ORIGINAL ARTICLE

# The experience of nurses in providing holistic nursing care for COVID-19 patients at Banyuwangi Hospital

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## ABSTRACT

**Introduction:** COVID-19 is a new virus that was discovered at the end of December 2019 and has marked a global pandemic around the world. Not only has a high-risk infection, nurses as health workers who have the most contact with COVID-19 patients are also at risk of experiencing physical and emotional stress. Anxiety and nurses' fear about the risk of contracting the COVID-19 virus can lead to unprofessional attitudes and behavior of nurses in providing holistic nursing care to the patients. This study aimed to explore the experience of nurses in providing holistic nursing care to COVID-19 patients.

**Methods:** This research used phenomenological qualitative research. Data collection was done by in-depth interview. The participants in this study were 7 nurses who served in the isolation room of Blambangan Hospital, Banyuwangi. Purposive sampling method was used to select participants according to the inclusion criteria. Descriptions of nurses' experiences were analyzed using the Colaizzi approach.

**Results:** The study result revealed 6 themes; changes in the emotional status of nurses while caring for COVID-19, social stigma against COVID-19 nurses, support during caring for COVID-19 patients, expectations during caring for COVID-19, challenges during caring for COVID-19 patients, and fulfillment holistic nursing care for COVID-19 patients.

**Conclusions:** The nurses' experience in treating COVID-19 patients showed that when caring for patients, they have to go through ups and downs. This research was expected to improve nursing services, prepare nurses to adapt to the growing pandemic, and as a reference for further research related to the experience of nurses in treating COVID-19 patients.

**Keywords:** COVID-19, holistic nursing care, nurse experience

## Introduction

At the beginning of 2020, the world was shocked by the presence of a new virus, namely a new type of coronavirus (SARS-CoV-2), the disease is called Coronavirus disease 2019 (COVID-19). This virus was first reported to have originated from Wuhan, China by the end of December 2019. On February 12, 2020, WHO named the disease Coronavirus 2019 (COVID-19) which is the seventh type known in man. SARS-CoV-2 is classified in the Beta coronavirus genus. Coronaviruses are defined as family viruses that are transmitted between humans and animals (zoonosis) and can cause mild to severe symptoms. As happened in the past, there are two types of coronaviruses that have been identified to cause pathological effects in humans, these include Severe Acute Respiratory Syndrome (SARS-CoV) and Middle East Respiratory Syndrome (MERSCoV) (Moudy & Syakurah, 2020). The results of a preliminary study conducted on October 24, 2021 on five nurses using the interview method at the Blambangan Hospital,

Banyuwangi, showed four people stated that they had confirmed COVID-19. When they found out they were very shocked, worried that it would get worse, they were also afraid of infecting their family members, and they felt burdened with the stigma of friends and the surrounding community. Meanwhile the other person said he had never been confirmed as having COVID-19.

According to world COVID-19 data as of October 26, 2021, there were 243,857,028 confirmed cases of COVID-19, including 4,953,246 deaths, reported. Meanwhile, in Indonesia from January 3, 2020, to October 26, 2021, there have been 4,241,090 confirmed cases of COVID-19 with 143,270 deaths reported. As the front line in dealing with the COVID-19 pandemic, nurses are one of the professions that are at very high risk of contracting COVID-19. The International Council of Nurses (ICN) stated that as many as 90,000 health workers have been infected with COVID-19 and more than 260 nurses have died (ICN, 2021). The death rate of health workers due to infection with the COVID-19 virus in Indonesia is the highest among countries in Southeast Asia (Pusparisa, 2020). Meanwhile, the results of a study of 4679 doctors and 348 hospital nurses during the COVID-19 pandemic showed 15.9% psychological distress, 16.0% anxiety symptoms and 34.6% depression symptoms (Liu, Z. et al., 2020). The results of the study stated that COVID-19 caused a psychosocial impact of anxiety on nurses, namely 154 respondents (34.00%) experienced mild anxiety, 16 respondents (3.53%) experienced moderate anxiety and two respondents (0.44%) experienced severe anxiety (Cui et al., 2021).

Nursing personnel are one of the healthcare workers who interact with patients the most often compared to other components of health workers (Romadhoni & Widowati, 2017). Medical personnel such as nurses are in the top position in the types of work that are most often exposed to diseases and infections such as the risk of facing an exposure to COVID-19 (Tiasari, 2020). The high risk, according to Ehrlich, McKenney, and Elkbuli (2021), is caused by the length of interaction with patients and the large number of patients causing an increase in the number of viruses around them; these factors are exacerbated by the lack of the personal protective equipment (PPE) and lack of knowledge related to the use of the PPE. During the COVID-19 pandemic nurses sacrificed themselves to actively participate in services against the pandemic. Facing this situation results in higher stress levels experienced by nurses, so they are at the risk of experiencing a burnout (Sun et al., 2020). The fear of contracting COVID-19 is a trigger for psychological problems, anxiety, and depression, which is very detrimental to health workers and can have an adverse effect on the quality of care. They must overcome the anxiety so that they can treat patients according to the established care process (Wang et al., 2020).

The phenomena of anxiety, depression, workload, and worrying about being infected by patients make nurses not optimal in providing holistic nursing care to COVID-19 patients. In this case, nurses in particular have an important role in the readiness to handle COVID-19 patients (Li et al., 2020). One way to improve the quality of nursing services is supported by the development of nursing theories, namely by applying the caring theory by Swanson. The experience of nurses can be seen in aspects of knowledge, motivation, and psychological conditions. Efforts should be made to reduce the distribution and role of nurses in providing nursing care. These aspects can be influenced by the caring behavior of nurses such as the center of attention on people, respect for self-esteem and humanity, presence, empathy, nurse motivation to be able to care more for clients and be able to take actions according to client needs (Dwiyanti et al., 2015).

