

## ORIGINAL ARTICLE

## Experience of Nurses During the COVID-19 Pandemic in Indonesia: A Qualitative Study

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## ABSTRACT

**Introduction:** Nurses play a crucial role and become a vital resource in the battle against the epidemic. Since Coronavirus disease 2019 (COVID-19) is a new disease, the healthcare system and culture from each country may vary, more is needed to explore the nurse's experience caring for COVID-19. **Methods:** This study was conducted from April 23rd to June 29th 2020 using an empirical Colaizzi's phenomenological study. A total of 15 nurses caring for patients with COVID-19 were recruited using a purposive sampling in two referral hospitals for COVID-19 in Bandung, Indonesia. A semi-structure interview was conducted using a video calls at the available time of participants. **Results:** Four males and 11 females; age between 25 to 42 with an average of  $31.0 \pm 4.32$ . This study found five themes, 11 sub-themes, and 31 codes, as following: (1) Professional responsibility and accountability (professional task and responsibility, the commitment and accountability of the nursing profession, professional role). (2) Fulfill complex care demand (fulfillment of basic human needs, providing education for patients with COVID-19, fulfill psychological needs, providing nursing care). (3) The right to personal security is acquired (availability of supporting facilities, availability of Personal Protective Equipment). (4) Social reactions (negative reaction, and positive reaction). (5) Patient responses (patient's negative responses and patient's supporting responses). **Conclusion:** Nurse viewed that their work to provide direct care to patients with COVID-19 is their professional responsibility and accountability. Therefore, support nurses to fight COVID-19 psychologically and material are very important to help them.

**Keywords:** COVID-19, Live experience, Nurses, Qualitative study**Corresponding Author:**

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Sinovac, AstraZeneca, Sinopharm, Moderna, Pfizer, Novava, Sputnik-V, and etc.

## INTRODUCTION

The World Health Organization (WHO) has declared the outbreak of the Coronavirus disease 2019 (COVID-19) as a pandemic on March 11, 2020. (1) COVID-19 is quickly spreading around the world and gaining significant attention. As of May 31, 2020, there have been 5,939,234 confirmed cases worldwide, with 367,255 deaths. In Indonesia, COVID-19 has spread rapidly in 34 provinces, with 26,473 confirmed cases, and 1,6132 deaths.(2) Currently, there is vaccine available for this disease and the clinical strategy focused on isolation, symptomatic treatment and disease progression prevention. (3) In Indonesia, the vaccines that used more than 5 type, such as

Nurses play a crucial role and become a vital resource in the battle against the epidemic in every country. (4) On contrary, the availability of universal precautions for nurses is limited at the early stage of the outbreak; they have to use all universal precautions in a long period that resulted in less attention on their basic needs such as eating, elimination, etc. (4) Unfortunately, many nurses have been infected or died. According to international council of nursing, it is estimated that around 6% of healthcare workers were confirmed COVID-19, ranging from 0% to 18%; around 90,000 healthcare workers have been infected, and more than 260 nurses have died.(5) In Indonesia, there have been 53 of nurses confirmed cases, with 19 deaths. While, there have been 97 nurses positive COVID-19 without symptoms and 48 nurses under intensive monitoring.(6)

Previous studies have shown that during a pandemic, nurses will sacrifice their well-being and their own needs to work against the disease and make unselfish commitments, resulting in an increased psychological pressure. (7,8) The previous study has shown that nurses have a higher risk of anxiety, depression, insomnia, and stress during treating patients with COVID-19. (7) In the same situation as an outbreak of SARS (9), MERS (10,11), Ebola (12), H1N1 (13), nurses have been reported to suffer from isolation, psychological distress, exhaustion and sleep disturbance. Nurses were also under extreme stress due to the high risk of infection, stigma, understaffing, and uncertainty. (14,15) A previous study conducted in China aims to understand the psychological experience of nurses participating in nursing COVID-19 reported four themes, namely negative emotions, self-copying styles, under pressure, and positive emotions. (16) COVID-19 has created a lot of uncertainty and challenges among health care workers because of its specific properties, such as a fast spread rate, the fact that it is unknown, and puts the lives of health care workers in danger. (14) Another study using an empirical phenomenological approach describes the experiences of health-care providers in the early stages of the outbreak in China that found three themes, namely being fully responsible for patients' well-being, challenges of working on COVID-19 ward, and resilience amid challenges. (17) In one of the studies conducted with Iranian nurses, it was reported that the main experience included care erosion, the needs of nurses and the development of the profession. (18) Study in Turkey reported that 'needs', 'anger', 'questioning' and 'decision' were the first experiences of nurses assigned to work in COVID-19 units with the onset of the outbreak. (16) It is necessary to reveal the experiences of nurses caring for coronavirus suspected or infected individuals through scientific studies.

