old, being able to communicate effectively in Bahasa Indonesia, being in good physical and mental health when interviewed, being willing and able to speak frankly about her experiences working in pregnant conditions during the

Covid-19 pandemic, and agreeing to the recording and publication of research results. This study involved 9 Javanese and Muslim participants. The researchers collected data by conducting face-to-face in-depth interviews to obtain in-depth information about building resilience for pregnant nurses during the Covid-19 pandemic.

Results

The results of the conducted analysis revealed 8 (eight) themes that can be grouped into 2 (two) major theme clusters: changes experienced by nurses during pregnancy and job demand for nurses during the Covid-19 pandemic. Both themes describe difficult conditions or situations (adversity). Figure 1 illustrates the existing theme interactions.

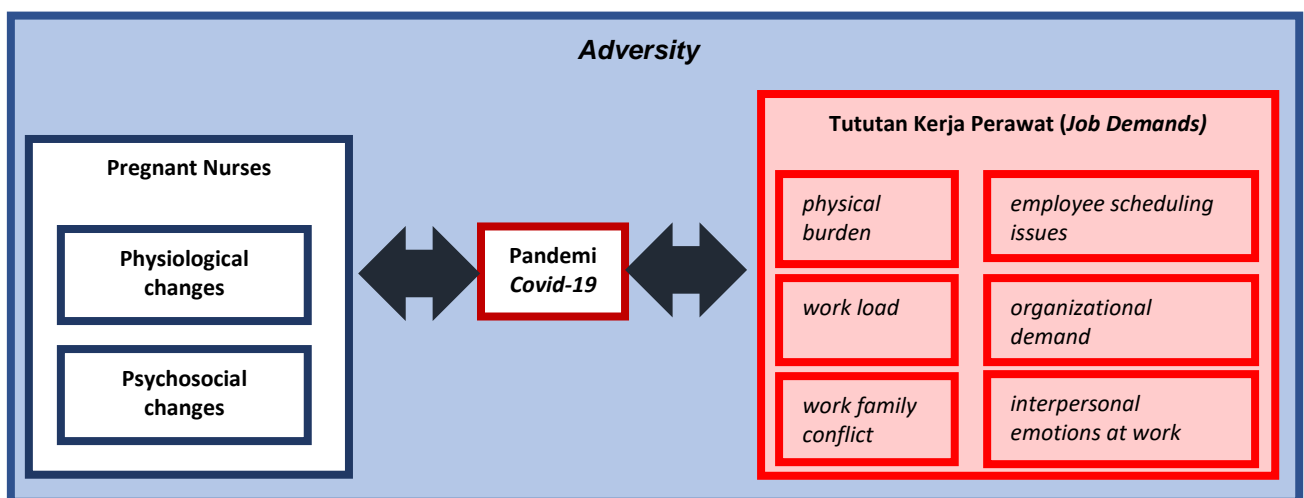


Figure 1. Research Theme Interactions

The physiological changes referred to in this study are changes in the physical condition of pregnant mothers, so their effects vary from informant to informant. Informants have felt things like tightness, fatigue, pain, nausea, vomiting, dizziness, stomach problems like feeling baby movement, feeling weak, stomach tightness, and back pain. The following are some quotations that relate to this:

*"The second one is heavier and feels like it's **harder to breathe**, Doc. I am out of breath after walking for a while." (I01-DN00.16,106)*

*"Yes, it really hurts. At that time, I was also **sick**, my **body wasn't feeling well** either, so I couldn't work optimally. But I forgot the specific time." (I08-DS.09, 18)*

*"At the beginning of my pregnancy, I also had **nausea and vomiting, which was also severe**, to the point where I didn't want to eat... I haven't had time to eat during those 3 months." (I02-NZ.14, 18)*

*"I was picked up from work when I was at the end of my pregnancy. But when I got home, I was still complaining too. **My back hurt, my stomach was a bit tight**." (I03-IU.23, 28)*

Psychosocial Changes in Nurses Undergoing Pregnancy

Psychosocial changes in pregnant nurses are in the form of negative and positive changes. Negative changes, for example, include feelings of rejection, pity, anxiety, emotional changes, and mental fatigue. Positive psychosocial changes include pregnancy as a lesson, feeling happy when pregnant, and having different experiences. Here are some quotes related to this:

“due to Covid and my first born consideration. They feel pity for my first child because of my pregnancy” (I01-DN00.15, 102)

“I was having mood swing during my pregnancy. For example, when I had conflict with my friend, I tend to remain silent. I had ups and down so I couldn’t control my emotion and got offended easily.” (I06-RD.11,22)

“How does it feel? Hahaha (laugh), I was actually happy because I am pregnant. The first time I knew I was pregnant, I was like....” (I07-DI.01, 8).

