

The Role of Nurses in Giving Nursing Care to Covid Patients

Febrina Herianto*

Department of health science, Universitas Aufa Royhan, Padangsidempuan, Indonesia

Abstract

Objective: The goal was to depict Nurse's involvement with giving nursing care to Coronavirus patients.

Method: Phenomenology configuration was utilized in this review. Members in this study were attendants who gave nursing care to COVID-19 patients. Member information were gotten from the nursing office and reached through PDA to become members. After information immersion the analyst tracked down six medical caretakers as members. Top to bottom meetings were led from July to August 2020 to investigate the encounters of attendants giving nursing care to Covid-19 patients. Information was examined utilizing the Colaizzi strategy.

Result: We found five subjects of medical attendants giving nursing care to Covid-19 patients. The subjects incorporate the Motivation of medical attendants to give nursing care during the COVID-19 pandemic, the attendant close to home reaction, the patient profound reaction, the issues looked by COVID-19 attendants, and the assumptions for the medical caretakers.

Conclusion: Medical attendants need support while giving nursing care to Covid-19 patients to break Covid-19 transmission.

Introduction

Beginning from the stage when the Global Pandemic COVID-19 flare-up entered Indonesia, Nurse is a calling that should do its proficient commitments to be at the forefront of handling this infection in nursing care. At the point when most laborers take care of business at home, one of the wellbeing laborers who actually need to work and keep on serving is a medical attendant.

The nursing calling during the COVID-19 pandemic was tested to give proficient nursing care the gamble of contracting and, surprisingly, becoming survivors of COVID-19. The obligation of a medical caretaker in the COVID-19 pandemic is to meet the fundamental necessities of patients and give training so patients can go to preventive lengths in case of a comparable case[1]. Albeit the chain of transmission has not been broken, attendants should keep on completing their obligations by giving nursing care to tainted patients. During a pandemic, nurture along with their friends need to conclude how much consideration they can provide for others as well as focusing on themselves [2].

Medical caretakers at clinics who treat COVID-19 patients are confronted with two decisions, specifically proceeding to work by maintaining amazing skill or focusing on private and family security. Attendants play a vital part in giving promotive, preventive [3], and nursing care administrations in the COVID-19 pandemic. Medical attendants who are as of now engaged with the consideration of COVID-19 patients in all clinics all over the planet have forfeited individual and family interests. Medical caretakers have forfeited wellbeing and face the danger of getting an infection that could end in death. The reason for this study is to depict Nurse's involvement with giving nursing care to Coronavirus patients.

Methods

This research uses a qualitative study with a phenomenology design. This design was chosen so that participants' experiences could be explored more easily so that the description of the nurses witness during giving nursing care to Covid- 19 patients could be easily illustrated[4]. This system is veritably applicable to be used to explore the phenomenon of nurse experience because each nurse has his own experience in giving nursing care. The study was conducted

in the indigenous sanitarium in Padangsidempuan city. Because the hospital became referral sanitarium for Covid- 19 cases from several surrounding places of South Tapanuli Area. The study began in June September 2020; data collection was conducted in July to August 2020. The number of participants in this study was 6 participants. Participants were taken using purposive sampling with addition criteria willing to be a party [5], come covid- 19 nurses and giving nursing care to Covid-19 cases. Actors in this study have agreed to provide information and have been kept confidential by the experimenter by not including the participant's name.

Data collection used in- depth interviews conducted by experimenters with duration of 50 – 60 min by telephone to record interviews [6]. The interview was carried out several times to obtain data saturation. Data collection tools in this study were demographic data questionnaires, interview guidelines, and mobile phones. The interview companion consisted of 5 open- concluded questions such as motivation to come a Covid- 19 nurse, nurse emotional response [7], problems faced by nursers when furnishing nursing care, benefits of being a nurse during the Covid- 19 pandemic, and nurse expectation [8].