In Indonesia, nurses faced a very unique situation at the early stage of the outbreak. Many death bodies of nurses who died due to COVID-19 were rejected by the community to be buried. Also, a nurse who known taking care of patients with COVID-19 was forbidden to go home due to many of the fear of transmitting the disease. Since COVID-19 is a new disease, the healthcare system and culture from each country may vary, more is needed to explore the nurse's experience caring for COVID-19. For example, the ratio of nurses and patients, availability of personal protective equipment (PPE) in Indonesia might be different compared with others countries (19), whereas the number of COVID-19 less than Indonesia. Moreover, many of nurses in Indonesia had to work as COVID-19 team without enough time

for preparation and training. Understanding nurses' experiences with the COVID-19 disease outbreak and how they were directly impacted by such a complicated process will assist as a reference for them in resolving problems. Gaining insight into the experiences soon as they are chosen to work with suspected coronaviruses or diagnosed patients can provide nursing managers with useful information for managing nursing staff more effectively during this epidemic and in future outbreaks. Qualitative research, as can be shown, offer a broad viewpoint on nurses' experiences. Therefore, we aimed to explore the experiences of nurses caring for COVID-19 in Indonesia.

## MATERIALS AND METHODS

### Research design

An empirical Colaizzi's phenomenological study to obtain explore the experiences of nurses in providing care during the COVID-19 pandemic in Indonesia. Phenomenological research focuses on explaining participant experiences and feelings and finds shared patterns in research subjects rather than individual characteristics. (19)

### Participants

Participants were recruited using convinience sampling in two referral hospitals for COVID-19 in Bandung, West Java, Indonesia. The inclusion criteria were a nurse who provided direct care confirmed COVID-19 patients and agreed to join in this study. A total of 15 nurses caring for patients with COVID-19 were joined in this study.

### Interview guideline

The interview guideline was developed based on literature review and experts' opinions, and pre-interview from two nurses. A demographic characteristics were asked before interview, including age, gender, marital status, the number of children, education level, duty, years of work experience, the date they started working on the COVID-19 ward. Open-ended follow-up questions were used to obtain detailed descriptions. The interview was done using Bahasa. The following main question was asked: (1) Tell me about your experience with COVID-19 pandemic? (2) How do you prepare yourself for caring patients with COVID-19? (3) What are a difficulties did you encounter during caring for patients with COVID-19? (4) What kind of support have you received? (5) what is your expectation in caring for patients with COVID-19?

### Procedure

Before the study collection, the researcher explain the objectives and procedures of the study and

inform the participants could withdraw from this study anytime. Oral informed consent was obtained before each interview using video call. In addition, the confidentiality of the information and anonymity was assured. A semi-structured interview via video call were conducted at available time of participant. With participant permission, all interviews were recorded. The participants were informed about the next meeting if there is some information need to be clarify or uncompleted. Each interview took a 30–60 minutes.

### Data Analysis

A research team transcribed the audio recordings verbatim within 24 hours of the interviews, and interviewees reviewed them for accuracy. All interviews, original transcripts, and data analysis were in Bahasa Indonesia version. All quotations were translated forward and backward into English to ensure that they retained meaning by the expert in nursing and fluent English and native speaker.

Data analysis was carried out using seven steps of Colaizzi's methods, as follows: 1) read and re-read each participants answer to generate their feeling or thought. 2) Retrieving important statement to gather insights related specifically to phenomenon studies. 3) Constructing meaning for each statement in scientific language. 4) categorizing into a cluster of themes and verifying with the original statement. 5). Integrating all findings in a complete explanation of the desired phenomenon. 6) all the findings were returned to participant to re-check. 7) revise based on the participant's feedback.

