

A Short Note: Assessment of Nursing Interventions for Patients in Isolation Units

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Introduction

A novel coronavirus was discovered in Wuhan, China, in late 2019 and quickly spread throughout the world, infecting millions of people and overwhelming several healthcare systems. The virus, known as SARS-CoV-2 (severe acute respiratory syndrome coronavirus causes severe respiratory disease (COVID-19) with concurrent complications. Due to the high infection rates and risk of contamination, protocols were devised to handle hospitalized patients who were diagnosed with or suspected of having COVID-19. However, there were few recommendations for hospital nurses for treatments that would allow them to humanize the care they give to COVID-19 patients.

Description

Humanized care is influenced by human life experiences, human responses to health and disease, the interaction between environment and person, the interaction between those involved in care, and the nurse's knowledge about the care process, according to Watson, through self-awareness and understanding of the relationship's power limitations. This relationship is built on an interactive process, a meeting between those who care and those who are cared for that goes beyond concrete goals to connect with the patient's emotional and subjective world [1].

Many hurdles may threaten humanization when considering the context in which the care connection for COVID-19 patients happens. This review aims to contribute to the creation of an evidence basis for nurse interventions that can help patients with COVID-19 in isolation units feel more humane. Hospitals all over the world have taken stringent steps to isolate patients who have been diagnosed with or suspected of having COVID-19. Patients in isolation units, on the other hand, were not often allowed to have visitors due to high infection rates and the risk of contamination, a policy that is still in place in many places, especially during outbreaks of diseases. Since the COVID-19 epidemic, nurses have been able to effectively meet the requirements of persons infected with the coronavirus while also assisting in the prevention of the disease's spread. For people to obtain quality treatment and achieve better health outcomes, resource management and nursing care for this population are critical [2].

Nurses are in low supply as the number of patients infected with COVID-19 grows. As a result, nurses frequently "bundle" their care interventions in order to streamline routines and eliminate several visits to patients' rooms. This shift in nurses' behavior, on the other hand, exacerbates patients' experiences of isolation and alienation from others, leading to feelings of loneliness and boredom. Communication barriers between patients and healthcare providers, as well as between patients and their loved ones, exacerbate the problem. Furthermore, the person is unable to have personal objects or carry out their normal activities while isolated, leading to dissatisfaction, anxiety, and sadness. In addition, there are concerns regarding the long-term effects of a COVID-19 diagnosis, such as anxiety over financial problems and uncertainty about the length of treatment [3].

For patients in isolation, staying and fear of stigmatization are also issues. These issues are exacerbated by the fact that, in the face of increased

patient numbers and limited staff, nurses must refocus their efforts on care management and morbidity mitigation as a result of COVID 19, often at the expense of care interventions that could humanize their profession. Several studies have identified significant deficits, including frequent Journal Pre-proof 23567228 patient complaints due to gaps in communication, flaws in care, and dehumanizing care practices, even before the COVID-19 pandemic, despite efforts to provide humanized nursing care in their daily practice [4, 5].

Conclusion

The findings of this analysis emphasize a variety of nursing treatments that can help patients with COVID-19 feel more human, with the majority of them falling into one of two categories: "expressive dimension" or "instrumental dimension." The successful integration of humanized nursing care for coronavirus patients is a critical challenge that nurses are concerned about. Nurses will be able to improve their care practices as a result of this understanding, delivering holistic, humanized care for these patients.

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Received: 01-Mar-2022, Manuscript No. GNFS-22-60947; **Editor assigned:** 03-Mar-2022, PreQC No. GNFS-22-60947(PQ); **Reviewed:** 16-Mar-2022, QC No. GNFS-22-60947; **Revised:** 21-Mar-2022, Manuscript No. GNFS-22-60947(R); **Published:** 28-Mar-2022, DOI: 10.4172/2572-0899.1000189

Citation: Levine D (2022) A Short Note: Assessment of Nursing Interventions for Patients in Isolation Units. *Glob J Nurs Forensic Stud*, 6: 189.

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