

# The Impact of Nurse Caring on the Recovery of COVID-19 Patients: A Systematic Review

*by* Eni Sumarliyah 6

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# The Impact of Nurse Caring on the Recovery of COVID-19 Patients: A Systematic Review

Eni Sumarliyah<sup>1</sup>, Luthfiyah Nurlaela<sup>2</sup>, Andi Mariono<sup>3</sup>, Dede Nasrullah<sup>4\*</sup>, Ira Purnamasari<sup>5</sup>, Idham Choliq<sup>6</sup>

<sup>1,4,6</sup>Faculty Health of Science University Muhammadiyah of Surabaya, Indonesia

<sup>1,2,3</sup>Universitas Negeri Surabaya, Indonesia

<sup>5</sup>Student Master's on Nursing Study Program, Faculty of Nursing, Universitas Airlangga, Indonesia

**Corresponding Author:** Dede Nasrullah

<sup>1,8</sup>Department of Nursing Faculty Health of Science University Muhammadiyah of Surabaya

Jl. Sutorejo No 59 Surabaya, East Java, Indonesia 60295

**Email :** [dedenasrullah@um-surabaya.ac.id](mailto:dedenasrullah@um-surabaya.ac.id)

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## ABSTRACT

Coronaviruses are a large family of viruses that cause illness ranging from mild to severe symptoms. At least two types of coronavirus are known to cause diseases that can cause severe symptoms, such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). Coronavirus Disease 2019 (COVID-19) is a new type of disease that humans have never previously identified. The virus that causes COVID-19 is called Sars-CoV-2. The nurse is the provider of nursing services for all patients, inpatients, and outpatients or emergency patients. Nurses must be able to develop attitudes, behaviors, and knowledge that can support quality care. Literature searches were conducted from 28 August to 20 September 2020 in several scientific publications such as SCOPUS, Springerlink, Proquest, and Science Direct. The keywords for publication in 2018-2020 were impacted, caring, nurses, patients, Covid-19. Besides, it was also limited in the field of English nursing. Caring for nurses is very necessary for the healing process in covid 19 patients so that it can accelerate the patient's healing process and avoid the anxiety caused by covid.

**Keywords:** Caring, corona virus, nurse, covid 19, recovery

## Correspondence:

Dede Nasrullah

Department of Nursing Faculty Health of Science University Muhammadiyah of Surabaya Jl. Sutorejo No 59 Surabaya, East Java, Indonesia 60295

Email : [dedenasrullah@um-surabaya.ac.id](mailto:dedenasrullah@um-surabaya.ac.id)

## INTRODUCTION

Coronaviruses are a large family of viruses that cause illness ranging from mild to severe symptoms. At least two types of coronavirus are known to cause diseases that can cause severe symptoms, such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). Coronavirus Disease 2019 (COVID-19) is a new type of disease that humans have never previously identified. The virus that causes COVID-19 is called Sars-CoV-2. Coronaviruses are zoonotic (transmitted between animals and humans). Research stated that SARS is transmitted from civet cats to humans and MERS from camels to humans. Meanwhile, the animal that is the source of transmission of COVID-19 is still unknown.

The nurse is the provider of nursing services for all patients, inpatients, and outpatients or emergency patients. Nurses must be able to develop attitudes, behaviors, and knowledge that can support quality care. One of the attitudes and behaviors that must be developed by nurses is caring behavior. Caring behavior needs to be instilled because it contributes to the service expected by patients (Gema, C.P, Hartanti & Nanik, 2016). Health services, especially excellent nursing care, can be supported through nurse caring behavior. Caring behavior is the key to improving the quality and quality of excellent nursing services (Rohmatulloh & Haryani, A, 2018).

Caring is the nurse's ability to understand and help clients. As a nurse, she/he must have an awareness of nursing care in assisting clients to achieve or maintain health or achieve a peaceful death. Lindred (Cecep. S.F, Noprianty, R & Karna, I. 2019). Nurse caring behavior is an attitude that must be possessed by nurses. The care that pays attention to the nurse's caring behavior will help the patient achieve

his recovery or encourage the patient's condition to be better. All patients need care for nurses, including covid 19 patients. Nurses must not forget about caring for Covid-19 patients because the lack of caring will lead to an uncomfortable or anxious condition in the patient that will negatively affect their condition. It is in contrast to caring for the patient's recovery. Thus, nurses' caring behavior is vital in caring for Covid-19 patients.

