

# Understanding Patients with COVID in the Isolation Rooms from the Perspective of Care: A Qualitative Study

Makhfudli Makhfudli<sup>1</sup>, Abdulloh Machin<sup>2</sup>, Abd Nasir<sup>1,3</sup>, Andri Setiya Wahyudi<sup>1</sup>, Susilo Harianto<sup>1,3</sup>, Rindayati Rindayati<sup>1,3</sup>, Hafna Ilmy Muhalla<sup>1,3</sup>, Emuliana Sulpat<sup>1,3</sup>, Fanni Okviasanti<sup>1,3</sup>, Joko Susanto<sup>1,3</sup>, Ilkafah Ilkafah<sup>3</sup>, Yanis Kartini<sup>4</sup>

<sup>1</sup>Faculty of Nursing, Airlangga University, Surabaya, Indonesia; <sup>2</sup>Faculty of Medicine, Airlangga University, Surabaya, Indonesia; <sup>3</sup>Faculty of Vocational, Airlangga University, Surabaya, Indonesia; <sup>4</sup>Department of Nursing, and Midwifery Faculty, Universitas Nahdlatul Ulama Surabaya, East Java, Indonesia

Correspondence: Makhfudli Makhfudli, Tel +62 081332544455, Email makhfudli@fkp.unair.ac.id

**Introduction:** Being treated in isolation rooms for people infected with COVID-19, creates various perceptions of uncertainty, especially when strict “health protocols” are applied. This study aims to determine the understanding patients with COVID in the intensive care unit from the perspective of care.

**Materials and Methods:** The research design used phenomenological qualitative with in-depth interviews. Purposive sampling was used with interpretive phenomenological analysis. Participants were 25 patients who had been exposed to COVID-19, consisting of 10 men and 15 women.

**Results:** This study resulted in the theme of the perception of COVID-19 sufferers while undergoing treatment in isolation rooms, with four themes, namely, 1) mental attacks, 2) feel like fighting alone, 3) expecting Concern, 4) positive attitude.

**Conclusion:** This analysis shows that various perceptions of uncertainty that are felt while being treated in the isolation room due to suffering from COVID-19 disease can be anticipated by increasing the awareness of nurses to be closer to patients through caring-based nursing practices by emphasizing meaningful interpersonal relationships.

**Keywords:** perception, COVID-19, nursing, isolation room, caring

## Introduction

Characteristics of Corona Virus (COVID-19), which is infectious, become a very scary ghost, especially accompanying severe comorbidities,<sup>1</sup> and the older age group is at higher risk.<sup>2</sup> Before being declared a pandemic by WHO on March 11, 2020, COVID-19 had spread to 144 countries,<sup>3</sup> and in Indonesia, the co-morbidities of COVID-19 which became the highest causes of death were hypertension, diabetes, and cardiovascular disease.<sup>4</sup> So that various perceptions arise when they are treated in isolation rooms, especially the implementation of social distancing.<sup>5,6</sup>

Regarding the policy that requires them to be treated with intensive care standards in isolation rooms with strict health protocol procedures,<sup>7,8</sup> they must accept even though they are forced to. Although globally the mortality rate is low, at 2%,<sup>9</sup> however, this uncertain situation due to COVID-19, can affect their psychological condition, and anxiety, depression, and insomnia become part of their daily life while undergoing treatment, some of them even try to commit suicide.<sup>10</sup> This negative perception is because they feel far from the nurse and are placed in a separate room.<sup>11,12</sup> Meanwhile, worry about worsening infection symptoms, frustration and boredom, inadequate information about COVID-19, community stigma and financial problems add to his suffering.<sup>13</sup> Another reason is always associated with repeated media coverage of deaths from the COVID-19 disease.<sup>14</sup> Several studies have also reported that some people infected with COVID-19 feel very heavy mental stress,<sup>15,16</sup> and related to this situation, causing various problems faced so that they are difficult to get out of the pressure, and the effect that occurs is aggravating comorbidities.<sup>17,18</sup> The need to expand coping strategies and use them flexibly to respond to psychosocial problems becomes

urgent, and overall it becomes very important to present them so that they are free from the stress that may be unavoidable.<sup>19,20</sup> For that reason, nurses need to make good use of their time when physically present, so that they are perceived by people infected with COVID-19 as nurses who care about the patient's problems,<sup>21</sup> and the strong interpersonal relationship between nurses and patients can strengthen the patient's hope and motivation to recover through a facilitative approach,<sup>22</sup> and also enhance the relationship of mutual trust.<sup>23</sup> In the context of this approach, the caring behavior of nurses becomes an important instrument in providing nursing care, and this is an additional feature for nurses to guarantee comfort and satisfaction in nursing services so that patients openly express their complaints and nurses immediately provide nursing services according to their needs.<sup>24,25</sup> Meanwhile, the caring attitude shown by nurses can improve psychological adaptation for COVID-19 survivors while undergoing intensive care,<sup>26</sup> and can further accelerate healing. So the perception of people infected with COVID-19 needs to be explored during intensive care from the perspective of caring nurses.

## Methods

### Research Design

Researchers have agreed that this study to understanding patients with covid in the intensive care unit from the perspective of care. Besides, the study used the COREQ strategy in determining the consolidation criteria for reporting this research.<sup>27</sup>

Researchers have used the interview guide as a reference to ensure that all the main topics were discussed and remind researchers about the topics to be discussed. The thematic interview guide with open-ended questions has been developed by the researchers, including the opening question, "How did you feel while being treated in a special room for COVID-19 treatment?". Box 1 contains several examples of relevant questions based on research objectives and literature.

In-depth and semi-structured interviews were conducted on COVID-19 sufferers to obtain complete data about their experiences when receiving nursing care in isolation settings in special rooms used to treat people infected with COVID-19 disease. Interviews were conducted individually by the researchers to ensure a deeper understanding of the experiences that were relevant to what was being investigated.<sup>28</sup> Interviews were conducted from April 2021 to September 2021, attended by only researchers and participants, lasting between 35 to 50 minutes.