Gaba and Lincoln criteria were used to test the validity of the results of this study. [19] The researchers' long-term participation in data collection and review, as well as the use of revisions and feedback from colleagues and participants, ensured the research's validity. Voice recorders have been utilized to ensure neutrality and objectivity of data. Furthermore, given the researchers' previous clinical experience, we try not to let our personal views and beliefs influence the study's design, avoid bias, and wait until the end of the analysis to look at similar studies. To ensure the reliability of the results, interviews with other people who have mastered in qualitative studies but are not involved in the research process were conducted, implemented, and analyzed, and they were asked to assist in the assessment process. As a result, two interviews were recorded in addition to the written interview format. The researchers have thoroughly outlined this analysis and its phases to the participants in order to make the study transferable.

## RESULTS

### Demographic characteristics

A total of 15 nurses enrolled in this study; four males and 11 females; age between 25 to 40 with an average of 30.45 (SD:7.32). The average working experience was 7.6 (SD:5.08), ranging from 1 to 19 years. The majority of nurses possessed a bachelor's degree. All nurses were general nurses and start working to take care of patients with COVID-19 on March 20, 2020 (Table I).

**Table I : Demographic characteristics of participants (n=15)**

Characteristics	n (%)
Age in years (Mean $\pm$ SD)	31.0 $\pm$ 4.32
Gender	
Male	4 (26.7)
Female	11 (73.3)
Marital status	
Single	4 (26.7)
Married	11 (73.3)
Working experience	7.6 $\pm$ 5.08
Education level	
Diploma III	7 (46.7)
Bachelor/profession degree	8 (53.3)

**Table II : Theme and Subtheme identified by interview (n=15)**

Categoric	Subtheme	Theme
<ul style="list-style-type: none"> <li>Happens accordingly</li> <li>Be alert</li> <li>Have compassion</li> <li>It takes preparation</li> <li>Disadvantages of using APD</li> <li>Swiftly accepted the assignment</li> <li>Self-accountability</li> <li>Professional commitment</li> <li>Curiosity</li> </ul>	<ul style="list-style-type: none"> <li>Professional task and responsibility</li> <li>The commitment and accountability of the nursing profession</li> <li>Professional role</li> </ul>	Professional responsibility and accountability
<ul style="list-style-type: none"> <li>Meeting basic human needs</li> <li>Assess the patient's condition</li> <li>Patient motivation</li> <li>Providing psychological support</li> <li>The patient accepts the situation</li> <li>Supportive</li> <li>Provide guidance</li> <li>Communicator</li> <li>Personal interest</li> </ul>	<ul style="list-style-type: none"> <li>Fulfillment of basic human needs</li> <li>Providing education for patients with COVID-19</li> <li>Fulfill psychological needs</li> <li>Providing nursing care</li> </ul>	Fulfill patient's need
<ul style="list-style-type: none"> <li>Nurse facilities are met</li> <li>Self-insecurity</li> <li>Supporting facilities are lacking</li> </ul>	<ul style="list-style-type: none"> <li>Availability of supporting facilities</li> <li>Availability of Personal Protective Equipment</li> </ul>	Right to personal security is acquired
<ul style="list-style-type: none"> <li>Family sadness due to need to work</li> <li>Be careful</li> <li>Fear of being infected and transmitted the disease to the family</li> <li>Feeling honored</li> <li>Understand the situation</li> <li>Appreciation from the community</li> <li>Environmental stimulant</li> </ul>	<ul style="list-style-type: none"> <li>Negative reaction</li> <li>Supporting reaction</li> </ul>	Environment reaction
<ul style="list-style-type: none"> <li>Patient non-compliance</li> <li>Violence in the patient himself</li> <li>Cooperative patient</li> </ul>	<ul style="list-style-type: none"> <li>Patient's negative responses</li> <li>Patient's positive responses</li> </ul>	Dealing with patients

Table II shows the theme and subtheme identified from participants. This study found five themes as following: (1) Professional responsibility and accountability. (2) Fulfill the patient's needs. (3) The right to personal security is acquired. (4) Environment reaction. (5) Dealing with patients.

### Theme 1: Professional responsibility and accountability

All nurses thought that battle against COVID-19 is their professional responsibility and accountability. They used to be the front-liner in case of an epidemic or microbiological attack. Nurses felt they were most needed by their country and people, their commitment, and the accountability of the nursing profession to save lives.