Physical Burden on Nurses Undergoing Pregnancy

In this case, the physical burden was experienced by informants who worked during pregnancy and caused actual physical disorders. This physical burden results from the informants' physical activities as nurses, such as escorting patients, performing operations, and disposing patient urine. Here are some quotes related to this:

“Things that are hard for me are escorting patients to the operating theater, Gajah mada, or elsewhere. Then it is also hard when I have to push the wheelchair here and there. I feel sorry and worry about being tired.” (I01-DN01.14,30).

“I faced some specific challenges during pregnancy especially when I am in ortho department. Well, ortho is something... it’s kind of hard dealing with crucis and femur area. I need to be in the upper position when performing reposition. It’s hard Doc. (I04-NQ-19,26).

Employee Scheduling Issues in Nurses Undergoing Pregnancy.

Establishing employee work schedules imposes burdens on informants, such as difficult work time distribution, working night shifts, being required to be on call, long work durations, and unpredictable work schedules. This is in accordance with what several sources have stated, as follows:

“It’s difficult to manage my time. I need to work and eat properly when pregnant. But since the mobility is high, I don’t have time to eat properly.” (I02-NZ.45.64).

“When there’s an emergency, I have to go even if it’s in the midnight, or even raining hard. We have to be ready anytime. We are also on-call duty and it’s kind of bothering me when it’s a night call.” (I05-NW.02, 8).

“There’s a time when I thought that this surgery doesn’t need much time but it turns out the other way. At first, we needed to handle the maxilla and mandible but there’s a fracture. So, it takes so much time” (I05-NW.10, 14).

Organizational Demand for Nurses Undergoing Pregnancy

Organizational demand is one of the workloads caused by Mojokerto X Hospital, where the informants work. Employee leave, multiple job problems, a lack of special support for pregnant workers, and limited human resources are all issues that arise from the sub-theme of organizational demands. This is as stated by several informants as follows:

“Well, it takes time for healing the wound after giving birth especially C-section. In this hospital, new staff are only eligible for 1 month maternity leave when you haven’t been promoted to permanent staff. However, permanent staff are eligible for 3 months leave.” (I02-NZ.35, 46).

““There is no special consideration from the management. For example, pregnant nurses do not need to work the night shift”

“There’s no special treatment for pregnant women. No specific policy, there’s no different between pregnant and regular nurses” (I04-NQ-32, 36).

Personal Emotional Problems Related to Work (Interpersonal Emotion at Work) in Nurses Undergoing Pregnancy

Personal emotions related to work are responses to the workload experienced by informants. These emotional responses include fear of being displaced and unfocused at work. This is as stated by several informants as follows:

*Well, rule is a rule. I don't have any choice, I am **afraid of being displaced**" (I01-DN01.30, 52).*

"The mobility is too high, we cannot focus on doing things" (I01-DN01.32, 54).

Work Load for Nurses Undergoing Pregnancy

The workload is related to the high demands of nursing work, such as an imbalance in the ratio of nurses to patients, complex and numerous nursing tasks, unexpected conditions during the Covid-19 pandemic, and emotional stress while working during the Covid-19 pandemic. Several informants have stated as follows:

*"So, for example, like us, in the morning there are **a lot of medical procedures** especially children. It's like injection of children, there's a lot of drama. The problem is we need more time to persuade them first. Then sometimes we also treat surgical patients in one day, we can treat wounds up to three times, two or 3-4 patients. **Thus, we have to work longer and more.**" (I02-NZ.04, 46).*

*"Yes, that's it. We **must be ready with all risks since we have to treat patients really intensively**. So, we have to be prepared for everything. The problem is that we also work in a team, right? I also feel sorry if the job is assigned to those who aren't pregnant. Therefore, we also contribute. So, whether you want it or not, you will definitely deal with it too" (I08-DS.18, 26).*

*"We really can't close our eyes if the pressure in the emergency room is greater than in the room since it **involves emotional pressure, Doc. The emotions of the family, the patient whose condition is bad. If the patient's condition is bad, we need to handle 2 sides, the patient and his family. Handling the patient is possible, but convincing the family is rather difficult**" (I07-DI.38, 42).*