Researchers have recorded the results of individual interviews with cellphone recordings, which were then transcribed and confronted with nonverbal responses through field notes for data analysis, then reviewed to improve data accuracy,<sup>28</sup> which was then compiled as verbatim data.

### Participant

This study involved 25 participants, with sociodemographic data including age, gender, and comorbidities as additional data. More details can be seen in [Table 1](#).

### Study Design

The researchers agreed to use a phenomenological qualitative research design,<sup>29</sup> namely exploring and understanding meaningful and detailed experiences and exploring important themes that describe the phenomena that occur in people infected with COVID-19 while being treated in isolation rooms through analysis thematically using a deductive method.<sup>28</sup> Individual criteria in this study have been determined: (1) COVID-19 patients who are treated in isolation rooms, (2) COVID-19 patients who are allowed to go home. In contrast, the exclusion criteria were patients who were unconscious or wearing an oxygen mask due to breathing problems. The investigators used a purposive sampling technique to recruit participants, with age, sex, and comorbid characteristics considered in sampling. Researchers also recruited a diverse and representative sample to reflect the population with COVID-19 for a meaningful experience. Data saturation was used as a reference for the final sampling. In this study, data saturation was reached at the 23rd interview because no new information was found.<sup>28</sup> Next, the researcher interviewed 2 more participants to strengthen the data and ensure there was no new information. As a result, data saturation was reached for the 25th participant.

**Table I** The Participation in the Study

No	Initial	Age	Gender	Comorbid
1	Mrs. R	42	Woman	Diabetes Millitus, Cronic Kedney Diseases
2	Mr. S	61	Man	Diabetes Millitus, Cronic Kedney Diseases
3	Mr.J	69	Man	Angina Pectoris
4	Mrs. S	53	Woman	Kedney Diseases post Hemodialisis
5	Mrs. E.H	54	Woman	Hypertensive Heart Disease
6	Mr. I	61	Man	Intestinal Adhesion Suspect
7	Miss.P	20	Woman	Appendicitis
8	Mrs. R	68	Woman	Cronic Kedney Diseases
9	Mrs. E	58	Woman	Cirrhosis Hepatis
10	Mrs. P	56	Woman	Hypertension
11	Mr. S	58	Woman	Diabetes Millitus, <i>Unstable Angina Pectoris</i>
12	Miss.D	24	Woman	<i>Aplastic anemia</i>
13	Mrs. U	61	Woman	Diabetes Millitus
14	Mrs. M	33	Woman	Supraventricular tachycardia, Coronary Heart Disease
15	Mr. A	63	Man	Coronary Heart Disease, Cerebro Vaskuler Accident Infark
16	Mr. N	63	Man	Diabetes Millitus and <i>Hypokalemia</i>
17	Mr. A.N	49	Man	Cronic Kedney Diseases grade 5, Hemodialisis reguler
18	Mr. S	64	Man	Diabetes Millitus dan gangrene pedis
19	Mrs. M	56	Woman	Diabetes Millitus
20	Mrs. N	52	Woman	Diabetes Millitus, Coronary Heart Disease
21	Mrs. S	54	Woman	Diabetes Millitus, Coronary Heart Disease
22	Mr. Z	60	Man	Diabetes Millitus, Hypertensive Heart Disease, Coronary Heart Disease
23	Mrs. K	59	Woman	Hypertensive Heart Disease
24	Mr. A	47	Man	Cirrhosis Hepatis
25	Mrs. K	70	Man	Angina Pectoris, Hypertensive Heart Disease

## Data Analysis

The researchers have rewritten word by word all the interviews results that have been conducted, labeled, and coded. Meanwhile, the researchers transcribed the data to make it consistent with the reflection activities to find new ideas and then analyzed the data using the Interpretative Phenomenological Analysis technique.<sup>30</sup> Interview transcripts and field notes were read carefully and repeatedly to find emerging themes by reading sentences in detail and then categorizing important related words through a selective approach.

The text was read in its entirety to understand the overall meaning and develop keywords and concepts through dialogue with the text. Along with these complexities, reflection on various interpretations has been carried out to maintain openness in monitoring assumptions and biases through the triangulation process with participants.<sup>31</sup>

The researchers have analyzed each sentence and confirmed the data with field notes to find important themes. Furthermore, these themes were reconstructed into a description of the experiences of COVID-19 sufferers related to the care of nurses while receiving nursing services in isolation settings in special care rooms for patients infected with COVID-19.<sup>31</sup> Then, the researchers connected between categories based on the events experienced and always paid attention to the balance of the research theme by looking at each part as a whole.

## Rigor

During the interview, the researcher obtained permission from the participants to record the results of the interview using audio recordings, then the researcher transcribed the results of the interview. The transcripts were checked and matched against the audio recordings to ensure that the researchers had ensured the data had a high degree of confidence and conformity. Likewise, related to field notes from interviews, researchers have matched with existing data to understand interactions during interviews. To ensure credibility, researchers invite third parties to review and critique research results to reach an agreement, especially to evaluate coding, consistency, and new findings.

## Results

In general, the theme that emerges from the data is trying to follow the pattern of caring for nurses in carrying out nursing care in an isolation setting in a special room for COVID-19 care. This theme summarizes the behavior of nurses in supporting COVID-19 sufferers to overcome physical and psychological problems in the context of Caring. Complete data is presented in Table 2.