*"I used to be ready anytime, to fight any disease, even COVID-19...." (P2, 23 years old)*

*"Even I am afraid for being infected due to limited resources, but I must be ready to work and save lives..." (P3, 40 years old)*

### Theme 2: Fulfill complex care demand

The second theme identified was "fulfill complex care demand". Nurses were determined to provide the best care to patients in their respective roles. A nurse tries to fulfill patients' basic needs, providing education, psychological support, and continuing care. In providing care, the nurse followed the diagnosis and treatment guidelines from the Indonesian nurse association and based on their own previous clinical experiences.

*"As an executor who treats COVID patients. I try my best to provide food according to the needs of the patient, taking blood samples according to instructions, allowing exploring the patient's anxiety, measuring vital signs, as an educator, giving information about the results of the examination and current conditions, always remind to use a mask and wash hands." (P10, 30 years old)*

*"We provide care, as usual, to treat patients with respiratory disease infection with complete universal precautions and update the information from the Indonesian nurse association." (P7, 29 years old)*

### Theme 3: Right to personal security is acquired

The second theme identified was "right to personal security is acquired". Providing a complete universal precaution for an airborne disease is a must for nurses. The availability of supporting facilities and personal protective equipment in the early stage of an outbreak is limited even in the time of data collection. We observe that one nurse needs to take longer time of PPE around 6 to 8 hours a day and the price for mask was very expensive at that time. Some of the nurses also reported uncomfortable to use universal protection.

*"Nurses can provide care comfortably, supported by adequate facilities, and complete personal protection equipment. We can treat patients with a calm feeling without pressure or fear". (P9, 35 years old)*

*"Hopefully our protective equipment is adequate and the number of health workers is sufficient so that the workload is not too heavy". (P5)*

*"By using the complete a universal precaution, the movement is limited, often on google and dewy helmets so that it interferes with visibility because visibility is interrupted ultimately unable to take maximum action. Sometimes getting a universal precaution set is not normal." (P1, 31 years old)*

### Theme 4: Social reactions

While they are working to fight against COVID-19, nurses receive a different reaction from the environment (negative and supporting reaction). Some societies were felt afraid that nurses could be a source of transmission of COVID-19 due to they provide direct care to the patients. The family has felt sadness due to their mothers or fathers need to work and stay in the hotel or some quarantine location for nurses, while taking care of COVID-19 patients.

They often receive meaningful support from family members or community in the form of appreciation, an attempt to comprehend the circumstance, and a sense of honor.

*"After I finish quarantine time, my neighbored look scare to be direct contact with me, so I try to stay home even an off day". (P10, 31years old)*

*"My kids were cried every time I made a video call". (P13, 34 years old)*

### Theme 5: Patient responses

Many of the COVID-19 patients were quarantined or even died without accompanied by their family. Nurses were a person who had closest relationship with patients and spent more time with them during their isolation and treatment periods. Nurses tried to understand their psychological well-being and social relationship. However, some patients showed a negative response toward COVID-19 such as non-complaint to use personal protective equipment. While other patients try to violence himself. Therefore, nurses tried to provide psychosocial support and modified environment to make patients happy, did not stress, and relax.

*"Patients need nurses to accompany during illness and can pour out complaints so far patients can understand the state of nurses with limited time to treat and equipment used cannot be used for a long time." (P15, 30 years old)*

*"Whatever happened was patients who might be*



*emotionally unstable and unacceptable so they tried to hurt themselves because they could not accept the reality. Thus, we need to take care of them more intensively.” (P12, 31 years old).*

## DISCUSSION

This study investigated the experience of nurses caring for patients with COVID-19. We summarized five themes: professional responsibility and accountability, fulfill patient’s need, the right to personal security is acquired, environment reaction, and dealing with patients.

Professional responsibility and accountability are very important values and taught reported by nurses during caring patients COVID-19. Nurse play a significant role to fight COVID-19; provide care comprehensively, and these important roles drive nurses to work unconditionally without considering the risk and family matters. In Indonesian culture, since the majority of nurses were Muslim, many of them taught that their job considered a noble work and part of “jihad” (a holy war to fight virus). A previous qualitative study conducted in China reported nurses to rule out fear and anxiety to continue working to treat patients with COVID-19. In Indonesia, many citizens still underestimate the important rule of nurses as a first-line to improve the health of people, but with this pandemic, people are more understood and respect to nurses. As quoted by Florence Nightingale in 1870, “it will take 150 years the world to see the king of nursing I envision...”. In addition, due to the increasing number of confirmed COVID-19, many of undergraduate student becomes volunteer to help in prevention and screening of COVID-19 such as being a volunteer for checking the temperature with police in the main road of the red zone area and evacuation of the patients with COVID-19 to hospital.