Qualitative data analysis using the Colaizzi model with stages ranging from reading all the contents of the interview, relating significant statements, formulating meaning, clustering themes; developing an total description, producing the fundamental structure, and seeking verification of the abecedarian structure.2 Ethical blessing

*Corresponding author: Febrina Herianto, Department of health science, Universitas Aufa Royhan, Padangsidempuan, Indonesia, E-mail: febrinaher@gmail.com

Received: 2-Aug-2022, Manuscript No: JCPHN-22-72232, **Editor assigned:** 4-Aug-2022, Pre QC No: JCPHN-22-72232 (PQ), **Reviewed:** 19-Aug-2022, QC No: JCPHN-22-72232, **Revised:** 25-Aug-2022, Manuscript No: JCPHN-22-72232 (R), **Published:** 31-Aug-2022, DOI: 10.4172/2471-9846.1000358

Citation: Herianto F (2022) The Role of Nurses in Giving Nursing Care to Covid Patients. J Comm Pub Health Nursing, 8: 358.

Copyright: © 2022 Herianto F. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

was approved by the Universitas Prima Indonesia Health Research Ethics Commission(064/ KEPK/ UNPRI/ III/ 2021). The limitation in this exploration is that triangulation of sources, methods and theories aren't done.

Discussion

The study set up that the obligation of nurses to give nursing care to cases was a provocation to treat Covid- 19 cases. Nurses didn't regret choosing nursing as a profession. They had the motivation to treat COVID- 19 cases and were obliged to help people who need care. nurses also gained experience in furnishing nursing care to Covid- 19 cases.

Negative feelings similar as the feeling of fear of constricting COVID- 19 from cases are endured by nursers when furnishing nursing care during the COVID- 19 epidemic. Health workers experience fear, especially at the increased risk of exposure, infection and the possibility of infecting their loved bones also becomes a burden. Numerous health workers have had to insulate themselves from their family and closest people indeed though they do n't have COVID- 19. The study set up that nurses who worked in furnishing nursing care to patients during the COVID- 19 pandemic were stigmatized by society. People were afraid of getting infected from nurses who treat patients infected with COVID- 19.

The study set up that nurses were happy to be suitable to give nursing care to COVID- 19 cases. Nurses have positive emotions similar as happiness, which contemporaneously or gradually appear with negative feelings during an outbreak.⁷ Support from hospitals and cases makes nursers enthusiastic and responsible for treating COVID- 19 cases [9]. Collective respect, cooperation, family and platoon support bring happiness. The sanitarium had a price and welfare system to support and motivate nursers. Associates' stimulant also brings happiness to nurses and other forms of social support are important for nurses' feelings of appreciation.

The study found that patients were happy while entering treatment in the insulation room. Nurses give support and provocation to cases so they aren't stressed during treatment and treat patients like family. With the provocation and support of nursers will have a positive impact on the patient so that the patient isn't sad about his situation? The feeling of pleasure will produce a good relationship between nursers and cases, so that patients will be collaborative when entering nursing care. Before patients go home, COVID- 19 nurses also always give health education related to precluding COVID- 19 transmission.

Negative responses are also felt by patients, occasionally cry and always look sad and don't accept the complaint they're suffering from. In fact, occasionally patients refuse to be given nursing care by nurses even though nurses always provide support to patients so that patients are willing to accept the reality of their illness.

The stress experienced by cases is caused by various things, similar as cases thinking that COVID- 19 is a deadly disease so that cases always feel sad, especially when cases are treated in insulation apartments without any coexisting family. The actuality of stigma has also aggravated the stress position of Covid- 19 patients and this is also experienced by patients who have been treated in the COVID- 19 isolation room.

Nurses who wear particular Defensive outfit (PPE) similar as wearing hazmat suits when furnishing nursing care feel uncomfortable, similar as difficulty breathing, passing inordinate sweating and always feeling thirsty. When the nanny is wearing the hazmat suit the

nurse cannot open the PPE before completing her task. So that the introductory requirements of nurses occasionally cannot be met while wearing hazmat suits. As stated by one of the nurses who worked at the hospital, wearing hazmat suits felt hot and sweaty and had difficulty breathing caused by the long use of hazmat.