## Mental Attacks

### In the Shadow of COVID-19

Initially diagnosed with COVID-19, participants refused to believe it. They thought it was impossible because, they had not left the house too far so far. Some participants expressed their anxiety because the image of the COVID-19 disease cannot be separated from their memories. This is how they feel:

I was very scared. I didn't know what to do. most people exposed to COVID-19's current disease, many people died (P-5)

**Table 2** Themes and Subthemes

Themes	Subthemes
Mental attacks	In the shadow of COVID-19
	Dramatic situation
	Choosing not to know.
	Refusing justification
Feel like fighting alone	Throw away fear
	Save in the subconscious
	Surrender to God
Expecting concern	Delayed concern
	Long time to respond
	Less time to express feelings
Positive attitude	Understanding an emergency
	Acknowledging the nurse's commitment
	Optimistic about the performance of nurses

When I heard the sound of the ambulance siren sounded, I always suspected that the ambulance brought people who died because of COVID-19 ... lately, I often heard that voice (P-15)

News in the media almost every day broadcasts people die of COVID-19, ... I am very scared, and now it is happening to me (P-8)

In only one sentence, I say that these events are extraordinary and I have never experienced before, "Very terrible and very scary" (P-22)

## Dramatic Situation

Some participants tried to explore the characteristics of COVID-19 more deeply because what they had heard and seen so far were frightening events, and the situation was full of drama. They said:

Information about the impact of COVID-19, like the number of patients and the number of deaths, I heard more often than what a COVID-19 disease is (P-17)

What I know about the obligation to wear a mask and stay away from the crowd is a rule from the government for handling COVID-19 so as not to contract the virus (P-4)

Actually, I want to know a lot about COVID-19, such as what it is, what is dangerous related to COVID-19 disease, and why COVID-19 is dangerous, but so far, I am treated to news of victims of death due to COVID-19 every day, and it could change mentally. I became very depressed (P-12)

News that I often get from mass media related to the dissolution of the crowd adds to my confusion (P-13)

## Choosing Not to Know

Meanwhile, other participants chose to be indifferent so as not to burden their minds. Some participants have expressed:

I did not want to know about COVID-19 and did not want to ask anyone about COVID-19, I heard that COVID-19 was very dangerous, many people died because of COVID-19 ... I was silent, so it didn't disturb my mind (P-13)

One and others always have different opinions about COVID-19, but the story is very frightening because what is discussed is related to death, so I choose to be silent (P-10)

I did not want to hear when the doctor stated that I was exposed to COVID-19 disease ... I followed when I was included in this room (COVID-19 special isolation room) (P-21)

I am more positive about COVID-19 disease while hoping for the news that death due to COVID-19 does not emerge anymore (P-18)

## Refusing Justification

This situation frustrates patients, and they struggle to understand what they have been through. One participant expressed his feelings:

I am sure the doctor who stated that I was exposed to COVID-19 was wrong. I was not sick, only, at that time, I felt a cold and did not feel well ... when he was stated that I was exposed to COVID-19, I was very scared, and I wanted to rebel, but finally, I could not refuse to be treated (P-18)

Meanwhile, regardless of the hard workload of nurses, some participants judged that nurses' concentrations were only related to pharmacological clinics, regardless of other responses, such as the expression of participants below:

The nurse said, "if you need anything, wave please, huh" it feels like this is in prison ... trying to understand, what if I want to deliver a complaint, then I tell who you are? But I also realize that the nurses are very busy because they have to pay attention to many people who are exposed to this disease (COVID-19) ... Nurses have many affairs, but I also want to be considered (P-16)

## Feel Like Fighting Alone

### Throw Away Fear

The special room for handling COVID-19 which is used to treat patients exposed to COVID-19, prevents them from expressing their feelings and forces them to keep them in their subconscious to get rid of fear because conditions are threatening and full of uncertainty. Some participants expressed their feelings:

A nurse put me in a room where I could not communicate with the others ... He (the nurse) only advised that if I felt bad or infusion ran out, just tell to give a code with a “hand-waving” (P-3)

I think I moved to a new house when I was treated in this room (a special room for management COVID-19) because the nurse was not close to me ... the nurse was too far in my reach (P-11)

When I was placed in a room alone, I felt like there was no guarantee to get well ... I was left alone ... My worries peaked when my mind was getting chaotic because beside me were all patients used oxygen, and the people didn't move (P-8)

## Save in the Subconscious

The best thing for participants to do was managing their emotions because the situation was very tense, and this was done so that the psychological burden they bore was not too heavy. Meanwhile, among them had different strategies to relieve their anxiety:

I always try not to be afraid, even though my feelings float everywhere ... here no one is accompanied (P-11)

I got anxious when I was in the middle of people who used oxygen and medical devices attached to their bodies (P-7)

I tried not to see my right and left, even though it was really frightening ... I often see nurses coming to them (P-16)

## Surrender to God

Meanwhile, other participants always pray for the healing of their illness while trying to find peace of mind. Some participants said:

The only prayer that I pray for God may I am avoided with things that I don't want (death) (P-10)

To God, all of this I deliver, and this makes me calmer because this is my weapon to be strong in undergoing treatment for this disease (COVID-19) (P-21)

## Expecting Concern

### Delayed Concern

Initially being treated in a special treatment room used for handling COVID-19, patients were sure that they would be closely guarded by nurses and doctors because the COVID-19 disease is a very life-threatening disease if it does not get serious treatment. Nurses very well understand this as a caring attitude towards others. However, the situation was different when they were in the special handling room for COVID-19. Some participants expressed their complaints:

This room was not comfortable for me to occupy. Although it looked quite adequate, the atmosphere was very quiet, saturated, and boring ... no better than when I was at home, even though my house was very simple (P-9)

I see the situation in this room as in the office in general, which is very busy in the administration, just busy when there are new people who occupy the bed, and then left them alone, even though I want to be closely guarded for fear of unexpected events (P-5)

This is the first time I am treated in this room ... hopefully this is the first and last (P-14)

## Long Time to Respond

The time provided is too long for an emergency. Meanwhile, another participant highlighted the response time to services in this discussion. The participant differs from each other in responding to the nurse's response to the services provided.