## METHOD

### Literature Search Strategy

Literature searches were conducted from 28 August to 20 September 2020 in several scientific publications such as SCOPUS, Springerlink, Proquest, and Science Direct. The keywords for publication in 2018-2020 were impacted, caring, nurses, patients, Covid-19. Besides, it was also limited in the field of English nursing.

### Selection Criteria and Process

The literature chosen should be related to impact, caring, caregivers, Covid-19 patient. The inclusion criteria specified were nurse caring in all covid patients. Besides, the research chosen is empirical (not reviews or articles). The research design chosen was a qualitative, descriptive study, and a protocol study. Literature should also be published in an indexed journal.

After getting literature that matched the keywords, the reviewer would filter the title to find out the journal's duplication. After the journal's duplication was removed, the reviewer will sort the literature according to the inclusion criteria and the expected results contained in the abstract. The following action was to select a journal by reading its full text to ascertain whether it met the systematic review requirements (Figure 1).

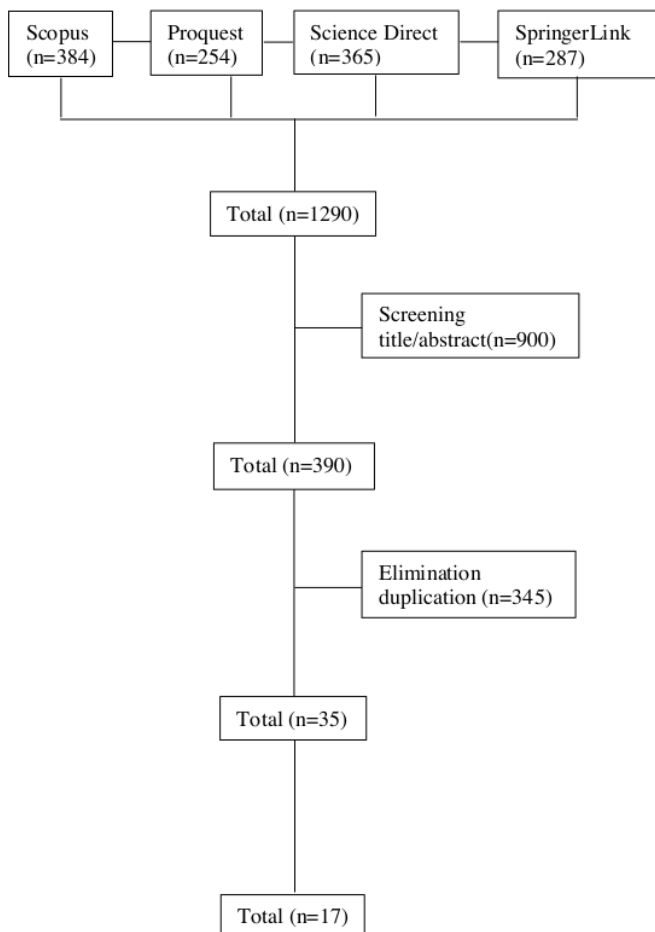


Figure 1. The Process of Journal Selection for a systematic review.

**RESULT**

The search strategy resulted in 1290 articles. After filtering from editorial titles, 900 articles were omitted.

Then, 390 duplicate articles were eliminated to 45 articles. Forty-five articles were read in full text and adjusted to the inclusion criteria so that 17 articles were obtained.

No.	Title of scientific article & Author	Variable	Research Type	Result
1.	Caring for patients with cancer during the Covid-19 outbreak in Italy (1)		Description	As a result of an outbreak, one must decide on the risk-benefit ratio between the use of intensive and combined care, maintenance strategies, and next-line care for each patient. Set up a multidisciplinary team via video to discuss experiences and difficult decisions to make. The best strategy for communicating care management plans to cancer patients and their families, deciding what to do for cancer patients already enrolled in clinical trials.
2.	Caring for patients with cancer in the Covid-19 era (2)		Description	It was maintaining the continuity of cancer care amid the Covid-19 pandemic, providing five practical guidelines for cancer centers: steps taken by cancer centers during the COVID-19 pandemic, a scheme prioritizing systemic patients for cancer therapy, a scheme prioritizing patients for surgery, a

