



Concerns and Experiences of the Nurses Caring For Patients Diagnosed With Covid-19 During the First Wave Of Covid-19

Covid-19 Pandemisinin İlk Döneminde Covid-19 Tanılı Hastaya Bakım Veren Hemşirelerin Pandemi Sürecindeki Kaygıları ve Deneyimleri

Mehmet Korkmaz¹, Özge ÖZ YILDIRIM², Dilek ÇELİK EREN³, İlknur AYDIN AVCI⁴

¹Ondokuz Mayıs University Faculty of Health Sciences, Department of Nursing, Samsun
• korkmazmehmetmgrtn@gmail.com • ORCID > 0000-0003-0241-2466

²Ondokuz Mayıs University Faculty of Health Sciences, Department of Nursing, Samsun
• ozge.oz@omu.edu.tr • ORCID > 0000-0003-4810-563X

³Ondokuz Mayıs University Faculty of Health Sciences, Department of Nursing, Samsun
• dilek.celik@omu.edu.tr • ORCID > 0000-0002-9439-1641

⁴Ondokuz Mayıs University Faculty of Health Sciences, Department of Nursing, Samsun
• ilknura@omu.edu.tr • ORCID > 0000-0002-5379-3038

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Sorumlu Yazar / Corresponding Author: Mehmet KORKMAZ

CONCERNS AND EXPERIENCES OF THE NURSES CARING FOR PATIENTS DIAGNOSED WITH COVID-19 DURING THE FIRST WAVE OF COVID-19

ABSTRACT

Aim: Health professionals who have direct contact with patients, provide primary care, and have the longest contact time are nurses. The pandemic caused by Covid-19, a virus with high mortality and high spreading rate have caused anxiety and fear in the nurses. This study aimed to evaluate the anxiety and experience of the nurses who care for the patients diagnosed with Covid-19.

Method: This study was carried out based on cross-sectional research principles. This study was carried out with 327 nurses providing care to the hospitalized patients diagnosed with Covid-19.

Results: The nurses stated that 70.6% of them had increased anxiety, 63.9% of the nurses stated that there was a change in sleep patterns and 51.1% of the nurses stated that they were concerned about the transmission of this disease to themselves while giving care to the patient diagnosed with Covid-19. Approximately half of the nurses (49.5%) stated that they needed psychological support.

Conclusion and Suggestions: Nurses experience problems such as impaired sleep pattern, increased anxiety level, and increased fear and anxiety about transmitting the virus to themselves, their families, loved ones, friends and colleagues. For this reason, nurses who care for the patients diagnosed with Covid-19 should be evaluated periodically in terms of psychological health with a risk approach and should be supported psychologically when necessary. In order to ensure that nurses cope with these problems and work efficiently during the Covid-19 pandemic process.

Keywords: *Covid-19; Pandemic; Nurse's Concerns; Nurse's Experiences.*



COVID-19 PANDEMİSİNİN İLK DÖNEMİNDE COVID-19 TANILI HASTAYA BAKIM VEREN HEMŞİRELERİN PANDEMİ SÜRECİNDEKİ KAYGILARI VE DENEYİMLERİ

ÖZ:

Amaç: Hastalara doğrudan temas eden ve birincil bakımı sağlayan; hastalarla en uzun temas süresini geçiren sağlık profesyonelleri hemşirelerdir. Mortalitesi, yayılım hızı yüksek olan, Covid-19' un neden olduğu pandemi hemşirelerde kaygı ve korkuya yol açmaktadır. Bu çalışmada, Covid-19 tanısıyla hastaneye yatan bir

hastaya bakım veren hemşirelerin Covid-19 sürecinde kaygılarını ve deneyimlerinin değerlendirilmesi amaçlanmıştır.

Yöntem: Bu araştırma kesitsel araştırma ilkelerine göre yapılmıştır. Bu araştırma Covid-19 tanısıyla hastanede yatan hastalara bakım veren 327 hemşire ile gerçekleştirilmiştir.