In general, discussions related to nursing care for COVID-19 patients are still in the form of quantitative research that focuses more on disease prevalence (Hui et al., 2020), clinical characteristics, diagnosis, and treatment (Huang & Zhao, 2020). The holistic approach of nursing includes interventions that focus on the patient's response that heal the whole person and promote balance; therapy includes biological, psychological, social, and spiritual Therefore, researchers are interested in exploring the experience of nurses in providing holistic nursing care to COVID-19 patients at the Banyuwangi Hospital.

## Materials and Methods.

### Research Design

This research used a qualitative design with a phenomenological approach. This design was chosen so that participants' experiences can be explored to be more revealed so that the picture of nurses' experiences in caring for COVID-19 patients can be depicted in a real way. The research method with a phenomenological approach is to explore perceptions, life experiences and understanding the essence of an individual's life. This method is appropriate to use to explore the phenomenon of nurses in treating COVID-19 patients because each nurse has their own perception of their life experiences according to their views on themselves.

With this method, it was hoped that various themes can be generated about the experience of nurses in treating COVID-19 patients.

*Participant*

This research was conducted in Banyuwangi Hospital from November 2021 until January 2022. The number of participants in qualitative research should be based on information needs. Therefore, the principle in sampling is data saturation, namely sampling to a point of saturation where no new information is obtained and redundancy is achieved (Polit, 2018). The population in this study was 32 nurses at the Blambangan Hospital, Banyuwangi who had treated COVID-19 patients. The criteria for participants were willing to be a participant and nurses who have experience working to treat COVID-19 patients for more than five months. The sampling technique used in this study used a purposive sampling technique. This resulted in seven participants.

*Research Instrument*

The tools used in the study as data collection instruments were demographic data questionnaires, interview guides, field notes, and voice recorders. Researchers conducted in-depth interviews to explore or explore in depth the experiences of nurses in treating COVID-19 patients. Researchers used questionnaires using participant demographic data which included initials, age of participants, gender of participants, and length of work. In addition, the researcher also used an interview guide during the data collection process. The interview guide contains questions based on Swanson's caring theory and consists of: physiological attitude toward others (in general) and to the patient being treated (specifically); show a caring attitude, and provide motivation to recover from COVID-19; patients informed understanding of the clinical condition (in general) and the situation and client (in specific; nurses seek in-depth information regarding information and disease history; message conveyed to client; fully present, providing support, comfort, and monitoring to COVID-19 patients; therapeutic actions; perform nursing actions according to established ethics and procedures, demonstrate professional skills, and protect patient rights; validate every action that has been taken, provide information to improve the health of patients and families of COVID-19 patients. Holistic care includes biological, psychological, social, spiritual. Interview guides are made based on theoretical foundations that are relevant to the problems to be explored in the research. The interview guide is in-depth, begins with open-ended questions, and is not rigid. Questions can

Table. 1 The Theme Extraction

| **Theme 1: Changes in the emotional status of nurses while caring for COVID-19 patients** |
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| Sub-Theme: |
| 1. Feeling sad when the patients die |
| 2. Feeling happy caring for patients until they recover |
| 3. Feeling of fear and stress |
| **Theme 2: Social stigma against COVID-19 nurses** |
| Sub-Theme: |
| 1. Avoided and shunned by colleagues |
| 2. Expelled and ostracized by society |
| **Theme 3: Support while treating COVID-19 patients** |
| Sub-Theme: |
| 1. Support from hospital management |
| 2. Support from family |
| 3. Support from the government |
| 4. Support from colleagues |
| **Theme 4: Hope while treating COVID-19 patients** |
| Sub-Theme: |
| 1. Hope the pandemic ends |
| 2. Expectations of nurses' welfare |
| 3. Hope for the welfare od society |
| **Theme 5: Social stigma against COVID-19 nurses** |
| Sub-Theme: |
| 1. Difficulty acting and using PPE |
| 2. Dealing with uncooperative patients and families |
| 3. Difficulty performing actions with less amount of energy |
| **Theme 6: Fulfillment of holistic nursing care for COVID-19 patients** |
| Sub-Theme: |
| 1. Meeting the biological needs of COVID-19 patients |
| 2. Meeting the psychological needs of COVID-19 patients |
| 3. Meeting the social needs of COVID-19 patients |
| 4. Meeting the spiritual needs of COVID-19 patients |

develop according to the ongoing process during the interview without leaving the theoretical foundation that has been established. The interview guide was made to make it easier for researchers so that the interviews were directed and in accordance with the research objectives. In addition, interview guides were used to remind researchers of the main issues discussed. The questions asked were related to the experience of nurses in treating COVID-19 patients. The interview guide has been tested for content validity by an expert. The purpose of this step is to assess the relevance of each item to the desired measure. The interview guides were: 1. Tell us about your current experience carrying out patient assessments for COVID-19 2. How do you prepare when doing assessment to the patient? 3. How do you build good therapeutic communication to a COVID-19 patient? 4. How often do you take the time to communicate with COVID-19 patients? 5. How do you motivate patients to survive the conditions they suffer from COVID-19? 6. Do you help COVID-19 patients in carrying out their prayers? 7. What are the problems when using PPE when treating COVID-19 patients?

Field notes are used by researchers to collect field note data, which comprise a written record of what is heard, seen, experienced, thoughts in the context of collecting data and reflecting on data in qualitative research in the form of documentation of non-verbal

responses during the interview process. The researcher also used a voice recorder to record conversations during the interview, then the results of the interview were typed in the form of a transcript.