				scheme prioritizing patients for radiotherapy, the phase used for downscaling scenarios during the COVID-19 pandemic.
3.	<sup>12</sup> Caring for our cancer patients in the wake of COVID-19 (3)		Description	Cancer patients are three times more susceptible to infection and severe complications. Interventions that can help ensure continuity of care, i.e., limit exposure (virtual outpatient clinic, virtual assessment of symptoms, scheduled chemotherapy, limit visits to inpatients), rationalize treatment (prioritize SACT for a group of the most benefit patient. Besides, it also consider delaying treatment, priority, and rationalization of surgery based on urgency), limit morbidity (consider increased use of prophylactic granulocytes, early identification of infection by triage at home, delay all treatment in COVID-19 positive patients, ensure that patients are full vaccinated, providing oncological support in accepting cancer patients).
4.	<sup>1</sup> Online Balint groups in healthcare workers caring for Covid-19 patients. The online Balint group on health workers treating Covid-19 patients. (4)	Independent online Balint group  Dependent Psychosocial stress, anxiety	Quantitative Pre-Post test design  Instrument: Corona disease anxiety scale (CDAS)  Analysis data: Wilcoxon	The mental health of medical staff requires special attention. Doctors and nurses were overwhelmed and were showing signs of psychological distress. Balint group helping health workers cope with psychosocial stress (attending groups online), health workers were talking about patients they had recently struggled with who were emotionally disturbed, other groups responding to what they hear. This evolutionary experience showed effective results with the corona disease anxiety scale (CDAS). The study results showed statistically significant changes. The online Balint Group was motivating to continue this work.
5.	<sup>4</sup> Roles of clinical pharmacists in caring for patients with inflammatory bowel disease during Covid-19 (5)		Description	Maintain continuous care of IBD patients who are not infected with Covid19 during travel restrictions and clinic access, and Clinical pharmacists have an additional role in the IBD center, patients contact inquiring about IBD treatment and the risk of COVID-19, help regulate additional call volume, screen for COVID-19, and emphasizes the importance of continuing treatment, using video platforms to review treatment administration techniques, coordinating with external laboratories to reduce patient exposure and trips to the hospital, maintaining quality standards of care for IBD patients during the Covid-19 pandemic
6.	<sup>1</sup> The mental health burden of frontline health professionals in screening and caring for the imported COVID-19 patients in China during the pandemic. (6)		Observational  Instrument: Perceived stress (PSS-10), Patient health questionnaire (PHQ-9), Generalized anxiety disorder (GAD-7), Insomnia severity index (ISI-7)	Many Chinese people returned to China infected with Covid-19 from abroad. Health workers provided screening tests and medical care for imported Covid-19 cases of mild to moderate severity. Mental health problems were common among frontline health workers. The results of the prevalence of stress, depression, anxiety, and sleep quality indicated moderate to severe stress, depression, anxiety, and sleep disorders.
7.	<sup>14</sup> A cluster of chalazia in nurses using eye protection while caring for critically ill patients with Covid-19 in intensive care (7).		Description	The nurse complained of painless red eyes, swollen and torn eyelids, the presence of a non-painful inflammatory nodule in the middle of the lower eyelid, conjunctival

