

Lived Experience and Quality of Life of Frontline Health Care Workers Caring for Patients with Covid-19 In Lagos State

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Abstract

Covid-19 has had severe economic, social, political and cultural consequences on human life and these consequences will be experienced well into the future. Frontline health care workers seem to be the most affected category of people. Therefore, the study assessed lived experience and quality of life of frontline health care workers caring for patients with COVID-19 in Lagos State. This study adopted descriptive cross-sectional design. A questionnaire was used to determine the experiences of volunteered frontline healthcare workers while working on the frontline of the COVID-19 crisis. The sample consisted of 143 front-liners. The quantitative data collected in this study were subjected to descriptive and inferential statistics. The result of findings revealed the lived experience of frontline health workers are fatigue, discomfort, helplessness, fear and concern for COVID-19 patients, traumatic experiences and the patients with underlining medical conditions are more vulnerable to contracting COVID-19. Most of the frontline health workers had moderate quality of life as 32.3 percent had low quality of life, 37.8 percent had moderate quality of life while 28.0 percent had high quality of life. There was significant relationship between the lived experience of the frontline health workers and their quality of life in Lagos State ($r = 0.516$; $p = 0.000 < 0.05$) while there was no significant gender difference in the lived experience ($t = 0.263$; $p = .793 > .05$) and quality of life ($t = 1.242$; $p = 0.216 > 0.05$). of health care worker caring for patients with covid-19 in Lagos State. It was recommended among others that more frontliner

IJARBAS

Accepted 10 May 2021

Published 14 May 2021

DOI: 10.5281/zenodo.4762421

health care workers must respond effectively to the pandemic and that all medical supplies be available such as PPE, to help keep the quality of life of health workers.

Keywords: Quality of Life, Front Line, Health Care Workers, Lived Experience,



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Introduction

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which causes COVID-19, has become a worldwide health threat, since it rears its head (Azlan, 2020). As at March 15, 2021, more than 120 million cases of COVID-19 have been reported worldwide, with close to 3 million deaths (CDC, 2021). As a result, there have been enormous task for frontline health care workers in caring for patients. Because this work demands close personal exposure to COVID-19 patient, front-line health-care workers are at high risk of infection. Initial estimates reveal that front-line health-care workers could account for 10–20% of all diagnoses, with some early evidence that the Black, Asian, and minority ethnic backgrounds are at higher risk (CDC, 2020).

Coronavirus disease 2019 (COVID-19) has placed significant stress on world health care system and frontline health care providers. COVID-19 is a respiratory disease caused by a new coronavirus that quickly spread worldwide, resulting in a worldwide pandemic. Many hospitals lacked adequate personal protective equipment (PPE), growing the risk of contracting the infection or infecting others. Although outbreak caused distress due to separation during patient confinement, financial difficulties and psychological problems. Frontline health care workers suffer physical and mental health consequences when dealing with outbreak of disease. Concerns for personal protection are to be expected. Additionally, hearing news of colleague getting infected and/or dying from COVID-19 can cause fear and distress (Renton & Berlinger, 2020).

Frontline healthcare workers' health problems such as compassion fatigue compel some health care workers to leave care roles to long-term care. Frontline health care workers are exposed to increased levels of stress, sleep disturbances, frustration, hopelessness, anxiety, and depression during their care giving roles due to fragile nature of such disease. In novel times like this COVID-19 crisis, it has become increasingly challenging for front liners as a result of the loneliness brought about by the quarantine and isolation that worsens the mental wellbeing of caregivers (Baloch, et al., 2020).