The problem faced by nurses in furnishing nursing care was that patients and families don't comply with health protocols. This finding is in line with other studies which state that the public doesn't comply with the government's appeal about the troubles of COVID- 19 and the public considers that COVID- 19 was just an ordinary contagion. [10] Lack of mindfulness from the community itself regarding the significance of using particular defensive outfit for the prevention of COVID- 19. The government's Covid- 19 task force unit is decreasingly aggressive in breaking the chain of transmission of COVID- 19, so that people are apprehensive of following health protocols.

The study found that being a COVID- 19 nurse, all nurses felt like family, because while providing nursing care, nurses had to stay in the hospital, therefore making fellow COVID- 19 nurses closer and feeling like they had a new family. In addition, nurses also feel very excited to provide nursing care to patients and a sense of empathy for patients is adding.

After giving nursing care to COVID- 19 patients, nurses hope that the public will comply with the health protocols set by the government so that the incidence of COVID- 19 doesn't increase. In addition, the nurse also hopes that society will eliminate the stigma against patients and nurses, so that patients and nurses can live their lives as usual without demarcation from the community. Because with the COVID- 19 epidemic, nurses' anxiety and depression situations have increased.¹⁰ The nurses hope that there will be incentives handed by hospitals and original governments for their duties to give nursing care during the COVID- 19 pandemic

The conclusions in this study give substantiation of how nurses experience while furnishing nursing care to cases infected with COVID- 19. Nurses experience significant particular risk and emotional burden and nurses present a strong dedication to continuing to watch for sick cases and don't lament working as nursers. Still, nurses need support from various parties so that they can have strong provocation while providing nursing care to help break the chain of transmission of COVID- 19.

Acknowledgement

None

Conflict of Interest

The authors declare no conflict of interest.

References

1. Cervera-Gasch Á, González-Chordá VM, Mena-Tudela D (2020) COVID-19: are Spanish medicine and nursing students prepared. *Nurse Educ Today* 92: 1–3.
2. Cocchiara R, Peruzzo M, Mannocci A, Ottolenghi L, Villari P, et al. (2019)The use of yoga to manage stress and burnout in healthcare workers: a systematic review. *J Clin Med* 8: 284.
3. Duchscher JEB (2009) Transition shock: the initial stage of role adaptation for newly graduated registered nurses. *J Adv Nurs* 65: 1103–1113.
4. Galvin J, Richards G, Smith AP(2020) A longitudinal cohort study investigating inadequate preparation and death and dying in nursing students: implications for the aftermath of the COVID-19 pandemic. *Front Psychol* 4: 1-5.
5. Gea-Caballero V, Castro-Sánchez E, Díaz-Herrera MÁ, Sarabia-Cobo C, Juárez-Vela R, et al. (2019) Motivations, beliefs, and expectations of Spanish

-
- nurses planning migration for economic reasons: a cross-sectional, web-based survey. *J Nurs Scholarsh* 51: 178–186.
6. Elizabeth M Q, Louise Gallagher, Jan de Vries (2019) A qualitative exploration of Breastfeeding Support Groups in Ireland from the women's perspectives. *Midwifery* 78: 71-77.
 7. Tom Farrelly, Sinéad Flaherty, Hannah Healy (2019) The challenges to public health nurse practice in rural Ireland. *Public Health Nur* 36: 341-347.
 8. Sheila Heery, Irene Gibson, Denise Dunne, Gerard Flaherty (2019) The role of public health nurses in risk factor modification within a high-risk cardiovascular disease population in Ireland – a qualitative analysis. *Eur J Cardiovasc Nurs* 18: 584–592.
 9. Gittelsohn J, Steckler A, Johnson CC, Pratt C, Grieser M, et al. (2006) Formative research in school and community-based health programs and studies: "State of the Art" and the TAAG approach. *Health Education & Behavior* 33: 25–39.
 10. Gittelsohn J, Roache C, Kratzmann M, Reid R, Ogina J, et al. (2010) Participatory research for chronic disease prevention in Inuit communities. *Am J Health Behav* 34: 453-464.