

# 'Investigating Nurses' Perceptiveness Regarding the Protection Demands of Patients with Coronavirus Disease: A Qualitative Analysis

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## Abstract

**Education:** COVID-19 is a different infection distressing and killing a massive amount of people across the globe every single day. Solitary, to expand health care for these patients is to identify their necessities. Nurses, as an enormous population of health care staff, can be opulent foundations of evidence and involvement on patients' care essentials. **Aim:** The purpose of this hypothesis was to discover nurses' observation about the carefulness requirements of patients with corona virus disease. **Methods:** Current qualitative examination was implemented using the conservative relaxed investigation method in kingdom of Saudi Arabia from April to June 2020. The applicants of this hypothesis comprised the nurses concerned intended for patients with COVID-19, enrolled by the persistence sampling mode. The data was collected through 100 telephone discussions and examined built on the process suggested by Lundman and Graneheim. **Results:** Qualitative statistics examination showed six main categories comprising requirement for emotional referring, need for excellence development of facilities, need for progression of statistics, need for enlightening of community provision, requirement for nonphysical care and need for shared well-being. **Conclusion:** Statistics indicated that patients with COVID-19 were sensitively, bodily, informally, carefully, and mentally pretentious by the infection. Consequently, they should be systematically maintained by health care supervise and additional compassionate classifications.

**Keywords:** COVID-19, Nurses Najran, Concerned needs, Qualitative examination.**Copyright © 2021 The Author(s):** This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

## INTRODUCTION

Corona virus is a recently arisen transferable disease which was first stated in Wuhan, China on December 31, 2019. After a quick extent which caused many countries across the globe, the infection was acknowledged as a pandemic by the World Health Organization (WHO) on March 11, 2020. Up until May 25, 2020, the international amount of individuals constricting the COVID-19 and the death toll had reached 1,54000 and 8803, and in kingdom of Saudi Arabia, these statistics were 149,341 and 8803, respectively [1].

About 25% of patients with the contamination may knowledge severe symptoms lacking oxygen treatment or other inpatients involvements, and only 10% of these will necessitate hospitalization in the intensive care unit. Studies on patients with the COVID-19 designate that they may involvement numerous symptoms such as pyrexia, dyspnea, muscle ache, headache, fear, diarrhea, nausea, vomiting,

increased systolic blood pressure, and hemoptysis, which needs invasive and non-invasive therapeutic cares during the acute development of the illness [7].

Death rate of COVID-19 has been projected as 2 to 6%, but this diverges founded on patients' age groups and the occurrence or presence of fundamental illnesses. Earlier involvements of the SARS crisis specified that patients may face various problems for instance anxiety, loneliness, dullness, irritation, lack of sleep, and feeling of a taboo. Similarly, patients may have fears concerning the special effects of quarantine on their psychological well-being and the threat of contaminating relatives and associates.

The COVID-19, as a SARS-related developing sickness, has numerous unidentified measurements in countless clinical care parts. For a broad patient care, their needs should be acknowledged. In the middle of health care workers, nurses are at the front of aggressive touching the COVID-19. They are in near and continuous interaction with patients from fee to release.

Furthermore, nurses are appreciated properties to identify the patients' needs, clinical indicators of the disease, evidence-based care practices, nursing management problems, and prognostic factors during the COVID-19 crisis [9].

Amplification nurses' awareness of COVID-19 patients' needs can be supportive to recover the excellence of patient care. Various hypothesis have been approved out on nurses' involvements about the caring needs of patients with COVID-19. Because of uncertainties about the diverse aspects of the disease and caring needs of patients, and the fact that the authors are proficient in qualitative analysis organization, and because they are carefully involved with concerned of patients with COVID-19.

## METHODS

Qualitative hypothesis was implemented with a predictable satisfied investigation method.