*Data collection*

Data collection in this study used an in-depth interview method with a duration of 30-60 minutes. Data collection was done through direct interviews. This research used in-depth interview guide to be submitted to participants. The in-depth interview method used an interview guide that contains questions to be asked to participants. This could make it easier for researchers to conduct interviews, collect information, data, and then depend on improvisation when at the research location. The researcher gave freedom to the participants to express their experiences with the questions asked during the interview process so that the data obtained naturally matched the experiences of the participants. Participants in the study amounted to seven nurses who met the research criteria, namely being willing to be participants, having experience working caring for COVID-19 patients >5 months, not experiencing communication disorders.

*Data analysis*

The descriptive Colaizzi method was used to analyze the obtained data. This method consists of seven steps, as follows: (1) collecting the participants' descriptions; (2) understanding the depth of the meanings; (3) extracting the important sentences; (4) conceptualizing important themes;(5) categorizing the concepts and topics; (6) constructing comprehensive descriptions of the issues examined; and (7) validating the data following the four criteria set out by Lincoln and Guba: known as credibility, dependability, confirmability, and transferability.

*Ethical consideration*

This research has gone through an ethical test conducted at the health research ethics commission of the Banyuwangi Institute of Health Science permission to research, number 041/01/KEPK-STIKESBWI/II/2022. All participants signed informed consent. The authors promise that there will be no academic misconduct such as plagiarism, data fabrication, falsification, and repeated publication.

## Results

The data obtained showed that generally there were six participants aged 27-36 years (90%) and one person aged 49 years (10%), the gender of the overall participants was one woman (10%) and six men (90%); the participant's position as deputy head of the room was one person (10%): due to a shortage of personnel in the COVID-19 isolation room at Banyuwangi Hospital, the deputy head of the room participated in treating COVID-19 patients. PJ shift was as many as one person (50%) and implementing nurses as many as five people (40%), generally the length of work of participants is 18-24 months as many as seven people (100%), generally the length of working hours/ day of participants is 7-10 hours as many as seven people (100%), and the training that has been attended by all participants is the use of PPE and the relocation of bodies as many as seven people (100%), while for the BTCLS training there are four people, and for the ICU/ICCU training there are three people. The demographic data of the participants is shown in detail in the form of a frequency distribution table. Result should be presented continuously start from main result until supporting results. Unit of measurement used should follow the prevailing international system. It also allowed to present diagram, table, picture, and graphic followed by narration of them.

The results of this study were analyzed according to the Colaizzi method and found six themes, namely: (1) Changes in the emotional status of nurses while caring for COVID-19 patients; (2) Social stigma against COVID-19 nurses; (3) Support while caring for COVID-19 patients; (4) Expectations while treating COVID-19 patients; (5) Challenges while treating COVID-19; (6) Fulfillment of holistic nursing care for COVID-19 patients. These themes will be discussed in detail to interpret the experience of nurses in caring for COVID-19 patients.

### Theme 1: Changes in the emotional status of nurses while caring for COVID-19 patients

Changes in the emotional status of nurses while treating COVID-19 are feelings experienced by nurses when they are happy about something, angry with someone, or afraid of something while caring for a COVID-19 patient. This is illustrated by the sub-themes, namely: 1) feelings of sadness when the patient dies; 2) feelings of happiness in caring for patients until they recover; 3) feelings of fear and stress. Each sub-theme will be explained as follows:

#### Feeling sad when patient dies

The nurse's sadness when she saw the patient, she was caring for died. This statement corresponds to the following expressions:

*"Of course, there are feelings of sadness and happiness. For the sad feeling is when many of the patients we care must die. When the number of COVID is high, every day I see patients who die. So, we as nurses feel sad when we see it."* (P1)

*"We feel sad for failing to treat patients."* (P4)

*"Sometimes we also feel sad when a patient who dies is not accompanied by his family, so we have to carry out the relocation of the corpse."* (P6)

*"Sad moment when the patient goes home not accompanied by his family, especially the patient who died. And the handling of the corpse is quite complicated, such as having to use a coffin, the corpse can't be outside for too long, it can't be family. This makes for an unspeakable experience."* (P7)

### Feelings of happiness that they can take care of patients until they recover

The happiest thing for nurses is when they see patients being treated can recover from COVID-19 and can reunite with their families; it is a happiness that exceeds anything for nurses. This statement corresponds to the following expressions:

*"The happy experience is that many patients recover, the patients we take home recover, the patients who come with shortness of breath recover, of course we are happy."* (P1)

*"Very grateful when the patient recovers. Because what I do with other friends and doctors is not in vain, everyone works in unison and helps each other."* (P2)

*"When a patient recovered, we were very proud and moved to tears, the patient said goodbye by waving."* (P4)

*"Then the other happy person is when the patient we have treated is declared negative, it is a special happiness that cannot be expressed in anything."* (P6)

### Feelings of fear and stress

Fear and stress while treating COVID-19 patients are experienced by nurses who must serve patients, because nurses are the front-line troops in handling the fight against COVID-19. This statement corresponds to the following expressions:

*"Of course, personally, I am afraid, afraid of transmitting the COVID virus to the family at home. Even though we are afraid, we still carry out our obligations as health workers."* (P1)

*"Feeling stressed because we can't see the outside world. It's just being locked up in an isolation room; the trials of life at this time sometimes we can think for ourselves, if later we will be more stressed. Sometimes we try to strengthen ourselves while praying so that God will continue to be given health."* (P6)

*"At the beginning of the COVID case, I was afraid because many died. And many nurses abroad and at home are also infected. So I feel afraid that later I will be infected with the virus, from there many doubts arise in me."* (P7)

### Theme 2: Social stigma against COVID-19 nurses

Social stigma against COVID-19 nurses is a negative view between a person, a group of people who share characteristics of nurses working in COVID-19 treatment rooms. The current COVID-19 pandemic is causing fear for some people. Feelings of fear can make a person stay alert but when the feeling of fear becomes excessive about COVID-19, it causes the emergence of social stigma against the person or place associated with the disease. This is illustrated by the sub-themes, namely: 1) being avoided and shunned by peers, and 2) being expelled and ostracized by the community.

