

ORIGINAL ARTICLE

Frontline nurses' caring experiences in COVID-19 units: A qualitative study

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Abstract**Aim:** Exploring nurses' caring and communication experiences in COVID-19 units.**Background:** Frontline nurses play a critical role in providing 24-h bedside nursing care to COVID-19 patients. An in-depth understanding of frontline nurses' lived experiences is necessary to establish appropriate nursing strategies during crises, such as the COVID-19 pandemic.**Methods:** Qualitative descriptive design with content analysis.**Results:** Fifteen nurses were interviewed, and three themes were identified: central role of therapeutic communication, compassion that deepens naturally and expansion of professionalism in nursing.**Conclusion:** The nurses proactively provided care for COVID-19 patients, and they acknowledged and accepted their roles in protecting the lives and ensuring the health of their patients daily. The nurses' experiences in COVID-19 units served as an opportunity for ruminating and rediscovering the meaning of nursing.**Implications for Nursing Management:** Hospital policymakers and nurse managers should strive to resolve the communication-related challenges faced by nurses. Standardizing and implementing effective communication strategies should be considered in nursing management.**KEYWORDS**

communication, COVID-19, nursing, qualitative research

1 | BACKGROUND

Coronavirus disease 2019 (COVID-19) first occurred in Wuhan, China (Lin et al., 2020; World Health Organization, 2020), after which it spread to countries near China, such as Thailand, Japan and Australia. Soon after, the disease started spreading across the United States and Europe (Arcadi et al., 2021). In South Korea, by November 2021, there were a total of 370,640 confirmed COVID-19 cases and 2,892 COVID-19-related deaths (Korea Centers for Disease Control and Prevention, 2021). Owing to the sudden increase in COVID-19 cases, the Korean Nurses Association recruited over 10,000 nurses, and several nurses volunteered regardless of the working conditions (Shin, 2021). Despite the potential risks during

the ongoing COVID-19 pandemic, nurses' voluntary commitment to patient care sheds light on their commitment towards caring for the sick (Lee & Choe, 2021).

Symbolized by Florence Nightingale, nurses have played a significant role in the prevention, control, isolation and containment of infection, as well as general public health (Smith et al., 2020). Nurses continue to play a significant role in caring for patients who require intensive care in isolation wards during the ongoing COVID-19 pandemic (Gao et al., 2020). Compared with other health care providers, nurses are at the forefront of patient care because, from admission to discharge, they remain in constant contact with patients (Galehdar et al., 2021). Additionally, crises such as the COVID-19 pandemic require professional patient-care skills. Therefore, it is imperative to

understand and reflect upon the roles of frontline nurses to establish effective nursing management strategies during future pandemics.

Caring has always been considered a core attribute of the nursing profession (Karlsson & Pennbrant, 2020). Nurses provide comprehensive care, which comprises physical, mental and emotional care (Lee & Choe, 2021). Specifically, communication is essential during the provision of patient care (Yoo et al., 2020). Frontline nurses must provide care to patients under different circumstances. When patients are admitted to negative pressure or isolation rooms because of COVID-19 infection, frontline nurses must provide such patients with holistic care, which significantly relies on effective communication (Catania et al., 2021; Galehdar et al., 2021). Additionally, throughout the course of the ongoing COVID-19 pandemic, it has been established that health care providers often experience emotional exhaustion owing to the overall lack of effective communication (Wittenberg et al., 2021). Although bedside nurses experience a wide range of communication barriers, current studies primarily investigate nurses' general experiences, perceptions and ethical dilemmas in COVID-19 units (Galehdar et al., 2021; Jia et al., 2021; Karimi et al., 2020). Prior studies showed that nurses experienced fear and anxiety (Galehdar et al., 2021), with psychological and physical burden (Yıldırım et al., 2021). Nurses also highlighted the necessity for advanced preparation for health care crises as they pointed out the lack of support and medical equipment (Karimi et al., 2020). However, studies on nurses' lived experiences regarding care provision and communication-related challenges remain scarce. Understanding caregiving experiences in COVID-19 units may enhance therapeutic relationships and communication skills, thereby guiding the development and implementation of effective nursing strategies for hospital policymakers and nursing managers as they deal with similar situations in the future. Therefore, this study aims to provide an in-depth understanding of caring and communication experiences among nurses in COVID-19 units.

