Registered Nurse's Perception on Nursing Brand Image during the COVID-19 Pandemic Era in Indonesia

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Abstract

BACKGROUND: Coronavirus disease 2019 (COVID-19) has changed the image of nursing globally. However, the nursing brand image remains limited to explore among registered nurses during the COVID-19 pandemic era in Indonesia.

AIM: This study aims to explore registered nurse's perception of nursing brand image in Indonesia during the COVID-19 pandemic era.

METHODS: The descriptive qualitative study was conducted using purposive sampling technique. This study enrolled 15 registered nurses who cared for COVID-19 patients. The semi-structured interview was conducted face-to-face within 45–60 min through WhatsApp video calls. Colaizzi's methods and NVivo 12™ Plus were used for data analysis.

RESULTS: The data analysis revealed five themes, namely, (1) Caring as a nursing brand image; (2) Interprofessional collaboration culture; (3) Providing 24-h holistic care; (4) Being more respected; (5) Becoming a long-life learner.

CONCLUSION: During COVID-19 pandemic era, nurses perceived that nursing brand image becomes more positive in Indonesia.

Introduction

Coronavirus disease 2019 (COVID-19) has infected over 80,000 Chinese people [1], and 90 cases have been confirmed in several countries, with the case fatality rate reaching 2.2% (170/7824) [2]. COVID-19 was declared as a global pandemic by the World Health Organization on March 11, 2020 [2] that posing a threat to global public health [3] due to high morbidity and mortality [2], [3]. The COVID-19 pandemic situation alters the nurses' image globally. Nurses are widely publicized in the media for their contributions to critical care, addressing health issues during pandemics, and being portrayed as superheroes and angels [4]. On the other hand, nurses face various of risks of infection and death as frontline personnel during the pandemic [5]. However, nursing brand image is inconsistent with that perceived by registered nurses [6].

The term "brand" refers to a logo, slogan, any trademark that offers a product, organization, and even a profession [7]. A brand can be expanded to include identity or image, defined as a distinct associated brand describing whatever it stands for, what it offers, and the desired image [8]. Furthermore, the brand also reflects the public's social status, concept, and value [9]. The brand's creator defines its identity, which includes the characteristics that the brand's owner wishes to be perceived as functional, emotional, and self-expression [9].

According to Rezvanpour and Bayat, three critical brand concepts include image, identity, and communication. Branding is a form of two-way communication [9]. Based on the consumer's perspective, the brand image is the focal point of the brand concept, which includes quality perception, values, feelings, and brand associations [10]. Personal image [11] and public image [11], [12] construct the brand occupational identity. According to Kavaratzis and Ashworth, there is an interrelatedness between brand identity, brand positioning, and brand image. "Brand identity" refers to "how the owners want the brand to be perceived." In contrast, "brand positioning" refers to "the part of the value proposition communicated to a target group that demonstrates a competitive advantage," while "brand image" means "how the brand is perceived" [10].

The most influential brand identity is articulated through message and action consistency over time [13]. However, evidence revealed that personal factors

identified as the primary source of the nursing brand image become inconsistent [7]. The brand theory can reposition the brand image of nursing in the future by changing the nurses' role as a leader [13]. Nursing image has a multidimensional concept that consists of four aspects, including: (1) public perception of the nursing profession; (2) personal image and collective image (professional identity); (3) nurse's perception of nursing public image; and (4) nursing image in the media [14].

Although nurses are recognized and supported, there is an increasing issue about the constructions of angels and heroes being used to explain nurses [4], [15]. Nurses are also viewed as self-sacrifice, caring, and trustworthy health care provides [8]. There is an existing gap in the literature that the essential aspect for the nurses is acknowledging the image they are willing to express about the nursing profession, how that image is communicated, and what can be done to improve it [8]. On the other hand, nurses work in changing environments, making them vulnerable to losing their jobs. Thus, they need to develop the brand image of nursing to increase personal and professional growth in the workplace [16]. Based on the background above, the nursing brand image that perceived by registered nurses needs to be explored during COVID-19 pandemic in Indonesia. The purpose of qualitative study was to discover the registered nurse's perception of nursing brand image in Indonesia during the COVID-19 pandemic era.

