

A qualitative study of the true feelings of the COVID-19 epidemic in Wuhan inpatients

Han Juan¹, Gu Xiaojing^{2,*}, Cao Xinyan³

¹Graduate student, Tongji Hospital, Tongji Medical College, Huazhong University of Science and Technology.

^{2,*}Corresponding author: Department of Biliary and Pancreatic Surgery, Tongji Hospital, Tongji Medical College.

³Huazhong University of Science and Technology.

Abstract: *Background:* Since December 2019, a number of new cases of COVID-19 have been found in the city of Wuhan, China. With the rapid increase in the number of infected people, the epidemic has caused a lot of psychological panic to the social residents, especially those who are not infected with COVID-19 hospitalized patients in Wuhan. *Objectives:* To understand and explore the true psychological feelings of inpatients during the COVID-19 epidemic, and to provide reference for clinical nursing work. *Methods:* During the COVID-19 epidemic period, 16 patients admitted to abdominal surgery conducted face-to-face in-depth interviews and used phenomenological analysis to analyze the results. *Results:* Lack of COVID-19 related knowledge among inpatients during the epidemic period; increased demand for information on treatment and care programmes; and increased need for their own safety and psychological needs. *Conclusions:* Medical staff should disseminate COVID-19 knowledge to inpatients, personalized care to improve patient's hospitalization experience, and give the corresponding emotional and social support.

Keywords: COVID-19, Patients without COVID-19 infection, Psychological feelings, qualitative research

In 1965, the coronavirus was isolated by Tyrrell and Bynoe from the nasal lavage of a boy with the common cold, when its knowledge was rather limited [1], known as coronavirus because its morphology was under an electron microscope, a coronal Periphery. By 30 January 2020, the world health organization had declared the epidemic a "public health emergency of international concern", causing social panic and great social harm.[2][3] In Wuhan, China, there was an unprecedented closure of the city to prevent the spread of the disease, which also caused great pressure on social residents, especially the hospitalized patients who were not infected with COVID-19. It is reported that there are thousands of patients without COVID-19 infection are being hospitalized in Wuhan, in order to ensure the safety of clinical nursing work, we should actively understand the psychological feelings of this group of people, early emergency intervention is particularly important. In this regard, the author selected 16 inpatients in general abdominal surgery in a third-class hospital of Wuhan, based on phenomenological methods, conducted face-to-face in-depth interviews to truly understand the real psychological feelings of inpatients during the COVID-19 epidemic, provide reference for clinical nursing, and propose targeted nursing plans.

1. Objects and Methods

1.1 Targets

Elected a third-class hospital in Wuhan from February 10 to February 14, 2020, did not reach the indication of being outpatients, Objective Sampling Method was used to screen the research subjects., Objective Sampling Method was used to screen the research subjects. Inclusion criteria: 1) patients with stable condition and no serious complications; 2) patients who voluntarily signed informed consent have good communication skills in Chinese language; 3) patients with age greater than 18. Exclusion criteria: 1) Patients who quit the study; 2) language communication disorder; 3) mental disorders. The termination criteria of the study samples were the repeated occurrence of the data of the interviewees, and the data of the interview data were no longer new subject in the analysis (data saturation) as the

criteria[4]. In this study, there were 16 samples with data saturation, 7 males and 9 females aged 35 to 81, with an average of 55.8 years; Education level: undergraduate 2 cases, specialist 5 cases, junior high school 5 cases, primary school 4 cases. Medical insurance 15 cases, public medical care 1 case.

1.2 Methods

1.2.1 Interview format and Interview Outline

Conduct face-to-face and in-depth interviews with respondents under the guidance of phenomenological methods in qualitative research. During the interview, the patients were all arranged in separate rooms, and the ward environment was quiet, comfortable and well-ventilated. The researcher applied a semi-structured interview outline without giving guidance or hints in the conversation. Conversations including: How to prevent the transmission of COVID-19 during hospitalization? How to kill COVID-19? How do you feel about hospitalization during the COVID-19 epidemic? What are the most worrying issues during the epidemic in hospital? What kind of help do you want most? The above items are narrated, not bound to the method and order. To avoid the omission of certain elements affecting the correctness and completeness of the results, the interviewee is guided by an outline of the interview, accompanied by audio recordings and transcripts. To protect the privacy of interviewees, the case is called: 1-16 in the study.

