Jurnal Ilmu dan Teknologi Kesehatan, Vol. 16 No. 2 July 2025 Hal 87-95
ISSN 2086-8510 (Print), ISSN 2655-5875 (Online)
https://doi.org/10.33666/jitk.v16i2.659 https://journal.uwhs.ac.id/index.php/jitk/article/view/659

UNDERSTANDING NURSING APPROACHES FOR ISOLATED COVID-19 PATIENTS: A SCOPING REVIEW

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Submitted: Agut 22nd 2024 | Revised: Okt 2nd 2024 | Accepted: Okt 3rd 2024 | Published: July 8th 2025

ABSTRACT

Fulfilling the needs of holistic nursing in COVID-19 patients with critical conditions and critical disabilities is imperative and cannot be waited by the family for 24 hours. The aim of the study is to provide a comprehensive understanding of the nursing care of a Covid-19 patient in the critical space by utilizing the scoping review technique in conjunction with nursery protocols. The technique for scoping reviews is based on a methodological approach that includes the following steps: (a) formulating research questions; (b) locating pertinent literature; (c) choosing literatures; (d) plotting extracted data into graphs; and (e) summarizing, analyzing, and reporting findings. The most influential history of comorbidity is a history of smoking, the occurrence of happy hypoxia, anxiety, anxiousness, depression, and stress. There is loneliness, inertia, incapacity for worship, despair, and fear of death. Treatment of Covid-19 patients in a negative stress isolation room, endotrakeal intubation carried out by the most experienced health workers with respiratory management to minimize the length and risk of transmission. Strict monitoring for deterioration of respiratory status and hemodynamic monitoring is recommended. Nursing care given to COVID-19 patients is holistic toward healing by paying attention to the prevention of transmission to officers and patients.
Keywords: experience; COVID-19 patient care; isolation room; qualitative

INTRODUCTION

Experience is defined as something that a person has felt, experienced, or lived. A nurse's professional assistance to a patient with the goal of healing is known as nursing care. Holistic nursing practice, including one aspect carried out in a private room for orphans. As long as they are sick, patients who are suspected or proven to have COVID-19 are treated using a combination of conventional and transmission-based preventative measures, such as contact, droplets, and air. These precautions include placing patients in isolation areas that meet specific requirements, including negative pressure rooms or quarantine areas with limited access for personnel and guests. The goal is to curb the spread of the infection and restrict the further transmission of COVID-19. Although there has been research that discusses the experience of staff in treating COVID-19 patients and their mental health care needs, no research has been published on the experiences of COVID-19 patients during the period of isolation. The study then aims to describe the experiences and perceptions of 11 patients undergoing isolation for COVID-19 in New South Wales, Australia (Shaban *et al.*, 2020).

As the number of healthcare providers involved worldwide in dealing with the COVID-19 crisis increases, their role becomes more and more crucial. These healthcare providers not only make a major contribution to pandemic management efforts, but they also face a number of serious challenges in carrying out their duties. These challenges reflect the importance of the role of healthcare providers in the fight against COVID-19, even though their working conditions are often difficult and stressful (Xiong and Peng, 2020). Nurses who treat Covid 19 patients feel physical fatigue and discomfort caused by outbreaks, hard work, large numbers of patients, and lack of protective material (Kang *et al.*, 2018; Kim, 2018) especially nurses with families with elderly and children in their families. Physical, psychological fatigue, inability, health threats, lack of knowledge, and ignorance under the threat of epidemic disease cause a large number of nurses to have negative emotions such as fear, anxiety, and inertia, as has been by several studies (O'Boyle, Robertson and Secor-Turner, 2006; Kim, 2018).

A multitude of factors, such as the high risk of infection, inadequate personal protective equipment, a heavy workload and labor shortage, confusion, discrimination, isolation, patients with negative emotions, separation from families, and even burning, put frontline healthcare providers under extreme stress and can lead to outbreaks. These pressures can lead to mental health issues like stress, anxiety, depression, sleeplessness, denial, anger, and fear. These issues can impact care providers' ability to pay attention to their health, understand their condition,

and make decisions, as well as have long-term consequences for their physical and mental health even after the COVID-19 crisis has passed. In 2020 (Xiong and Peng, 2020).