Studies has indicated that because of the on-going COVID-19 pandemic, people are experiencing high levels of post-traumatic stress that are above the cut-off for post-traumatic stress disorder (PTSD) (Liu, et al., 2020; Wang, et al., 2020). Several studies showed that the frontline health care workers (HCWs) pass through mental and psychology stress related problems during crisis (Adams & Walls, 2020). A cross-sectional study from Iran submitted that 53.0% of frontline health care workers were burned out in the pandemic COVID-19 period (Moghanibashi, 2020). Another review submitted higher ranges of burned out among Physicians especially emotional exhaustion, low personal accomplishment and depersonalization (Al Ghafri, et al, 2020; Moghanibashi, 2020). Additionally, social isolation, particularly when health workers were exposed to prolonged quarantine, and the anxiety of infecting their family or having an infected family member were observed as reasons for increased rates of stress related illnesses in HCWs during crisis (Chew, et al., 2020). Moreover, staff may be anxious due to feelings of uncertainties faced with critically ill patients (Chen, et al, 2020).

Healthcare professionals who are in proximity with COVID-19 patients are majorly affected by this novel virus and experience mental health challenges, including stress, depression, anxiety, PTSD, and burnout (Moghanibashi, 2020), which can have negative effects on their quality of life and increase their turnover intention. In addition, their comprehension, decision-making ability and concentration can be affected by these psychological difficulties, which can eventually affect infectious disease management.

Therefore, developing strategies to limit the negative impact of COVID-19 among healthcare professionals is important.

Although all individual is under immense stress and pressure from trying to cope with the pandemic, frontline health care workers are faced with utmost challenges ranging from their personal safety, the safety of their families, and patients, to working longer hours, and in some cases, being compelled to stretch their personal protective equipment (PPE) in very unsafe ways (American Nurses Association, 2020). However, despite the extensive prevention and control for workers in the battle against COVID-19, policies put in place by the government and the protracted length of the COVID-19 pandemic, studies on identifying the overall experiences and quality of life of frontline health care workers providing care for patients with COVID-19 are lacking.

The researcher observed that previous studies did not capture the lived experience and quality of life of frontline health care workers caring for covid-19 patients. Thus, the main objective of the study was to examine the lived experience and quality of life of frontline health care workers caring for patients with covid-19 in Lagos State. This study specifically:

1. explored the lived experience of frontline health care workers caring for patients with covid-19 in Lagos State;
2. determined the quality of life of frontline health care workers caring for patients with covid-19 in Lagos State;
3. examined the relationship between the lived experience of the frontline health workers and their quality of life in Lagos State
4. examined gender difference in the lived experience of health care worker caring for patients with covid-19 in Lagos State; and
5. determined gender difference in the quality of life of frontline health care worker caring for patients with covid-19 in Lagos State.

Research Questions

The following research questions were raised for this study:

1. What is the lived experience of frontline health workers caring for patients with covid-19 in Lagos State?
2. What is the quality of life of frontline health workers caring for patients with covid-19 in Lagos State?

Research Hypotheses

The following research hypotheses were postulated for this study:

1. There is no significant relationship between the lived experience of the frontline health workers and their quality of life in Lagos State.
2. There is no significant gender difference in the lived experience of health care worker caring for patients with covid-19 in Lagos State.
3. There is no significant gender difference in the quality of life of frontline health care worker caring for patients with covid-19 in Lagos State.

Methodology

A cross-sectional descriptive design was used to make accurate and systematic description of issues on lived experience and quality of life of frontline health care workers caring for patients with covid-19 in Lagos State. The total population of frontline health care workers who are presently working in the isolation centers of Infectious Disease Hospital (IDH) Yaba, Lagos University Teaching Hospital, (LUTH) Idi-Araba and First Cardiology Consultant Hospital, Ikoyi were used for this study. The study population comprises of 238 frontline healthcare workers. The sample size of 143 was drawn from the total population

using Taro Yamane formula. Purposive sampling technique and convenient sampling method were used to select all frontline health care workers in three selected isolation centres out of ten isolation centres in Lagos State.

A structured questionnaire was used to elicit information from the respondents, the questionnaire was developed using study objectives and research questions in line with the literature reviewed. It comprises of three sections, section A is demographic variables while section B is on lived experience of frontline healthcare workers caring for covid-19 patients, it has 9 items and section C quality of life of frontliner health care workers has 10 items. The items in the questionnaire were presented to experts in the test and measurement and in nursing field for review, correction and appraisal after which necessary corrections were made. Reliability was done using internal consistency method where the developed questionnaire was administered on 20 respondents to ascertain that it is testing what it is set to test. After their responses, the instruments were collated scored and analysed using SPSS version 26. The reliability coefficient generated for the pilot study generally was 0.828.