2 | METHODS

2.1 | Study design

This study employed a qualitative descriptive design. This design is suitable for describing unknown phenomena or experiences (Sandelowski, 2000). Therefore, this approach is appropriate for exploring nurses' caring experiences in COVID-19 units.

The inclusion criteria for participation in this study were as follows: (1) nurses in COVID-19 units, (2) nurses with direct bedside care experience involving COVID-19 patients and (3) voluntarily provided informed consent to participate. Nurses were recruited via recruitment flyers. Eligible participants were contacted via telephone, and they were informed about the study's purpose, the researchers' interest in the research topic and the two female researchers' credentials. The recruited participants introduced other eligible participants. Therefore, snowball and purposive sampling methods were used in this study. None of the participants dropped out of the study.

TABLE 1 List of interview questions

Opening question	What type of nursing care did you provide in the COVID-19 unit?
Key questions	<ul style="list-style-type: none"> - What was your role in providing care to COVID-19 patients? - What was your primary focus when providing care to COVID-19 patients? - What types of skills were required to provide effective care in the COVID-19 unit? - Can you tell us what you are doing to enhance your competencies? - What type of support was provided by your hospital for nurses working with COVID-19 patients? What type of help or resources have you required when providing care to COVID-19 patients? - Can you tell us about your communication experiences with COVID-19 patients and their families? Were there any difficulties? - What type of communication skills were effective? - What are your strengths in relation to providing care to COVID-19 patients? - What difficulties did you face when providing care to COVID-19 patients? How did you overcome such difficulties? - Can you tell us about any memorable or rewarding experiences in the COVID-19 unit? - What does COVID-19 nursing care mean to you?
Ending question	Is there anything you wish to add?

2.2 | Data collection and analysis

Data were collected from July 2021 to August 2021 in South Korea. Data saturation was reached at 10 interviews. However, five more interviews were conducted owing to the probability of obtaining new information. Individual semi-structured interviews were conducted by two researchers. The face-to-face interviews were held in a quiet conference room. All the interviews were audio recorded, and they lasted between 52 and 93 min. Field notes were used to record the relevant information for data analysis. All the participants were compensated with a \$25 gift card for participating in the study. Two researchers participated in a pilot interview to evaluate the interview questions, and there was no change (Table 1). After every interview, the researchers held meetings to discuss and compare the interview process, thereby ensuring consistency.

The Institutional Review Board of Dankook University approved this study (approval no.: IRB: 2021-06-028). Participation was voluntary, and written informed consent was obtained before the interviews.

The interviews were transcribed verbatim by the researchers immediately after each session. The conventional content analysis described by Hsieh and Shannon (2005) was used: (1) Researchers

independently perused all the transcripts several times, (2) data were read again to derive codes by highlighting the exact words obtained from the participants, (3) codes were grouped into subthemes based on their similarities, (4) subthemes were sorted into related meanings to develop themes, after which (5) the themes were labelled and each was defined with exemplars of participation quotations. The authors held regular meetings, and consensus was reached through discussions.

2.3 | Rigour

This study utilized Sandelowski's (1986) rigour-based criteria. First, credibility was maintained through semi-structured interviews with open-ended questions, thereby allowing participants to delineate their experiences. Second, fittingness was attained as purposive sampling was conducted, and data were collected until data saturation. Third, auditability was ensured using consolidated criteria for reporting qualitative research (COREQ) (Tong et al., 2007). Finally, confirmability was established using participants' quotations to demonstrate the derived themes. The validity of the results was verified through a member-based checking process involving five participants.