Many studies have shown that epidemic outbreaks can lead to chronic trauma for nurses (Su *et al.*, 2007; Kang *et al.*, 2020; Xiang *et al.*, 2020). On the contrary, the results of studies show that most nurses grow psychologically under stress. Nurses take part in self-reflection of their own values and values, finding positive powers such as expressing more appreciation for health and family, as well as thanks to the consistent social support that the sense of responsibility carried by professional ethics in an epidemic (Kang *et al.*, 2020), encourages nurses to actively participate in anti-epidemic tasks and enhance the professional identity of the nurse, as previously. Therefore, actively guiding and inspiring nurses to realize their own psychological growth during the epidemic plays a positive role in psychological adjustment.

COVID-19 pandemic conditions are a special concern, especially in the isolation room. A person who has confirmed COVID-19 becomes a negative stigma in society, so when there is one family member who suffers COVID-19, it will have a psychological impact on the whole family. Treatment of patients in isolated rooms requires special care of nurses and restriction of contact with families. Looking at the phenomenon, the strength of nurses at risk of being infected with COVID-19, and the need for care in patients with COVID-19 who are treated in the isolation room, then it is necessary to make a review of the experience of care of COVID-19 patients in the isolation room. The objective of the research is to explain the nursing care of COVID-19 patients holistically in the critical space through the approach of the nursery process using the method of scoping review..

METHODS

Scoping reviews are conducted using a methodological approach that includes the following steps: (a) formulating research questions; (b) locating pertinent literature; (c) choosing literatures; (d) creating graphs from the extracted data; and (e) summarizing, analyzing, and reporting findings (Arksey, O'Malley and Arksey, H. & O'Malley, 2005).

Identify relevant literature.

The literature for the scoping review was carried out in December 2020 from a database search in JSTOR, Cambridge Core, Nature, Science Direct, Emerald Insight, Springerlink, Scopus, Ebsco, ProQuest (Shen, 2015), using keywords: experience, Covid patient care 19, room isolation, qualitative. The researchers identified several articles related to research topics carried out in the period 2019-2020 to limit searches during the Covid-19 pandemic period. All the literature found was exported to Mendeley and then analyzed, and there were 14 related articles.