Work and Family Conflict in Nurses Undergoing Pregnancy

This conflict is defined as the pressure or imbalance of roles between family and work. In this study, the informants reported work-family conflicts such as requests for resignation from their husbands for various reasons, difficulty managing time between family and work, and feeling unfocused at work due to divided attention. Several informants have stated as follows:

*"But yes, my husband also really objects, Doc. **I was once asked to resign when I was pregnant**. He was afraid that something bad will happen to me. I have waited long enough to get pregnant" (I01-DN01.25, 44).*

*"Before I have children, I can do it at home. But now I can't do it at home since I only focus on children when I am home. **Finally, I steal the time when my child is sleeping.**" (I04-NQ-39, 50).*

*"In the end, I chose my child Doc. **I think I want to be responsible to God, that's all. Omg, I cannot hold back my tears.** (the informant shed tears and lowered her voice. the informant spoke haltingly). Sorry I was overreacting." (I04-NQ-41, 50).*

"When my child is sick, my mind is scattered, so I also can't focus when I'm working. Like that." (I08-DS.29, 38).

DISCUSSION

One challenge that has caused an unprecedented global health and socioeconomic crisis is the COVID-19 pandemic. As the largest health workforce, nurses have been exposed to conditions that threaten their health, well-being, and ability to work. According to research conducted by Sun et al. on the psychological responses of 20 nurses, there is a negative correlation between the combination of negative and positive emotions (13). This study found that fatigue, fear, and anxiety are associated with unknown sources of negative emotions, but it was unable to pinpoint a specific cause of stress. Q. Liu et al. conducted qualitative research on nine nurses and four doctors, identifying the three most important things: responsibility for their duties, work-related challenges, and resilience to these challenges (14). Due to the small number of samples in a hospital and province, the generalizability of both studies is limited. High work demands put nurses in stressful situations, which can be especially challenging for pregnant nurses.

The nurse's pregnancy condition put her in a risky position. When pregnant, women will experience various physical changes. Severe nausea and vomiting are the most common things encountered in the first trimester of pregnancy, while depression is experienced throughout pregnancy which can negatively affect daily life and quality of life(7). These changes during pregnancy have the potential to cause physical and mental exhaustion. In a study by Kim et al., physical and mental fatigue is almost as impactful as patients with chronic diseases (15). Doing clinical work and physical activity during pregnancy is directly related to the physical and emotional fatigue that occurs in nurses. The anxiety about exposure to the Covid 19 virus and the stress from the increased workload during the pandemic also contribute to the exhaustion.

Due to the fluctuating work rhythm, the nurses' shift work causes the physical condition of pregnant nurses to deteriorate (15). This is consistent with what was communicated by the vast majority of the informants in this study, who reported that physical changes during pregnancy made it difficult to perform at peak levels on the job. Most informants experienced negative psychosocial changes, such as anxiety, mental fatigue, and erratic emotional changes. As a result, nurses may experience significant physical and psychological changes if they continue to work under standard circumstances during their pregnancies. The physiological and psychological changes that pregnant women experience have an impact on the high work demands of nurses.

Bakker and Demerouti stated that job demands are the condition of workers based on their workload. Job demands cover a job's physical, psychological, social, and organizational aspects that require effort to achieve them. Dimensions of job demands include high workload (work pressure), emotional conditions related to work (emotional demand), work complexity (hassle), role conflict, and conditions that require high thinking (high cognitive demand) (16). This is similar to research indicating that the work demands of pregnant nurses include the following: high physical demands, difficulties in managing staff work schedules (employee scheduling issues), organizational demand, personal emotions related to work (interpersonal emotions at work), high workload, and the existence of work and family conflicts (work-family conflict).

In a systematic review study conducted by Chappel et al., there were 3 (three) studies regarding nurses' physical activity levels. Heindrich et al. stated that 19% of a nurse's time is spent doing moderate to high-intensity physical activities directly related to the patient and handling the patient's position. Babiolakis et al. identified that nurses walked 1500-3000 metabolic equivalents/minute/week during their work (assessed using accelerometry). The average nurse spends 200-300 minutes standing at work. Makowiec-Dabrowska et al. found that the main movements made by nurses during shifts of 8 and 12 hours a day were lifting loads of 3.89-15.84 kg/kilo/hour and/or carrying loads weighing 1.38-1.48 kg/min (17). This result is in accordance with the research that nearly most pregnant nurses also do work or physical activities such as transporting patients and lifting patients. Nurses providing emergency surgical assistance and invasive procedures in emergency departments