Bulgular: Hemşirelerin %63.9'u uyku düzeninde değişiklik olduğunu, %70.6'sı anksiyetesinin arttığını, %51.1'i Covid-19 tanısıyla yatan hastaya bakım verirken bu hastalığın kendine bulaşması ile ilgili kaygı duyduğunu belirtmiştir. Hemşirelerin yaklaşık yarısı(%49.5) psikolojik desteğe ihtiyaç duyduğunu ifade etmiştir.

Sonuç ve Önerileri: Covid-19 pandemisi sürecinin etkili bir şekilde yönetilmesinde öncül rol alan hemşireler bu süreçte uyku düzeninde bozulma, anksiyete düzeyinde artma, virüsün kendilerine bulaşması, ailelerine, sevdiklerine, arkadaşlarına ve meslektaşlarına bu virüsü bulaştırmaya yönelik korku ve kaygı yaşama gibi sorunlar yaşamaktadırlar. Hemşirelerin bu sorunlarla baş etmelerinin ve Covid-19 pandemisi sürecinde etkili bir şekilde çalışmalarının sağlanması için belirli aralıklarla risk yaklaşımı ile hemşirelerin ruhsal sağlık durumları değerlendirilmeli ve ihtiyaç duyan hemşirelere psikolojik destek sağlanmalıdır.

Anahtar Kelimeler: Covid-19; Pandemi; Hemşirelerin Kaygıları; Hemşirelerin Deneyimleri.



INTRODUCTION

The new Corona Virus Disease (Covid-19) was first reported in Wuhan Province of China on December 31, 2019 as a cluster of pneumonia cases, the reasons of which were unknown. As a result of the studies conducted on different group of the patients with respiratory symptoms (fever, cough, shortness of breath), it was understood that the disease was caused by a virus identified on January 13, 2020 (Republic of Turkey Ministry of Health, 2021; WHO, 2020). The coronavirus disease, which has been observed to be more severe in the elderly and chronic patients, has various symptoms which emerge within 2 to 14 (mean 5.2) days after exposure to the virus (Backer et al., 2020). These symptoms are fever, cough, shortness of breath, shiver, muscle pain, headache, sore throat, loss of taste or smell (Centers for Disease Control and Prevention, 2020). As of June 27, 2022, a total of 547.827.660 Covid-19 cases and 6.663.474 deaths were reported globally (WHO, 2020). In Turkey, the first case was detected on March 11, 2020 and by June 27, 2022, the total number of cases is 15.641.342 and the death toll is 98.364 (Republic of Turkey Ministry of Health, 2022).

The best way to prevent the disease is to avoid exposure to the virus. It is reported that the disease is mainly spread among people who have close contact with each other through respiratory droplets produced when the infected person coughs, sneezes or speaks, and it is thought that these droplets enter into the mouths or noses of people and go down to lungs (Centers for Disease Control and Prevention, 2020). The Covid-19 Guide prepared by the Republic of Turkey Ministry of Health gives the precise case definition and management. According to this guide, a possible case is defined as symptoms of fever, cough shortness of breath, sore throat, headache, muscle pains, loss of sense of palate and smell or diarrhea and having close contact with a person with a confirmed Covid-19 diagnosis. (Republic of Turkey Ministry of Health, 2021).

Individuals with symptoms of the new Corona virus disease are first recommended standard, droplet and contact isolation measures (Chavez et al., 2020). The treatment and follow-up process is carried out in pandemic hospitals or at home after doctor evaluation. Patients whose treatment and follow-up are performed in the hospital are kept in a single room, with a private bathroom and toilet, and a closable door if possible. Medical materials to be used are patient specific and cannot be taken out of the room. Common materials are not shared among the patients. If some materials (e.g., stethoscope, fever meter) are used in more than one patient, they are disinfected before each use (70% ethyl alcohol). Health personnel responsible for the transportation of the patient are recommended to wear a medical mask, an overall and gloves and pay attention to hand hygiene (Center for Disease Control and Prevention, 2020; Republic of Turkey Ministry of Health, 2021; WHO, 2020).