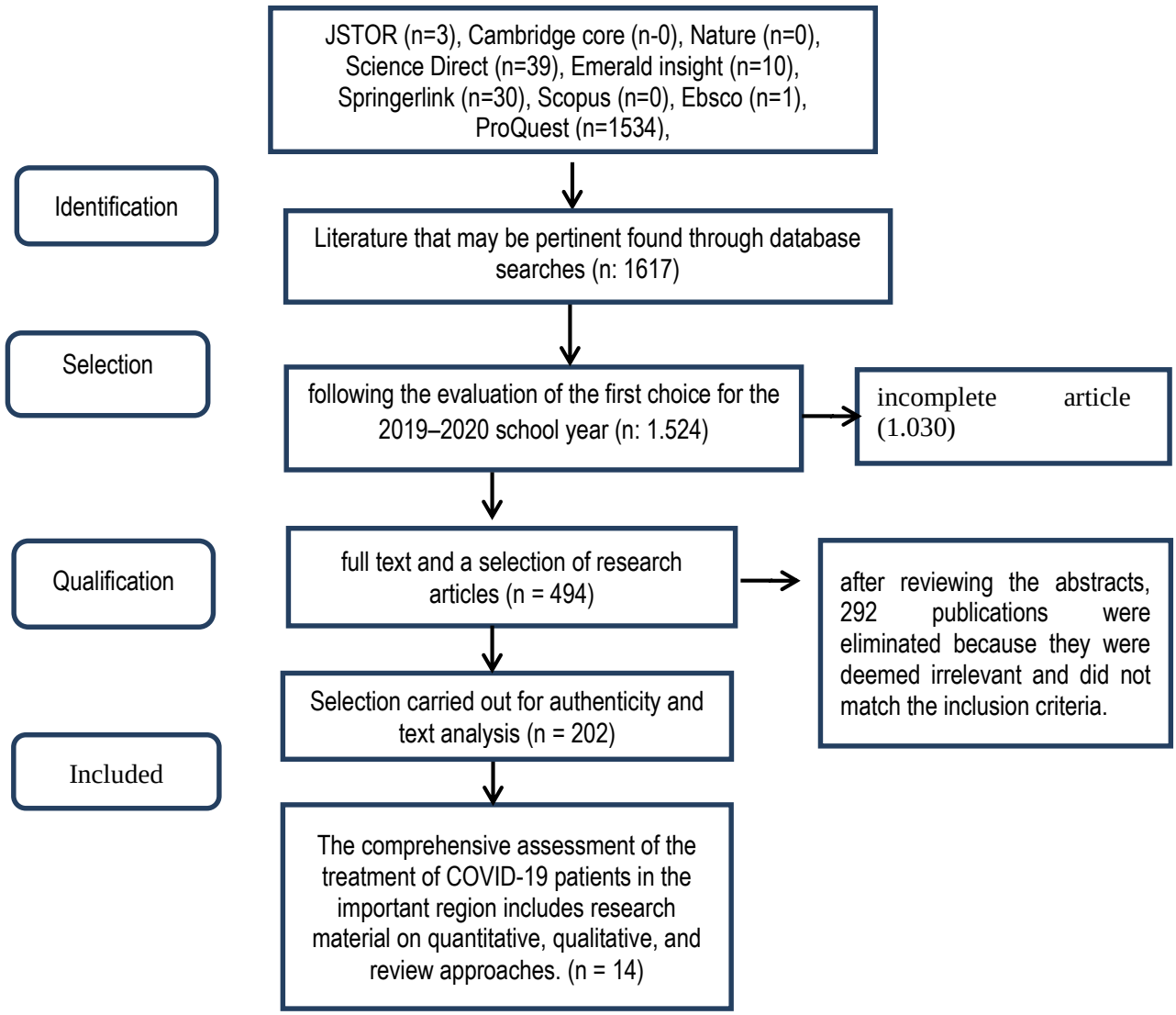
Choosing literature

All kinds of literature are included when it comes to aspects of experience, treatment of COVID-19 patients, isolation rooms, and qualitative research on COVID-19 patients in critical rooms. Data search method by grouping articles and analyzing each article (Whittemore and Knafl, 2005). Of some articles reviewed, analyzed, and data analyzed by process, first every article is read and the article is categorized (Whittemore and Knafl, 2005).

Create extracted data charts.

In conducting surveys, researchers use data-searching methods and extract according to the topic and purpose of the research (Figure 1.)

Figure 1. Flow diagram for choosing literature sources



Summarize, analyze, and report results.

The literature selected is descriptive and summarized using tables that have been created to reflect the name of the author, the year of the study, the country where the research was carried out, and the results of the research.

RESULT AND DISCUSSION

Covid-19 patients have a medical history of hypertension, heart failure, diabetes mellitus, coronary heart disease, a history of smoking, and a history of living in the epidemic area. Of some of the most influential histories of comorbidities is the history of smoking (Chris R. Triggle, Devendra Bansal, Elmoubasher Abu Baker Farag, Hong Ding, 2020; Hu *et al.*, 2020; Jutzeler *et al.*, 2020; Li *et al.*, 2020; Wang *et al.*, 2020). Negative pressure spaces are spaces used to prevent the spread of airborne transmission of pathogens from room to room (e.g., measles and tuberculosis), the primary purpose of which is to avoid accidental release of the pathogen into larger spaces and open facilities, thus protecting health workers and patients in hospitals. Negative pressure is created andined by a ventilation system that allows extra air to enter an insulated room with differential pressure and is removed directly out or filtered by a high-efficiency particle air filter (HEPA) directly before recycling (Alhazzani *et al.*, 2020).

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Biological

The nurse is able to perform physical examinations that include vital signs, a patient's body temperature, blood pressure, pulse rate, blood oxygen saturation, breathing, and depth. Study the patient's level of consciousness, muscle pain, fatigue, cough, sputum, chest numbness, shortness of breath, and diarrhea.

Examining the skin and mucous membranes, examining the color and elasticity of the patient's skin, toxicity, peripheral limb circulation, and bleeding. Study nutritional status, patient food intake, and signs of dehydration (Wang *et al.*, 2020).