### Participants

Participants from Military hospital of Najran were nominated with determined selection technique founded on the measurement of effort involvement in COVID-19 wards, total years of work experience, the wards where the nurses were engaged before the COVID-19 crisis, and the participants' age and marital status. The presence principles were being involved with helpful for COVID-19 patients, preparedness to join in the study, and having at least 3 weeks of occupied involvement in COVID-19 wards. The elimination criterion was drawing from the study for any motivation.

### Collecting Data

Known the requirement for imperative data gathering to expand the superiority of patient care as well as the restrictions of face to face discussion, the data was composed concluded in seriousness semi-structured telephone interviews from April to June, 2020. The characteristics of the nurses occupied in COVID-19 wards were originally acquired by mentioning to the nursing administrators of the hospitals given that care for these patients. The applicants were nominated grounded on the increases hypothetical method. Subsequently amplification the purposes of the study and gaining vocal agreement for

involvement, an applicable time was settled for the consultation. Altogether the interviews were documented by a microelectronic device. The foremost inquiries of the study were: How would you define a day of thoughtful for hospitalized patients with COVID-19, and What categories of care do these patients essential. Then the discussion sustained founded on the participants' answers with more comprehensive interrogations such as Would you satisfy explain more about this?. Of course, the questions differ somewhat based on the position of the participant (i.e. head nurse, care provider and the unit where the nurse was employed. Expending analytical questions during the discussion, the cross-examiner shown the process to accomplish the study's purposes.

### Data Analysis

Data examination was accompanied simultaneously with the discussions grounded on the procedures planned by Lundman and Graneheim. Aspect of data analysis declared in the additional article published of this hypothesis.

### Dependability

For confirming of the truthfulness and consistency of the data, the measures of sincerity, dependability, transferability, and conformability were used as suggested by Lincoln and Goba. Aspect of trustworthiness of data revealed in the another article published of this hypothesis.

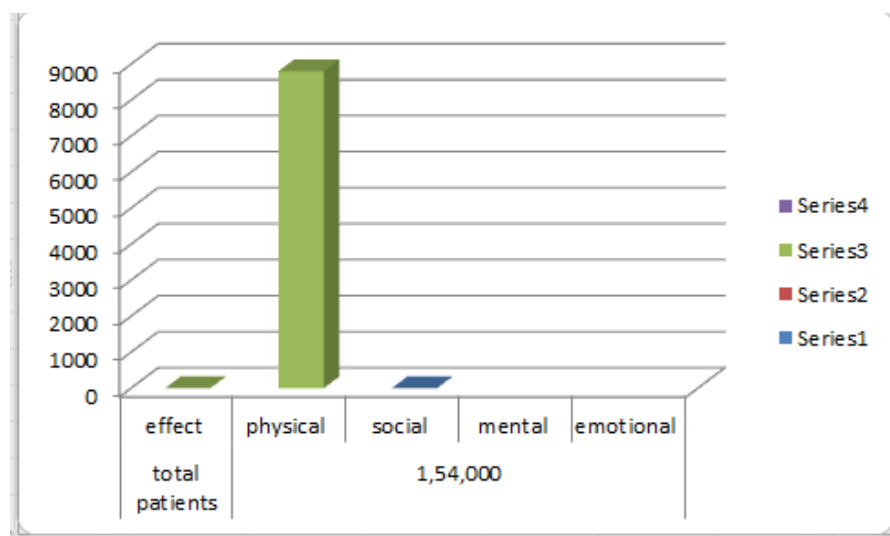
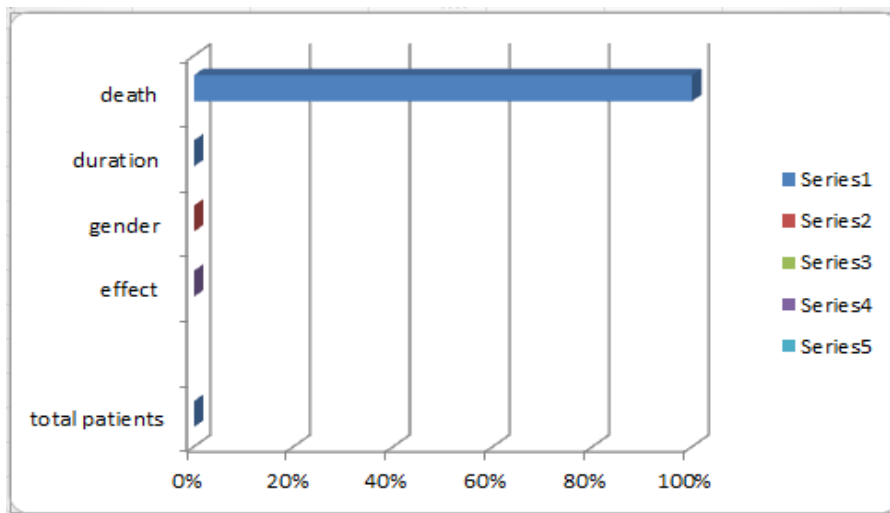
### Ethical Considerations