### Avoided and shunned by colleagues

While treating COVID-19 patients, nurses are shunned by colleagues on duty from other treatment rooms. When you pass or meet a COVID-19 nurse, there are colleagues from other rooms who fix masks and even run away and stay away. This statement corresponds to the following expressions:

*"Other nurses avoided, they said you were taking care of COVID, bro. Indirectly, it offends them, they don't know our sacrifice while in the COVID isolation room."* (P3)

*"I have been shunned by colleagues. When I came with my friends to another room, they suddenly drifted away. One time when I am delivering food for the patient's diet, the door of the room was closed, and I was not allowed to enter the room. I had to give the patient's diet from outside. So, I was thought to be carrying the virus, and I felt a little offended when I was treated that way."* (P4)

### Expelled and ostracized by society

Nurses were evicted from their homes and even the families and children of nurses who treated COVID-19 patients were ostracized from their environment. This statement corresponds to the following expressions:

*"After finishing work from the hospital, there are some of us who stay at boarding house and the owner says just move from here, so they rent a house and gather in one house." (P1)*

*"My neighbor once asked, 'Are you a COVID nurse?' I said yes ma'am. So please don't stay here, poor people, instead of getting infected with the virus by you, you should go." (P5)*

### Theme 3: Support while treating COVID-19 patients

Support while caring for COVID-19 patients is encouragement, motivation given by a group of people who are close to the social environment of nurses while caring for COVID-19 patients. Support in the form of caring, respect and love. This is reflected in the sub-themes, namely: 1) support from hospital management, 2) support from family, 3) support from the government, and 4) support from colleagues.

### Support from hospital management

Hospital management support is such as providing facilities for COVID-19 nurses while on duty, namely housing for nurses, food and vitamins, providing attention and support and inquiring about the condition of nurses while on duty caring for COVID-19 patients. This statement corresponds to the following expressions:

*"The management team always supports us, for example they always provide additional supplements and vitamins for the health workers here, the hospital director also makes phone calls and video calls with nurses and talks and laughs together, it makes us happy and feel cared for." (P1)*

*"They always support us, 'Keep fighting ya', they always send the support by WA group. Then they ask, 'how are you? Are you still healthy? Don't forget to take care of your health according to the protocol…" (P3)*

*"A lot of support is facilities for patients. For the nurses themselves, almost 50% of us get help. We are grateful because we get two days off, so we have time to rest, there are also supplements for our health." (P6)*

### Support from family

Support from family is an effort given by the family and motivation from parents, husband/wife, and children if nurses treat COVID-19 patients. This statement corresponds to the following expressions:

*"Support from my husband, I have been married for 10 months ago, my husband supports me by going to the hospital. Sometimes he also leaves food for me". (P4)*

*"Parents are very supportive. When I feel very tired after coming home from work, a phone call with my parents has become an encouragement, I think support from parents is very important." (P1)*

*"Support from family, when I go home from work, my parents call and encourage us." (P6)*

### Support from the government

Support from the government is an award in the form of incentives to health workers who treat COVID-19 patients. Support from the government is urgently needed by health workers, especially nurses who oversee treating COVID-19 patients. This statement corresponds to the following expression:

*"We get incentives from the government and from the Ministry of Health. So that is one form of reward for the nurses' struggle while treating COVID." (P1)*

### Support from colleagues

Support from colleagues is the motivation given by friends who are on duty while treating COVID-19, a form of attention, enthusiasm and providing support while treating COVID-19 patients. This statement corresponds to the following expressions:

*"As a friend, we always support each other. If one of us is tired, we always say, 'we must be patient and strengthen each other'." (P3)*

*"From our colleagues we support each other. Because we also experience the same suffering, happy and sad together." (P6)*

### Theme 4: Expectations while treating COVID-19 patients

Hope while treating COVID-19 patients is a wish that bears fruit and will be obtained from an incident while treating such patients. Expectations of nurses while caring for COVID-19 patients based on sub-themes are: 1) hope for the end of the pandemic, 2) hope for the welfare of nurses, 3) hope for the community.

### Hope the pandemic ends

*That the pandemic will end soon is a nurse's wish and dream to be free from COVID-19. This statement corresponds to the following expressions:*

*"I hope this pandemic will pass quickly." (P3)*

*"I hope that COVID will end quickly, hopefully there won't be more patients." (P5)*

*"Hopefully this COVID will pass quickly, so that our country will recover again as before." (P6)*

### Expectations for the welfare of nurses

As a profession, nurses should get welfare in accordance with expectations. Expectations for the welfare of nurses while caring for COVID-19 patients are in accordance with the following expressions:

*"The hope is that the nurse's salary is not below the minimum wage, and they are given properly, because nursing is a profession that deserves to be rewarded with a decent salary." (P1)*

*"Hopefully the incentives will be disbursed quickly." (P3)*

*"After this pandemic, all nurses were not underestimated, no one thought we were lying about this disease, no one said we killed their citizens, all the nurses who take care of them are healthy…" (P7)*

### Hope for society

The nurse's hope for the community is the desire while caring for COVID-19 patients, namely with the COVID-19 pandemic, the community adheres to the health protocols recommended by the government and breaks the chain of transmission of COVID-19, hoping to keep themselves   healthy in order to avoid COVID-19 . This statement corresponds to the following expressions:

*"I hope that the society is aware that they will continue to comply with the health protocols." (P5)*

*"...Especially for the elderly, I mean families who have elderly, take care of them because the elderly are more vulnerable than young children, especially those with small children…" (P7)*

### Theme 5: Challenges while treating COVID-19 patients

Challenges while treating COVID-19 patients are things or activities that aim to inspire nurses' abilities while caring for COVID-19 patients. Various kinds of challenges faced by nurses while caring for COVID-19 were based on sub-themes, namely: 1) difficulty acting and using PPE, 2) dealing with uncooperative patients and families, 3) difficulty taking action with a lack of personnel, and 4) the challenge of rotating the corpses of COVID victims and the challenge of ridding the corpse of COVID-19.