For the treatment of this disease (COVID-19), the response time should be in seconds, not minutes ... the distance between the officers (nurses) and me should not be too far to respond to this serious disease like this (P-6)

## Less Time to Express Feelings

Meanwhile, other participants hoped that nurses would provide free time to interact because this was felt to be very lacking, like this comment below:

They (nurses) should be closer to us, at least I can see them (nurses), so I can be calmer (P-15)

Nurses' tone while communicating with me is very well and warm, nurses work well, but I don't have more chance to express my feelings ... maybe the nurses limit interaction with me for fear of contracting my illness (COVID-19) (P-11)

The nurses have provided service well to me, and I think this equipment is quite adequate, but after that, I was left in a long time, only if there was a problem, they came and helped (P-20)

## Positive Attitude

### Understanding an Emergency

During treatment, patients expect nurses to be more caring and responsive to the suffering they experience because what they receive is not in line with their expectations. The care shown by nurses is still less able to protect their negative feelings.:

Nurses never understood my fear ... all nurses were busy with formal service management affairs ... when passing my bed, I was very angry because they didn't see me, as if they didn't care about me, maybe because of the partition that became a barrier ... hopefully it is just my guess, and is wrong (P-5)

For any reason, the nurse should be more concerned with patients rather than administrative activities because the administrative needs can be postponed ... Today, many people die from this disease (COVID-19), and this requires more attention (P-10)

## Acknowledging the Nurse's Commitment

Other participants revealed that the most important thing in interacting is quality and not quantity, like what they commented below:

I realized that in addition to their duties, nurses also had to adhere to existing health protocols ... but for me, this was enough because when I was approached, the nurse asked and calmed me, it was enough to make me calmer, even though only for a while (P-14)

I am a human, not repairing a broken machine ... but this can make me satisfied because the nurse has responded to my complaint ... I have passed the critical period (P-5)

But other participants want more attention to protect them. They beg:

The nurses should take longer to close to us here, don't let me be overwhelmed with a feeling of depression because this makes me pessimistic about what nurses have done ... Hopefully, the nurse understands my feelings (P-19)

I am sure the nurse has noble-hearted. Inside of himself is always motivated to provide the best service. And I hope their attitude in the future will be better (P-16)



For me, this is a moment ... when it's right for nurses to show that they are people who care because the situation of Corona makes many people ask for help (P-12)

## Optimistic About the Performance of Nurses

Meanwhile, other participants differed in their assessment of how they viewed nurses. They judged what the nurses had done had exceeded their expectations. Besides, they saw that the fighting spirit shown by nurses to help overcome their problems was so high that they were able to eliminate feelings of anxiety to be hopeful and sure to recover. Below is the comment:

However, the nurse was a human who had limitations, and it did not make me disappointed even though I felt that something was lacking for me (P-16)

I feel the nurse is very responsive to providing service, and the concern of nurses against me has exceeded what I have worried ... I realize the shortcomings given by nurses ... in conditions like this, I am very grateful to be treated in this room (P-2)

I thank you very much for the services in this room (COVID-19 Special Service) (P-16)

## Discussion

The atmosphere of uncertainty experienced by Covid-19 patients while undergoing treatment in the Isolation Room is an important discussion in this study because this situation has a serious impact on real-life threats.<sup>32,33</sup> Aims to understand the experience of patients infected with COVID-19 while receiving nursing services in the isolation room from a caring perspective. In contrast to previous studies, this study highlights the unavoidable impact experienced by patients infected with COVID-19 while undergoing treatment in isolation rooms. This confirms that the psychological impact experienced by patients infected with COVID-19 can affect their perceptions and beliefs regarding the nursing services they receive. Similarly, other studies have shown that being cared for in situations of uncertainty in emergency and life-threatening positions, stress, anxiety, and fear are part of daily experience, and while wishing for nurses to be more caring and attentive to their plight.<sup>34</sup>

Overall, this study emphasizes the experience of patients infected with COVID-19 while being treated in isolation rooms, which can affect their hopes and desires for quality and dignified services, as well as the pattern of nurse-client relationships. For this reason, in several previous studies, there has been a policy of placing these COVID-19 infected patients in isolation treatment rooms, thus affecting their perception.<sup>35–37</sup>

As in this research report, the lack of communication with nurses is an additional feature and their experience during treatment for COVID-19 in the isolation room, because the nurse's focus is only related to observation and strict therapy management. Several research results also report related to the same situation, that nurses only focus on evaluating oxygen saturation, blood sugar, and fluid electrolytes that affect the prognosis of coronavirus disease (COVID-19),<sup>38–41</sup> and others reported beneficial therapeutic effects.<sup>42,43</sup> This situation shows that nurses are very busy with clinical pharmacology, and ignore the psychological effects of being treated in an isolation room.

In line with other studies, obsessive-compulsive events are often experienced by patients with coronavirus disease (COVID-19)<sup>44,45</sup> because of the difficulty of eliminating negative thoughts from coronavirus disease (COVID-19),<sup>46</sup> and this also makes them feel depressed and helpless.<sup>47,48</sup>

This situation is a big problem that must be considered because based on the results of the study reported positive consequences of the caring attitude of nurses toward patients, namely being able to increase hope and optimism for recovery.<sup>49</sup>

The finding that was of great concern to nurses, like the current finding, was that the participants kept their problems in their subconscious, and secretly made plans without the nurse's knowledge. This behavior can be difficult for them because they do not express their feelings and do not share experiences, so nurses cannot provide nursing services



according to their needs. However, this is not the case with the results reported in this study,<sup>50</sup> where nurses and patients were actively involved in interactive discussions to solve problems faced by patients.

In addition, expressing feelings through a satisfying nurse-client relationship is the key to defining problems and providing nursing services according to their needs,<sup>51</sup> so that the use of therapeutic communication can produce a trusting relationship between nurses and patients,<sup>23</sup> and empathetic behavior, can strengthen caring behavior.<sup>52</sup> Therefore, learning non-verbal language and incorporating the meaning of life is important to get a better therapeutic effect.<sup>53</sup> Thus, developing caring behavior in different nursing care settings contributes to accelerating patient recovery through relationships in the development of improved service change.<sup>54</sup>

This study also highlighted participants' complaints about the performance of nurses in the COVID-19 treatment isolation room, that they were less responsive and did not have the opportunity to express their feelings because they were limited by space and time, thus having an impact on their emotional response, and this has also been reported in this study.<sup>55</sup> This "meaningful inter-relationship" is actually what people infected with COVID-19 want, because they do not want to miss out on meaningful social interactions.<sup>56</sup> However, some participants also responded to situations experienced like this by surrendering and accepting by sticking to health protocols,<sup>57</sup> and hoping for a speedy recovery and they survived the threat of death due to crisis situations, because they considered this treatment model as the best for now and in the future<sup>58</sup> because healing belongs to God.