Feature of ethical consideration declared in the different article issued of this hypothesis.

## RESULTS

In this study, a total of 20 nurses including 5 men and 15 women with an average age of  $31.95 \pm 6.64$  years and a mean work experience of  $7.25 \pm 5.9$  years were enrolled. Data analysis in this study led to the emergence of different categories and sub-categories.

Need for psychological consulting Qualitative content analysis of the data showed that COVID-19 patients might suffer from many mental disorders and experience a lot of fear and panic during and after the disease. Therefore, they particularly need psychological consulting.



**Death anxiety**

Statistics examination disclosed that the patients associated being infested with COVID-19 to death and consequently were highly terrified of it. A applicant prominent that the atmosphere was similar that the patients actually had the observation that they would die of the disease, and there was no chronic back. Outcomes also presented that the patients were depressed by the unexpected death due to the disappointment of vital organs. Consequently, one participant specified: there might be unknown important in the patient’s clinical status, but after a while, he/she would die after a decrease in Oxygen capacity. Based on the member’s experiences, one of the causes for the countless fear of death was a controlled interment ceremony for the fatalities.

**Community disgrace**

In the manner of data analysis, one- fourth reasons of patients’ anxiety was an impression to have a taboo illness. Statistics investigation displayed that the patients with COVID-19 might observe the disease as a community stigma and be embarrassed of it. One

member pronounced this as at present, all people have a bad view on COVID-19 patients.

Fruitlessness Statistics analysis indicated a sentiment of prevention in patients with the COVID-19 disease. One of their elementary needs was to give them confidence for life and the imminent. In keeping with the participants, emotional support is other major patients’ principal needs. Applicants also supposed that patients with good attitude would effectively recover from the acute period of the disease. One of the participants, referring to the patients’ needs based on the pyramid, said: I think the basic essential of ill patients is o<sub>2</sub>, but those who have good situation need friendliness, or as Maslow said; the feeling of being belonged. Another participant shared the experience as: for example, we had a Corona virus patient, a 24-year-old leukemic girl. We gave her hope as much as we could to the amount that she could actually reverse the virus.

**Separation anxiety**

Statistics examination presented that COVID-19 patients would knowledge a demanding time

throughout isolation due to physical issues, loneliness, being detached from the family, and the lack of a ultimate treatment for the disease. Applicant's involvements shown that the patients had been having a harsh time because of being abandoned by the family, which would lead to separation anxiety. One participant said: being away from the family is hard for them. The participants' experiences also showed that the message of nurses with these patients could decrease their public isolation problems, anxiety, and stress. As revealed by one of the participants: they need a solid association.

### **Need for value development of facilities**

Statistics investigation showed that the patients required receiving great value care facilities from health staff. Similarly, statistics analysis underlined the patients' needs for bodily maintenance during the disease development. Patients with underlying disorders needed more attention and special equipment. Above this category, there were four sub-categories of physical care, necessity for nutritional therapy, orientation, and quarantining of analytically ill patients.