The data for this study were gathered through primary source. The researcher administered questionnaires to the respondents who were required to provide responses to the questions therein. The descriptive statistics was employed to answer the developed research questions for this study, while Pearson's Product Moment Correlation Statistics and t-test was employed for inferential statistics to test the three hypotheses at 0.05 level of significance.

Results

Research Question 1: What is the lived experience of frontline health workers caring for patients with covid-19 in Lagos State?

Table 1: Lived experience of frontline health workers N= 143

S/N	ITEMS	SA (%)	A (%)	U (%)	D (%)	SD (%)	Mean	SD
1.	Amidst this COVID-19 outbreak, front-liners are the worst hit with contracting the virus	44 (30.8)	70 (49.0)	15 (10.5)	14 (9.8)	0 (0.0)	4.01	.90
2.	It is unavoidable to be exposed to fake news and rumors, but COVID-19 is real	56 (39.2)	87 (60.8)	0 (0.0)	0 (0.0)	0 (0.0)	4.39	.49
3.	I became more sensitive and enhanced my knowledge on epidemic prevention	47 (32.9)	71 (49.7)	13 (9.1)	12 (8.4)	0 (0.0)	4.07	.87
4.	I cheer myself up by sharing my feelings	11 (7.7)	69 (48.3)	36 (25.2)	27 (18.9)	0 (0.0)	3.45	.89
5.	Traumatic experiences from COVID-19 affects me as well	51 (35.7)	63 (44.1)	15 (10.5)	14 (9.8)	0 (0.0)	4.06	.93
6.	There is fatigue, discomfort, helplessness, fear and concern for COVID-19 patients and family members	50 (35.0)	64 (44.8)	29 (20.3)	0 (0.0)	0 (0.0)	4.15	.73
7.	Volunteering helps me prioritize the well-being of others which	24 (16.8)	50 (35.0)	40 (28.0)	29 (20.3)	0 (0.0)	3.48	1.00

	ultimately impacts communities and improve societies.)						
8.	I hope the pandemic will soon pass and people will return to their normal way of life	26 (18.2)	52 (36.4)	30 (21.0)	24 (16.8)	11 (7.7)	3.41	1.19
9.	Patients with underlining medical conditions are more vulnerable to contracting COVID-19.	54 (37.8)	64 (44.8)	25 (17.5)	0 (0.0)	0 (0.0)	4.20	.72

Key: SA - Strongly Agree; A - Agree; U - Undecided; D - Disagree; SD - Strongly Disagree

Table 1 indicated the Lived experience of frontline health workers; 44(30.8%) strongly agreed amidst this COVID-19 outbreak, front-liners were the worst hit in contracting the virus, 70(49%) agreed, 15(10.5%) were undecided while 14(9.8%) disagreed. Only 56(39.2%) strongly agreed that it is unavoidable to be exposed to fake news and rumors, but COVID-19 is real, while 87(60.8%) agreed. 47(32.9%) strongly agreed they became more sensitive and enhanced their knowledge on epidemic prevention, 71(49.7%) agreed, 13(9.1%) were undecided while 12(8.4%) disagreed. 11(7.7%) of the respondents strongly agreed they cheer themselves up by sharing their feelings, 69(48.3%) agreed, 36(25.2%) were undecided while 27(18.9%) disagreed. Only 51(35.7%) of respondents strongly agreed traumatic experiences from COVID-19 affects them as well, 63(44.1%) agreed, 15(10.5%) were undecided while 14(9.8%) disagreed. Only 50(35%) of the respondents strongly agreed there were fatigue, discomfort, helplessness, fear and concern for COVID-19 patients and family members, 64(44.8%) agreed while 29(20.3%) were undecided. Only 24(16.8%) Volunteering helps me prioritize the well-being of others which ultimately impacts communities and improve societies, 50(35%) agreed, 40(28%) were undecided while 29(20.3%) disagreed. 26(18.2%) strongly agreed they hope the pandemic will soon pass and people will return to their normal way of life, 52(36.4%) agreed, 30(21%) were undecided, 24(16.8%) disagreed while 11(7.7%) strongly disagreed. 54(37.8%) strongly agreed that patients with underlining medical conditions are more vulnerable to contracting COVID-19, 64(44.8%) agreed, while 25(17.5%) were undecided.