Other participants believed that nurses had a desire to be close to them, and there was a desire to always pay attention to their feelings, but the situation was less likely, and this became one of the important and interesting findings to discuss. This finding is very relevant to their desire and hope to be able to feel calm and peaceful while in isolation rooms for patients infected with COVID-19, so that they feel happy, protected, without psychological burden, and this is an additional feature, that nurses care about feelings of patients affected by COVID-19.<sup>59</sup> This is very relevant to the principle of mutual respect between nurses and patients to meet psychological needs, and this is obtained when nurses and clients understand each other for each other's needs and interests.

Meanwhile, not many research reports reveal that patients infected with COVID-19 have positive attitudes towards nurses when experiencing real life threats, and dissatisfaction is part of their minds.<sup>60</sup> However, several other studies on this situation, have discussed the importance of a caring attitude to ensure safety and stress-free as a guarantee of satisfaction,<sup>61,62</sup> and other researchers consider that patients infected with COVID-19 are classified as critical patients who are very life-threatening, and this requires rapid and measurable action<sup>63</sup> to be free from feeling threatened.

In line with the results of this study, participants had a desire to get full attention, close to nurses, easy to express feelings, and were closely guarded. For this reason, this finding has been supported by other findings, that there is a specific specification of service patterns for COVID-19 disease.<sup>64</sup> And this scary feeling can lower expectations and disrupt mentally and emotionally for the sufferer.<sup>65</sup>

Another interesting finding in this study is patients' respect for the performance of nurses, even though they are filled with dissatisfaction. Participants agreed that they still value nurses, even though their needs are felt less fulfilled, and this is to increase motivation and optimism.<sup>66</sup> On the contrary, as reported in this study, when negative perceptions always dominate the patient's mind, hopelessness and sadness become part of his daily life,<sup>68</sup> and this negative assessment has been discussed in depth in patients infected with COVID-19. Besides, the results of this study reported that there were attempts to hide their problems, thus suggesting a resigned attitude to the existing situation. In fact, research conducted on other populations found that expressing feelings is an attempt to become aware, which becomes important for nursing actions needed.<sup>69</sup> However, it is very difficult for people with a panic condition to do. Nurses need to provide "serving" services to patients infected with COVID-19, enabling nurses to minimize panic by providing facilitative services. In this context, the nurse's role is as a facilitator to relieve the patient's suffering to achieve optimal healing.<sup>70</sup>

Thus, even though these patients have to bear a disease with a predictable life-threatening risk, patients infected with COVID-19 need careful action and treatment to get better life satisfaction.<sup>71</sup> With efforts to identify complaints and deal with their problems effectively, their quality of life will improve, as reported in this study. In this sense, nurses need to develop an attitude of respect and care for patients because patients infected with COVID-19 experience difficult situations and experiences that require more help and attention, which can be integrated as a caring attitude in providing holistic nursing care.<sup>72</sup> Through the behavior of being ready and physically present, providing nursing care sincerely,

regardless of race, ethnicity, and religion, are credible arguments as a fundamental aspect of a caring attitude that strongly supports this statement.<sup>73</sup> And this is also what nurses must do to guarantee safety and security both physically and psychologically, condition the situation to be under control, arrange a comfortable room to be occupied, and coordinate and communicate easily. It also builds a relationship and mutual respect. Besides, it recognizes that nurses are currently dealing with several patients in conditions who all require prompt care. For this reason, nurses make a rigorous selection for life-threatening conditions,<sup>74</sup> which is part of a caring attitude for critical nursing services in general,<sup>75</sup> such as in nursing services in isolation settings in special care rooms for patients infected with COVID-19, and in this situation, it is very appropriate not to blame each other, nurses and clients.

## Conclusion

The essence of nursing care for patients in this study made it possible to gain in-depth knowledge and understanding of the meaning of the life experiences of patients infected with COVID-19 who so far feel that nursing services are centered on clinical pharmacology without paying attention to psychology. Therefore, the patient tries to hide his problem or find another way to relieve his panic while always being kind to the nurse to get a better therapeutic effect. And this has prompted a change in new patterns in providing nursing care to patients infected with the coronavirus (COVID-19). For this reason, nurses are physically present as much as possible and use therapeutic communication to understand their feelings and emphasize meaningful interpersonal relationships. This action will result in nursing services that care about the patient's verbal and non-verbal responses in increasing satisfaction and meeting patient expectations.

## Data Sharing Statement

All data generated or analysed during this study are included in this published article.

## Ethical Considerations

The study procedure was in accordance with the Declaration of Helsinki and was approved by the University of Muhammadiyah Lamongan Research Ethics Committee with the number: 085/EC/KEPK-S2/05/2021. All participants were given informed consent and informed that they could withdraw from the study at any time. Informed consent was obtained from each study participant, including publication of their responses while anonymous, then the place and time for the interview were arranged to maintain privacy and confidentiality. Respondents' identities are anonymized to maintain their confidentiality.

## Acknowledgement

The author would like to thank the patients infected with COVID-19 and the people around them, who have shared their experiences. We also thank the administrators at the institution who have helped and supported this research.

## Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not for profit sectors.

## Disclosure

All authors critically revise the article, give final approval for the submission of the article, and agree to be responsible for all aspects of the work in ensuring that questions related to the accuracy or integrity of each part of the work are properly researched and resolved, and there are no conflicts of interest.