The World Health Organization has issued a document highlighting the rights and responsibilities of health professionals, including special measures to protect occupational health and safety. In this document, rights of health professionals such as the provision of the necessary equipment to take all the preventive measures, organization of the necessary trainings, ensuring appropriate working hours and access to various consultancy resources as well as responsibilities such as respect for patient privacy, participation in the trainings organized, compliance with preventive measures, following the public health reporting procedures of cases quickly etc. have been reported (WHO, 2020). Nurses, who have always played an important role in infection prevention, infection control, isolation and public health, have been the occupational group most affected by contagious diseases as they are in close and repeated physical contact with patients for a long time (Maltezou & Tsiodras, 2014; Mo et al., 2020).

Nurses are the healthcare professionals who provide primary care through direct contact with patients and spend the longest contact time with patients (Liao et al., 2019). The studies conducted with nurses revealed that they work long hours

with the shift work system in stressful and high risk working environments due to potential risk factors such as bacteria, virus and radiation (Chou et al., 2014; Lin et al., 2016; Wang et al., 2018). As far as Covid-19 outbreak is concerned, nurses have been at the forefront, and they are included in the highest risk group because a clinical patient or an infected individual in an asymptomatic condition can visit various hospital departments, unknowingly spreading the disease directly through droplets or indirect skin contact (Kang et al., 2020; Neto et al., 2020). A study conducted in China showed that during the Covid-19 pandemic, the attitudes of the healthcare professionals working in psychiatry clinics towards pandemics are affected by having knowledge about Covid-19, receiving relevant training in hospitals, and having experience about working in a pandemic before (Shi et al., 2020). Another study conducted in China revealed that nurses who care for patients diagnosed with Covid-19 have a high risk for anxiety and depression (Lai et al., 2020).

The studies on the Covid-19 pandemic have mostly focused on epidemiological research, prevention, control, diagnosis and treatment. A limited number of studies have examined so far the anxiety and experiences of nurses who have worked during the Covid-19 pandemic and have been affected by many aspects of this pandemic. Thus, this study aims to evaluate the anxiety levels and experiences of the nurses who care for the hospitalized patients diagnosed with the Covid-19 disease.

METHOD

The population of this study conducted based on the principles of cross-sectional research is all the nurses who have worked actively in pandemic hospitals located in one region of Turkey during the Covid-19 pandemic. The convenience sampling method was used to select the sample of the study. Nurses were informed about the study through the Internet, and the voluntary nurses were included in the study in accordance with the principle of confidentiality. The inclusion criteria were volunteering to participate in the study and actively providing care to the patients diagnosed with Covid-19 during the pandemic. The study was conducted between April 1 and May 30, 2020 with 327 nurses.

Data Collection Tool

The questionnaire used in collecting data was developed by the researchers, and consists of two parts: an introductory information form and a form with the questions about Covid-19 (whether having received education or not about Covid-19 before the first Covid-19 cases emerged, the level of competence in providing care to the patients with Covid-19 diagnosis, the change in the role of providing care during the Covid-19 pandemic, changes in sleep patterns and anxiety levels during the Covid-19 pandemic, level of fear of transmission of the Covid-19 disease, psychological support status, changes in life style during the Covid-19 pandemic,

feelings after the patients diagnosed with Covid-19 disease are discharged) (Wong et al., 2005; Chou et al., 2014; Kang et al., 2020). The evaluation of the degree of self-efficacy feelings of nurses while caring for the patients diagnosed with Covid-19 was made using visual numbers scale. The visual scale has points from 0, which refers to feeling very inadequate to 10, which refers to feeling very adequate. The opinions of six experts in the field of nursing were obtained about the introductory information form and the form with questions about Covid-19. Before starting to collect data, the questionnaire was piloted with thirty two nurses who have provided care to the hospitalized patients diagnosed with Covid-19 and its suitability was tested.

Data Collection Procedure

Data collection was carried out by turning the questionnaire developed by the researchers into a web-based questionnaire via the Google forms program and sharing it with the nurses providing care to the hospitalized patients with the diagnosis of Covid-19. The web-based questionnaire was shared with nurses through e-mail and social media accounts. The study was carried out with 327 nurses providing care to hospitalized patients diagnosed with Covid-19. It took about 15 minutes to respond to the questions in the questionnaire.

Data Analysis

SPSS 21.0 statistical package program was used to evaluate the data obtained in the study. The descriptive data of the study were expressed as numbers, percentages, mean and standard deviation. Descriptive statistics and Chi Square test were used in the analysis of the data. Statistical significance level was accepted as $p < .05$.