The most common clinical signs and symptoms in COVID-19 patients are fever, cough, fatigue, myalgia, headache, dyspnea, sore throat, diarrhea, and abnormal X-rays, indicating pneumonia (unilateral or bilateral) (Jutzeler *et al.*, 2020). Clinical manifestations show a wide spectrum of diseases ranging from mild to severe respiratory syndrome and influenza-like diseases, with most of the lower respiratory tract complicated by pneumonia and acute respiratory disorder syndrome. (ARDS). High fever and headache. In many cases, loss of sense of taste and smell, gastrointestinal symptoms, as well as heart problems resulting from excessive impact with mild to moderate symptoms that may include pneumonia, (Chris R. Triggle, Devendra Bansal, Elmoubasher Abu Baker Farag, Hong Ding, 2020; Hu *et al.*, 2020).

Covid-19 patients were found to have hypoxemia, suffering from respiratory failure, hypoxia, and hypokapnia (Möhlenkamp and Thiele, 2020). Some patients do not complain of dyspnea even with severe progression of hypoxemia (Dhont, Derom, Braeckel, *et al.*, 2020; González, Lucy and Kaufmann, 2020; Nouri-Vaskeh *et al.*, 2020). Approximately 14% of the patients have a severe condition with oxygen saturation in the blood (93%) and 6% are critical, with respiratory failure, septic shock, and/or severe multi-organ dysfunction or failure. A decrease in oxygen levels in the blood is one of the symptoms of happy hypoxia, i.e., the blood levels are found to be very low in some COVID-19 patients, and even though the oxygen levels are low, some patients can perform activity without problems and do not experience shortness of breath. The phenomenon of decreasing the amount of oxygen in the body without causing symptoms is known as happy hypoxia. The early signs of hypoxia are anxiety, confusion, and anxieties, which, if not treated, develop into hypotension where normal oxygen levels in the blood (oxygen saturation) are in the range of 95–100% (Dhont, Derom, Braeckel, *et al.*, 2020).

When it comes to the treatment of COVID-19 patients, norepinephrine ought to take precedence over dopamine in hemodynamic monitoring techniques for emergency resuscitation in adult patients experiencing shock. It is advised to provide more oxygen for ventilation monitoring if peripheral oxygen saturation (Sp O2) drops below 92% and to maintain Sp O2 in patients experiencing acute respiratory failure at or above 96%. It is advised to utilize lower tidal volume (4–8 mL/kg of projected body weight) and greater PEEP in patients with moderate to severe ARDS who are on mechanical ventilation in order to maximize therapeutic outcomes (Alhazzani *et al.*, 2020; Navas-Blanco and Dudaryk, 2020).

When oxygen levels in the blood decrease and are below the normal range, the body will experience a lack of oxygen called hypoxemia or hypoxia, and pulmonary dysfunction occurs. Untreated hypoxia causes damage to tissues and organs of the body, such as the brain and heart. Most people with hypoxia will experience symptoms of shortness of breath, drowsiness, pale skin, and pale nails and lips. If it's severe, hypoxia can cause the sufferer to experience a loss of consciousness or even a coma. Nevertheless, in some cases, hypoxia can occur without any symptoms and is only detected when the patient undergoes a blood test or oxygen saturation test with a device called a pulse oxymeter. Some studies suggest that happy hypoxia can increase the risk of death in COVID-19 patients. Therefore, any person who has been diagnosed with COVID-19 positive should remain vigilant even if they do not experience any symptoms (Dhont, Derom, Van Braeckel, *et al.*, 2020; Peng *et al.*, 2020).

Certain specialists advise hospitalized COVID-19 patients to get non-invasive ventilation or high oxygen flow delivered via the nasal canal (HFNC) for as long as feasible while safely maintaining a cranial posture. NIV. This technique is supported by direct data, field observations, and indirect evidence about the improvement of patients with acute respiratory disorder syndrome (ARDS) who received pronation posture intervention. (HFNC or NIV). The World Health Organization (WHO) has established oxygenation objectives that recommend maintaining a peripheral oxygen saturation (SpO2) of at least 90% for maintenance oxygenation and at least 94% for first resuscitation. The optimal range for SpO2 is 96% to 98%. Compared to NIV, oxygen delivered through a high-flow nasal canal (HFNC) is more selective (George L Anesi, MD, MSCE, 2020).