1.2.2 Data collection and analysis

The researcher introduced to the inpatients, explained the purpose and significance of the interview, and obtained the cooperation of the patients. During the interview, observe the expression and eyes of the patient, try to encourage the patient to express his true feelings, and record and record in detail. Each interviewee was interviewed for 45 to 60 minutes, Researchers respond to the answers to each question and respond to the patient's doubts and needs in a timely manner. At the end of the interview, the interview records were sorted out in time, and the data analysis method of Colaizzi [5] data analysis step was adopted. The collected data were listened, analyzed, thought, coded and classified repeatedly. Finally, the topic of the study was refined, and the second verification was carried out in time to ensure the integrity and reliability of the collected data. Data analysis should be integrated into the feelings of the interviewees to avoid preconceived, previous experience interference[6].

2. Results

Three topics were extracted from the interview material after the above analysis steps:

2.1 Information needs related to COVID-19 knowledge

2.1.1 Lack of knowledge of virus prevention and transmission

Most of the respondents mentioned wearing a mask, the choice of the mask model and the correct way to wear it was unclear, and did not realize the importance of washing hands frequently. Case 1: "I feel uncomfortable breathing in a mask. I take it off when no one is there." Case 3: "Just wear a mask, I don't know what type ". Case 5: "Are there any suspected patients in our ward? Are you wearing a mask to prevent these people? Turn the suspected patient away. I don't want to wear a mask." Case 16: "Make sure the mask covers your mouth and pull down a little bit to breathe." Case 9: "Be sure to wear a mask and wash your hands."

2.1.2 Methods of killing virus is unclear

Interviewees believe that nurses are mainly responsible for ward disinfection, and the specific disinfection methods are not clear. Case 2: "Once the next snow, the virus freezes to death." Case 13: "Pasteurized should kill these viruses. After adding some water to the pasteurization solution, wipe it around the room". Case 10: "Spray each room with a medical disinfectant". Case 16: "I'm in the hospital,

and the ward is safe, I'll just sit by the window and bask in the sun".

2.1.3 Popularization of virus-related knowledge to patients

Interviewees proposed that we popularize COVID-19 related knowledge and prevention approaches to them. Case 7: "I'm an old woman who doesn't read much. How do I know how to wear a mask? How can the virus be eliminated?". Case 15: "You should tell us about the prevention and disinfection of the

virus so that we can prevent it .”

2.2 Self-perception and Needs

2.2.1 Treatment guidance for personalization

As most of the doctors and nurses pulled from the wards to support the fever clinic, the fever ward, the square cabin hospital[7](A modular health equipment with emergency treatment and other functions), etc. Only one resident doctor remained on duty in the ward everyday. Case 1 : "My doctor is not in charge of bed. What is my current treatment plan?" Case 3 : "Which doctor is responsible for my daily infusion, why is it the same for several days?" Case 5: "When can I leave the hospital?" Case 16: "I'm not familiar with today's doctors, What should I say to him ? ”

2.2.2 Provision of a safe treatment environment

In the COVID-19 epidemic, medical staff wear medical masks, medical caps, goggles and so on during clinical work. Patient requirements: be given the same protective measures .Case 4: "You protect so well, then what shall we do? We need protection, too." Case 5: "Are there any coronavirus patients in our ward? Get us some N95 masks, will you?" Case 11: "Change the room for me. The patient in the next bed keeps coughing and spitting. You should check him carefully!" Case 16: "One patient and one room, all separated."

2.3 Emotional and social support needs

2.3.1 Medical staff is expected to communicate with patients more in the ward

In the case of the COVID-19 epidemic, when the medical staff went to the ward to treat and care the patients, they communicated less with the patients, and generally left immediately after finishing, which increased negative pressure on the patients' psychology. Case 1: "You don't say a word after the treatment, you all frighten dead, we are more afraid!" Case 4: "are we all the plague god, you run so fast after every time to ward?" "The patient smiled. Case 5: "you cover up too tightly, I do not know who are you, I can not feel warm ."

2.3.2 Encouragement by family and friends

During the epidemic period, wuhan adopted the policy of restricting going out, Patients stay in the ward for a long time, go out less, and visit their relatives and friends is restricted. Therefore, patients express to us the psychological activities of missing their family members and worrying about the progress of the disease, and some of them also show motor restlessness[8]. Case 3: "Now I wake up many times every night. I have to get out of bed and walk. There are no cars on the road outside." Case 13: "I miss my child?" Case 15: "When can the ban be lifted in wuhan and when can I go home? Can you think of a way for me?"