## References

1. Chidambaram V, Tun NL, Haque WZ., et al. Factors associated with disease severity and mortality among patients with COVID-19: a systematic review and meta-analysis. *PLoS One*. 2020;1–29. doi:10.1371/journal.pone.0241541
2. Verity R, Okell LC, Dorigatti I, et al. Articles Estimates of the severity of coronavirus disease 2019: a model-based analysis. *Lancet Infect Dis*. 2020;20(6):669–677. doi:10.1016/S1473-3099(20)30243-7
3. Anjorin AA. The coronavirus disease 2019 (COVID-19) pandemic: a review and an update on cases in Africa. *Asian Pac J Trop Med*. 2020;13(5):199. doi:10.4103/1995-7645.281612

4. Karyono DR, Wicaksana AL. Current prevalence, characteristics, and comorbidities of patients with COVID-19 in Indonesia. *J Community Empowerment Health* 2020;3:77–84. doi:10.22146/jcoemph.57325
5. Masters NB, Shih S, Bukoff A, et al. Social distancing in response to the novel coronavirus (COVID-19) in the United States. *CDC*. 2020;1:1–12. doi:10.1371/journal.pone.0239025
6. Moosa IA. The effectiveness of social distancing in containing. *Appl Econ*. 2020;1(4):1–14. doi:10.1080/00036846.2020.1789061
7. Lee KD, Lee SB, Lim JK, et al. Providing essential clinical care for non-COVID-19 patients in a Seoul metropolitan acute care hospital amidst ongoing treatment of COVID-19 patients. *J Hosp Infect*. 2020;106(4):673–677. doi:10.1016/j.jhin.2020.09.031
8. Pecoraro F, Clemente F, Luzi D. The efficiency in the ordinary hospital bed management in Italy: an in-depth analysis of intensive care unit in the areas affected by COVID-19 before the outbreak. *PLoS One*. 2020;25:1–15. doi:10.1371/journal.pone.0239249
9. Mahase E. Coronavirus: covid-19 has killed more people than SARS and MERS combined, despite lower case fatality rate. *BMJ*. 2020;2020:641. doi:10.1136/bmj.m641
10. Wang M, Hu C, Zhao Q, et al. Acute psychological impact on COVID-19 patients in Hubei: a multicenter observational study. *Transl Psychiatry*. 2021;11(1). doi:10.1038/s41398-021-01259-0
11. Banerjee D. Social isolation in Covid-19: the impact of loneliness. *Int J Soc Psychiatry*. 2020;66(6):525–527. doi:10.1177/0020764020922269
12. Castro-quintero D, Yela-ceballos F. Mental health consequences of the COVID-19 pandemic associated with social isolation. *Colomb J Anesthesiol*. 2020;July:1–7.
13. Brooks SK, Webster RK, Smith LE, et al. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *Lancet*. 2020;395(10227):912–920. doi:10.1016/S0140-6736(20)30460-8
14. Su Z, McDonnell D, Wen J, et al. Mental health consequences of COVID-19 media coverage: the need for effective crisis communication practices. *Global Health*. 2021;1:1–8.
15. Senan S, Halbrook Y, Kornbrot DE, Msetfi RM. Depression symptoms and the perception of public health restrictions during the COVID-19 pandemic in Saudi Arabia: the protective effect of sense of control. *Prevent Med Rep*. 2022;28(April):101836. doi:10.1016/j.pmedr.2022.101836
16. Wierenga KL, Moore SE, Pressler SJ, Hacker ED, Perkins SM. Associations between COVID-19 perceptions, anxiety, and depressive symptoms among adults living in the United States. *Nurs Outlook*. 2020;69(5):755.
17. Adachi M, Murakami M, Yoneoka D, et al. Factors associated with the risk perception of COVID-19 infection and severe illness: a cross-sectional study in Japan. *SSM Popul Health*. 2022;18:101105. doi:10.1016/j.ssmph.2022.101105
18. Roberts J, Pritchard AL, Treweeke AT, et al. Why Is COVID-19 More Severe in Patients With Diabetes? The Role of Endothelial Dysfunction and the Immunoinflammatory System. *Front Cardiovasc Med*. 2021;7:1–23. doi:10.3389/fcvm.2020.629933
19. Holt-gosselin B, Tozzi L, Ramirez CA, Gotlib IH, Williams LM. Archival Report Coping Strategies, Neural Structure, and Depression and Anxiety During the COVID-19 Pandemic: a Longitudinal Study in a Naturalistic Sample Spanning Clinical Diagnoses and Subclinical Symptoms. *Biol Psychiatry*. 2021;1(4):261–271. doi:10.1016/j.bpsgos.2021.06.007
20. Lee S, Chiang K, Tsai Y, Lin C, Wang Y, Chiou C. Perceived Stress and Coping Behavior of Nurses Caring for Critical Patients with COVID-19 Outbreak in Taiwan: a Mixed-Methods Study. *Int J Environ Res Public Health*. 2022;19(7):425.
21. Cho KH, Kim B. The Psychological Responses of Nurses Caring for COVID-19 Patients: a Q Methodological Approach. *Int J Environ Res Public Health*. 2021;18(7):3605.
22. Mulugeta H, Wagnew F, Dessie G, Biresaw H, Habtewold TD. Patient satisfaction with nursing care in Ethiopia: a systematic review and meta-analysis. *BMC Nursing*. 2019;1–12.
23. Molina-mula J, Gallo-estrada J. Impact of nurse-patient relationship on quality of care and patient autonomy in decision-making. *Int J Environ Res Public Health*. 2020;17(3):835. doi:10.3390/ijerph17030835
24. Kim B, White K. How can health professionals enhance interpersonal communication with adolescents and young adults to improve health care outcomes?: systematic literature review. *Int J Adolesc Youth*. 2018;23(2):198–218. doi:10.1080/02673843.2017.1330696
25. Senn JF. Peplau's theory of interpersonal relations: application in emergency and rural nursing. *Nurs Sci Q*. 2013;26(1):31–35. doi:10.1177/0894318412466744
26. Moghaddam MH, Mohebbi Z, Tehranineshat B. Stress management in nurses caring for COVID - 19 patients: a qualitative content analysis. *BMC Psychol*. 2022;4:1–13. doi:10.1186/s40359-022-00834-4
27. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care*. 2007;19(6):349–357. doi:10.1093/intqhc/mzm042
28. Braun V, Clarke V. Applied Qualitative Research in Psychology. *Appl Qual Res Psychol*. 2017;2017:887. doi:10.1057/978-1-137-35913-1
29. Alase A. The Interpretative Phenomenological Analysis (IPA): a Guide to a Good Qualitative Research Approach. *Int J Educ Literacy Studies*. 2017;5(2):9. doi:10.7575/aiac.ijels.v.5n.2p.9
30. Noon EJ. Interpretive Phenomenological Analysis: an Appropriate Methodology for Interpretive Phenomenological Analysis: an Appropriate Methodology for Educational Research? *JPAAP*. 2018;6:1. doi:10.14297/jpaap.v6i1.304
31. Polit DF, Cheryl Tatano B. *Essentials of Nursing Research: Appraising Evidence for Nursing Practice*. 9th ed. Lippincott Williams & Wilkins; 2018.
32. Anantham D, Chai-lim C, Zhou JX, Phua GC. Operationalization of critical care triage during a pandemic surge using protocolized communication and integrated supportive care. *J Intensive Care*. 2020;8:1–9. doi:10.1186/s40560-019-0415-z
33. Gordon JM, Magbee T, Yoder LH. The experiences of critical care nurses caring for patients with COVID-19 during the 2020 pandemic: a qualitative study. *App Nurs Res*. 2020;59:151418.
34. Zhang X, Zou R, Liao X, Bernardo ABI, Du H. Perceived Stress, Hope, and Health Outcomes Among Medical Staff in China During the COVID-19 Pandemic. *Front Psychiatry*. 2021;11:1–9. doi:10.3389/fpsy.2020.588008
35. Arslan G, Yıldırım M, Allen K, Buluş M, Tanhan A. Coronavirus Stress, Optimism-Pessimism, Psychological Inflexibility, and Psychological Health: psychometric Properties of the Coronavirus Stress Measure. *Int J Ment Health Addict*. 2020;2:548.
36. Kurt A, Ku M, Arslan N. The Experiences of COVID-19 Patients in Intensive Care Units: a Qualitative Study. *OMEGA—J Death Dying*. 2021;8(6):e790. doi:10.1177/00302228211024120

