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Lived Experiences of People Working on Front Lines of the Pandemic



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LIVED EXPERIENCES OF PEOPLE WORKING ON FRONT LINES OF THE PANDEMIC



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INTRODUCTION

On December 31, 2019, the World Health Organization was informed of a pneumonic case that occurred in the city of Wuhan, China. As of January 30, 2020, there have been 98 reported cases of the virus in 18 countries outside of China. More than 118,000 cases and 4,291 deaths have been confirmed by March 11, 2020. During this period, the World Health Organization announced COVID-19 as a pandemic. In Georgia, as well as throughout the world, the spread of COVID-19 was not a homogeneous process and included several waves, accompanied by certain regulations.

Government of Georgia declared an emergency state, involving the introduction of a curfew time and the suspension of public transport, on the territory of Georgia on March 3, 2020. The further pandemic management measures were implemented according to the dynamics of the virus's spread. On the one hand, the guidelines for preventing the spread of the virus were refined; treatment strategies and various services were introduced to improve the condition of people infected with Covid-19. On the other hand, in order to slow down the spread of the virus, the government of Georgia applied such measures as restricting movement at night, banning the transportation by urban or intercity transport, etc. Time-by-time relaxation of restrictions and then toughening them again, directly affected the everyday lives of people who had to work on the front lines of the pandemic response.

Empirical studies and observations reveal that high morbidity and mortality rates, along with concern over the risk of viral infection contamination of family members or colleagues, have become daily experiences of medical staff during the pandemic (McGlinchey et al. 2021, 2). The pandemic had a negative impact on both the

physical and mental health of healthcare workers. According to a research reported by the Georgia Red Cross Association, stress levels among employees and volunteers have increased compared to the pre-pandemic period (Georgia Red Cross Association 2020). Also, the tough situation faced by nurses, related to the increased workload and workplace safety issues, should be noted.

This research report aims to describe the daily experiences of people on the front lines of the pandemic, including their work, personal lives, and coping strategies, as well as to analyze the pandemic experiences in terms of the prospects of the research participants. The study was carried out using a phenomenological approach.

The phenomenological approach considers getting closer to the nature of a particular phenomenon (Creswell 2013), the best way for which is conversations with people, having rudimentary knowledge and experience of this phenomenon. The researcher tries to find common meanings and shared experiences in the narratives of the conversation participants (Creswell 2013). The researcher asks two main questions: What kind of experience do the participants have in terms this phenomenon? What contexts or situations affect their experience? (Moustakas 1994).

In order to collect information, we used the method of focus groups. To be more specific, a discussion was held with four target groups: “Red Cross” homecare nurses, volunteers, doctors, and hotline operators. The focus groups were conducted remotely using the ZOOM platform and lasted an average of 2.5 hours. The data collection was carried out in the summer of 2021 by the Centre for Advanced Studies of Ilia State University.

For analyzing the group discussions, we used an approach known as “Interpretative Phenomenological Analysis”. Compared to other

phenomenological approaches, it places the greatest emphasis on the perception and interpretation of the studied phenomenon by the participants themselves. In-depth understanding and passing on their experience without distortion is ensured by putting aside the personal knowledge and experience of the researcher and putting himself/herself in the position of the participant (Alase 2017). However, it should be noted that in the process of analysis, the researcher has to use certain theoretical conceptions and develop a certain interpretive paradigm in order to be able to convey in a cohesive way, how the central phenomenon (in this case - the pandemic) determined the experience of the research participants (Burrell and Morgan 1979). In the context of current research, such concepts are “time” and “meaningful work” which we address further in the discussion section.

LIFE IN A PANDEMIC AND WAVES OF THE VIRUS

Since 2020, the lives of the research participants have followed the waves of the virus. The most difficult and complex experiences are associated with the first wave. The second and third waves were associated with adaptation to a new life. As for the fourth wave, it was still in progress, unfinished, during the research period.

The feelings of all four target groups were similar in respect to the first wave, despite the diverse nature of the activities. The first instances of infection and the adoption of restrictions occurred during this time. Widespread uncertainty and chaos, as well as a lack of process management guidelines, were characteristic of the initial wave. There was no information available on the new virus, the specifics of the way it behaved, or the challenges that this condition would bring about. The confusion was total. *“When there was the first lockdown, to be honest, I lost myself and then found again”* [Doctor, Gardabani].

Doctors had to work without clear guidelines. They were constantly concerned about avoiding mistakes in the process of working with patients and, at the same time, protecting their own health. Working with certain groups of patients requires additional efforts. The doctors noted problems in regions inhabited by ethnic minorities, including a lack of awareness of infection control regulations and language barriers, which the research participants perceived as the root of the problem. In such regions, doctors had to not only provide medical care but also hold educational meetings with the population.