2.4 | Researcher team

Researcher 1 has worked as a clinical nurse for over 9 years, with experience in MERS units. Researcher 2 has worked as an intensive care unit (ICU) nurse for over 16 years. We took qualitative research courses in graduate school, and we attended workshops. Researcher 2, as an academic professor, has previous experience with conducting qualitative research.

3 | RESULTS

3.1 | Participants' characteristics

The final sample comprised 15 female nurses working at two tertiary hospitals in Seoul, Korea. Their average age was 31.6 (25–42) years, and their mean total clinical work experience was 7.7 years, with a mean work experience of 5.7 months in COVID-19 units (Table 2).

3.2 | Thematic results

From the 23 codes, nine subthemes emerged, which were then grouped into three themes: (1) central role of therapeutic communication, (2) compassion that deepens naturally and (3) expansion of professionalism in nursing (Table 3).

3.2.1 | Central role of therapeutic communication

Nurses play a pivotal role in ensuring communication between health care providers and the patients who require intensive care for COVID-19 as well as their families. While undergoing diverse positive and negative communication experiences, nurses perform their roles as the central channels of communication, ultimately contributing to the recovery of patients' health.

With patients: Soothing patients' loneliness behind the illness

Until they recover, COVID-19 patients must remain isolated daily. Despite communicating via phone or video calls, their social lives are significantly restricted. Such patients often feel emotionally deprived, and nurses must intervene frequently to provide emotional support. Participant 7 shared her experience of attempting to comfort anxious

TABLE 2 Characteristics of the participants (N = 15)

Characteristics	N (%)	Mean (SD)	Range (min–max)
Age (years)		31.6 (4.37)	25–42
Gender, female	15 (100.0)		
Work experience (years)		7.7 (4.35)	3–18
COVID-19 nursing experience (months)		5.7 (2.99)	2–11
Original department			
ICU	11 (73.4)		
Haematology and oncology ward	2 (13.3)		
Infectious disease ward	2 (13.3)		
Education			
Graduate	12 (80.0)		
Postgraduate	3 (20.0)		
Marital status			
Unmarried	10 (66.7)		
Married	5 (33.3)		

Abbreviation: ICU, intensive care unit.

TABLE 3 Nurses caring experiences during the COVID-19 pandemic ($N = 15$)

Themes	Subthemes	Frequency of responses (%)
Central role of therapeutic communication	With patients	
	Soothing patients loneliness behind the illness	100.0%
	Showing true active listening by paying close attention to almost inaudible sound	100.0%
	Embracing the patient with equanimity	86.7%
	With families	
Compassion that deepens naturally	Becoming a core messenger between the patients and their families	100.0%
	Moving towards personalized nursing care by understanding the patients	93.3%
Expansion of professionalism in nursing	True human-to-human encounter	86.7%
	Recognizing the social burden of caring for COVID-19 patients	100.0%
	Rebirth of nightingale during the COVID-19 era	80.0%
	Increased self-esteem as a nurse	93.3%

and depressed patients using leaflets: "I created a daily schedule chart, and I give it to patients so that they do not just lie in bed and instead develop a daily routine."

They sometimes cry because they really miss their families. Although they make video calls to their families every day, it is different from actually meeting them. Patients often say they miss their families. (Participant 1)

For severely ill patients who are under mechanical ventilation owing to the rapid deterioration of their lung functions, nurses

attempt to comfort them through nonverbal communication in spite of the personal protection equipment (PPE) they have to wear when providing care to such patients.

We wake sedated patients for ventilator weaning. Imagine how hard it must be. Therefore, I try to express to them that they are not alone by holding their hands and making eye contact. (Participant 15)

With patients: Showing true active listening by paying close attention to almost inaudible sound

Nurses often wish to listen to and chat with patients who require a significant amount of emotional support. However, their efforts are hindered by their heavy PPE and the noise from the negative pressure systems in the isolation rooms. Even in poor conditions where hospitals do not have any special devices for ensuring communication with patients, nurses do not give up. Instead, they strive harder to make eye contact with patients and listen to their voices more carefully.