Psychological

Nurses have the ability to research anxiety, including fears related to loneliness and worries about the prognosis of illness. Emotional reaction of the patient to the illness, cognitive shift, and adherence to preventive actions (Wang *et al.*, 2020). Anxiety's psychological and mental impacts were seen in Covid-19 patients, and 41 studies assessing anxiety overall discovered that patients were more likely to experience anxiety (56%) than healthcare professionals (26%) and the general population (32%). Patients were more likely to have depression (55%) than healthcare professionals (25%) and the general population (27%). Apart from sadness and anxiety, stress is another widespread issue. In comparison to healthcare professionals and the general population, COVID-

19 patients had the highest prevalence of symptoms/posttraumatic stress disorder (93%) (Luo *et al.*, 2020; Wang *et al.*, 2020).

Prevention of Covid-19 transmission is carried out in the isolation room by applying negative pressure insulation room. Modification of the insulation space is able to and maintain negative pressure and produce an ideal isolation unit for COVID 19 patients. However, the described solution should be seen as a temporary and emergency solution as well as facilities prepared and planned when there is a surge of patients during the outbreak (Miller *et al.*, 2020). Covid-19 sufferers should be treated in isolation from their surroundings and health officials' visits to the patient's room are short-lived, so that this situation leads to the sufferer of COVID-19 becoming lonely and away from his family (Butler *et al.*, 2018). Social isolation is conceptual as a restriction of contact with other people that can cause loneliness as a subjective experience and refers to the perception of social isolation or feelings of solitude (Pantell and Shields-Zeeman, 2020).

The health professionals interviewed respect the psychological privacy of COVID-19 patients. The sufferers suffer from incurable pain, have to be quarantined, and worry about themselves and their families, all of which put patients and families under pressure, where labeling patients or families affected by the coronavirus can threaten the social life of patient and family relationships, even after recovery, and jeopardize the psychological and social safety of patients. Once a person is diagnosed with a positive coronavirus, all of their family members are tested, and their homes are disinfected. Family members declared healthy and recovered are allowed to go home. But people avoid it and maybe stop them from entering their neighborhoods and label them as carriers of the coronavirus. Such behavior leads to emotional disturbance and social disruption for the patient and his family (Mohammadi *et al.*, 2020).

COVID-19 patients have the chance to discuss spiritual issues, investigate their sources of hope and anxiety, and engage in spiritual activities that they find reassuring. able to show them acceptance and listen intently without passing judgment on their spiritual issues. Every time there is a change in a patient's clinical state, a spiritual evaluation needs to be performed (Ferrell *et al.*, 2020). Patients with Covid-19 who receive treatment in solitary and critical rooms have impotence, require family support, are unable to worship, are hopeless, and are afraid of dying; therefore, they require spiritual care in order to say prayers (Ferrell *et al.*, 2020).

Depression, anxiety, fear of isolation, and worry about the prognosis of the illness are among the nursing issues that arise in psychological diseases (Herdman and Kamitsuru S, 2014; PPNI and PPNI, 2017; Jin Y, Cai L, Cheng Z, Cheng H, Deng T, Fan Y, 2020; Luo *et al.*, 2020). The desire to be close, touch, be loved, feel loved, be respected, and have strong listening skills (Ambarwati *et al.*, 2017). For a patient suffering from a psychiatric ailment, like a COVID-19 patient, a nurse's touch, embrace, and eye contact are crucial care actions.

During normal circumstances, working in healthcare is considered to be emotionally stressful (Space, 2020). With the COVID-19 pandemic, health workers are fighting the deadly virus, and there is no evidence-based treatment yet. This unprecedented condition has greatly strengthened the source of emotional stress experienced by health workers (Talking, 2020). Without adequate protection, the main fear expressed by health workers is that they will not only get sick but also spread the virus to the patient and his family. Therefore, many choose to isolate themselves socially in their own homes; at the same time, health workers have to deal with COVID-19 patients with limited resources. This decision is made based on triaging protocols, creating moral pressure among health workers in the ICU room with the condition of patients installing fans and requiring care. Work in critical care requires attention to how to implement and practice health strategies. Besides, they have a duty to educate the next generation of nurses on how to take care of themselves and their patients holistically (Roney, Beauvais and Bartos, 2020).