The severe restrictions imposed by the Georgian government at the initial stage, about which many citizens were not fully informed, greatly influenced the experience of hotline operators. Under these

circumstances, the responsibility of providing the primary information has been placed on the hotline operators. Therefore, the experiences of the first wave were particularly stressful for them, but at the same time remarkable in other ways. During this period, the hotline operators “discovered” new skills that appeared to be very useful in the following waves of the spread of the virus.

As for Red Cross volunteers, the first wave of COVID-19 was characterized by distrust from the beneficiaries as well as widespread uncertainty. Certain groups of society did not believe in the existence of the virus at all and opposed the regulations. This mistrust, in turn, was reflected in the daily life of the volunteers, as some beneficiaries showed mistrust and hostility towards them. The personal health protection, as well as of family members was an additional concern. The necessity of protective measures has not diminished in subsequent waves, and has become part of the pandemic routine for home care nurses.

The second and third waves are connected with the improvement of the situation. The population became convinced of the existence of the virus and started to follow the rules to reduce the risk of infection. The work of volunteers has become more flexible; the hostile attitude towards them has also decreased. Volunteers performed their work more effectively, as they no longer had to make the additional efforts that were required during the first wave to inform the beneficiaries or the general population, in order to increase their trust. Referrals to hotline operators also decreased, as, over time, the need for imposed restrictions became clear to citizens and confusion decreased. Both volunteers and hotline operators see their contribution in the fact that the population awareness has increased, the confusion has decreased and the new life has become more bearable.

The second and third waves are characterized by adapting to the pandemic reality and developing coping mechanisms for doctors and homecare nurses. Gradually, scientific knowledge about how to fight and manage the virus had been accumulated and became available. Gaining the knowledge, in turn, made the production of labor practices more efficient. The medical staff began to adapt to the new reality. The home care nurses bring as the example getting used to the routine of wearing equipment to prevent the spread of COVID-19.

The fourth wave has been described as particularly dangerous and risky. The research participants explained their concern by the fact that the so-called new coronavirus “UK Strain” spread more rapidly and caused an increase in the infection rate, as well as the death rate. The narrations of the research participants also reveal concerns about non-compliance with the regulations by the population, which was perceived as a noteworthy aspect in the later stages of the pandemic. These characteristics of the fourth wave caused high workload again, for all target groups; it was increasingly difficult for them to stabilize the resulting stress: “*Stress, as such, has not decreased since then, on the contrary, it is increasing*” [Doctor, Gardabani]. The fourth wave was in progress during the period of the study, therefore, when describing it, the research participants also discussed the prospects of its completion and hoped for the activation of the vaccination process.

WORK EXPERIENCE TRANSFORMATION

This chapter concerns the specifics of the target groups' work experiences during the pandemic. Modification of working arrangements and introducing new forms of working, expressed in a peculiar way in the daily life of each target group, were highlighted in their narrative. Besides, common, pervasive experiences, such as increased workload and stress, are observed in the conversations of all four target groups.

New Working Arrangements and Increased Workload

Doctors' workload has increased so dramatically that, in fact, their lives fell into the schedule of fulfilling labour obligations: *"The specifics have changed in the sense that I am on duty almost all the time. There is nothing but work. The working-hours and workload have increased. If before I worked on duty every fourth day, now I work every other day. There is a 24-hour duty"* [Doctor, Gardabani]. This circumstance has virtually excluded free time from the lives of people fighting on the front lines against the pandemic. However, even contrasted by running short of time, doctors confidently spoke of the inevitability of such a load, considering that their full load working was vitally necessary for the population.

Since the beginning of the pandemic, the work schedule has become more severe for the Georgia Red Cross volunteers, just like the doctors. *"I used to come home half dead, but I had already gotten into the habit that the next day I have to get up and leave again"* [Volunteer, Tbilisi]. Since the activities of the volunteers involved physical interaction with the beneficiaries, full compliance with the regulations became part of their daily work. One volunteer mentioned that could not withstand such a load and had to give

up the work. However, it should also be said that, like doctors, volunteers also see the special importance of their work, and in this, the assessments of their friends and the feedback received from the organization largely convinced them.

Unlike doctors and volunteers, the working hours of the hotline operators were not directly increased. However, they state that the number of the calls they had to answer had quadrupled, which boosted their daily and monthly workload. *“For example, we received about 12,000 such calls per month in December 2020” [hotline operator, Tbilisi].* A large part of the operators’ duties involved informing the public about the restrictions. Every innovation, whether it was a restriction of movement or a ban on public transport, led to an increase in the number of calls. According to hotline operators, they often received questions that they did not have the competence to answer, while redirecting calls to other department’s required additional time and effort.