Ethical considerations

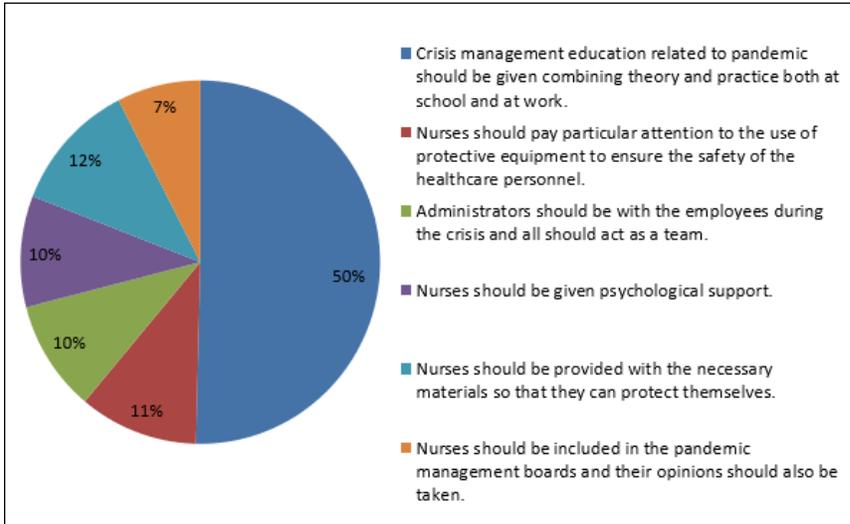
Prior to the study, ethical approval was obtained from the Social Sciences and Humanities Ethics Committee of Ondokuz Mayıs University (2020/315). In the first part of the questionnaire created for the study, the nurses participating in the study were informed about the aim of the study and the research team, and it was stated that participation was voluntary, the information would be kept confidential and the data obtained would be used only for scientific purposes. At the end of the first part of the web-based questionnaire, two options as "I agree to participate in the study" and "I do not want to participate in the study" were created. The participants who selected the latter option were excluded from the study. With this method, informed consents of the participants were obtained. Ethical principles in the Helsinki Declaration (2008) were followed at all stages of the study.

RESULTS

The average age of the participants in the study was 32.24 ± 7.9 (min: 20; max: 55), 83.8% were women, 81% had undergraduate education, 53.2% were married, 42.5% had children, and 97.2% of those with children have 1 to 3 children. 78.3% of the nurses in the study continue to work on night shifts, and while they are at work, their spouses take care of the children (45.7%). The average working time of the nurses is 110.96 ± 104.01 (min: 1; max: 420) months. 52.3% of the nurses have been working in the clinic where there are patients diagnosed with Covid-19, and 33.3% have been working in intensive care unit. 64.5% of the nurses stated that they did not learn about what should be done in the pandemic process during their undergraduate education, and 48.3% received training about Covid-19 before Covid-19 cases emerged (Table 1 and Figure 1).

Table 1. Socio-demographic and professional characteristics of the nurses (n=327)

Characteristics of the nurses	n	%
Age	32.24±7.9 (min:20;max:55)	
Gender		
Female	274	83.8
Male	53	16.2
Level of Education		
High school	25	7.6
Graduate	265	81
Postgraduate	37	11.4
Marital status		
Single	153	46.8
Married	174	53.2
Having a child		
Yes	139	42.5
No	188	57.5
Number of children (n=139)		
1-3	135	97.2
3-5	2	1.4
5 and over	2	1.4
Working shifts		
Yes	256	78.3
No	71	21.7
The person taking care of the child while on shift(n=103)		
Spouse	47	45.7
Grandmother/relatives	39	37.9
Babysitter	7	6.8
The child does not need care as s/he is older.	10	9.6
Years of experience as a nurse	9.24±8.66(min:0;max:35)	
The unit where the nurse works		
Pandemic unit	171	52.3
Emergency	47	14.4
Intensive Care Unit	109	33.3
Having received education about what to do in the fight against pandemic diseases at school		
Yes	116	35.5
No	211	64.5
Having received education about Covid-19 before the emergence of Covid-19 cases		
Yes	158	48.3
No	169	51.7



* More than one alternative were selected.