2.3.3 Request assistance from relevant departments

Since at 10:00 a.m. on January 23, 2020, wuhan was closed for management. The patients went out shopping, take public transport and out of the city were all affected. Case 4: "Is it convenient for me to go out shopping now?" Case 6: "How can I get home when the bus and subway stop and I can't get a taxi?" Case 15: "Can your hospital contact the relevant department to let me go out of town and go home?"

3. Discussion

3.1 provide comprehensive disease knowledge publicity

Since the outbreak of the domestic epidemic, every day in all kinds of information publishing platform have a large number of reports .Inpatients with no medical background can't identify the truth and lies of information. At this time, as a clinical nurse how to do a good job in COVID-19 education is particularly important.

As nursing staff, we should inform inpatients of the transmission conditions and ways of COVID-19, preventive measures and other methods. For the elderly, we should choose simple language to explain patiently.

Information platform [9] was used to establish a "COVID-19" medical and patient communication group. At least one doctor from different professor groups joined the group, and scientific and timely epidemic reports were regularly sent to WeChat group. The contents of medication, diet, psychology and rehabilitation in the department were integrated into WeChat group to increase the specific contents of postoperative diet and activities. In WeChat group, each group of doctors and a nurse answered the medical treatment and nursing questions raised by inpatients in WeChat communication group one time each day, realizing online interaction and giving patients one-to-one message reply.

3.2 provide personalized nursing services

Provide a safe inpatient environment[10] : Transfer patients who are not in a single room to a single room, tell patients and their families to go out less, and limit direct contact between patients. To patients and family members to do a good job of education, accompany the family members as fixed as possible. The access of ward personnel should be strictly controlled. Close the central air conditioning in ward and ward, keep the air fresh and keep good natural ventilation. Objects in the ward were wiped with 1000mg/L chlorine-containing disinfectant, 75% alcohol was choiced which for those who could not tolerate the odor. The room is sterilized with circulating air disinfection equipment (medical) for 2 hours every day. Monitor the body temperature of the patients and their families for Q4 hours every day. If there is abnormal body temperature, find the cause of rising body temperature in time, do a good job in screening coronavirus pneumonia, and do a good job in psychological nursing. Distribute at least 2 surgical masks to patients and their families every day, inform them of the correct way to wear masks, and urge them to wear them well. Inform patients and their families of the importance of hand hygiene[11], and instruct patients and their families to wash their hands before and after contacting medical workers, before and after eating, and before and after going to the toilet. Get into the habit of washing your hands properly and often.

Help for daily life: ask patients about their daily life, order meals and buy daily necessities for them. Ask the patient and family members to put on more clothes to keep warm. Because of the low temperature in Wuhan in February, to prepare more quilt for the inpatient and family members. Do a good life care, improving the comfort of patients in hospital, reducing the anxiety of patients in hospital.

3.3 Meet emotional needs and enhance social support

The emotional responses and behavioral changes of the patients were evaluated, and various measures such as cognitive behavioral intervention and structural psychological nursing were taken to alleviate the adverse emotional effects of the the COVID-19 on the patients and their families[12]. Medical staff should have empathy, and actively communicate with patients to ease patients' tension, anxiety and other bad emotions; Family members are encouraged to participate in the health education of the patients, understand the patients' bad emotions, care for the patients. Nurses should also pay attention to the mental health of family members. We call on the social side to pay more attention to the difficulties of the current hospitalized patients, and provide certain social support and help, such as providing social vehicles and other services.

4. Brief summary

The results of this study showed that the inpatients and their family members were lack of knowledge about the COVID-19, so the medical staff should publicize the relevant knowledge, and use the information platform to timely and accurately push the true pneumonia epidemic report, so as to reduce the panic of the patients. Strengthen the protective measures of the patients and their families, including disinfection of objects and air in the ward; Advise methods to cut off the transmission route of the COVID-19, wash hands frequently, reduce human contact, etc.; The most important thing is that during the epidemic period, medical staff should strengthen the psychological care of the inpatients. Medical staff should do their own work conscientiously, strengthen the basic care, calm the emotions of patients and their families, do a good job in the nursing and treatment work behind the epidemic, and ensure the safety of clinical care. At the same time, we call on the public to pay attention to the needs of inpatients and improve the corresponding social support.

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