In addition, due to the increasing number of confirmed COVID-19, many of undergraduate student becomes volunteer to help in prevention and screening of COVID-19 such as being a volunteer for checking the temperature with police in the main road of the red zone area and evacuation of the patients with COVID-19 to hospital. This situation has also occurred in other countries, such as Italy, where newly graduated nurses eventually became one of the most senior professionals on a care facility, regardless of the fact that their first care and service encounters were with COVID19 patients. This sense of uneasiness pervaded not only the new nurses, but everyone on the ward, who was forced to acquire new knowledge about the pandemic and adapt to the new organizational structure. (20) During this

emergency, health care organizations and nursing leaders should further reframe and reinforce organizational processes in order to be able to cope with emergency situations that might exist in the future in a structured and appropriate way. Particularly, highlight the issues devoted solely to patient management during an emergency; formulate and classify the professional numbers involved, their skills and career paths; maintain adequate coordination and teamwork of services between the hospital and the surrounding territory; and ensure the safety of patients and healthcare professionals. (21)

Fulfill patient’s needs with complex care demand is the major nursing concern during caring for patients with COVID-19. Nurses try to meet the needs of patients not only physically but also psychologically and socially. Patients with COVID-19 must be in an isolation room with uncertainty conditions; making them finally have to be far from his family. It was widely reported in the media that patients with COVID-19 were discriminated and stressed, even when they died, the family could not deliver a funeral. Nurses try their best to provide food according to the needs of the patient, taking blood samples according to instructions, allowing exploring the patient’s anxiety, measuring vital signs, as an educator, giving information about the results of the examination and current conditions, always remind to use a mask and wash hands. With their complexity of works, support to nurses is very important not only psychologically but with a reward.

Right to personal security is acquired, even at the early stage of the pandemic, personal protective equipment (PPE) for health care providers is limited. Nurses also complained about wearing PPE for a long time during taking care of the patients due to uncomfortable, hot, and movement is limited, often on google and dewy helmets so that it interferes with visibility. Therefore, arrangement working time and shifts considering their psychological distress for use PPE is important to consider to protect nurses from this burden. Due to a lack of knowledge about COVID-19 at the beginning and limited PPE, also complex problems of patients confirmed COVID-19 such as not honestly to inform their travel and contact information, many nurses in Indonesia infected by COVID-19. This condition also reported in studies conducted in China. (22) The right to protect safety and health nurses is very important, nurses need to be safe and healthy first to help and provide care for patients with COVID-19. The government and hospitals must have a safe working environment and available PPE and have staff responsible for monitoring and surveillance infection control and prevention.

The sample size of this study was small, however all participants involved in this study have ability to recognise their experience during the outbreak. We only conducted study in one referral hospital for COVID-19, since Indonesia has 34 provinces with more than a hundred referral hospitals, thus this findings may not reflect experience of all nurses in Indonesia. Future research could include exploring more nurses or comparing with others health professionals to have better understanding about this topic. In addition, this study was conducted in early stage of outbreak, thus long term experience of nurses caring for patients with COVID-19 would provide a valuable information to explore in the future.

## CONCLUSION

In conclusion, this study found that nurses try their best to caring patients with COVID-19 in Indonesia with whole their professional responsibility and accountability. A nurse plays an important role to provide comprehensive care, deal with complex care demand, and different patient responses. However, during the first period of pandemic, there were a shortage of personal protective equipment and faced stigmatization from society due to close contact with COVID-19 patients. Nurse managers must ensure that proper equipment and that the distribution network for adequate personal protective equipment is secure. As a starting point, all employees should receive basic training in the proper use of PPE. Since many nurses are dealing with difficult problems relating to COVID-19 patients, their basic needs, such as time to spend with their families, might be neglected. Assisting nurses in their psychological battle against COVID-19 and offering incentives are valuable ways to assist them. Nurses should be made to feel like they are first and foremost valuable members of the organization and qualified professionals. Much emphasis should be placed on demonstrating that managers are aware of and care about nurses' labour, as well as creating and maintaining a supportive work environment.

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