37. Yıldırım M, Arslan G. Exploring the associations between resilience, dispositional hope, preventive behaviours, subjective well-being, and psychological health among adults during early stage of COVID-19. *Curr Psychol*. 2020;41(8):5712–5722. doi:10.1007/s12144-020-01177-2
38. Bezuidenhout MC, Wiese OJ, Moodley D, et al. Correlating arterial blood gas, acid – base and blood pressure abnormalities with outcomes in COVID-19 intensive care patients. *Ann Clin Biochem*. 2021;58(2):95–101. doi:10.1177/0004563220972539
39. Nechipurenko YD, Semyonov DA, Lavrinenko IA, et al. The Role of Acidosis in the Pathogenesis of Severe Forms of COVID-19. *Biology*. 2021;10(9):852. doi:10.3390/biology10090852
40. Sjöström A, Sjöström A. Electrolyte and acid-base imbalance in severe. *Endocr Connect*. 2021;10(7):805–814. doi:10.1530/EC-21-0265
41. Wu C, Wang G, Zhang Q, et al. Association between respiratory alkalosis and the prognosis of COVID-19 patients. *Front Med*. 2021;8:6–11. doi:10.3389/fmed.2021.564635
42. Indari O, Jakhmola S, Manivannan E, Jha HC. An Update on Antiviral Therapy Against SARS-CoV-2: how Far Have We Come? *Front Pharmacol*. 2021;12(March):1–15. doi:10.3389/fphar.2021.632677
43. Youseffard M, Zali A, Ali KM, Neishaboori AM, Zarghi A. Antiviral Therapy in Management of COVID-19: a System-atic Review on Current Evidence. *Arch Acad Emerg Med*. 2020;8:1–9.
44. Alkhamees AA. Obsessive – compulsive disorder post - COVID - 19: a case presentation. *Egypt J Neurol Psychiatry Neurosurg*. 2021;57(1):1–3. doi:10.1186/s41983-021-00405-1
45. Cunnig C, Hodes M. The COVID-19 pandemic and obsessive – compulsive disorder in young people: systematic review. *Clin Child Psychol*. 2022;27(1):18–34. doi:10.1177/13591045211028169
46. Mertens G, Gerritsen L, Duijndam S, Saleminck E, Engelhard IM. Fear of the coronavirus (COVID-19): predictors in an online study conducted in March 2020. *J Anxiety Disord*. 2020;74:102258. doi:10.1016/j.janxdis.2020.102258
47. Bueno-notivol J, Gracia-garcía P, Olaya B, Lasheras I, López-antón R, Santabábara J. Prevalence of depression during the COVID-19 outbreak: a meta-analysis of community-based studies. *Int J Clin Health Psychol*. 2021;21. doi:10.1016/j.ijchp.2020.07.007
48. Marzouqi AA, Jarrar AH, Habib-mourad C, et al. Impact of COVID-19 on mental health and quality of life: is there any effect? A cross- sectional study of the MENA region. *PLoS One*. 2021;16:1–17. doi:10.1371/journal.pone.0249107
49. Jeong S, Kim J. Factors influencing nurses' intention to care for patients with COVID-19: focusing on positive psychological capital and nursing professionalism. *PLoS One*. 2022;3:1–13. doi:10.1371/journal.pone.0262786
50. Kim AY, Sim IO. Communication Skills, Problem-Solving Ability, Understanding of Patients' Conditions, and Nurses Perception of Professionalism among Clinical Nurses: a Structural Equation Model Analysis. *Int J Environ Res Public Health*. 2020;17(13):4896.
51. Vitale E, Giammarinaro MP, Lupo R, Fortunato RS, Caldararo C, Germini F. The quality of patient-nurse communication perceived before and during the COVID-19 pandemic: an Italian pilot study. *Acta Biomed*. 2021;92(14):1–8. doi:10.23750/abm.v92iS2.11300
52. Howick J, Moscrop A, Mebius A, et al. Effects of empathic and positive communication in healthcare consultations: a systematic review and meta-analysis. *J R Soc Med*. 2018;111(7):240–252. doi:10.1177/0141076818769477
53. Benbenishty JS, Hannink JR. Non-verbal communication to restore patient – provider trust. *Intensive Care Med*. 2015;41(7):1359–1360. doi:10.1007/s00134-015-3710-8
54. Wagner DJ, Whaithe B. An exploration of the nature of caring relationships in the writings of Florence Nightingale. *J Holist Nurs*. 2010;28(4):225–234. doi:10.1177/0898010110386609
55. Abadi D, Arnaldo I, Fischer A. Anxious and Angry: emotional Responses to the COVID-19 Threat. *Front Psychol*. 2021;12:1–12. doi:10.3389/fpsyg.2021.676116
56. Kim H, Florack A, Ingram J. When Social Interaction Backfires: frequent Social Interaction During the COVID-19 Pandemic Is Associated With Decreased Well-Being and Higher Panic Buying. *Front Psychol*. 2021;12(July):1–11. doi:10.3389/fpsyg.2021.668272
57. Djalante R, Lassa J, Setiamarga D, et al. Review and analysis of current responses to COVID-19 in Indonesia: period of January to March 2020. *Prog Disaster Sci*. 2020;6(march):100091. doi:10.1016/j.pdisas.2020.100091
58. Ventriglio A, Watson C. Pandemics, panic and prevention: stages in the life of COVID-19 pandemic. *Int J Soc Psychiatry*. 2020;66(8):733–734. doi:10.1177/0020764020924449
59. Gibson A. Caring for hospital patients with COVID-19: quality of care in England examined by case record review. *Clin Med (Northfield Il)*. 2021;21(6):215. doi:10.7861/clinmed.2021-0574
60. Deriba BS, Geleta TA, Beyane RS, Mohammed A, Tesema M, Jemal K. Patient Satisfaction and Associated Factors During COVID-19 Pandemic in North Shoa Health Care Facilities. *Patient Prefer Adherence*. 2020;Volume 14:1923–1934. doi:10.2147/PPA.S276254
61. Gómez-carmona D, Paramio A, Cruces-montes S, Marín-due PP. Atención Primaria Impact of COVID-19 prevention measures on health service quality, perceived value and user satisfaction. A structural equation modelling (SEM) approach. *Aten Primaria*. 2022;54:102178. doi:10.1016/j.aprim.2021.102178
62. Wuneh A, Kahsay A, Tinsae F, et al. Knowledge, Perceptions, Satisfaction, and Readiness of Health-Care Providers Regarding COVID-19 in Northern Ethiopia. *J Multidiscip Healthc*. 2021;14:1349–1359. doi:10.2147/JMDH.S284106
63. Grasselli G, Pesenti A, Cecconi M. Critical Care Utilization for the COVID-19 Outbreak in Lombardy, Italy Early Experience and Forecast During an Emergency Response. *JAMA*. 2020;323(16):1545–1546. doi:10.1056/NEJMoa2002032
64. Shafraan R, Whittall M, Coughtrey A. Fear and Anxiety in COVID-19: preexisting Anxiety Disorders. *Cogn Behav Pract*. 2020;28(4):459.
65. Arsalan M, Mubin O, Alhajjari F, Alsinglawi B. COVID-19 Global Risk: expectation vs. Reality. *Int J Environ Res Public Health*. 2020;17(15):5592. doi:10.3390/ijerph17155592
66. Biber DD, Melton B, Czech DR. The impact of COVID-19 on college anxiety, optimism, gratitude, and course satisfaction. *J Am Coll Health*. 2020;1–6. doi:10.1080/07448481.2020.1842424
67. Zou H, Cao X, Geng J, Ying S. Effects of mindfulness-based interventions on health-related outcomes for patients with heart failure: a systematic review. *Eur J Cardiovasc Nurs*. 2019;1–11. doi:10.1177/1474515119881947
68. Zuo B, Yang K, Yao Y, Han S, Nie S, Wen F. The relationship of perceived social support to feelings of hopelessness under COVID-19 pandemic: the effects of epidemic risk and meaning in life. *Pers Individ Differ*. 2020;183:111110.
69. Thomas D, Newcomb P, Fusco P. Perception of Caring Among Patients and Nurses. *Journal of Patient Experience*. 2019;6(3):194–200. doi:10.1177/2374373518795713