Figure 1. Recommendations by the nurses based on their experience during the pandemic process (n=327)

46.8% of the nurses in the study stated that they want to provide care to the patients with Covid-19 although they have some reservations. 40.7% of the nurses worked during normal working hours, and the average duration of overtime was 38.08 ± 25.23 hours (min: 8; max: 144). As far as the changes in the role of giving care during the Covid-19 pandemic are concerned, 24.7% of the nurses stated that they wash their hands more frequently, 18.7% reported that they have been more careful about some points that they did not pay attention before while providing care, and 18.5% performed their interventions by controlling them more than before. 47.4% of the nurses stated that the patients diagnosed with Covid-19 recovered and were discharged from the hospital, and 81.3% of them stated that they felt like they won a struggle when the patients are discharged. Based on their experiences during the pandemic process, 50.4% of the nurses stated that during pandemic trainings, crisis management education should be given combining theory with practice, 11.6% of the nurses pointed to the importance of being provided with the necessary equipment so that they can protect themselves, and 10.7% of nurses stated that particular attention should be paid to the use of protective equipment to ensure the safety of the healthcare personnel (Table 2).

Table 2. The experiences of the nurses about the process of Covid-19 pandemic

Experiences of the nurses	n	%
Willingness to provide care to the patients diagnosed with Covid-19		
Yes	58	17.7
No	62	19
Yes, but with some reservations	253	46.8
I am undecided.	54	16.5
Views on working hours		
I work within normal working hours.	133	40.7
I have a heavy work schedule.	54	16.5
I can find time to relax.	25	7.6
I have flexible working hours.	115	35.2
Duration of overtime (hours)	38.08±25.23(min:8;max:144)	
Degree of perceived self-efficacy while providing care to the patients diagnosed with Covid-19	6.11±2.4(min:0;max:10)	
Changes in the role of caring for patients during the Covid-19 pandemic *(n=327)		
There is no change in my role of care provider.	39	3.6
I became more careful about some points that I did not pay attention to before while giving care.	205	18.7
I wash my hands more frequently now.	271	24.7
While providing care, I perform the interventions by controlling more than before.	203	18.5
I feel anxious while providing care.	134	12.2
I feel that all my patients have coronavirus.	200	18.2
I am unwilling to provide care.	45	4.1
Recovery and discharge status of the patients diagnosed with Covid-19		
Yes	155	47.4
No	172	52.6
Feelings when the patient is discharged (n=155)		
I feel what is felt while discharging any diagnosed patient.	29	18.7
I feel like we have won a struggle.	126	81.3

* More than one alternative were selected

63.9% of the nurses in the study stated that they experienced changes in their sleep patterns, while 70.6% of the nurses reported that their anxiety level increased. 51.1% of the nurses said that they were highly anxious about the likelihood of being infected with the disease while providing care to the hospitalized patients diagnosed with Covid-19, and 80.4% of the nurses believed that intermittent Covid-19 tests would be effective in reducing the anxiety levels of nurses. Furthermore, 49.5% of the nurses stated that they need psychological support, 35.2% said that they could benefit from online psychological support, and 6.1% stated that they benefit from this online service. As far as the changes that have occurred in nurses' lives with Covid-19 pandemic are concerned, 24.1% of the nurses stated that the possibility of infecting their loved ones when they go home from the hospital worries them, and 23.7% of the nurses stated that the uncertainty of this process worries them. 45.5% of the nurses stated that their social environment is worried about them during this process (Table 3).