The alteration of the working conditions of home care nurses under the pandemic is expressed in a sharp increase in the number of beneficiaries. In order to manage to render service to everyone, nurses had to reduce the time they spent for each beneficiary. The lack of time was also caused by the fact that it took nurses significantly longer for beneficiaries to shop groceries for beneficiaries during the pandemic than before: *“The problem is in the time factor: it was necessary to manage in time to bring food from shops or canteens, as well as take care of the household and personal hygiene, so there was not enough time.” [Homecare nurse, Tbilisi].*

During the COVID-19 pandemic, the doctors’ workload doubled, and with it, the need to master new, specific forms of work arose. For the first time, most doctors had to communicate with the pa-

tient completely remotely and provide medical services based on a telephone conversation. According to them, this form was effective in preventing the spread of the virus, but could not completely replace the effectiveness of the physical interaction with the patient. It is also noteworthy that, against the background of constant adjustments to the protocol for treating patients infected with COVID-19, doctors had to work harder to master these innovations. Examples of this have been participation in educational trainings and activities related to the treatment of the disease caused by COVID-19 and ensuring the effectiveness of work with patients.

Unlike doctors, home care nurses do not talk about new experiences. According to them, during the pandemic, they are doing the same work as before the pandemic. In their case, alterations were expressed in the increase in the workload; In particular, due to the increased number of beneficiaries, they had to spend more time and energy. Their activities were also complicated by using the outfit equipment necessary to minimize the risks of infection from COVID-19. Putting on the outfit properly requires a lot of time and attention, and according to the research participants, wearing the outfit causes a constant lack of oxygen.

Adaptation to New Forms of Work

According to the research participants' reports, the work they had to perform changed both quantitatively and qualitatively during the pandemic. Participants in the discussion mentioned new tactics for coping with the increased workload.

In the case of doctors, the pandemic has increased the number of patients under their care. The widespread of the virus infected so

many citizens that doctors were forced to provide medical consultations to people who were not their patients formally. Furthermore, according to the discussion participants, they had to undertake the role of a psychologist when treating or consulting people infected with COVID-19. Many citizens were afraid and confused because they did not have complete information about COVID-19. Doctors needed to devise response strategies that included empathizing patients and offering psychological support. According to the doctors' observations, reducing the patients' stress would make it easier to cooperate with them and, as a result, manage their physical health.

An equally important task for doctors was to find the most effective ways of informing patients, those that would not affect the quality of information transfer and also allow them to save time, which was especially important for doctors given their constant time constraints. One such procedure was to create informative, simple-to-follow videos on how to perform a so-called rapid test correctly. Repeating the same information several times a day for different patients was a huge strain on doctors; thus, recording video instructions and sending them to patients was effective in some cases and made work more flexible in terms of time.

A new form of working, telephone communication was added to homecare nurses. Until then, their work was essentially based on physical contact with the beneficiaries. However, due to the pandemic period necessities, they had to make telephone calls to them. According to the nurses, the beneficiaries were too confused and scared, so they often found it necessary to call them to ask about their health. According to them, telephone consultation increases their workload. However, they still appreciate it positively because they believe that the conversation and the constant mon-

itoring of the health condition have an encouraging effect on the beneficiaries. This effect was especially important when, due to the restrictions imposed during the pandemic, some citizens almost completely dropped out of social life.

Unlike doctors and home care nurses, hotline operators were not unfamiliar with telephone-based service delivery. This group communicated with citizens via phone calls even before the pandemic. The difference was that during the pandemic, the entire process, including call monitoring, processing, reporting, and forwarding to other agencies, was moved from the office to the home. According to hotline operators, the mode of remote work has started well. One of the reasons for this is the effective cooperation between the Georgia Red Cross Association and Tbilisi City Hall Municipal Services Development Agency. Operators believe that active communication guarantees stable and efficient work. At the same time, the form of remote work reduced the chance of infection, and the realization of this fact, in turn, had a positive effect on the work environment. Being close to family members also had a positive impact. Even five minutes of interaction with family members used to help them relieve stress, and this was critical to their emotional well-being during a particularly stressful period.