				redness with the diagnosis of chalazion. The cause was irritation and dehydration of the eyelids when using eye protection. Taking a break every 2 hours and changing the mask prevents the development of the hordeola; hot compress massage also helps.
17	8. The role of palliative care in caring for the families of patients with Covid-19. (8)		Description	Intervention components for caring for families of COVID-19 patients: providing frequent, scheduled, and new medical, follow-up support after medical updates, improving communication between families and patients, visiting family companions near the end of life, providing spiritual support to patients and family members, provide social worker support and offer child life support.
5	9. Experiences and psychosocial problems of nurses caring for patients diagnosed with COVID-19 in Turkey: A qualitative study. (9)		Qualitative Phenomenology  Sample 10 nurses  Instrument: Questionnaire Form semi-structured interviews  Data Analysis: Statistic MAXQDA 20.0 and Colaizzi phenomenologist	Nurses caring for COVID-19 patients who were negatively affected psychologically and socially, nurses use short-term coping strategies and require psychosocial support and resource management. Nurses also face a stigmatizing attitude, experience burnout, and were at risk of secondary trauma from witnessing illness and death.
13	10. Mental distress and influencing factors in nurses caring for patients with Covid-19. (10)		Survey cross-sectional  Sample 90 nurses  Instrument: Scoring PTSD (post-traumatic stress disorder)	Nurses experienced tremendous stress, judging by the significant PTSD score. Sources of stress included working in an isolated environment, fear of lack of personal protective equipment, physical and emotional exhaustion, a shift in workloads, fear of infection, and bad work experience with Covid-19.
1	11. Expert consensus on nurses human caring for COVID-19 patients in different sites (11)		Description	Principles of human care for COVID-19 patients: <ol style="list-style-type: none"> <li>1. Nurses must be aware of the severity and complexity of COVID-19, as well as the degree of difficulty and suffering of patients, protect patients' lives, and make them feel warmly supported.</li> <li>2. Nurses must be responsible and kind to patients, treat patients like family.</li> <li>3. Integrate human care into the entire process of treatment and recovery while meeting the patient's individual human care needs.</li> <li>4. Manifesting human care with professional and creative actions</li> <li>5. Treat nurses as the most important resource, comprehensively making use of the resources available for human care.</li> </ol> <ol style="list-style-type: none"> <li>1. Highlight patient self-mobilization and motivate their potential capacity to facilitate self-healing.</li> <li>2. Pay attention to infections of the patient's family members and provide psychological support</li> <li>3. Nursing staff should perform standard procedures for personal</li> </ol>

				<p>care and protection to ensure physical and mental health and report any symptoms of negative emotional feelings.</p> <p>4. Write and post names and roles in the protective clothing. Human care in various places:</p> <ul style="list-style-type: none"> <li>- Patient at a fever clinic</li> <li>- Patients in isolation rooms at the hospital</li> <li>- The patient is in the hospital's mobile cabin.</li> <li>- Patients in medical isolation observation centers</li> <li>- Patients at the quarantine house</li> <li>- Patients in-clinic rehabilitation</li> </ul>
12.	<p>Caring for deaf and hard of hearing patients in dermatology during the COVID-19 (12)</p>		Description	<p>Recommendations for reducing communication barriers for deaf patients:</p> <ol style="list-style-type: none"> <li>1. Masks have a negative impact because they reduce the vocal volume and prevent reading lips; it is recommended to use SafeNClear clear face masks (patients with negative Covid-19 tests)</li> <li>2. Video conferencing-based platform with a companion helps DHH patient communication.</li> <li>3. Dermatologists provide visual tools with various photos of skin morphology and symptoms so that patients can respond to questions even with limited hearing.</li> <li>4. Meeting by telephone, DHH patients using telecommunication relays; this system uses an operator who voices the typed conversation to the doctor then types the response back to the patient.</li> <li>5. Written instructions for taking photos of areas of concern</li> </ol>
13.	<p>The lived experience of nurses caring for patients with Covid-19 in Iran: A phenomenological study. (13)</p>		<p>Qualitative Phenomenology</p> <p>Sample 12 nurses</p> <p>Instrument: semi-structured interview WhatsApp mobile messaging app</p> <p>Data Analysis: Colaizzi</p>	<p>Nurses working inwards and care centers aimed at COVID-19 patients are mentally and emotionally depressed and work in conditions of inadequate health personnel. High mental demands can interfere with the quality of care, anxiety, and stress have a negative impact on patient care and the mental health of nurses, the fear of contracting and transmitting the disease to others.</p>
14.	<p>Extremely Low Prevalence of Asymptomatic COVID-19 Among Healthcare Workers Caring for COVID-19 Patients in Israeli Hospitals: a Cross-sectional Study (14)</p>		<p>Survey Cross-sectional</p> <p>Sample 522 staffs</p> <p>Data analysis chi-square, fisher test, or t-test</p>	<p>The findings of the low prevalence of asymptomatic COVID-19 among healthcare workers, coupled with the absence of symptoms acquired during patient care, lead national guidelines suggesting consistent personal protective equipment from WHO to protect healthcare workers from Covid-19 infection.</p>
15.	<p>EMDR in Telemental Health Counseling for Healthcare Workers Caring for Covid-19 Patients: A Pilot Study (15)</p>		<p>Pilot study</p> <p>Sample 17 nurses</p> <p>Instrument: HAD scale (hospital</p>	<p>Using the URG-EMDR protocol for remote telemental health in one session by a psychotherapist, the assessment focused on depressive symptoms. The result was a rease in anxiety and depression scores. The purpose of the URG-EMDR is to reduce</p>