Table 3. Views of the nurses about their psychological state

	n	%
Change in sleep patterns		
Yes	209	63.9
No	118	36.1
Change in anxiety levels		
Increase in anxiety	231	70.6
Decrease in anxiety with the motivation to have a struggle with the disease	49	15
No change	47	14.4
Level of anxiety related to the transmission of the disease while providing care to the patients diagnosed with Covid-19		
Low	45	13.8
Moderate	115	35.2
High	167	51.1
Thinking that intermittent Covid-19 tests will be effective in reducing the anxiety levels of nurses		
Yes	263	80.4
No	64	19.6
The need to have psychological support		
Yes	162	49.5
No	165	50.5
Having an online psychological support service		
Yes	115	35.2
No	212	64.8
Benefiting from the online psychological support service (n=115)		
Yes	7	6.1
No	108	93.9
The changing attitude of the social environment to the nurse in this process * (n=327)		
I do not feel any support.	46	8.8
They treat me like I am a hero.	52	9.9
I have a supportive social environment.	188	35.8
I feel that they worry about me.	239	45.5

* More than one alternative were selected

This study revealed that the nurses who have a heavy work schedule, work at night shift, experience an increase in anxiety levels, experience a change in sleep patterns, and have high levels of anxiety due to the fear of the transmission of Covid-19 while providing care need more psychological support ($p < 0.05$) (Table 4).

Table 4. Comparison of nurses' need for psychological support with some variables

Some variables	Nurses' need for psychological support				Statistics
	Yes		No		
	n	%	N	%	
Views on working hours					
I work within normal working hours.	68	51.1	65	48.9	x:8.094 p:0.044
I have a heavy work schedule.	28	51.9	26	48.1	
I can find time to relax.	18	72	7	28	
I have flexible working hours.	48	41.7	67	58.3	
Working at night shift					
Yes	134	52.3	122	47.7	x:3.704 n:0.036
No	28	39.4	43	60.6	

Change in anxiety levels					
Increase in anxiety	138	59.7	93	40.3	x:35.086
Decrease in anxiety with the motivation to have a struggle with the disease	16	32.7	33	67.3	p:0.001
No change	8	17	39	83	
Change in sleep patterns					
Yes	131	62.7	78	37.3	x:39.992
No	31	26.3	87	73.7	p:0.001
Level of anxiety related to the transmission of the disease while providing care to the patients diagnosed with Covid-19					
Low	13	28.9	32	71.1	x:21.704
Moderate	46	40	69	60	p:0.001
High	103	61.7	64	38.3	

DISCUSSION

This study investigated the experiences of the nurses who play an important role in the care and treatment of patients during the COVID-19 pandemic affecting the whole world and who have a direct contact with the patients and their attitudes towards the disease. The majority of the nurses (70.6%) who cared for the patients diagnosed with Covid-19 were found to have increased anxiety levels. In their study, Lai et al. examined the factors affecting the mental health of the nurses involved in the care and treatment of Covid-19 patients, and they found that almost half of the nurses (44.6%) had higher levels of anxiety compared to the past. Abdessater et al. examined the anxiety levels of the doctors working in the urology service during the Covid-19 pandemic, and they found that doctors' anxiety levels increased significantly (Abdessater et al., 2020). It is thought that the high level of infectiousness of Covid-19 virus which infects millions of people in the world and causes thousands of people to die and the lack of an effective treatment for the disease may cause helplessness in nurses and thus increase anxiety levels.

This study revealed that 46.8% of the nurses were willing to care for the patients diagnosed with Covid-19 although they had some concerns, while 19% did not want to provide care. As in this study, some studies have found that nurses have anxiety and fear about Covid-19. Some nurses' reluctance to care for the patients diagnosed with Covid-19 is thought to stem from nurses' anxiety and fear about Covid-19 (Lai et al., 2020; Xang et al., 2020).

In their study during the SARS pandemic, Wong et al. found that the nurses felt anxious due to the feeling of weakness and loss of control, their own health, the spread of the virus, the health of their families and others, changes in their work life and being in isolation (Wong et al., 2005). This study revealed that 86.3% of the nurses experience anxiety due to the fear of the transmission of the virus to them, 86.5% of the nurses are anxious about infecting their family and others with the virus, and 85.32% feel anxious due to the uncertainty of the pandemic process.

This study further revealed that 35.5% of the nurses received training about what they should do during a pandemic in their undergraduate education and 48.3% of the nurses received training about Covid-19 before the emergence of first Covid-19 case in Turkey. In their study, Mo et al. found that all the nurses were trained on Covid-19 (Mo et al., 2020). In this study, the nurses had moderate levels of self-efficacy [6.11 ± 2.4 (min: 0; max: 10)] in providing care to the patients diagnosed with Covid-19. It is thought that receiving education about what to do in a pandemic will increase nurses' readiness and knowledge levels. Nurses who have a good level of readiness and knowledge are expected to have lower levels of fear and anxiety. It maybe thought that nurses' not feeling efficient enough to provide care to the patients diagnosed with Covid-19 in this study may be related to their education status.