From the conversation with the hotline operators, it seemed that the support of family members in general helped them to see the reasonableness of the work they were doing. The discussion also highlighted the importance of institutional support. The hotline operators employed by the Georgian Red Cross Association underwent stress management training before the mass spread of COVID-19 in Georgia, and the knowledge and skills gained from this training made working in the pandemic reality more bearable. According to the hotline operators, it was beneficial for self-devel-

opment to be part of work-related alterations, such as job promotion and the opportunity to be involved in new projects.

Due to the diverse nature of incoming calls, hotline operators had to work on improving their ability of individual approach. During the early stages of the pandemic, their work was complicated by the citizens' aggression, caused by the uncertainty. Over time, operators learned to focus purely on the content of the question and, at the same time, understood the importance of an individual approach. Due to the diverse nature of incoming calls, hotline operators had to work on improving their ability to individually approach. During the early stages of the pandemic, their work was complicated by the citizens' aggression, caused by the uncertainty. Over time, operators learned to focus purely on the content of the question and, at the same time, understood the importance of an individual approach. After that, during a telephone consultation, they could determine the approach to each citizen based on the requested information and the mood of the caller. It was difficult for hotline operators to describe specific examples, as they said that strategies were individual and completely spontaneous.

The narration of the hotline operators also revealed that encouraging citizens and expressing empathy for them practically became an automated part of their work. On the one hand, providing such assistance is stressful and exhausting for operators, but it is also inspiring. From this point of view, the first period of social isolation, caused by state restrictions, was particularly remarkable. During this period, according to the operators, it was not enough to provide just bare information to the citizens because their psychological condition was severe. The operators mentioned that they themselves needed to cope with the feeling of social isolation and confusion, and in this context, working for them meant returning

to society. They were able to gain a sense of reasonability in their work because they saw every day that they were actually helping the citizens and improving their situation by doing their work conscientiously during a time of critical need.

Dealing with the negative reactions of the beneficiaries and providing psychological support became an important part of the work for the volunteers working for the Georgia Red Cross Association. According to them, they had to work in a uniquely difficult situation. During the first wave of COVID-19, they felt a lot of aggression from certain groups of the population. In many cases, the reason for this was the difficult economic situation of the beneficiaries, because of which the beneficiaries demanded more help from the volunteers than the latter could provide. At the same time, the volunteers constantly urged the beneficiaries to comply with the regulations. They had to deal with the aggression they received in response to such recommendations. Later, when the vaccine became available, while public awareness of vaccination remained low, volunteers self-initiated to take on the task of informing citizens.

During this period, the psychological support of beneficiaries was still required in light of the distrust of vaccination. Accordingly, the volunteers not only just performed their work, but also provided the beneficiaries with information about vaccination and tried to dispel the fears associated with vaccination through a kind of campaigning. Volunteers, like hotline operators, value the skills and strategies they have gained through Georgia Red Cross Association trainings and other practical activities. Knowledge of self-defense methods, the ability to manage stress, good communication with beneficiaries, and the ability to find a solution in conflict situations at the early stage of the spread of Covid-19 were among the mentioned skills.

Concerns Related to Working Conditions

The research participants consider coping with the double workload or assimilation of unfamiliar forms of work as their own obligations, and spare no effort to fulfill them. At the same time, with a sore heart, they talk about the problems that they are not able to solve, while the failure to solve them affects a lot of people, like doctors, nurses, and patients. Among the problems raised were an ineffective patient management system, insufficient medical personnel apparel, transportation problems, and a lack of public awareness about the dangers of the virus and the need for vaccination. In some cases, their narration reveals whom they consider to be responsible, while in others, their displeasure was not directed at a specific addressee.

The doctors complained about the managerial staff. According to their assessment, during the period of increasing spread of the virus, it was not possible to provide appropriate medical services to all virus positive patients. It was noted that in the regions (especially in the villages), the doctors often had no equipment needed for the treatment while communicating with the patients. Providing medical services to a patient without special protective equipment is stressful enough, as it increases the chances of contamination, especially considering that doctors have to interact with many patients every day.

The problem of access to the necessary treatment equipment is also a problem. For example, a saturation-measuring device was not always available, despite being critically important for doctors when assessing the patient's condition. Also, in the case of complications in the patient's health condition, it was difficult to visit such patients for doctors. This problem periodically worsened when public transport was banned due to restrictions imposed by

the government. According to doctors, traveling for the physical examination of the patient was associated with an additional cost, and in many cases, the patient or the doctor had to cover this cost on their own.

Transportation is also a painful issue for homecare nurses. According to them, they have to use transport several times a day to visit several beneficiaries. Unlike other services, their work with patients cannot be completely replaced by telephone communication, as care procedures require being physically close to the patient. Because of this, transportation was particularly important for home care nurses, which was provided by the Georgia Red Cross Association during a critical period, thus reducing the risk of infection among the beneficiaries.