### **Physical care**

Statistics examination displayed that the patients, in relationships of the disease severity, required superior care and support from the health care group. To see these needs, there are requests for Apparatus such as intubation devices, thermometers, medications, etc., in addition to health care measures for instance suctioning secretions, catheterization, and other physical care. Participants well-known with fundamental infections, who should be taken care of additional rigorously, essential special care from the management operate. One of the participant revealed: for instance, patients with tracheae have difficulties in coughing ... they should be suctioned regularly, and alternatively, their lungs have insufficient purpose due to the coronavirus, and additional participant revealed: they want to be suctioned, those with catheters need supplementary care to avoid urinary tract infections. It is furthermore required to variation their situation every two hours.

### **Essential for nutritional therapy**

Statistics examination revealed that foremost significant requirements of COVID-19 patients was paying care to their nutritional requirements. The participants' involvements presented that these patients mature anorexia due to anxiety, stress, dyspnea, and coughing. In view of the environment of the disease, they need to have a skilled immune system and consequently a rich diet and counseling with nutritionists. One participant stated: their nutrition is really significant and should be rich and another participant, raising to patients' dehydration, said; I see that dehydration agonizes these patients.

### **Orientation**

Investigation of the participants' involvements presented that COVID-19 patients should developed aware with the hospital situation and fully learned of their disorder within early hours of entrance to the ward. Meanwhile nurses' caring clothes are unaware to the patients, they must convert familiar by writing nurses' names or posting their photos. Statistics presented that publicizing patients with the hospital situation and solely clarifying the meaning of medical equipment can boost them to monitor beneficial directions. Participants renowned that fear was a main difficulty to treatment, but patients who were familiar with the environment and equipment had a good submission with the guidelines.

### **Necessity for isolating of critically ill patients**

Statistics investigation showed that being viewed to the death or irritating disorder of others would source fear and anxiety and disrupt other patients' hemodynamic position. The involvement of the participants specified that analytically ill patients should be disconnected from the patients with a moderate-severe disease. One of the participants clarified his experience regarding the opposing things of one patient's death on others' essence: when one of the patients finished, others were scared rational that they would be the next sighted the death of another patient, some patients qualified the variation of blood pressure or a drop in blood sugar.

### **Need for upgrading of information**

Statistics investigation presented that maximum COVID-19 patients were uninformed of the disease's measurements and did not follow the values of disease avoidance. This group was separated into two subcategories: the compulsion for educating consciousness and fighting superstition and institutionalizing disease-prevention values.

### **Necessity for improving awareness and fighting superstition**

Examining the statistics suggested that people have inadequate information about the COVID-19 disease, and in some circumstances, they have deceptive and one way or another irrational beliefs. The participants noted that the patients may suspension mentioning to hospitals due to the absence of alertness and a fear of the disease. One of the participants mentioned a patient: is it accurate if one is diseased by the virus, they insert a drug to kill him, these delusion theories exist between some people.

### **Need for improving of social support**

Humans are community presences and attentive to be in a communal and interconnect with others. Statistics examination displayed that in order to deliver maintenance for COVID-19 patients, unusual helpfulness is mandatory with esteem to community

provision so that the patients feel less homesick and lonely during this period.

### Provision of familial communications

On the basis of statistics examination, one of the patients' difficulties was the absence of domestic provision. The patients desirable to interconnect with their families and relatives during isolation and hospitalization. The participants verified that phone or video communications of the patients with their family members created a psychological peace for them and positively affected their recovery process. One of the participants said, they need so much psychological support... for example, an old mother felt very well as soon as she saw her son from a distance. Referring to the patients' reluctance to treatments Provision of personal accessories.