In summary, some of the lived experiences are fatigue, discomfort, helplessness, fear and concern for COVID-19 patients, traumatic experiences and the patients with underlining medical conditions are more vulnerable to contracting COVID-19.

Research Question 2: What is the quality of life of frontline health workers caring for patients with covid-19 in Lagos State?

Table 2: Quality of life of frontline health workers N= 143

S/ N	ITEMS	VG (%)	G (%)	F (%)	P (%)	VP (%)	Mean	SD
1.	Ensuring no out of pocket expenses for volunteers with COVID-19 related illnesses	46 (32.2)	73 (51.0)	24 (16.8)	0 (0.0)	0 (0.0)	4.15	0.68
2.	Meal supplies and deliveries to volunteers at low or no costs	62 (43.4)	66 (46.2)	15 (10.5)	0 (0.0)	0 (0.0)	4.33	0.66
3.	Personal protective equipment donation and availability	14 (9.8)	66 (46.2)	51 (35.7)	12 (8.4)	0 (0.0)	3.57	0.78
4.	Guidelines for keeping family and	10	65	68	0	0	3.59	0.62

	friends safe to be developed and strictly followed	(7.0)	(45.5)	(47.6)	(0.0)	(0.0)		
5.	Continuous monitoring of ability of volunteer's health and wellbeing to meet workload demands	10 (7.0)	99 (69.2)	34 (23.8)	0 (0.0)	0 (0.0)	3.83	0.53
6.	Consider making mental health resources available to volunteers n families	10 (7.0)	57 (39.9)	76 (53.1)	0 (0.0)	0 (0.0)	3.54	0.63
7.	Surveys can be used to assess impact of COVID-19 on workforce during this pandemic	10 (7.0)	60 (42.0)	58 (40.6)	15 (10.5)	0 (0.0)	3.45	0.78
8.	Ensuring that paid time off and sick days remain unaffected for COVID -19 related illnesses	0 (0.0)	14 (9.8)	71 (49.7)	54 (37.8)	4 (2.8)	2.66	0.69
9.	Physical health over the past one year of your volunteering.	0 (0.0)	34 (23.8)	70 (49.0)	35 (24.5)	4 (2.8)	2.94	0.77
10.	Mental health over the past one year	0 (0.0)	64 (44.8)	55 (38.5)	24 (16.8)	0 (0.0)	3.28	0.73

Key: *VG - Very Good; G - Good; F - Fair; P - Poor; VP - Very Poor*

Table 2 revealed quality of life of frontline health workers; 46(32.2%) rated ensuring no out of pocket expenses for volunteers with COVID-19 related illnesses as very good, 73(51%) good, 24(16.8%) chose fair. Meal supplies and deliveries to volunteers at low or no costs was very good as reported by 62(43.4%) respondents, 66(46.2%) good, while 15(10.5%) rated it as fair. Personal protective equipment donation and availability was rated very good by 14(9.8%), 66(46.2%) good, 51(35.7%) fair while 12(8.4%) chose poor. Only 10(7%) rated the guidelines for keeping family and friends safe to be developed and strictly followed as very good, 65(45.5%) as good while 68(47.6%) as fair. Only 10(7%) rated the continuous monitoring of ability of volunteer's health and wellbeing to meet workload demands as very good, 57(39.9%) as good, while 76(53.1%) as fair. 10(7%) rated surveys can be used to assess impact of COVID-19 on workforce during this pandemic as very good, 60(42%) as good, 58(40.6%) as fair while 15(10.5%) as poor. Only 14(9.8%) rated ensuring that paid time off and sick days remain unaffected for COVID -19 related illnesses as good, 71(49.7%) as fair, 54(37.8%) as poor while 4(2.8%) rated it very poor. Only 34(23.8%) rated their physical health over the past one year of volunteering as good; 70(49%) as fair, 35(24.5%) as poor and 4(2.8%) as very poor. Mental health over the past one year was rated as good by 64(44.8%) of the respondents, 55(38.5%) rated it as fair while 24(16.8%) rated it as fair.