### Difficulty acting and using PPE

While on duty and using PPE for hours, nurses find it difficult to act on COVID-19 patients. The use of complete PPE is a challenge for nurses when dealing with COVID-19 patients, according to the following expressions:

*"There are many difficulties, especially the limitations for treating COVID, it's because we use PPE like astronauts, it's automatically hard to wear boots, use goggles, use face shields, use hazmat, already wear surgical masks, wear N-95 masks, sometimes when you do this, it becomes condensed from steam. The vapor of breath condenses onto his glasses, onto his goggles so he can't see." (P1)*

*"The difficulties are mostly related to the use of PPE, it is what makes us congested, sometimes we have to be careful to control our breath, that's all." (P3)*

*"From the beginning of the pandemic, it was difficult for us to wear PPE because it was hot, stuffy and heavy, especially when we were about to perform actions such as installing an IV, we had difficulty because our glasses were foggy, making it difficult to find the vein." (P5)*

### Dealing with uncooperative patients and families

The challenges nurses face while caring for COVID-19 patients when dealing with uncooperative patients and their families. Nurses are also often scolded  by patients and their families while treating COVID-19, according to the following expressions:

*"The patients don't want to be given an IV, they don't want to take medicine, ask their family but the family is not allowed in, that's also an obstacle when treating patients in the COVID room." (P1)*

*"The problem is, in patient's family, they don't know our position, how to deal with what's inside, while at that time we are short on power, lack of medical personnel, there are many patients with various levels, that's how it is; sometimes they just judging us, they said that we don't pay attention to the patients, they said we don't feed them, they said we have all kinds of things, it's hard to explain to their families how we are here." (P3)*

### Difficulty performing actions with less amount of energy

The number of COVID-19 patients that continues to increase makes medical personnel, especially nurses, have difficulty when providing care; the number of personnel is not proportional to the number of patients, thus making services less than optimal, and making nurses overwhelmed with inappropriate workloads, according to the following expressions:

*"There are so many difficulties when treating this COVID patient, the nurse has to feed the patient if the patient is elderly, change the cloth too, automatically it will take 15 minutes to stay in the room the fastest, while the patient who wants to do the procedure is there 20 people and only three  nurses on duty;  automatically*

*going to other patients will take a long time, the patient will be noisy even though due to limitations in things such as moving, because the weight that the PPE wears takes a long time, then overheating like that is the real obstacle." (P1)*

*"Yes, for example the patient is already in serious condition, so sometimes we have a lot of our patients, for example, it's not that busy when the nurses are there, sometimes they are tired." (P6)*

### Theme 6: Fulfillment of holistic nursing care for COVID-19 patients

As a nurse, the fulfillment of holistic care given to COVID-19 patients is very important. In addition to requiring emergency treatment and pharmacological therapy, of course nurses in the room must also pay attention to the holistic needs of patients including biological, psychological, social, and spiritual so that patients achieve their well-being. This has been stated in the sub-themes, namely: 1). meeting the biological needs of COVID-19 patients, 2). fulfillment of the psychology of COVID-19 patients, 3). social fulfillment of COVID-19 patients, 4). fulfilling the spiritual needs of COVID-19 patients.

#### Meeting the biological needs of COVID-19 patients

In meeting the needs of nutrition, ADL, and personal hygiene, patients with total care cannot do it alone and must be assisted by nurses in the room. This is certainly a separate experience for nurses in providing nursing care to COVID-19 patients with total care in the isolation room. The experience has been expressed by the nurses as follows:

*"...for the biological needs of the patient, such as ADL, nutrition, eating drinking, defecating or urinating, we are all helping the patient." (P1)*

*"On average, all the patients here are total care. So, the activity of eating and drinking, if the patients want to defecate, we change their diaper, bathe all of us and we will do it alternately, so it will take a while." (P2)*

*"We have to feed the patient one by one patiently, then we have to take turn too." (P3)*

#### Meeting the psychological needs of COVID-19 patients

It is natural for COVID-19 patients to experience psychological stress. With the environmental conditions in the isolation room that is not accompanied by family and like being locked up in an aquarium, it can trigger excessive anxiety and worry. The nurses' statements correspond to the following expressions:

*"…. we usually entertain them. Singing together is one of our ways to entertain and not to stress or worry the patient." (P2)*

*"Sometimes we give motivation in the form of entertainment and jokes to patients so as to reduce the stress they feel, such as singing and dancing to strong patients or patients who are still conscious." (P4)*

*"Maybe there is a television in the room or we play music." (P6)*

#### Meeting the social needs of COVID-19 patients

Support for the social conditions needed by COVID-19 patients in isolation rooms is very important. Being able to meet with family and get attention and support from nurses when carrying out nursing actions can have a positive impact on COVID-19 patients. The experience of meeting the social needs of patients given by nurses can be seen from the expressions stated by nurses as follows:

*"So we provide cellphones for video calls with their families. So we also ensure that patients can communicate with their families, so they don't stress them out." (P4)*

*"For patients whose vital signs are still good, we will facilitate cellphones so that patients can still communicate via video calls, but for patients who are critical and have shortness of breath, we cannot provide cellphone facilities because it will hinder the patient." (P5)*

*"In the past, before the delta variant, patients were allowed to operate cell phones, but at that time there were so many delta patients, we were worried, and we restricted them from using cell phones. For communication tools with family using cellphones belonging to the COVID room. To update the condition that we will convey to the patient's family." (P6)*

#### Fulfilling the spiritual needs of COVID-19 patients

The need for worship for each patient is very important to continue to be carried out so that patients can still get peace and feel good with God Almighty. This is in accordance with the following expressions:

*"For worship, for Muslims, we will provide clean water for ablution so that some patients can perform their prayers properly. So, it is still well-facilitated, so that the spirituality is carried out." (P2)*

*"We sometimes talk about tayammum for patients who are Muslim because most of them pray here in bed so we teach them how to worship or pray in bed." (P4)*

*"For the Muslim patient, we play videos of murottal, so they can get their spiritual needs." (P5)*

## Discussions

This This study focuses on the experience of nurses in treating COVID-19 patients. Participants were selected according to the inclusion criteria of the study and worked in the COVID-19 ward. Based on the results of this study, the researchers identified six themes and 20 sub themes related to the nurses' experience in treating COVID-19 patients at the Blambangan Hospital, Banyuwangi.

### Changes in the emotional status of nurses while caring for COVID-19 patients

Emotional status is a feeling or reaction to something. Emotions can be shown when feeling happy, angry, or afraid of something. While caring for COVID-19 patients, nurses experience changes in emotional status. The COVID-19 pandemic has an impact on the mental health of nurses around the world in the form of burnout, anxiety, depression, and fear of societal stigma and discrimination (ICN, 2020). The importance of the position of nurses in handling the COVID-19 pandemic and projections that the pandemic will continue into the second half of 2021 (Vaishnav, Dalal,  & Javed, 2020); nurses' mental health factors need to be a concern. Based on this picture, the struggle of nurses in dealing with the virus while maintaining their mental health condition is not over.

The results showed that changes in emotional status experienced by nurses while caring for COVID-19 patients resulted in sub-themes, namely feeling sad when a patient being treated died, feeling happy when a COVID-19 patient was declared cured, feeling afraid and stressed when caring for a COVID-19 patient.

The experience of nurses while caring for COVID-19 patients causes sadness when a COVID-19 patient dies. According to the assumption of researchers that loss can cause feelings of sadness or grief. This is in line with research by Galehdar et al. (2020) and Karimi et al. (2021) which states that the death of patients, especially young ones, provides a painful experience, as well as the strict funeral protocols that limit the patient's family from farewell and proper burial processions.

An extraordinary experience while treating COVID-19 patients is that nurses feel happy when patients who have been tested positive for COVID-19 can recover. According to the researcher's assumption, the feeling of happiness experienced by nurses is gratitude for having succeeded in providing support, enthusiasm and service to COVID-19 patients while undergoing treatment. This is in line with the research conducted by Yona and Nursasi (2008) regarding the treatment of infectious patients that the extraordinary experience while treating patients is that nurses feel happy when patients who have been declared positive for Avian Influenza can recover.

Nurses experience feeling afraid and stressed when caring for COVID-19 patients. According to the researchers' assumptions, at the beginning of the pandemic nurses were afraid of new diseases, difficult to predict and the number of patients who continued to grow. Uncertain treatment procedures cause fear for nurses who must learn many new things related to procedures for treating patients with COVID-19. Nurses also experience stress while caring for COVID-19 patients; the stress experienced arises because of situations that make nurses feel afraid. This is in line with research conducted by  Liu, Y.E. et al. (2020) which states that the lack of experience and information about COVID-19 and having to treat infected patients makes nurses feel afraid of contracting. Caring for COVID-19 patients is the duty of nurses as the frontline profession, but it becomes a stressor for nurses so that psychological problems arise for nurses.

### Social stigma against COVID-19 nurses

Stigma is a negative belief from an individual or group about something. Stigma is formed because of construction by society and culture in certain contexts and has a significant impact on individuals and society. Stigma can take the form of social rejection, gossip, physical abuse, and denial of service. The results showed that the social stigma of COVID-19 nurses resulted in sub-themes, namely being avoided, and shunned by peers, expelled, and ostracized by the community.

The experience of nurses in caring for COVID-19 patients at the beginning of the pandemic was being avoided and shunned by colleagues when they passed each other and met in the hospital environment. According to the researcher's assumption, nurses from other units avoid and stay away when meeting with COVID-19 nurses because they are afraid of being infected and infected if they come into direct contact with COVID-19 nurses. The experience of nurses caring for COVID-19 patients is of being expelled and ostracized from society. The refusal was made by the community because they were worried and afraid that the nurses in charge of caring for COVID-19 patients would carry the virus and infect the surrounding environment. This is in line with research conducted by Agung (2020) which states that the negative stigma of the COVID-19 disease

makes people tend to commit acts that violate norms. Socially, stigma has an impact on nurses and their presence is denied when they are known to be on duty as a COVID-19 nurse. The results of a survey conducted by the Faculty of Nursing at the University of Indonesia also stated that nurses received unpleasant treatment from the community for treating COVID-19 patients or serving in COVID-19 referral hospitals. The community refused because they were worried about contracting the COVID-19 virus (Raisa, 2020).