An investigation on the participants' involvements exposed that COVID-19 patients would like to use their particular properties throughout hospitalization. Nurses noted that so long as them with their personal belongings could principal to emotional and mental tranquil. One of the participants said, we had a patient that said she would like to beverage tea with her own flask. while she was very anxious and particular and had sleep problems at the nights before when I brought him the container, she hardly drank a half cup of tea, felt calm, and slept all the night.

### Need for spiritual care

The data analysis showed that one of the patients' needs was to pay attention to their spiritual needs. The participants' experiences showed that listening to prayers gave the patients mental peace and a pleasant feeling. Also, the participants recalled that the patients were influenced by verses from the Holy Quran and prayed for themselves and other patients. One of the members said near the requirement of giving consideration to the patients' divine dimension: patients were asking us to pray for them. Sometimes, we were requesting together.

## DISCUSSION

Present hypothesis was showed to discover nurses' observation of helpful requirements of the patients with COVID-19. Statistics investigation displayed that COVID-19 patients were expressively, bodily, informally, economically, and mentally exaggerated by the disease. Consequently, they should be systematically maintained by medical staff and additional secondary organizations. In the existing study, the fear of death was described to be a demanding and annoying reason for the patients. Fear can main to behavioral disorders and simple emotional reactions including recklessness [5].

It has been projected that the suicide rate due to the fear of COVID-19 will outpouring the next year, and because of this, an interventional plan has been

applied in the kingdom of Saudi Arabia. The fear of loss not only forecasts COVID-19 anxiety but also theaters a fundamental part in diverse mental health circumstances. So, it has been noted that mental health sequencers must emphasis on right addressing death anxiety in these patients. It seems that cognitive behavioral therapy can decrease death anxiety, and it is optional that this approach be considered for COVID-19 patients. Additional investigation is vital to control whether or not behavior for death anxiety progresses long-term consequences and avoids extra sicknesses in susceptible people [7].

In present hypothesis, outcomes exposed that COVID-19 patients were worried about society's opinion on them and be scared of being publicly prohibited. In fact, being disallowed by people and the social disgrace has been described amongst main worries of patients throughout epidemics, chiefly in the case of COVID-19 pandemic. For the period of outburst of the novel coronavirus, lockdown and communicational restrictions were employed by the assistance of military forces in most countries across the globe. This singularity can support the impress of social disgrace and aggravate social inequalities. The ability of social compatibility actually presents itself during an epidemic. Improving awareness, stopping fake evidence, and effecting community parity procedures are between the actions that can be cooperative to decrease social disgrace.

Indulgent the detail that individuals who die of COVID-19 are suppressed deprived of official memorials aggravates the anxiety and fear of the disease. These findings clearly highlight the needs of COVID-19 patients for emotional interferences which should be taken extremely and combined in hospitals' beneficial procedures. In this respect, the conclusions of additional trainings designate that meeting on the etiology and epidemiological appearances of the sickness in community systems commonly worsens the public concerns and changes their knowledge and attitude toward COVID-19.

The current research presented that prevention was a chief problematic in COVID-19 patients, and the fact that they wanted demonstrative sustenance as a main condition. This finding was consistent with the evidence showing a surge in fear and anxiety during diseases' outbreaks. Lee *et al.*, (2020) found that people with anxiety and stress were more likely to experience frustration, mental crisis, suicidal ideation, and alcohol and substance abuse [9].

Due to the reputation of sensitive needs and the outcomes of psychological despair, it is suggested to not only focus on experimental symptoms, but also study emotional psychotherapy and broadcast packages to identify the patients who are at the early stages of anxiety and despair<sup>3</sup>. In this study, the findings showed



that COVID-19 patients needed to receive high-quality health services. It was found that the patients also had special care needs such as suctioning pulmonary secretions, frequent checking on vital signs, and ventilation. Patients with COVID-19 represent symptoms such as cough, dyspnea, fever, sore throat, and sometimes other nonspecific presentations; nevertheless, only 5% of these patients will require ventilation. In patients with severe symptoms, in addition to ventilation, monitoring and maintaining the function of several vital organs such as the heart and kidneys, as well as extremities (legs and fingers) are very important. Actually, patient-specific medical decisions and interventions are necessary in these scenarios.