Research participants are greatly concerned that there is still an unsettled problem of a lack of public awareness about the dangers of infection and the need for vaccination. Prior to the pandemic, informing the population was not a part of their work. However, now they are trying to contribute to it as well. Doctors working in regions inhabited by ethnic minorities have noted that minorities living in Bolnisi and Gardabani do not receive complete information about vaccination against the COVID-19 virus. Due to the language barrier, only a part of the population watches Georgian-language information programs. As a result, they do not receive information about the vaccines that are available for the ongoing revaccination in Georgia. Local doctors claim that they are attempting to disseminate information among the people by their own endeavors. The participants in the discussion openly held the state responsible for the lack of an agitation campaign tailored to ethnic minority-populated areas. They did, however, express a desire for the government to carry out constant agitation and

to strengthen doctors at the same time, particularly by providing them with information so that they can also transfer necessary information to the population.

PERSONAL LIFE IN TIMES OF PANDEMIC

The personal life experiences of the target groups in pandemic conditions were one of the important topics identified during the research. Their feelings were, for the most part, similar; however, due to the specifics of their activities, the impact of the pandemic on the personal lives of various groups was expressed differently.

Finding free time in pandemic conditions has become challenging for all target groups. The acute shortage of time is affirmed not only by doctors working with COVID patients and nurses working in hospitals, whose working-hours duration has increased, but also by hotline operators, homecare nurses, and some doctors, whose working-hours duration, formally, has not changed. The root of the problem is the growth of informal work practices. For example, research participants have to be on the phone during non-working hours and provide remote consultations to beneficiaries. As a result, free time is virtually non-existent, which they perceive affects both their mental state and physical fatigue, as well as relationships with family members. *“I amuse myself by saying that everything is in order and that everything is alright, but when I’m alone with myself, I understand that I don’t want to think about all of this and that I can’t wait for this nightmare to end”* [Doctor, Gardabani].

An increase in negative feelings was also revealed in relation to personal experiences. It should be noted that the origin of negative feelings was not personal relationships, but rather working conditions or, more generally, global epidemic regulations. The pre-

dominant emotion was anxiety; all members of the target group expressed concern for their own and their relatives' physical safety. This type of anxiety was less common when talking with hotline operators, which could be explained by the fact that they worked remotely and were not required to be in a high-risk area. However, the unique features of working from home have created a new type of tension for operators who have small children. During the pandemic, when access to schools and kindergartens was restricted, working parents were forced to take care of their children during working hours, and in fact, they had to do two jobs at the same time.

The stress caused by the complexity and duration of working hours has an impact on personal life as well. According to research participants, the effects also have an influence on their relationships with family members: *"I used to leave in the morning and return home in the evening. I had almost no contact with my family or friends. It was incredibly difficult psychologically"* [Volunteer, Tbilisi]. In addition to the exhausting working hours, the stress was intensified by the beneficiaries or patients' rude attitude. The reason for this could be that the lives of the target group members were completely dependent on the state of other people, and their emotional state was influenced by the beneficiaries' behavior. This was especially vivid in the case of volunteers.

Another change, in relation to personal life, is the reduction of social relations. Everyone in the target group especially complain about the reduction in relations with relatives and a decline in participation in entertaining, relaxing, and social activities such as visiting friends, going to the movies, theater, or shopping. Physical connections were replaced by virtual connections for some target groups during the pandemic.

Since they had to work from home, the hotline operators had an extreme lack of social relationships. Doctors, nurses, and volunteers all have complex social relationships at work. On the one hand, this increased fear of COVID spread, while on the other hand, it provided an escape route from isolation and lockdown. On the one hand, members of the target group emphasized their efforts to avoid personal relationships and limit physical contact outside of work. However, several volunteers stated that their work during the pandemic was a way for them to avoid inactivity and staying at home.

In general, nurses and doctors were more emotionally prepared for the pandemic, which can be attributed to their professional skills. Based on the carried dialogues, volunteers appeared to be the most vulnerable group to the stress. They talked a lot about having to work physically and also in difficult conditions, and not only do they get tired, but they also get into conflict situations that require special emotional stability to deal with, for which the pre-pandemic training is not enough.

SHORT AND LONG-TERM COPING STRATEGIES

According to the discussions, target groups deal with problems in their professional and personal lives in different ways because their work involves different problems and, as a result, different levels of stress. Their narratives reveal a variety of coping strategies, both immediate and long-term. Some of them follow processes more consistently, while others react to situations.