Materials and Methods

This study was a descriptive qualitative study to explore the nursing brand image of registered nurses during the COVID-19 pandemic [17]. The qualitative descriptive design was deemed the most appropriate approach for an in-depth examination of the participant's experience [18].

Participants included 15 registered nurses taking care of COVID-19 patients in Indonesia. The participants included male and female nurses, worked in private or public hospitals, and volunteers to take care of the COVID-19 patients. Individual in-depth interviews were conducted using the purposive sampling technique and a semi-structured interviews. On June-July 2021, a WhatsApp video call was utilized to collect data within 45–60 min for each participant. Previously, the reseacher agreed that the participants schedules interviews during their free time, such as on holidays, at night, or in the afternoon after work. The primary interview questions were focused on how nurses perceived their nursing image and the challenges they encountered during the COVID-19 pandemic [6]. The guidance of interview has been provided during the interview process. To complete every interview, the research teams listed the recording device and independently transcribed it in

Microsoft Word 2013. The transcription for all interviews was completed within 24 h.

The data were thematically analyzed using the Colaizzi analysis methods and NVivo 12 plus software. Colaizzi analysis used seven methods namely: (1) data familiarization (i.e., read and re-read transcriptions, listen back on the recorded interviews); (2) significant statement identification ("...*a positive image for nurses during covid-19 pandemic...in caring*"); (3) formulation of meanings (nurses perceived positive nursing image); (4) themes clusterization (total of 10 clusters with five themes); (5) development of detailed description (caring as nursing image); (6) production of fundamental structure (nursing brand image); and (7) fundamental structure verification (all participants provide check and feedback on the transcribed material) [19], [20].

This research highlighted the trustworthiness that supported Carnevale's four qualitative study criteria: credibility, conformability, saturation, and transferability [21]. The credibility of this study was ensured by long-term involvement with the participants in 2–3 times interactions, dialogue with experts in qualitative research (for reviewing the interview transcripts and field notes), and writing reflective journals to bracket the researcher's assumptions. The credibility also involved triangulation data [22], including multiple data sources, multiple methods in data collection, and using investigator triangulation with more than two researchers in the data analysis. The researcher was sent a copy of the transcript for all participants for member checking, follow-up interview, and audit trails for conformability. A flexible sample size was used to ensure saturation (15 registered nurse, both gender, and various working place to taking care the COVID-19 patients). A comprehensive and detailed research context was used to ensure the transferability and to improve generalization and application of finding in other situations with similar circumstances. Furthermore, the research ethics committee approved this study with the number 1797/KEP-UNISA/VI/2021. Then, the researchers later ensured participant's confidentiality.

Results

A total number of 15 registered nurses were included in the sample of the study. There were 9 were females, and 6 males. The average age of participants was 27 years old. The tahemes and sub-themes of the study findings are shown in Table 1.

Table 1: Themes and subthemes of the findings

No.	Themes
1.	Caring as a nursing brand image
2.	Interprofessional collaboration culture
3.	Providing a 24-h holistic care
4.	Being more respected
5.	Becoming a long-life learner

Theme 1. Caring as nursing brand image

Acccording to the data, it was clear that participants believed caring was the brand image of nursing. All participants deeply engaged in discussions about the nursing profession's image related to caring for COVID-19 patients. The following statements of participants were as follow:

> "…there are many nurses taking care of the COVID-19 patients who have many roles and direct interaction. I know that most of the patients like nurses who care for them with heart and friendly attitude…" (P2).

> "…the self-image of nurses is that those who can carry out their duties well, without discriminating against patients, especially in COVID-19 era.nurses who carry out their roles with sincere, caring, careful and do the best for the patient…"(P3).

> "…there was a positive image for nurses during the COVID-19 pandemic that remaned unidentified. However, it has become popular in social media nowadays. The role of nurses was very much needed, and their contribution was enormous in handling the patients. The positive effect greatly raised the image of nurses…" (P6).

> "…as a nurse, I act as a role model and care for others through effective communication. So how does my role as a nurse is significant in this COVID-19 era especially in handling this pandemict? Apart from communicating the health promotion with the community, I invite them to wear masks, bring hand sanitizer, and wash hands every time they go. I carried this duty through a campaign in WhatsApp status and direct education in the community…"(P8).