Social

The problem of caring for social needs is inertia, loneliness, and the negative stigma of society. Patients with knowledge deficits may have insufficient knowledge related to the concepts of isolation, personal protection, and Covid-19 (Herdman and Kamitsuru S, 2014; PPNI and PPNI, 2017; Jin Y, Cai L, Cheng Z, Cheng H, Deng T, Fan Y, 2020).

For COVID-19 patients who need endotracheal intubation, it is recommended that the most experienced healthcare provider with respiratory management perform the endotracheal in order to minimize the duration and risk of transmission (Alhazzani *et al.*, 2020). In adults suffering from COVID-19 who receive NIPPV (non-invasive positive pressure ventilation) or HFNC (high-fow nasal cannula), strict monitoring for deterioration of respiratory status and early intubations in controlled settings if an exacerbation occurs are recommended (Alhazzani *et al.*, 2020).

In order to ensure staff reduction, patient safety, and resilience during and after the COVID-19 pandemic, an atmosphere of trust, psychological stability, and empowerment must be established so that employees feel empowered to bring up patient safety concerns with supervisors (Maben and Bridges, 2020). A nurse may help other nurses through challenging circumstances by motivating and encouraging them, as well as identifying the reasons and solutions of issues (Takase and Teraoka, 2011; Rangachari and Woods, 2020).

In addition to ensuring that there are enough beds and bench distances, nurses are qualified to evaluate and investigate any potential environmental risks of cross-infection. Sufficient safeguards and performance standards for medical personnel and patients (Wang *et al.*, 2020). The idea or feeling of belonging to a social community where members help one another out is known as social support (Hajli *et al.*, 2015). Putting in place a negative-pressure isolation chamber stops SARS-CoV-2 from spreading within the treatment center. That being said, the solution is characterized as an emergency and transitory one (Miller *et al.*, 2020). In addition to communicating with patients in accordance with their age, cultural background, and value systems, nurses are able to deliver client-centric nursing care and convey their requirements to other medical experts. 2011 saw Takase and Teraoka (Takase and Teraoka, 2011).

Spiritual

Both the general population's quality of life and the health and well-being of individuals who are afflicted with illness depend heavily on spirituality. Because COVID-19 patients often experience stress as a result of their condition, which affects their physical, emotional, mental, social, and spiritual aspects, health professionals must foster an atmosphere that can encourage interdependence through spiritual care techniques. In addition, regardless of gender, religion, culture, or ethnicity, all patients and their families ought to get dignified treatment and be given a platform to address any concerns. As per Koenig (Koenig, 2012).

Spiritual care providers play an important role when families are faced with health risks, for example, when families can relate to the care of spiritual service providers. Access to spiritual care for patients and the role of spiritual care to families is clear in research, but in the case of pandemics like COVID-19, where treatment for the disease becomes limited as more and more people get sick and the disease is life-threatening, there can be a challenge to provide support that is so much needed. In today's global pandemic, the patient's motivation is to be able to reveal the source of fear and hope and have the opportunity to take part in spiritual practices that make the patient comfortable (Koenig, 2012; Ferrell *et al.*, 2020). Involving spiritual units in the care of critical patients (Roman, Mthembu and Roman, no date). Providing Koran therapy in the care of critical patients.

CONCLUSION

Nursing care for COVID-19 patients in isolated rooms requires a holistic approach that focuses not only on the physical needs of the patient but also on the mental health of the nurse. The challenges faced by nurses in COVID-19 isolation rooms require comprehensive support, including sustained training and appropriate psychological intervention. The scopeing review emphasizes the importance of developing more specific policies and practices to support nurses in carrying out their duties during pandemic times and beyond. The implications of this study suggest that nursing policy and practice in isolated rooms should take into account the emotional and mental burden experienced by nurses. Improved implementation of preventive protocols and adequate psychological support are essential to nurses' well-being and patient care effectiveness. The development of training programs that focus on crisis preparedness and the provision of additional resources for nurses should be a priority. Furthermore, further research is needed to identify best practices and support innovation in the management of isolation rooms in order to improve the outcomes of care and patient safety as well as the well-being of medical personnel.

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