Volunteers and doctors especially noted the importance of immediate, short-term strategies, which can be explained by the nature of their work. In their practice, there are more frequent cases when it is necessary to find a way out of a difficult situation quickly. For both groups, the ways of coping included asking for assistance from their fellow employees if they were in a lot of trouble, like a conflict situation in the case of volunteers, or deterioration in the health condition of the patients in the case of doctors.

Other groups were more concerned about the problem's long-term persistence. While for volunteers, communicating with each other and sharing experiences is an immediate solution to a problem, in the case of hotline operators, communicating with colleagues on non-work topics is a long-term perspective of dealing with stress. This could be explained by the fact that the volunteers had to work in a more stressful physical environment, and it was critical that they did not feel lonely. The work of hotline operators is more technical in nature, which explains their need to escape from the routine. It should also be noted that hotline operators manage to deal with stress by introducing new engagements in their personal lives (practicing physical activities, becoming close to animals and nature, engaging in favorite activities, achieving set goals), which, in turn, becomes possible in the conditions of the remote work mode.

“As soon as I finished work, I was walking fast. I tried to completely distance myself from the pandemic, from home, work and family” [Hotline operator, Tbilisi]. For doctors and volunteers, a way to cope with the stress caused by COVID is to work more and more and help others to overcome their problems, thus actually leaving no time to think about the situation.

The challenge for each target group was to shift attention away from the severe consequences of the COVID pandemic, such as high mortality, risk of contamination with COVID-19, low vaccination rate and complicated working conditions. In the case of nurses and hotline operators, the way to deal with this challenge is to divert attention to other issues and relax, like spending time with family members, walking, exercising, etc. Besides, discussing non-work-related topics with colleagues is also an important way of dealing with challenges. As for doctors, stress is a constant component of their work; therefore, they have developed strong resistance. They are overloaded with their work and don't have any spare time to think about the problem. *“Nowadays, the staff is pretty tired. I'm tired of hearing that so many people die every day, and it's quite stressful. But working every day, for me, on the contrary, is a motivation and not stress. The working day goes by faster than the period of staying at home and sleeping”* [Doctor, Batumi].

Also, the way to deal with the work challenges is to find ways to increase public awareness. One of the main ways in which doctors coped with the problems caused by the pandemic was by not taking the situation to heart. Volunteers apply in similar ways when they say that they get used to the situation and try less to find new coping strategies: *“I am asked how I deal with stress. How can you deal with stress when every minute is stressful?”* [Doctor, Gardabani]. On the one hand, this could be attributed to the fact that both

of these groups found it extremely difficult to work under pandemic conditions, and they simply did not see a solution; on the other hand, it could be explained by their prior experience or attitudes. As a result of many years of work, doctors have developed the skills to deal with stress, and they consider that managing the situation is their personal duty. *“That’s the job of a doctor. What can you do about it?!”* [Doctor, Gardabani].

As already mentioned, all the target groups involved in the fight against the pandemic had a common challenge: stress. Despite the fact that the causes of stress were different (physical fatigue, fear, routine, difficult work, attitude of the beneficiaries, etc.), in all cases, it was difficult to adapt to the new reality. Therefore, the common practices that all groups applied to cope with the challenges were: compliance with regulations; seeking more comprehensive information about the virus and ways of protection; a positive trend of increasing vaccination rates and managing epidemics; and institutional support in terms of education and training.

REFLECTION ON PANDEMIC EXPERIENCES

In the fight against the COVID pandemic, the world has gone through several waves, each determined by a different strain of the virus and accompanied by a different set of regulations and restrictions. Adapting to the new reality meant learning to “live with the virus,” which necessitated a shift in lifestyle, the development of new skills, and the active exploration and application of scientific knowledge. In this part of the report, the ideas of the research participants about pandemic experiences and the cons and pros of knowledge of pandemics are presented. The impact of the pandemic was largely assessed as negative. However, the research participants mentioned some positive results as well. It should be noted that in the process of reflection, the research participants did not discuss only themselves, but they also considered important to evaluate those shifts that happened at the level of the community.

Among the negative consequences of the pandemic, the restriction of communication and social activities has a prominent place. The participants of the discussion see this effect both on a personal and a public level. According to personal experiences, they are deprived of contact and communication to a large extent due to regulations and restrictions. They do not have a choice about what to do in their spare time. Their ability to fully engage in various activities is limited, negatively impacting their personal and professional lives. They believe that the same thing is happening in the case of the larger public. Students were forced to switch to remote learning; trainings and workshops were held via electronic platforms; it became less possible to participate in public events; to see close ones, friends, and relatives whom one missed, which ultimately created a great gap and alienation in the relationship between people.