> "…since the pandemic has been more than a year, the nursing profession is more visible now. People see the nursing profession and consider this profession a strategic one when nurses provide services for covid-19 patients. Based on my experience, the patient is truly grateful because we are 24-h taking care of the patient with extraordinary PPE. I heard the patient often call us angels since accompany them when they are away from their loved ones. The nursing profession looks more visible, it does not like a doctor's assistant in the past. Now, I think the nursing profession image is much better…" (P11).

Theme 2. Interprofessional collaboration culture

According to the data, it was straightforward that interprofessional collaboration has become popular in taking care of COVID-19 patients. The participants expressed their collaboration ability and applied effective communication, although it hinders by self-protection tools. Participants' statements are as follows:

> "…when taking care of the COVID-19 patients, I collaborated with other professions because this hospital implemented collaboration culture. All of the professional health team have a contribution to fixing the patient problems based on their roles..." (P1)

> "...there is a collaboration of handling COVID-19 patients here, so there are many young doctors and nurses here who are easy to collaborate with. I acknowledge that interprofessional partnership is an excellent way of connecting doctors, nurses, pharmacists, nutritionists, psychologists, etc. Thus, our role as nurses are carried out as care providers, communicators, educators, and advocates…" (P2).

> "…during the COVID-19 period, professional health workers have to collaborate to save the lives of the patients. I usually a collaborate with medical doctors, senior nurses, pharmacist, and laboratory staff…" (P3).

> "…It is a comfortable place. Tthere are young doctors and nurses who respect each other and work together to taking care of the patient. They already know the duties of each other…" (P14).

Theme 3. Providing 24-h holistic care

According to the data, it was cler that registered nurses provide 24-h full-service to fulfill patients' needs holistically. They also stated that they offered physical, psychological, and spiritual care.

> "…We treat the COVID-19 patient comprehensively for 24-h, not only taking care of their physical but also psychological and spiritual aspects. My job is to provide a sense of comfort physically, psychologically, and spiritually. For example, I pray and remind the patient to pray although he loses consciousness for example, a Muslim patient with a ventilator. Before taking nursing intervention, I recited bismillah and prayed first…"(P5)

> "…The COVID-19 is not only physical disease but also involves bio-psycho-social-cultural-spiritual aspect. At the beginning of COVID-19, the stigma was being ostracized. In my experience of taking care of patients, the spiritual and psychological forces were shaped by nurses. When we pray for the patient, it will benefit the patient and their relationship with us. Hence, the patients always wait for nurses

"…to talk about their feeling since they are always beside them during 24-h…" (P6)

"…The role of nurses is now increasingly crucial because they stay 24-h caring for the COVID-19 patients. After all, sometimes the patient suddenly has complaints at night. If there is no nurse, we will not be sure what will happen with the patient, and if the patient drops, there is no one to accompany them…" (P8)

"…the role of nurses is crucial because they have provided nursing care for 24 h to meet the the patients' basic needs. Nurses also become friends, tell stories, and help them eliminate the fears during isolation. Thus, nurses are always waited by patients as they want to talk about their current feelings…" (P11)

"…so nurses caring for 24-h have an important role in handling COVID-19 patients, prioritizing care for patients who are psychologically disturbed. Nurses fulfill spiritual care based on their respective beliefs. If they are Muslim, we teach tayammum or taharah in severe conditions and remind them to pray in bed. The other roles of nurses are to fulfill patients' basic need, reduce anxiety for Muslim patient through dhikr, and for non-Muslim ask them to listen music according to the patient's preference for relaxation…" (P14)

Theme 4. Being more respected

According to the data, it was evident that the public become more aware of the importance of nurses' role in handling the pandemic situation. Here are the participants' statements:

"…the patients appreciate the existence of health workers, especially nurses because they met 24 h and having many interactions…" (P2)

"…there are various kinds of COVID-19 patient responses. In general, the response is positive for nurses. Because nurses take care the patient and the patient appreciate our braveness in treating the COVID-19…" (P4)