Nursing is a profession with long working hours and a very stressful working environment (Chou et al., 2014). At the same time, nurses work in high-risk environments due to potential risk factors (bacteria, virus and radiation) and the shift system in hospitals (Lin et al., 2016; Wang et al., 2018). Having long working hours is a risky situation for mental health. Mental health problems are more common in people working long hours and thus, they need psychological support (Xang et al., 2020). Similarly, this study revealed that the nurses who worked long hours, had night shift and experienced changes in sleep patterns needed psychological support.

In this study, it was found that 91.2% of the nurses received support from their social circles. The study conducted by Mo et al. (2020) revealed that all the nurses felt social support from their loved ones.

Nurses are at high risk of both virus transmission and mental health problems caused by pandemic conditions (Xang et al., 2020). At the same time, nurses are afraid that they can be infected by the virus and they can infect their families, friends, loved ones and colleagues. In previous studies, depression, anxiety, fear and anger were detected in nurses working in pandemic services (Liu et al., 2003; Xang et al., 2020). In diseases such as Covid-19 which include stigmatization, fear and uncertainty, individuals encounter obstacles in using mental health services. It is highly important to develop interventions for the evaluation of the mental health of nurses, to provide psychological support and to treat those with mental health problems. Nurses need to work effectively in order to circumvent the Covid-19 process in a healthy way. Nurses need good mental health in order to work efficiently (Xang et al., 2020). This study revealed that the nurses who had a high level of anxiety about being infected by the virus while providing care to the patients diagnosed with Covid-19 and who had fears and concerns about Covid-19 need more psychological support.

Limitations and Recommendations

A limited number of studies have examined so far the anxiety and experiences of the nurses who have worked during the Covid-19 pandemic and have been affected by many aspects of this pandemic. Thus, this study aims to evaluate the anxiety levels and experiences of the nurses who care for the hospitalized patients diagnosed with the Covid-19 disease. Approximately one out of two nurses experienced differences in their role of giving care during the Covid-19 pandemic, such as increased frequency of hand washing and controlling their interventions more than before while giving care in this study. Nurses are concerned about the possibility of transmitting the virus to their loved ones and colleagues. Nurses experienced a change in sleep patterns and they had increased anxiety. Approximately half of the nurses needed psychological support. Nurses should be ensure to cope with these problems and work efficiently during the Covid-19 pandemic process, the mental health status of the nurses should be evaluated at regular intervals and psychological support should be provided to the nurses in need.

CONCLUSION

The findings of this study show that nurses are anxious about the Covid-19 pandemic process. Maintaining the well-being of the nurses with negative changes in sleep patterns and anxiety states is very important in effectively managing the pandemic process. At the same time, nurses have fears and anxieties about being infected by the virus and infecting their families, loved ones, friends and colleagues with the virus. Nurses who work long hours, work at night shift, have changes in their sleep patterns, are worried that they will be infected by the Covid-19 virus, and have fears and concerns about Covid-19 are at risk for experiencing psychological health problems. For this reason, nurses who care for patients diagnosed with Covid-19 should be evaluated periodically in terms of psychological health with a risk approach and should be supported psychologically when necessary.

Nurses play an important role in infection prevention, infection control and isolation. The opinions and recommendations of the nurses should be considered while developing policies for the management of the pandemic process. The training to be given to nurses on pandemic both at university and in work life should include not only theoretical but also practical knowledge.

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Competing interests

The authors declare that they have no competing interests.

Credit Statement

Design of Study: MK (%25), ÖÖY (%25), DÇE (%25), İAA (%25)

Data Acquisition: MK (%40), ÖÖY(%30), DÇE (%30)

Data Analysis: MK (%25), ÖÖY (%25), DÇE (%25), İAA (%25)

Writing: MK (%40), ÖÖY (%30), DÇE (%30)

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