Representatives of target groups who had to come to work and establish face-to-face communication with people complained less about a lack of communication with colleagues and beneficiaries and focused on the lack of meeting with friends. For volunteers who have to interact with the beneficiaries a lot and see their plight, the pandemic has brought a sense of injustice and powerlessness. The injustice of the situation when many families who, in their opinion, did not require assistance received it became clear to them. When they see how many hardships and problems their beneficiaries are facing, they feel powerless because they lack the power to provide more and other types of assistance. *“People can stand by each other in times of trouble. Before the pandemic, I didn’t think about it and I didn’t pay much attention to it”* [Volunteer, Tbilisi].

Even some of the doctors reflect on the system flaws. According to them, the pandemic has revealed such shortcomings that must be taken into account and resolved. Doctors working in regions and villages have faced more problems due to this situation, even because of the imperfect infrastructure. Some rural outpatient doctors also point out that they have less access to protective equipment and believe that they should also have the possibility of conducting a rapid test on site, which will make it easier for the rural population to access COVID-19 tests. It will result in fewer expenses and more mobility to regional centres. They hope that the defects exposed by the pandemic will be addressed and that new needs-based innovations will be implemented. According to the participants in the discussion, the need for care has changed significantly as a result of the pandemic, both in personal and professional life. Even before the pandemics, the target groups’ activities were based on the idea of caring for others and doing the common

good. Hotline operators provided information to citizens even before the pandemic; doctors took care of patients; homecare nurses and volunteers provided care to beneficiaries of the Red Cross even before the pandemic. However, the types of care are no longer the same as they were previously. The reasons for this are the specifics of the work, the modification in the schedule, and the changed emotional background of the beneficiaries, in general, at the population level. The structure of care should change in the family sphere as well. For example, for the target groups, it has become a kind of obligation to take care of their own health in order to avoid infection of family members. The study's participants gained a better appreciation for the importance of caring relationships, the necessity of emotional support and the importance of being by the side of the loved ones. Narratives of the research participants indicate that such an alteration in the specificity of care and increasing demand for care will affect them in many ways, from a personal, psychological, or physical point of view. They have to do more emotional and physical work in the stressful environment that the pandemic creates in their personal and professional lives. They constantly have to think about patients, beneficiaries, relatives; carry out telephone consultations even from home, after the formal end of the working hours.

The pandemic affected how people perceive and manage time. According to the study participants, in order to cope with the increased number of tasks and workload in the conditions of the COVID-19 pandemic, it became necessary to learn time management and prepare daily plans. Hotline operators appreciate the changed attitude towards time as one of the positive effects, as the pandemic has taught them to respect their own and other people's time. According to them, time management was especially

necessary in such an important period. “It [working during the COVID period] taught us a lot. However, it took a lot away from us as well. What it teaches us is time management first of all.” [Hotline operator, Tbilisi]. It should be noted here that finding time is not equal among different target groups, which can be explained by the specifics of their work. For example, time management for doctors is often impossible due to busy shifts or consultations during non-working hours. For home care nurses, the experience and evaluation of time is somewhat mixed. It is negative in that they have to visit more beneficiaries and the issue of COVID-19 regulations and putting on equipment takes some time, so there is less time to spend directly with the beneficiary. Then they suffer from doubts about whether they have provided all the necessary assistance to the beneficiary in a shortened period of time. This is a kind of challenge for them, and with dedicated work, they prove to themselves that they are still doing everything as before the pandemic, and they consider the benevolence of the beneficiaries as proof of this. On the other hand, there are also positive experiences associated with saving time; home care nurses acquired such time saving skills, such as speed, efficiency and organization. For a group of doctors, COVID-19 has made it clear that it is always necessary to find a solution to believe in its existence. According to the operators, the pandemic helped them understand the importance of stress management. “The importance of stress management is not only about own stress, it also applies to the stress management of people with whom we have daily contact due to their work duties” [Hotline operator, Tbilisi]. In the case of operators, the pandemic introduced such new experiences as remote work. On the one hand, it was perceived as a challenge for them, as they found themselves in a new type of working environment that required the use of electronic platforms. In addition to developing new

working skills, the fact that most parts of their lives were moved to the virtual space was also perceived as a challenge. Along with the general problem of social isolation, this circumstance creates a special desire among operators to end the pandemic and virtual relations as soon as possible.

The pandemic is not over; all its consequences have not yet been revealed. The participants of the discussion expect that its negative sides will further gradually appear. At this stage, they do not have a long-term vision and are not able to make plans, because they do not know what the pandemic will bring to the life of humanity. For them, it is unclear what their future will be like. Uncertainty can provoke by various stressful and uncomfortable situations in their lives.