"…I think the public more appreciate nurses because nurses have to struggle for 24-h accompanying the COVID-19 patient. They respect the nurses wear hazmat which make them feel uncomfortable, heavy, difficult to move, and that nurses have more risks to be exposed to COVID-19…" (P5)

"…nurses have received good incentives and the government has appreciated them who worked hard in handling COVID-19…" (P8)

"…It is true that since the COVID-19 pandemic, incentives for nurses have been much better. The government paid more attention to them, especially those who directly took care of the COVID-19 patients. So, it can motivate nurses and volunteers to keep working and fighting this pandemic…" (P11)

Theme 5. Become long-life learner

According to the data, it was clear that registered nurses experienced the problematic situations when taking care of the COVID-19 patients. It could improve their critical thinking, solve the problem, and motivate them to become long-life learners. Participants' statements are as follows:

"…I see COVID-19 patient directly with desaturation who has no clinical signs, suddenly, the oxygen saturation drop to 70% in 40 min. When I checked the patient without dyspnea, no cold in the extremity, the patient was refferred to another hospital. I was curious about his condition, so I looked for journals and found out why it could be hypoxic, why it happened,and discussed it with the doctor. The virus's progress is speedy, especially for comorbid people that can damage their body very quickly. I was learning by doing when taking care of the patient, my spirit of learning was grown up because I have many opportunities to learn about the patient condition…" (P2)

"…because this COVID-19 pandemic is a new case, so I learned about the development of cases independently. Then, I discuss with the doctor to find the best intervention to solve the patient's problem…" (P4)

"…I become aware of being more protective of myself by using personal protective equipment. Furthermore, I must study hard and use my critical thinking because nursing science is growing from time to time to respond to the current situation due to the COVID-19 pandemic. Hence, I have to find out and learn about it…" (P8)

"…for 1 month treating a COVID-19 patient, I was curious about the cause of the illness with autoimmune CMV comorbid. Then, I looked for CMV references and learned about CMV and why it got worse. When there was CMV autoimmune, it was exacerbated by HIV, but she was tested negative for HIV. At first, she was fully aware, but the condition always decreased, how come the bradycardia is low, up to 38 times per minute? Then, I reported to the doctor. After that, her condition went up and down again…" (P12)

Discussion

This study aims was to help understand the nursing brand image of registered nurses working as frontline during COVID-19 pandemic. The findings revealed the changing nursing brand image that was perceived by nurses positively in Indonesia. Five themes emerged including: Caring as a nursing brand image, interprofessional collaboration culture, providing 24-h holistic care, being more respected, and becoming a long-life learner. This present study found that nurses perceived a consistent nursing image. Furthermore, the image of nursing is related to self-perception, perception of public image, professsional identity, and nursing image in media [14].

Furthermore, the findings revealed that caring was perceived as a nursing brand image by registered nurses. Caring is the core of professional values in nursing [23], [24], [25]. It is also fundamental in nursing education and practice [26], [27]. Caring is depicted as a procedure and an outcome, implying that caring behaviors are mastered over time [27]. Caring consists of five interconnected concepts: character, moral ideal, interpersonal skills, therapeutic approaches, and influence [28]. Caring is also defined as the willingness to take responsibility, being empathetic, and being concerned with motivation and loyalty to behave [23], [29]. Besides, evidence revealed that registered nurses perceived the current brand image of nursing as caring advocates for the patients or the public [30]. However, nurses perceived a negative nursing image in Indonesia, including having job desks more housekeeping than caring, having a gap between senior and junior nurses, and being a subordinate profession [31], [32]. Previous studies found that nurses lack cohesion to consistently communicate the nursing profession's positive brand image [6], [14]. In this study, registered nurses are aware that their role is visible and their nursing image becomes improved during pandemic COVID-19. A study by Landis *et al.* supported that nurses who are empowered in their workplace function effectively based on Kanter empowerment theory. Furthermore, a recent study found that nurses become more visible by caring for patients [33].

