



## A Nursing Experience of Caring a Patient with Coronavirus Disease

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### ABSTRACT

This article uses Watson's caring theory to care for a female patient diagnosed with COVID-19 and faced compulsory hospitalization and isolation. The care period is from May 23 to May 30, 2021. The care process is guided by Watson's caring theory, and data is collected through assessment, observation, interview, and other techniques. The identified health problems include inefficient breathing patterns, anxiety, and social isolation care issues.

In response to the epidemic prevention policy, people diagnosed with COVID-19 must be quarantined in an unfamiliar medical environment. Insufficient awareness of the disease, stigmatization of the disease, and worries about whether it will be transmitted to family members, etc., cause huge psychological pressure. Through appropriate nursing measures, we provide disease education, teach relaxation techniques, improve disease awareness and health care measures, improve self-care abilities in the isolation ward, establish a good relationship of mutual trust, and reduce their inner anxiety and sense of social isolation. Face the progression of the disease calmly, provide continuous and holistic care, and alleviate the physical, mental, and social pressure faced by patients. It is recommended that smart facilities be used to assist nursing care and audio-visual-related course teaching to achieve companionship and health education effects, and to reduce social isolation and anxiety.

It is hoped that this nursing experience will serve as a reference for nursing staff in caring for emerging infectious diseases so that patients can receive good quality care.

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### Introduction

COVID-19 (coronavirus disease-2019) spread rapidly around the world in January 2020. Taiwan declared it a fifth category of notifiable infectious disease on January 15, 2020. As of June 4, 2022, the number of infections worldwide has reached 528 million, and the death toll has reached 6.31 million. Taiwan has 11.54 million confirmed cases and 22,815 deaths (Department of Disease Prevention and Control, Ministry of Health and Welfare, 2022). Respiratory symptoms are the main symptoms, and the transmission routes are respiratory droplet transmission and contact transmission. Among them, 15% to 30% of confirmed cases are moderate to severe infections. The incubation period announced by the WHO is 1 to 14 days. Air, droplet, and contact isolation protective measures are adopted. Personnel entering and exiting must wear full-body protective equipment, strengthen hand washing, and Clean and disinfect the environment to avoid cross-infection [1]. COVID-19 uses symptom-supportive therapy to control disease changes and prevent complications. Under the isolation regulations and epidemic prevention policies, the

complex equipment, lighting, warning sounds, inability of family members to accompany them, and limited physical movement in the intensive care unit will all cause patients to feel lonely and have social isolation problems. In addition, there is insufficient information, Economic losses, disease stigma, fear of infecting others, guilt of infecting others, etc., then produce anxiety. However, anxiety can lead to emotional instability and insomnia [2,3].

### Background

The ongoing coronavirus disease-2019 epidemic continues to have a global impact. It is mainly caused by respiratory symptoms. The route of transmission is respiratory droplets and contact infections. It mainly adopts symptom-supportive therapy to control changes in the condition and prevents complications. This article describes the author's experience providing nursing care to a female patient who was diagnosed with COVID-19. Due to the tight medical capacity, she was transferred to a special ward of a hospital in a non-residential area for treatment. During the isolation, she was not accompanied by her family. Facing the disease, treatment response, and unfamiliar environment alone, she developed anxiety and fear of losing. In addition, the

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nursing standard process is new, and there is only suspected nursing experience, so the author's motivation for writing is triggered. Author used Watson's human caring theory to perform holistic physical, psychological, and social nursing assessments and collected health-problem information using face-to-face interviews and observations via a remote monitoring system and meet the needs of care through the concept of humanized care and care need. Using this experience and practical and professional knowledge to improve the quality of life of the case and provide a reference for clinical care of nursing colleagues [4-7].