Because I use a PPE suit equipped with a constantly running PAPR (powered air-purifying respirator), the whirring sound emitted by the filter masks all the surrounding noises. Still, I try to listen more carefully because I am the only one who can help the patient. (Participant 5)

With patients: Embracing the patient with equanimity

Some nurses face difficulties when dealing with uncooperative patients. Patients sometimes make unreasonable demands or complain when such demands are declined. However, despite such difficulties, nurses continue to focus on patient care and earnestly complete their tasks.

I once had a patient who threw things and made threats because we could not give him what he wanted. Some patients get angry and start pounding on the bed when I am alone with them in the isolation room. When this happens, I also get really upset. Still, I try to understand them because they are my patients. (Participant 11)

With families: Becoming a core messenger between patients and families

Families of COVID-19 patients also suffer as they constantly worry about patients' well-being amid a situation that prohibits visitation. In such contexts, nurses serve as messengers between patients and their families to provide comfort.

Many people cry when talking on the phone. Both the patients and their families suffer because the patients were with their families until a few days before, and now, they are separated. Therefore, I encourage them to talk frequently. (Participant 2)

Participant 14 made a particularly striking statement, “I feel sorry for patients during their final moments. I feel like they have lost their human dignity.” Nurses provide emotional support to families that cannot be with their related patients at the end of their life owing to potential COVID-19 infection risks.

3.2.2 | Compassion that deepens naturally

Compared with assignments in their original departments, nurses in COVID-19 units are assigned fewer patients. As they spend more time with each patient, they gain a deeper understanding of their patients, and as a result, they can create individual personalized care plans. Further, they wholeheartedly comfort their patients as they battle an unexpected disease while striving to facilitate the recovery of such patients.

Moving towards personalized nursing care by understanding the patient

As they spend more time with patients daily, nurses learn each patient’s specific preferences, and as a result, they can effectively provide personalized nursing care. Participant 7 stated, “This is the power of 1:1 care.” Nurses experience the power of holistic care and practice patient-centred care while constantly contemplating the types of care that truly help the patients.

In my previous ward, I usually cared for 12 patients at once. However, in COVID-19 units, two nurses are paired to care for two to four patients. Therefore, one can effectively provide care for patients. One’s understanding of patients moves to an entirely new level. (Participant 3)

Currently, nurses have overcome their fear of infection, and they have gradually begun to develop care plans for their patients, thereby expanding the scope of care. Starting from basic care, nurses currently provide truly individualized care encompassing emotional and spiritual care. Participant 13 remarked, “The scope of care has broadened.”

At first, I was afraid of contracting the infection. Therefore, I only provided minimal care. However, I currently believe that I should provide essential care to patients. With this in mind, I even help patients with bathing and rehabilitation. (Participant 6)

True human-to-human encounter

Nurses view and treat their COVID-19 patients just as they would other patients. As a result, they can foster trust-based partnerships while closely interacting with such patients in confined spaces.

To patients, we all probably look the same in our PPE suits. However, it is amazing that they recognize me just by my voice. I was touched because they acknowledge our dedication. (Participant 4).

3.2.3 | Expansion of professionalism in nursing

Nurses often encounter challenges as they face the risk of potential infection and social responsibility. However, they strive to do their best work, and this experience serves as a turning point in how they perceive their profession. By fulfilling their roles as frontline nurses, they clearly understand nursing values, such as sacrifice and calling, which they had only learned through textbooks, and as a result, they feel proud of themselves.

Recognizing the social burden of caring for COVID-19 patients

Nurses constantly take precautionary measures not only for the sake of their health and that of their families but also to prevent any potential spread to the community. They feel that they have a social responsibility, and thus, they restrict their social lives.

Because of me, for one and a half years, my family and I could not go outside as much as we wanted. I was careful not to contract the infection from the patients and spread it to my family or catch the infection from the community and spread it to my patients. (Participant 8)

Rebirth of Nightingale in the COVID-19 era

Amid the chaos resulting from the infection spreading across communities, nurses still choose to serve in COVID-19 units despite the increased infection risk. To minimize the limitations associated with PPE use, nurses control their physiological needs and continue to provide patient care.