## Support while treating COVID-19 patients

Support is a form of caring, existence, respect and love given to someone. As social beings, you will need support from those closest to you. Nurses need great support from various parties while on duty to treat COVID-19 patients. The results of the study produced sub-themes, namely support from hospital management, support from family, support from the government, and support from colleagues. Support from hospital management, family, government and colleagues is in line with research conducted by Liu, Q. et al (2020) which states that nurses need great support to minimize the stress experienced   and to change the stage of psychological change into energy renewal nurses need support from social, support from fellow nurses, the community and the government (Zhang et al., 2020).

Based on the results of the study, the support provided by the hospital management is in the form of material and immaterial support. While on duty to care for COVID-19 patients, the hospital provides facilities in the form of places to stay, eat and drink and all the needs of nurses. The hospital management paid attention to the COVID-19 nurses at the Banyuwangi Hospital by communicating via video calls, asking about the condition of the nurses and their health. The support from the hospital management makes nurses more enthusiastic and feel cared for.

Support from family is the most important thing for nurses while on duty caring for COVID-19 patients. The results showed that all participants stated that support from their families, both parents and husbands, was needed to stay motivated and not stressed while caring for COVID-19 patients. According to the researcher's assumption, family support is needed because while on duty nurses are dealing directly with COVID-19 patients whose transmission risk is very high, but because of the demands of the task as the frontline nurses, they must do it professionally. Therefore, family support, both parents and husbands, is important so that it can

increase enthusiasm and immunity while carrying out duties.

Government support for COVID-19 nurses is also very much needed. The support provided by the government is in the form of awards, namely incentives for nurses who treat COVID-19 patients. Based on the results of interviews that nurses receive incentives from the government as a reward for COVID-19 nurses, the incentives received by nurses are often delayed. According to the researcher's assumption, awards in the form of incentives from the government are needed by nurses, because incentives are used for daily needs and needs after nurses are on duty; the government should distribute incentives regularly every month so that nurses who treat COVID-19 patients are more enthusiastic and enthusiastic in carrying out their duties.

Support from colleagues is very much needed by nurses while on duty to handle COVID-19 patients. Colleagues are closest, in the same fate, and share the same responsibility while on duty, so that the support of colleagues becomes an encouragement and reinforcement while on duty in the COVID-19 patient care room. According to the researcher's assumption, support from fellow nurses will be needed to minimize the stress experienced by nurses. Good support from various parties can increase a good emotional response in nurses, so that it can increase endorphins. With the increase in endorphins, nurses will automatically increase immunity (ICN, 2021) so that nurses remain in good health and do not contract COVID-19, even though nurses are in close contact with patients who have COVID-19.

## Expectations while treating COVID-19 patients

The results of the study with the theme of nurses' expectations while caring for COVID-19 patients produced sub-themes, namely hope for the end of the pandemic, hope for the welfare of nurses, and hope for the community.

The nurse in charge of treating COVID-19 patients hopes that the pandemic will end soon. In this study, six out of seven participants expressed that they wished the pandemic would pass quickly and COVID-19 patients would recover quickly. This is in line with the research conducted by Sukiman, Waluyo , and Irawati (2021) who revealed that nurses hoped that the pandemic would end soon and patients would recover soon so they could gather with their families.

Expectations for the welfare of nurses while handling COVID-19 patients were expressed by nurses during interviews. Welfare in question is welfare that is

financial in nature, then family welfare such as additional food, donations, then extra sufficient holidays, adequate rest, lodging facilities, vitamins, and moral support. This is in line with research conducted by Sun et al. (2020) which states that hospitals must have a reward and welfare system to support and motivate nurses. Another study was also conducted by Yona and Nursasi (2008) regarding phenomenological analysis of the experience of nurses in providing nursing care to patients with Avian Influenza, which stated that external factors that support respondents to carry out their obligations as nurses are support from the institution where they work, such as there are rewards in the form of money, transportation, additional food and vitamins that are sufficient to support the stamina of nurses as long as they treat patients.

The nurse's hope for the community is to implement health protocols, while maintaining health to avoid COVID-19. Based on the results of research through interviews, it shows that nurses' expectations of the community are to carry out the rules that have been made by the government, namely maintaining distance when interacting with other people, reducing mobility, staying away from crowds, washing hands with running water or using hand sanitizers and using masks when leaving the house. According to the assumptions of the researchers, nurses hope that everyone is aware that, by implementing health protocols, we can reduce the number of cases of the spread of COVID-19 which is increasing day by day.

### Challenges while treating COVID-19 patients

During their duty to care for COVID-19 patients, nurses experienced obstacles and challenges identified through four sub-themes, namely difficulties in taking action and using PPE, dealing with uncooperative patients and families, difficulties in taking action with a lack of manpower, and the challenge of rotating the bodies of COVID-19 patients.

Based on the results of the study, all participants revealed that when handling COVID-19 patients experienced difficulties, namely difficulties and limitations of movement when doing infusions, NGT insertion, difficulty acting because eye protection (goggles) were cloudy, and five of seven participants experienced shortness of breath when using PPE. This constraint is since PPE complicates the procedure. This is in line with research conducted by Prasetyo Eko (2015) on a simulation exercise for health workers wearing PPE in hospitals in the UK who reported that they found the use of PPE uncomfortable, and even basic tasks took longer than usual when wearing it.  According to the

researcher's assumptions, nurses who treat COVID-19 patients also experience physical changes that occur due to the use of complete PPE. Physical changes found in this study were physical complaints and physical limitations. Physical changes are in the form of physical complaints that are felt in the form of fatigue and discomfort, while physical changes are in the form of physical limitations, namely limited field of view and limitations in movement.