CONCLUSION

Dealing with the new reality necessitated the adoption of new practices, which resulted in a transformation of professional and personal life of studied groups. The continuous nature of the COVID-19 pandemic has proven emotionally and physically difficult for those involved in the fight against it. The concepts of work and time has been reevaluated and filled with new meanings, in the wake of the acute shortage of time and the complexity of the their labour. In the concluding part of the paper, we will try to look at these changes from a phenomenological perspective in order to understand more deeply the peculiarity of pandemic experiences.

All study participants find their job meaningful. They believe that their work is very important in the context of Covid-19. This feeling is strengthened by the evaluation received from others - relatives, patients, colleagues. Due to the pandemic, the importance of some activities, e.g. providing information to the population, has increased, which added value and meaning to the work of hotline operators and volunteers.

It should be noted that narratives of study participants lack some experiences, inherent to/associated with “meaningful work”. In order to gain a sense of meaning, people usually need to see the result of their work, which, in turn, is evaluated based on past experiences and in relation to the present and future (Bailey and Madden 2015). Despite the fact that the participants of our study perceive their work as meaningful, in the conversation with them it was not felt that they were satisfied with the result of their work. However, one of the components of meaningfulness of work is clearly visible in the narratives of the research participants, what the authors call the “good work” (Bailey and Madden 2015). It may seem im-

plausible that all four study groups share the belief that they are performing well, considering their overloaded work schedule and low satisfaction with long-term results. However, interpretative phenomenological framework calls us to avoid rigid conception of the phenomena in question and aim to understand what comprises a “good work” from the standpoint of participants (Muzzetto 2006). For instance, home care nurses, get the feeling of a job “well done” by shifting the focus from the long-term to the immediate results they get with the beneficiaries. The situation of doctors is more problematic, since, unlike home care nurses, they are directly involved in the treatment of patients infected with Covid-19, and in order to “do the job well”, only their work is not enough - it is necessary to have a functioning system, access to resources, and conduct a good vaccination campaign. Therefore, the only way for doctors to feel a job well done is to constantly push themselves to the limit.

For the people involved in the fight against the pandemic, the sense of effectiveness is closely related to the instability of the time horizon. It is difficult to get satisfaction with the result of the work due to the continuous nature of the pandemic. In light of ongoing pandemic waves, the effectiveness of time management and timely assistance is called into doubt. In phenomenological framework, time is a central category, inseparable from the production of experiences. Individuals always draw upon the old in making sense of present experiences (Schütz 1976), while standing in “here and now”, the place from which it is possible to think about both the past and the future (Schütz 1962). Due to the continuous nature of pandemic, making sense of present and seeing into the future has become a challenge for the representatives of our target groups. Their past experiences bear many disappointments, unmet expect-

tations. Due to this, the future seems vague and unpredictable. The vision of the future is complicated, the vision of both their personal life and the life of society is blurred.

Interestingly, the narratives of the target groups point to the rising awareness of the meaning and value of time. Study participants refer to the categories of free time, work time, personal time, or lost time, while narrating about changes of [temporal structure of] their everyday life. Changes in the nature and schedule of work created a shortage of time and left less time for personal life. Members of the target group whose working time increased (doctors, volunteers) lost personal time. However, those groups were also affected, in whose case the work schedule did not change, but the work process became more intense and stressful. Home care nurses and hotline operators no longer have the energy to spend the remaining time after work as they wish, and this period is spent on replenishing energy to get back to working in the morning.

Respondents express concern about lost or wasted time. “Lost time” can be conceptualized as a period that has disappeared or been replaced by another type of time (Hoy 2009). All target groups experience the lack of time, regardless of whether their working hours have changed as a result of the pandemic. The fear of wasting time restricts the freedom of individuals to plan and do what they want, because the lack of time has become a factor that determines these plans independently of them (Bailey and Madden 2015). In our case, the pandemic is the key determinant of time scarcity for the people working on the front line of pandemic. They can no longer figure out what to do with that little free time they had outside of work.

“When will the virus disappear?” “How will the virus disappear?” “Will the virus disappear soon?” These are the questions that study

participants raised repeatedly during discussions. Everyone wanted the pandemic to end as soon as possible and the life to return to normal. However, a “close end” was articulated rather as a wish, not a future prospect. The pessimistic expectation was grounded in their experience of recurring waves of the virus. However, at the same time, they entertain the hope about efficacy of vaccines and this hope helps them maintain faith in the future and cope with the present.

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