and intensive care units will always engage in high-intensity physical activity. A study conducted by Yang et al. concluded that the activities and workload of nurses are very dangerous for pregnant women. This study involved thousands of respondents resulting that pregnant nurse had a 6% higher risk of miscarriage and 8.1% higher preterm labor than other pregnant staff. (18). Furthermore, in a study conducted by Celikkalp and Yorulmaz, more than 46% of pregnant nurses experienced complications such as vaginal bleeding (19). Nurses who must stand during clinical work and constantly work overtime are at a higher risk of complications. The informant's report of stomach pain is consistent with the problems felt by other nurses during pregnancy. In addition, additional complications emerged at some point after the delivery when performing strenuous physical activity, and nurses who are still in the postpartum period experience bleeding.

Work schedules with shift patterns and long work durations are a challenge for nurses undergoing pregnancy. In this study, work schedule problems include working night shifts, work duration, and difficult time divisions. Several informants in the operating room complained that the work schedule at night was heavy, for example, emergency surgery. Working the night shift has a negative impact on pregnant workers and their fetuses. The long duration of work can be caused by the course of operations which have erratic complexity. Prolonged work problems can carry high risks for the nurses and the unborn fetus. In addition, long work schedules also have the potential to cause burnout and increase the risk of patient safety incidents (20). Setting a nurse's work schedule is difficult because it has to consider various elements, namely physical fatigue, the number of people working each shift, and others. Therefore, attention is needed to the work schedule of nurses, especially those undergoing pregnancy, to improve nurse performance and impact hospital performance.

One of the demands of work is the burden of the organization (organizational demand). The existence of dual work policies and issues from the organization creates a high workload for nurses. The intended double work is that informants must provide services in different scopes in the same inpatient location, namely child health care, surgical care, and other medical care. Carrying out three different types of treatment in one work location brought challenges for the informants because it could cause services for other patients to become obstructed and unfocused. According to Okpara, nursing care for children is more challenging because the emotional, physical, and psychological responses given are more reactive than in adult patients (21). Therefore, a hospital policy is needed to regulate the division of patient responsibilities to better manage the workload, especially for pregnant nurses.

The next issue of organizational burden is the lack of moral support. Several informants stated that the hospital did not provide moral support and attention to pregnant nurses. According to Lee et al., psychological support from the organization has a good influence on nurses who are undergoing pregnancy (7). Hospitals can provide psychological support through the leadership role of the head nurse. The implementation is to provide opportunities for counseling to fellow pregnant nurses to facilitate negative feelings and provide emotional support. This activity can be useful to change the atmosphere of the organization to be warmer and more comfortable.

Interpersonal emotions at work are feelings or emotions felt by informants that can influence their work. Based on research data, the response or emotion has a negative sentiment. Feelings such as fear of being fired and being unfocused at work provide an overview of the personal emotions of employees. Recognizing these emotions plays an important role in the service process as a nurse. When working, workers who are too immersed in negative emotions can impact patient care. However, workers who can control their emotions can lead to a humane work environment (22). The existence of a negative emotional response felt by the informants has the potential to cause obstacles to the service process. Moral maturity is needed, especially for nurses with a lot of contact with patients. In pregnant nurses, there are psychosocial changes that cause emotional outbursts to be controlled.

The workload of health workers is an activity carried out to provide health services to consumers of health service users. The high workload carried out by health workers is the responsibility of health workers to provide excellent health services. Within the scope of nursing, these activities include direct care actions that nurses directly offer to patients to meet physical needs, such as physical examinations and clinical actions; indirect care actions, such as documentation and other preparations; and non-productive actions, such as private nurse activities (23).

Nurses who work in hospitals have an excessive workload because they are burdened with many nursing tasks. A study conducted on a group of Italian nurses by Nonnis showed that work overload affects emotional exhaustion, one of the manifestations of job burnout (24). One of the reasons for the large workload of nurses is the imbalance in the ratio of patients and nurses. The imbalance in the number of patients and nurses ratio causes a higher workload for nurses. This is in accordance with the results of research at the X Mojokerto Hospital, which saw an imbalance in the number of nurses and patients and the many jobs of nurses. The imbalance in the number of nurses and patients was real during the peak of the first and second waves of the pandemic in March-May 2020 and June-July 2021. The high spike in Covid-19 cases and the condition of the nurses exposed to the virus caused the nurses' workload to increase. The nurse's workload is felt, especially for nurses who are undergoing pregnancy during this period.