70. Yasmeeen I, Krewulak KD, Zhang C, Stelfox HT, Fiest KM. The Effect of Caregiver-Facilitated Pain Management Interventions in Hospitalized Patients on Patient, Caregiver, Provider, and Health System Outcomes: a Systematic Review. *J Pain Symptom Manage*. 2020;60(5):1034–1046.e47. doi:10.1016/j.jpainsymman.2020.06.030
71. Hartstone JM, Medvedev ON. The Role of Mindfulness and Life Satisfaction in Psychological Distress During the COVID - 19 Lockdown in New Zealand: a Quasi - experimental Study. *Mindfulness*. 2021;12(11):2693–2706. doi:10.1007/s12671-021-01731-4
72. Wang H, Zeng T, Wu X, Sun H. Holistic care for patients with severe coronavirus disease 2019: an expert consensus. *Int J Nurs Sci*. 2020;7(2):128–134. doi:10.1016/j.ijnss.2020.03.010
73. Nataraj BM, Reddy KJ. Psychological Well-Being, Mindfulness, and Impact of Stressful Events among Indian Teachers during COVID-19 Pandemic. *Int J Indian Psychol*. 2021. doi:10.25215/0903.093
74. Mansella G, Rueegg M, Widmer AF, et al. COVID-19 Triage and Test Center: safety, Feasibility, and Outcomes of Low-Threshold Testing. *J Clin Med*. 2020;9(10):3217. doi:10.3390/jcm9103217
75. Saban M, Mem MA, Dagan E, Drach-zahavy A. The relationship between mindfulness, triage accuracy, and patient s atisfaction in the emergency department: a moderation. *J Emerg Nurs*. 2019;45(6):644–660. doi:10.1016/j.jen.2019.08.003

## Journal of Multidisciplinary Healthcare

Dovepress

### Publish your work in this journal

The Journal of Multidisciplinary Healthcare is an international, peer-reviewed open-access journal that aims to represent and publish research in healthcare areas delivered by practitioners of different disciplines. This includes studies and reviews conducted by multidisciplinary teams as well as research which evaluates the results or conduct of such teams or healthcare processes in general. The journal covers a very wide range of areas and welcomes submissions from practitioners at all levels, from all over the world. The manuscript management system is completely online and includes a very quick and fair peer-review system. Visit <http://www.dovepress.com/testimonials.php> to read real quotes from published authors.

Submit your manuscript here: <https://www.dovepress.com/journal-of-inflammation-research-journal>