			anxiety and depression)	the psychological and emotional impact of
15				ises, to mobilize nurses' adaptive abilities.
16.	Caring for dialysis patients in a time of Covid-19 (16)		Description	<p>Patients with end-stage kidney disease are very susceptible to infection with COVID-19. Steps to care for dialysis patients during COVID-19:</p> <ul style="list-style-type: none"> <li>- Patient protection measures: proper handwashing techniques, coughing and sneezing etiquette, social distancing practices, notifying if you have traveled to a covid pandemic area or contact with a positive person, the patient was screened for signs of respiratory tract infection, travel by private vehicle, dialysis guideline educational pamphlet, wearing a mask, only came to the dialysis center when it was their turn.</li> <li>- Health care personnel protection measures</li> <li>- Dialysis of patients with COVID-19: patients must be dialyzed separately in an isolation room.</li> <li>- Considerations for peritoneal dialysis and home hemodialysis.</li> </ul>
16				
17.	Caring for patients with cancer in the face of self-vulnerability during the COVID-19 pandemic (17)		Description	A pregnant woman doctor is at the forefront of the pandemic, experiencing worry and uncertainty, continuing to work and care for patients at high risk of contracting Covid-19. if the infection causes respiratory failure, fetal complications, intrauterine growth restriction, premature birth, and neonatal death. Wearing appropriate PPE and the standard precautions the CDC recommends could help protect healthcare workers.

**DISCUSSION**

December 2019, an outbreak of pneumonia by the new coronavirus SARS-CoV-2 occurred in Wuhan City, China. The disease is called Covid-19, a new respiratory disease that is widespread throughout the world (4). The 2019 coronavirus disease (Covid-19) outbreak that started in Wuhan, China, continues to spread rapidly around the world (9).

Nurses, as the main population of the main health profession, are also serving in the Covid-19 pandemic, continuing to serve in diagnosing, caring for patients for weeks with limited resources (9). Nursing is the main workforce in health care, the nurse who is closest to the patient and the longest time in caring for the patient. The COVID-19 pandemic is a tragic event for many people, including the nursing profession. Nurses work on the front lines of the pandemic and are faced with many challenges physically and psychologically (11).

The role of nurses in COVID-19 patients is 1) Nurses must be aware of the severity and complexity of COVID-19, as well as the level of difficulty and suffering of patients, protect patients' lives and make them feel warmly supported, 2) Nurses must be responsible and kind to patients, treat patients like family, 3) Integrate human care into the whole process of treatment and recovery, when meeting patients individual human care needs, 4) Realizing human care with professional and creative actions, 5) Treat nurses as the most important resource, make comprehensive use of available resources for human

care, 6) Highlight patient self-mobilization and motivate their potential capacity to facilitate self-healing, 7) Be aware of the patient's family member infection and provide psychological support, 8) Nursing staff should perform standard care procedures and self protection to ensure physical and mental health, and report any symptoms of negative emotional feelings, 9) Write and

23) names and roles in protective clothing (11).

The impact of caring nurses on the recovery of Covid-19 patients shown at the nurses caring for cancer sufferers during the Covid-19 outbreak. Cancer patients are three times more susceptible to infection and severe complications, interventions that can help ensure continuity of care, i.e., limit exposure (virtual outpatient clinic, virtual assessment of symptoms, scheduled chemotherapy, limit visits to inpatients), rationalize treatment (prioritize SACT for a group of patients who benefit the most, consider delaying treatment, priority, and rationalization of surgery based on urgency), limit morbidity (consider increased use of prophylactic granulocytes, early identification of infection by triage at home, delay all treatment in COVID-19 positive patients, ensure that patients are vaccinated full, providing oncological support in accepting cancer patients) (3).