According to the outcomes of this hypothesis, other investigators have also highlighted on endorsing and observing the excellence of intensive care and the systematic informing of health care procedures for these patients. Definitions in this hypothesis presented that the patients with COVID-19 may advance anorexia nervosa due to the fear and anxiety of the disease. Consequently, there is a serious essential for forfeiting care to the alimentary position of these patients.

Significance of this opinion has been recapped in numerous educations. Inadequate diet can decline the immune system, endorse prolonged inflammation, and to conclude interrupt the host's protection contrary to viruses. COVID-19-induced infection and nervous dysfunction may decline and development to long-term significances such as dementia and neurological diseases in those with unhealthy nourishments. Over and above given that a vigorous food for these patients, enlightening the community should also be one of the foremost significances of health organizations to reassure characters to occupation strong consumption behaviors and indicate suitable treatments to avoid COVID-19 long-term side effects [6].

Corresponding to the conclusions of the present study, additional boom displayed that anxiety and a feeling of loneliness, as main significances of COVID-19, reassured subsequently cooperative with friends and family members through community media. Outcomes of additional research similarly presented that social maintenance is an imperative issue in dropping stress during occurrences. The COVID-19 has manifold unidentified proportions, and contemporary research, we observed an speedy need for increasing the patients' consciousness of the disease [11].

Besides insufficient information, inadequate observations around the disease are between the problems that we should be meeting on. In time, misrepresentation about some features of the disease has been prominent as an opinion of apprehension in other research. Indeed, half-truth on the coronavirus occurrence has converted a global emergency in a way

that the admiration of unproven evidence causes has exceeded that of the World Health Organization and the Middles for Disease Control [9].

This occurrence can incline to psychosocial illnesses, and consequently it is critical to rise the public health knowledge, observer social media, and start community health administrations in community systems to produce clearness and improvement self-confidence in administrations and non- governmental interventions. Our results displayed that one of COVID-19 patients' needs was pleasing into explanation their nonphysical proportions [10].

Nonphysical care can successfully decrease stress and augment the outlooks of wellness and truthfulness, as well as relational connections among patients. It gives the impression that mystical care is major disappeared items of caring procedures for these patients. As these databases can be actual cooperative, it is suggested to use a side of psychologists and spiritual authorities in instruction to offer a broad care for these patients. The psychological predicament of hospitalized COVID-19 patients with monetary issues was additional discovery of the current research [1].

Summary economic trades and monetary happenings, weakened manufacture of constructors, and declines in tourism, food, education, and oil productions are predictable during pandemics. A decline in personnel is alternative chief significance amongst the original coronavirus occurrence, rising anxieties about a global economic emergency [7-9].

## CONCLUSION

The purpose of this hypothesis was to discover nurses' awareness round the care requirements of COVID-19 patients. Statistics disclosed that these patients were expressively, bodily, publicly, carefully, and spiritually affected by the disease, the important for a complete care by medical staff and additional secondary organizations. Issues for instance death anxiety, taboo disease, frustration, and social isolation effect stress and anxiety in the patients, which can be determined by unbroken emotional analysis and as long as physical care during the disease's development from the conclusion of symptoms to a few days after recovery.

Corona virus patients knowledge numerous bodily symptoms such as soreness, pyrexia, dyspnea, and cardiovascular and nutritional difficulties, etc. which all essential to be addressed by medical teams. The absence of information about the numerous scopes of the disease, delusion beliefs, and little agreement with protective methods specify an crucial requisite for humanizing the free knowledge about the disease.

In view of the financial difficulties and the subsequent universal decline, administrations alongside with nongovernmental organizations (NGOs) and donations should classify poor and helpless patients and attempt to decrease their complications.

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