## Methods

Watson's humanistic care theory is applied during care, encouraging the expression of self-feelings through active care and establishing a nurse-patient relationship. After the nursing assessment, it was determined that the patient had inefficient breathing patterns, anxiety, and social isolation problems. In addition to using an oxygen mask for breathing problems, the patient was also taught semi-sitting, deep-breathing coughing, and pursed-mouth breathing techniques, and was given instructions on breathing. Under normal circumstances, perform lung rehabilitation and non-weight-bearing leg raising exercises for the lower limbs to facilitate lung expansion and increase muscle endurance; for anxiety issues, in addition to proactive self-introduction, provide a bedside call bell and introduce the negative pressure isolation environment and body. Next to the equipment, play the TV or music that the patient likes, use aromatherapy, drop essential oils on the beauty towel, and bring it into the isolation ward, so that the aroma can be dispersed in the air, soothe and stabilize the patient's mood, and work together to develop a consistent A positive care plan arranges for doctors to explain the current disease status, future treatment process and prognosis every day to increase the patient's understanding of the disease and prognosis. In addition to jointly developing a consistent and positive care plan, such as: planning sleep and leisure time, performing bed stretching exercises twice a day, and arranging interviews and prayers with caregivers, we also video-contact relatives and friends through communication software, and online games, allowing patients to make arrangements to play mahjong with relatives and friends, and gain a sense of life and orientation similar to the outside world. It also provides patients with appropriate autonomy and allows them to participate in the treatment process to reduce the negative feelings of being isolated.

## Results

This article explores the isolation treatment and care experience of a patient diagnosed with COVID-19. Patients face uncertainty about the disease. The impact of infection is very large, and the fear of discomfort and threat caused by the disease is very important. At this time, care and companionship are even more needed. During the course of care, the patient was found to have inefficient breathing patterns, anxiety, and social isolation. Use Watson's humanistic care and nursing theory to establish a good therapeutic relationship with empathy, active care, and listening. Patients' inner feelings are encouraged to participate in the treatment process, increase autonomy, and reduce anxiety.

Furthermore, smartphones have become a part of today's life. For isolated patients, music is an easily accessible resource. Video nursing through communication software guides patients to face the disease with a positive attitude. Multimedia health education systems are used to help patients understand the importance of isolation and protection, as well as disease care. The focus is to use essential oils to relieve anxiety and improve mood so that patients can face the disease confidently, and reduce isolated negative emotions. The author applied these two measures to this care experience and successfully helped the case reduce anxiety. Finally, the patient be discharged successfully.

## Conclusion

This article explores the care experience of a patient diagnosed with COVID-19 during isolation and treatment by applying Watson's humanistic care theory. Empathy, active care, listening, and other methods are used to establish a good therapeutic relationship, understand the patient's feelings, and encourage participation. The treatment process increases autonomy and reduces anxiety. Through video care through communication software, the patient is guided to face the disease with a positive attitude. The multimedia health education system is used to let the patient understand the importance of isolation and protection and the key points of disease care so that the patient can be confident in facing the disease and reduce the negative feelings of isolation. Patients worry about the discomfort and threats posed by the disease. More care and companionship are needed at this time. However, as nursing staff are the frontline clinical staff, the disease is highly contagious. , unable to wear protective equipment for a long time, accompany patients, and meet their needs. This is a significant limitation that places a severe physical burden on caregivers, which creates difficulties for them [9-18].

After this experience, it is recommended to arrange moderate physical activities in a limited space, use activities to promote positive emotions in patients and encourage patients to reduce the negative emotions of social isolation. Use smart and audio-visual related facilities to assist care and reduce people's exposure to disease. feeling of anxiety. It is hoped that this nursing experience can provide a reference for future care of emerging infectious diseases. Based on this experience, it is recommended to arrange moderate physical activities in a limited space and to enhance patients' positive feelings through daily activities, encourage patients to reduce the negative emotions of social isolation, use intelligence, and exert influence. Audio-related facilities assist care and reduce people's anxiety about diseases. It is hoped that this nursing experience will provide a reference for future care in the face of emerging infectious diseases.

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