In the present study, nurses acknowledge the culture of interprofessional collaboration when taking care of the COVID-19 patient. During the COVID-19 pandemic, the interprofessional essence of healthcare delivery received significant attention, recognizing the diverse professions involved in the service [34]. According to the Institute of Medicine, nurses should assume that the nursing profession already has a shared vision and brand identity [13], [35]. Evidence acknowledges that health care workers are critical members of interprofessional collaboration and are working together to respond to the COVID-19 pandemic, especially in intensive care units [36]. Collaborative working during a COVID-19 crisis has been identified as a key to successful response and excellent service in patient-centered care [37]. A recent study analyzed online social media posting related to public perception of who the healthcare team is; it found that the public perceived nurses and physicians as a profession in healthcare because, during COVID-19, the terms "frontline" and "backline" were frequently used [34].

The findings revealed that nurses provide nursing care for 24-h comprehensively. However, the present study not supported by previous studies showing Iranian nurses could not provide holistic care for COVID-19 patients due to stigmatized public image resulting in low spiritual care, poor compassionate care, and lack of family-centered care [38]. Watson acknowledged that nursing staff must gain knowledge, support, integrating their values and beliefs in to holistic nursing care [39]. According to the findings, nurses delivered holistic nursing care to meet the needs of their patients, including physical, psychological, social, cultural, and spiritual aspects. Furthermore, the findings found that nurses are conscious that COVID-19 is not only a physical disease; the patient has psychological and spiritual problems. Nurses provide primary nursing care, psychological intervention, and spiritual care to Muslim patients' by reminding them to pray, *dhikr*, and educate them on the importance of purification (*taharah*).

It should be noted that the nursing practitioners should be aware that a Muslim's belief and faith in Allah is the primary source of hope. It is highlighted that the remedy is in Allah's hand; thus nurses can bring hope to the patients by reminding them of Allah and praying for them [23]. Furthermore, Muslim nurses saw their roles as the providers of spiritual practice, their patients as spiritual beings, and caring as physical and spiritual needs [40]. On the other hand, Cambodian nurses felt exhausted working long shifts 24-h in the intensive care unit that threatened patient and nurses' safety [41].

Nurses perceived that the public becomes more respected with the nursing profession. They also stated that the government gave proper incentives based on their effort to handling COVID-19 patients. In contrast, nurses felt that the government did not respect them by protecting their health adequately. They were depicted as victims with jargon like "battling on the front-lines" and "dying in service" [42]. Nonetheless, throughout the pandemic COVID-19, the media and public appreciated the nurses courage, altruism, and acknowledgement of their professional values. As front-line health workers, nurses were dubbed with the heroes in danger, which significantly improved the public perception of nurses [43]. Besides, evidence revealed that nurses' perception influenced professional identity affecting the public image [11], [44]. A strong professional identity can help legitimize nursing and significantly impact nursing work quality [45]. During the pandemic, praise from the public increased nurses' respect, recognized

the nursing profession, and formed a favorable public opinion [42].

Nurses acknowledge that COVID-19 was a new case that challenged them and demanded them to become long-life learners. Pandemic provides a unique opportunity for learning, for licensed health workers, students, and residents [46]. There was a shift in the teaching-learning process in nursing education during the pandemic, which emphasized the importance of virtual communities for personal and professional development [47]. A role model in modern nursing, Florence Nightingale, taught a professional nurse's personal qualities to face the pandemic, such as resilience, compassionate care, courage, and commitment [48]. Active engagement with other community could develop self-motivation and independent learners and drive change in the nursing field [47]. It is also supported by a recent study stating that nurses followed a professional path that included significant engagement and a lifelong process of continuous education based on the code of nursing profession [49].

Limitation and strength

The limitation of this study is the study's result cannot be generalized to the overall population. Only 15 registered nurses were interviewed, which may not reflect the component of brand creation. Despite the number of limited key informants; however, this qualitative study has been captured the registered nurse perception regarding their brand image during the pandemic in Indonesia.

Conclusion

This descriptive qualitative study aims to understand better the registered nurse's perception of the nursing brand image during COVID-19 pandemic in Indonesia. This study focuses on describing the nurses's perceptions of nursing brand image influenced by the self-perception, public image, professional identity, and the image of nursing in media. During the COVID-19 pandemic era, nurses perceived that the brand image of nursing became more positive in Indonesia.

Acknowledgment

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