When you are wearing PPE, there are limitations, even with the most basic aspects of life, such as drinking water or going to the restroom. Therefore, I try to eat only small amounts of food and rest well before my shift. (Participant 1)

Nurses’ commitment to prioritizing patients’ health helps them during their battle against the ongoing COVID-19 crisis.

I imagine that [Florence] Nightingale would have acted similarly on the battlefield. I am not afraid of the infection. Actually, it is highly difficult to gear up with PPE because after the shift, I often have a severe headache and chills. I feel completely drained, and my body is drenched in sweat. Still, after work, I feel satisfied because the sweat proves that I have gone above and beyond in my work. (Participant 2)

Increased self-esteem as a nurse

In South Korea, the COVID-19 pandemic has provided an opportunity for nurses to be recognized for their work. Despite challenging and poor environments, the acknowledgment of their dedication towards the promotion of public health acts as motivation for them to continue providing care.

Many people are currently acknowledging nurses' hard work in relation to caring for COVID-19 patients. I love it because I feel like I have become a useful person. I believe people's support serves as a source of motivation for me to remain in this profession. (Participant 5)

Currently, nurses can transition from their previous passive roles to more proactive roles because providing care for COVID-19 patients requires them to create things from scratch. The effective provision of holistic care, which had been difficult in the past, is currently rewarding, and it boosts their competence and pride as nurses.

I believe that the nursing care I am currently providing is what true nursing care is all about. It was difficult to set things up from scratch. However, this is an opportunity for growth in that one gets to do things proactively. This is a remarkable and significant experience that I shall never have again throughout my life. (Participant 6)

4 | DISCUSSION

This study explored the value of nursing care, with a focus on nurses' communication-related experiences in COVID-19 units. The first theme was the central role of therapeutic communication because nurses played a significant role in ensuring communication between patients and their families. Because COVID-19 patients are usually isolated and only have limited contact with PPE-armed health care providers, they suffer from emotional difficulties, such as helplessness and depression (Lapum et al., 2021). Participants perceived themselves as the only channel of communication that could promote patients' emotional stability. This is contrary to previous findings, which indicate the need for psychological counselling prior to providing nursing care in relation to patients' emotional states (Galehdar et al., 2021). Because nurses are the ones that communicate the most with COVID-19 patients, they practice active listening and empathy to help resolve patients' mental health difficulties. For severely ill patients who are incapable of verbal communication, nurses strive to comfort them by providing emotional support through nonverbal communication despite the PPE-related barriers. Meanwhile, in this study, organizational support was not identified as an approach for enhancing the communication process. Communication management approaches, such as the provision of devices for minimizing noise and visual media using tablet devices, should be applied to help nurses achieve effective communication. Currently, there is a growing need for effective communication techniques and nonverbal expressions as the COVID-19 pandemic progresses (Wittenberg et al., 2021). In this study, some nurses provided patients with a daily schedule chart to communicate with them and compensate for their limited physical activity. This seems to be a feasible strategy that can be employed in clinical settings because it helps nurses to overcome communication limitations, and it provides daily tasks that can promote patients'

physical and mental health. Although they often face emotional exhaustion as a result of dealing with uncooperative patients, nurses continue to fulfil their duties. Therefore, nursing leaders must understand the communication-related challenges nurses experience in confined spaces, and they must provide intervention strategies that ensure the promotion of the psychological well-being of isolated patients in addition to physical care, thereby fostering an effective therapeutic relationship between nurses and patients.