As a result of an outbreak, one must decide on the risk-benefit ratio of the use of intensive and combined care, maintenance strategies, and next-line care for each patient. Set up a multidisciplinary team via video to discuss experiences and difficult decisions to make. Must

find the best strategy for communicating care management plans to cancer patients and their families, deciding what to do for cancer patients who are already enrolled in clinical trials. They were maintaining the continuity of cancer care amid the COVID-19 pandemic, providing five practical guidelines for cancer centers, namely: steps taken by cancer centers during the COVID-19 pandemic, a scheme prioritizing systemic patients for cancer therapy, a scheme prioritizing patients for surgery, a scheme prioritizing patients for radiotherapy, the phase used for downscaling scenarios during the COVID-19 pandemic (2).

The main focus has shifted to handling COVID-19 so that it affects normal 24th services and routine cancer care. Cancer patients are at a higher risk of contracting COVID-19. The pandemic puts cancer patients in a very difficult situation where if they seek the treatment, they expose themselves to the risk of being infected with COVID-19, and if not, the likelihood of death without treatment increases; for them, it is a choice between the devil and the deep sea. Special precautions when patients are in outpatient and surgical clinics: No patient or companion is allowed to enter without a mask, all admission patients are checked for body temperature, if fever is immediately sent to the covid department, fill out a symptom checklist and screening questionnaire, those with covid symptoms referred for RT-PCR examination before receiving treatment (18).

Nurses caring for COVID-19 patients who are negatively affected psychologically and socially nurses use short-term coping strategies and require psychosocial support and resource management. Nurses also face a stigmatizing attitude, experience burnout, and are at risk of secondary trauma from witnessing illness and death (9).

For example, the high number of imported COVID-19 infections in China. Many Chinese people returned to China infected with COVID-19 from abroad. Health workers provide screening tests and medical care for imported COVID-19 cases of mild to moderate severity. Mental health problems are common among frontline health workers. The results of the prevalence of stress, depression, anxiety, and sleep quality indicated moderate to severe stress, depression, anxiety, and sleep disorders (6).

Nurses experienced tremendous stress, judging by the significant PTSD score. Sources of stress include working in an isolated environment, fear of lack of personal protective equipment, physical and emotional exhaustion, a shift in workloads, fear of infection, and inadequate work experience with COVID-19. (10). Nurses work inwards and care centers aimed at COVID-19 patients, experience mental and emotional distress, and work in conditions of inadequate health personnel. High mental demands can interfere with the quality of care; anxiety and stress have a negative impact on patient care and the mental health of nurses; there is a fear of contracting and transmitting the disease to others (13).

The mental health of medical staff needs special attention; doctors and nurses are overwhelmed and showing signs of psychological distress. Treatment that can be done is 1) The Balint group helps health workers cope with psychosocial stress (attending groups online), health workers talk about patients they have recently struggled with who are emotionally disturbed, other groups, respond to what they hear. This evolutionary experience shows effective results with the corona disease anxiety scale (CDAS). The study results show statistically

significant changes. The online Balint Group is motivating to continue his work (4).

Secondly, the use of the URG-EMDR protocol for remote telemental health in one session conducted by a psychotherapist, the assessment focused on depressive symptoms. The result is a decrease in anxiety and depression scores. The purpose of the URG-EMDR is to reduce the psychological and emotional impact of nurses, to mobilize nurses' adaptive abilities (15).

#### CONCLUSION

Caring for nurses is very necessary for the healing process in covid 19 patients so that it can accelerate the patient's healing process and avoid the anxiety caused by covid. The role of nurses in COVID-19 patients is 1) Nurses must be aware of the severity and complexity of COVID-19, as well as the level of difficulty and suffering of patients, protect patients' lives and make them feel warmly supported, 2) Nurses must be responsible and kind to patients, treat patients like family, 3) Integrate human care into the whole process of treatment and recovery, when meeting patients individual human care needs, 4) Realizing human care with professional and creative actions, 5) Treat nurses as the most important resource, make comprehensive use of available resources for human care, 6) Highlight patient self-mobilization and motivate their potential capacity to facilitate self-healing, 7) Be aware of the patient's family member infection and provide psychological support, 8) Nursing staff should perform standard care procedures and self protection to ensure physical and mental health, and report any symptoms of negative emotional feelings, 9) Write and post names and roles in protective clothing. It is highly risky job as nurses' staff are front line soldier so having proper PPE and training to protect themselves also prime important for nursing staff.

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