The high workload of nurses can have an impact on reducing the level of health, motivation, and quality of service and increasing the risk of patient safety incidents ((21,23)). Nurses who are experiencing pregnancy can also have a high risk if they find the workload excessive. This can have an impact on the fetus that is being conceived. In their qualitative study, Lee et al. stated that nurses who experienced pregnancy who were the research subjects in this study forgot that they were pregnant because they were very busy during work, and sometimes their stomachs accidentally hit the bed. They also don't have enough time to go to the bathroom (7). The study subjects also reported that they were very worried about the safety of their fetuses because there were no work guidelines to protect pregnant women and their fetuses in high-risk situations, such as handling dangerous drugs (for example, those used for chemotherapy), caring for patients with an infectious disease, or radiation exposure.

In addition, the informants also stated that they had high emotional pressure and were in unexpected conditions. The COVID-19 pandemic exacerbates this condition. Adeyemo et al. explained that the Covid-19 pandemic is a condition that disrupts the global health system, causing a crisis for nurses. That explanation is in line with the results of research that the situation of the Covid-19 pandemic has caused an increase in the number of patients in the hospital, which has an impact on the high workload of nurses (25).

According to Fotiadis et al., work-family balance is difficult to be implemented in modern society because of the increasing demands at work and in the family environment. Work-family conflict is a psychological imbalance between work roles and home life. Conflicts that occur in one of them will make role participation more difficult, especially for female workers (26).

Several studies have shown that women have many barriers in work. Women who become wives and mothers, and workers tend to have a work-family conflict (27). The conflict arises due to the existence of multiple roles in women. The results showed that some informants tended to have difficulty dealing with work because of constraints on caring for husbands and children. There was a demand for resignation from the husband based on concern about the informant's condition, who worked while pregnant during the Covid-19 pandemic. In addition, the informants felt unable to focus on work because their attention was divided into parenting.

Female workers are more likely to struggle with work-life balance if the issue of work-family conflict is not addressed in the company's policies regarding its employees(28). The government has

accommodated opportunities for women to have careers in the context of development through Presidential Instruction Number 9 of 2000 concerning Gender Mainstreaming in National Development. The regulation is expected to have an impact on increasing gender equality to obtain opportunities for women to participate in various activities so that women's empowerment will also grow.

The existence of work-family conflict has the potential to increase pressure on employees, especially female employees (27). This pressure can affect performance and reduce nurse productivity, directly affecting the organization's profitability (29). Organizations must be aware of the issue of work-family conflict and choose policies that can support a balance in empowering working women, especially nurses who are undergoing pregnancy.

In society, there is a separation of roles between men and women. Women are usually constructed on domestic or household roles, while men are built on public parts or consequences of earning a living. The perspective of the society that sees the different roles between men and women places women in a subordinate position (30). The priority on the domestic part provides validation as a very fundamental value for people in Indonesia. The dual roles of women limit work options for health professionals. Therefore, space is needed for women to negotiate their needs openly. In addition, support is necessary for constructing gender that has been formed for working women, especially for female nurses.

The phenomenon of "feminization of the health profession" positively influences actions to improve public health (31). A study shows that the performance pattern of health workers, such as nurses, is also shaped by gender identity. Most female nurses have more altruistic motivations than men (32). This is reflected in the statements of informants from this study who realized that they must carry out their role as a nurse even in a multi-role context, such as being a wife, homemaker, and working woman who is experiencing pregnancy, especially during the Covid-19 pandemic.

The demands of being a housewife and a wife are a priority for several informants in this study. The dual roles of women in this study form the relationship between self-acceptance and a woman's self-concept. Female nurses are required to build high self-acceptance, especially during the Covid-19 pandemic (33).

Conclusion

This study identifies adversity for nurses undergoing pregnancy, namely changes in pregnancy, physiological and psychosocial changes, and factors that affect work demands for nurses undergoing pregnancy, namely: physical burden, regulatory problems, employee scheduling issues, organizational demand, workload, interpersonal emotions at work, and work and family conflict.

The high demands of their jobs and the changes they undergo during their pregnancies are particularly burdensome for women. Women today are culturally constructed not only as people in charge of the domestic sphere but also as breadwinners. These overlapping responsibilities can force women into restrictive roles. The presence of resources in the form of internal and external supports can help informants cope with the difficult conditions they face, such as high work demands during the Covid-19 pandemic with pregnant conditions.

COMPETING INTERESTS

The authors have no competing interests to declare.

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