Nurses who participated in this study explained the ethical dilemmas related to human dignity and the regrets they dealt with as they watched families being prohibited from being with the patients at the end of their life owing to the risk of infection. In the context of the COVID-19 pandemic, a close relationship among patients, families and nurses is crucial, and effective patient care is only possible when a relationship based on trust is established (Borghi, 2021). Families of COVID-19 patients are physically separated from such patients. Therefore, flexible communication skills among health care providers, patients and families are crucial factors in the provision of effective nursing care (Wittenberg et al., 2021). In this study, nurses practiced patient- and family-centred care, which are considered nurses' ultimate goals, as they delivered information regarding patients' health to their families and as they comforted family members that were struggling with anxiety and sorrow (Fix et al., 2018). Consequently, front-line nurses experience a higher level of compassion fatigue compared with other health care providers because they are always in direct and indirect contact with patients and their families. This attribute increases the risk of burnout among frontline nurses (Janeway, 2020; Sharifi et al., 2021). However, some health care organizations do not provide psychological assistance for their health care providers (Catania et al., 2021). Therefore, nurse managers must pay constant attention to nurses' mental health because their levels of emotional distress may increase as the pandemic persists. If necessary, intervention programmes for stress management and specialized individual mental health intervention strategies should be provided.

The second theme was compassion that deepens naturally. The scope of patient care that nurses had initially reduced owing to concerns related to potential COVID-19 infection has broadened over time, and currently, nurses experience an expansion of their nursing care approaches as they consider the physical, mental and spiritual states of their patients. This shows that it is possible to provide comprehensive care that encompasses not only the disease but also the relevant physical, psychological and emotional states (Lee & Choe, 2021). Participants overcame the unfamiliar environments, stress from patients and families, negative emotions, such as fear and anxiety about the infection, and inadequate care (Demirci et al., 2021). They treated patients as human beings, recognizing that such patients had the right to equal patient care without being discriminated for contracting COVID-19. Furthermore, despite the physical restrictions imposed by PPE, they provided complete care by bonding with patients. Our study's results are consistent with Travelbee's (1971) nursing theory. According to this theory, the purpose of nursing is accomplished through human relationships via interpersonal processes, such as empathy, communication and

interactions, which help narrow the gap between nursing theory and practice. General ward nurses in Korea are assigned over 10 patients, whereas ICU nurses care for two to four patients (Yoo & Shim, 2020). In COVID-19 units, nurses are assigned fewer patients, and this seems to help them provide truly compassionate care. This is a significant result, which suggests that the presence of adequate nursing staff can result in the provision of high-quality care, even during a pandemic. Nurses in COVID-19 units experience stress and anxiety amid the chaos, and they undertake high-intensity work despite inadequate support and poor working environments (Karimi et al., 2020). Staff and workload are predictors of the quality of care, and the provision of high-quality care is possible only if the work environment does not threaten patient safety (Egelseer et al., 2019). Therefore, nursing managers must ensure that there are adequate nursing staff and support systems to provide the best personalized care during crises, such as the COVID-19 pandemic.

The third theme was expansion of professionalism in nursing. Public acknowledgment and support for nurses' dedication and commitment to providing patient care while geared up in PPE, which causes them to be drenched in sweat, served as motivation that increased the participants' self-esteem (Lee & Choe, 2021). However, nurses are also intimidated owing to the heavy burden of social responsibility. Frontline nurses are often perceived as virus carriers by the people around them. Therefore, they must sever ties with the community and isolate themselves from the outside world. This may cause nurses to develop negative perceptions and emotions (Murat et al., 2021). To foster a positive image and provide support for health care providers in COVID-19 units, the government should establish a nationwide support system. Despite such adversity, the participants rediscovered the values and meaning of nursing as they fulfilled their duties at the patients' bedsides 24 h a day, with a sense of calling and responsibility. This is consistent with previous findings indicating that the COVID-19 pandemic enhanced self-esteem and professionalism among nurses (Demirci et al., 2021; Galehdar et al., 2021). If the nursing values among nurses are maintained as required, the levels of caring and job satisfaction increase as well, thereby enhancing professionalism and resulting in increased levels of patient satisfaction (Green, 2018; Kaya & Boz, 2019). Nursing managers should motivate nurses in COVID-19 units to ensure the promotion of positive nursing values and the duty of caring that results in enhanced professionalism. Yilmaz et al. (2018) conducted a nurse-led intervention programme for oncology nurses, and the programme comprised education, painting, exercise, motivational text and counselling, which improved the professional quality of life and reduced fatigue and burnout among nurses. Mitigating negative experiences, such as fatigue and fear, can be used as a strategy for enhancing professional identity among nurses (Sheng et al., 2020). Therefore, nursing leaders must develop and implement programmes in which nurses can actively participate, and they must provide sufficient attention and compensation to help nurses have a positive nursing experience, thereby contributing to the effective maintenance of nursing values and the expansion of professionalism in nursing.