In summary, meal supplies and deliveries to volunteers at low or no costs were reported by respondents as very good which enhanced their quality of life

To summarize the quality of life of frontline health workers caring for patients with covid-19, the following method was used

Mean = 35.36

SD = 2.40

Min = 32

Max = 39

$\bar{X} - SD = 35.36 - 2.40 = 33.0$

$$\bar{X} + SD = 35.36 + 2.40 = 37.8$$

Range

Scores from 32 – 33 Low

34 – 37 Moderate

38 – 39 High

Table 3: Summary of quality of life of frontline health workers

Level	Frequency	Percent
Low	49	32.3
Moderate	54	37.8
High	40	28.0
Total	143	100.0

Table 3 summarizes the quality of life of frontline health workers. From the table, 49 respondents representing 32.3 percent had low quality of life, 54 respondents representing 37.8 percent had moderate quality of life while 40 respondents representing 28.0 percent had high quality of life. It could be concluded that most of the frontline health workers had moderate quality of life.

Test of Hypotheses

H₀₁: There is no significant relationship between the lived experience of the frontline health workers and their quality of life in Lagos State

Table 4: Correlation Analysis showing relationship between the lived experience of the frontline health workers and their quality of life

		Lived Experience	Quality of Life
Lived Experience	Pearson Correlation	1	.516**
	Sig. (2-tailed)		.000
	N	143	143
Quality of Life	Pearson Correlation	.516**	1
	Sig. (2-tailed)	.000	
	N	143	143

** $p < 0.01 < 0.05$

Results in Table 4 indicate significant relationship between the lived experience of the frontline health workers and their quality of life in Lagos State ($r = 0.516$; $p = .000 < .05$). The r value as shown above implies there is positive and moderate relationship between the lived experience of the frontline health workers and their quality of life in Lagos State. Therefore, the earlier set hypothesis was rejected.

H₀₂: There is no significant gender difference in the lived experience of health care worker caring for patients with covid-19 in Lagos State

Table 5: Independent t-test showing gender difference in the lived experience of health care worker caring for patients with covid-19

	N	Mean	Std. Deviation	Df	T	Mean diff	Sig
Male	75	35.27	2.63	141	0.263	0.12	.793
Female	68	35.15	2.82				

Results in Table 5 indicate no significant gender difference in the lived experience of health care worker caring for patients with covid-19 in Lagos State ($t = 0.263$; $p = .793 > .05$).

Going through the lived experience mean scores as shown above, one can say that there is no difference between male (35.27) and the female (35.15). The earlier set hypothesis was retained.

H₀₃: There is no significant gender difference in the quality of life of frontline health care worker caring for patients with covid-19 in Lagos State.

Table 6: Independent t-test showing gender difference in the quality of life of frontline health care worker caring for patients with covid-19

	N	Mean	Std. Deviation	Df	T	Mean diff	Sig
Male	75	35.12	2.31	141	1.242	0.50	.216
Female	68	35.62	2.49				

Results in Table 6 indicate no significant gender difference in the quality of life of frontline health care worker caring for patients with covid-19 in Lagos State e ($t = 1.242$; $p = .216 > .05$). Going through the quality of mean scores as shown above, one can say that there is no difference between male (35.12) and the female (35.62). The earlier set hypothesis was retained.