Another challenge that nurses face when dealing with COVID-19 patients is dealing with uncooperative patients and families. This is based on the results of interviews with participants who revealed that often the patient's family calls the nurse to ask the patient's condition, scolds the nurse because the family wants the patient to be prioritized while other patients must be followed up. This is in line with the research conducted by Sukiman et al. (2021) that the negative response from patients and families did not accept the conditions and treatments carried out for COVID-19 patients. According to the researcher's assumptions, the negative response from the patient's family is a sense of concern for the condition of the patient being treated and isolated in the hospital. The patient's family does not directly see the patient's condition and does not know how the treatment is carried out on the patient; the patient's family only receives information from the patient. Difficulty taking action with a lack of manpower is a challenge experienced by nurses when dealing with COVID-19 patients.

The results of another study revealed that nurses who handled COVID-19 patients had difficulties due to the large workload, but the number of patients was not balanced with the number of nurses. This is in line with research conducted by Shen  et al. (2020) that nurses caring for COVID-19 patients have a greater workload than in caring for non-COVID-19 patients, and nurses experience fatigue, sleeplessness, and decreased appetite. According to the researcher's assumptions, the high workload of nurses caring for COVID-19 patients has a long impact on acting against other patients. In addition, nurses also experience fatigue when caring for patients because the number of patients is large but not proportional to the number of nurses. For this reason, it is better to arrange working hours and shifts for nurses so that fatigue in nurses caring for COVID-19 can be reduced. Nurses experience challenges when moving the bodies of COVID-19 patients.

Fulfillment of holistic nursing care for COVID-19 patients

The results of interviews with all participants said that meeting the needs of patients holistically including biological, psychological, social, spiritual, nurses at the Banyuwangi Hospital as much as possible help meet the needs of patients. Considering that many COVID-19 patients in the isolation room are patients with total care, the treatment that must be given must be maximal. This happens when carrying out actions such as providing food and nutrition to patients and wiping the corpses of COVID-19 patients.

Meanwhile, the results of research on meeting the psychological needs of patients revealed that nurses who treated COVID-19 patients at the Banyuwangi Hospital provided optimal psychological support to patients by providing entertainment such as playing and singing together, listening to music or murottal to patients, and providing entertainment and motivation to the patient at the time of action. This is done because COVID-19 patients generally experience psychological changes. The findings are consistent that people tend to feel anxious and insecure when their environment changes. In the case of an epidemic infectious disease, when the cause or progression of the disease and the outcome are unclear, rumors develop and a closed attitude occurs (Ren et al., 2020). Another study conducted by Shaban et al. (2020) also stated the same thing where patients who were positively infected with COVID-19 felt shocked and anxious when they were first diagnosed. According to the researcher's assumption, by entertaining patients, listening to music, listening to lectures or murottal, and inviting patients to play and sing, patients in the isolation room will tend to be happy and not stressed with their illness. Therefore, having nurses who apply a caring attitude to patients can reduce stressors for COVID-19 patients in the isolation room.

The results of the research on meeting the social needs of patients revealed that the palliative care provided by the health team to patients by involving families could help the healing process of patients who were treated in isolation rooms. Families can provide support through video calls, provide pictures, or letters of motivation from the family provided by the palliative care team. This is proven to support the progress of the patient's condition. This is supported by research conducted by Brooke and Clark (2020) explaining that innovative approaches involving family members in inpatient care during the COVID-19 pandemic can lead to long-term progress, not setbacks. This has become

the standard of family-centered care that has recently been achieved by the community and health services. In this study, the strategy to support family presence during physical distance relies heavily on electronic media such as smartphones and existing patient or family computers, stable internet access, and technological literacy.

Based on the theory described above, the researcher assumes that the family support provided to COVID-19 patients during the current pandemic has a positive impact on the progress of the patient's condition during the treatment period. Family support is considered influential in reducing the anxiety felt by patients due to treatment.

The results of the study of fulfilling the spiritual needs of COVID-19 patients revealed that nurses in the isolation room of the Banyuwangi Hospital had provided the spiritual needs of COVID-19 patients well, provided spiritual fulfillment by showing feelings such as (praying (giving closeness to clients), supporting healing relationships (relationships from family, friends or friends), and support of religious rituals. Moral support and prayers from family, friends, and health workers are important factors for the recovery of patients who are confirmed positive for COVID-19 (Rosyanti & Hadi, 2020). The results of these efforts will provide positive thinking for the patient to be patient and surrender to God for the test given. Forms of spiritual support during the COVID-19 pandemic are carried out by: increasing friendship, reading scriptures, reducing news exposure from the media, taking time to worship, and taking time to get closer to God (Ratnaningsih & Nisak, 2022).

According to the researcher's assumption, fulfilled spiritual needs can improve coping to face difficult or challenging situations. In a pandemic like this, spiritual life will be a very important part of coping. A good spiritual life will build a spiritually strong community in the face of difficult times during the COVID-19 pandemic.

**Conclusions**

This study provides an in-depth understanding of nurses' experiences in treating COVID-19 patients which are illustrated in six themes and 20 sub-themes. In this study the nurses stated that, during caring for COVID-19 patients, they feel ups and downs. The experience of nurses who were initially afraid to treat COVID-19 patients are now accustomed and comfortable because they get new experiences and new knowledge related to handling COVID-19 patients, although they experienced various challenges and most nurses had difficulty taking

action using complete PPE. Nurses also hope that incentives from the government will be immediately issued, and COVID-19 will soon disappear from the face of the earth. It is very important for COVID-19 patients to fulfill the needs of patients holistically. Not only focusing on pharmacological treatment, complementary medicine with holistic therapy is also very helpful for improving patient well-being and accelerating the recovery of COVID-19 patients.

## Conflict of Interest

The authors have declared no conflicts of interest.

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