From a nursing perspective, although the COVID-19 pandemic resulted in health care challenges globally, it served as an opportunity for raising nurses' statuses to higher levels in the East and the West, thereby enabling them to understand the essence and true value of nursing (Galehdar et al., 2021; Lee & Choe, 2021). Specifically, the results of this study show that nurses are committed to providing care for COVID-19 patients with a sense of calling and dedication, thereby reaffirming the spirit of Florence Nightingale.

4.1 | Limitations

The participants of this study were nurses with extensive experience in internal medicine wards and ICUs in tertiary hospitals in Seoul, Korea. Additionally, all the participants were female. Therefore, we could not investigate the experiences of male nurses. Furthermore, COVID-19 patient-care experiences can differ depending on the hospital's size, work unit, region and gender. Therefore, future studies must explore the experiences of participant samples with diverse characteristics.

5 | CONCLUSIONS

This study presented insights into experiences pertaining to the provision of care to COVID-19 patients through communication, compassion and the consequent enhancement of professionalism in nursing and nursing values. Nurses constantly provide care to COVID-19 patients, with a sense of calling and responsibility, and they impart positive meanings to their roles as nurses. However, unwavering support from hospital administrators is required to address nurses' physical and mental difficulties, such as exhaustion and burnout, and promote the consistent provision of high-quality care to COVID-19 patients.

5.1 | Implications for nursing management

Specific communication guidelines for frontline nurses are yet to be developed. Therefore, it is crucial for hospital policymakers and nurse managers to develop and implement new communication tools for nurses. Communication training programmes targeted at nurses providing care in isolation wards should be developed by considering the PPE-armed state of such nurses to enhance nurse-patient relationships. Furthermore, nursing managers can refer to the use of daily schedule charts, which are mentioned in this study, as an example of an effective tool introduced by nurses in clinical settings. Standardizing and implementing such instruments may not only enhance communication efficiency but also encourage isolated patients to engage in physical activity and promote their mental health. In addition, the implementation of videoconferencing, speaker phones and written messages (Hart et al., 2020), which have been proposed as effective family-centred communication strategies during physical distancing,

requires a sufficient reserve of hospital-owned devices and health care systems that enable their use without burdening nurses further. Therefore, full support from hospital policymakers is essential. On the basis of this study's results, hospital policymakers and nursing managers should strive to ensure the presence of adequate nursing staff in COVID-19 units. Additionally, we suggest the sharing of effective nursing and communication experiences before employing new nursing staff. We also suggest providing digital technology-based nursing management approaches, such as virtual reality simulations and e-learning systems, for various situations that can be experienced in isolation rooms by nurses dressed in PPE in advance. Such approaches can reduce anxiety among clinical nurses and enhance their confidence (Suppan et al., 2020). These approaches are essential for fostering a therapeutic relationship between nurses and patients as well as ensuring the effective provision of holistic and high-quality patient care.

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CONFLICT OF INTEREST

The authors have no conflicts of interest to declare.

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ETHICAL APPROVAL

The Dankook University Institutional Review Board approved the study (IRB: 2021-06-028).

AUTHOR CONTRIBUTIONS

Soyoung Shin was responsible for the conceptualization, methodology, data curation, formal analysis, investigation, and writing - original draft preparation. Hye Jin Yoo was responsible for the conceptualization, methodology, data curation, formal analysis, investigation, validation, supervision, and writing - reviewing and editing. All authors have read and agreed to the published version of the manuscript.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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