Discussion

The findings of the study revealed that the lived experience of frontline health workers are fatigue, discomfort, helplessness, fear and concern for COVID-19 patients, traumatic experiences and the patients with underlining medical conditions are more vulnerable to contracting COVID-19. Findings from qualitative analysis revealed that there was too much workload at a time because of the increased COVID-19 patients compared to the available volunteers, fear of contracting the virus, the joy of seeing their patients getting well and reuniting back with their families. In line with the findings of Huang et al (2020), the caregivers caring for COVID-19 patients felt extreme physical fatigue and discomfort caused by the outbreak, intense work, large number of patients, and lack of protective materials. The physical exhaustion, psychological helplessness, health threat, lack of knowledge, and interpersonal unfamiliarity under the threat of epidemic disease led to a large number of negative emotions such as fear, anxiety, and helplessness, which have been reported by several studies (Liu, et al., 2019, Kang, et. al., 2018; Xiang, et. al., 2020). Caregivers caring for COVID-19 patients have been reported to be at risk for various mental problems later in the pandemic (World Health Organization, 2020; Xiang, et al., 2020). Caregivers experience increased symptoms of depression, anxiety, psychosomatic symptoms, restrictions of roles and activities, strain in marital relationships, and diminished physical health (Jiang, 2020)

The findings of the study also revealed that most of the frontline health workers had moderate quality of life as 32.3 percent had low quality of life, 37.8 percent had moderate quality of life while 28.0 percent had high quality of life. Findings from the qualitative analysis revealed that most of the frontline health workers had reduced energy and mostly drenched while sweating under PPE. Also, high rate of death was a toll which really drained their mental health seriously as verbalized by all the interviewee. Studies conducted by Kim (2018) and Xiang, et al. (2020) affirmed the position of this finding as they found that the quality of life of frontline health workers is always affected by pandemic outbreak. They found out that such situations caused healthcare workers to prefer social isolation, to feel guilty and to prefer living in a dormitory that limits their contact with the outside world (Kim, 2018; Xiang, et al., 2020). Others indices of affected quality of life include personal constraint related to the social skills of the person involved, low self-esteem, powerlessness, feelings of rejection, expectations about personal efficacy, self-perceived lack of disclosure to others.

It was also reported that there was significant relationship between the lived experience of the frontline health workers and their quality of life in Lagos State. This implies that the lived experience of frontline health workers could shape their roles thereby affecting their quality of life. The findings of the study also showed that there was no significant gender difference in the lived experience and quality of life of health care worker caring for patients with covid-19 in Lagos State

Conclusion

Sequel to the findings of this study, it is concluded that most of the respondents frontline health workers experienced fatigue, discomfort, helplessness, fear and concern for COVID-19 patients, traumatic experiences too much workload, fear of contracting the virus, the joy of seeing their patients getting well and reuniting back with their families. It is also concluded that most of the frontline health workers had moderate quality of life. In addition, it is concluded that there was interrelationship between lived experience and quality of life of frontline health worker while both gender had similar lived experience and quality of life.

Recommendations

Based on the findings of this study, the following recommendations were made;

1. More frontliner health care workers must respond effectively to the pandemic and that all medical supplies be available such as PPE, to help keep the quality of life of health workers.
2. More research is required on the exploration of the lived experience and quality of life for frontline health care workers and more research on pandemic crisis involving preparedness and responses

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Cite this article:

Author(s), MARTINS-AKINLOSE, Oluwaseun Deborah (RN, RM, RPON, BNSc.), DR. ALUKO, Joel O., (2021). "Lived Experience and Quality of Life of Frontline Health Care Workers Caring for Patients with Covid-19 In Lagos State". Name of the Journal: International Journal of Academic Research in Business, Arts and Science, (IJARBAS.COM), P, 38- 50. **DOI:** <http://doi.org/10.5281/zenodo.4762421> , Issue: 5, Vol.: 3, Article: 6, Month: May, Year: 2021. Retrieved from <https://www.ijarbas.com/all-issues/>

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