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RESEARCH

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Patient experience with Nursing care during COVID-19 hospitalization: perceived critical incidents

Experiência do paciente com cuidados de Enfermagem na hospitalização pela COVID-19: incidentes críticos percebidos

Experiencia del paciente con cuidados de Enfermería en la hospitalización por COVID 19: incidentes críticos percibidos

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Abstract

Objective: to analyze the patient experience with nursing care during hospitalization for COVID-19. **Method:** a qualitative, descriptive, and exploratory study conducted with 32 patients post-COVID-19 discharge at a federal university hospital in the Central-West region of Brazil. Between March 2020 and November 2021, semi-structured interviews were conducted using the Critical Incident Technique to identify significant events in the patients' experience during hospitalization. Data were analyzed using Content Analysis with the assistance of the IRaMuTeQ® software. **Results:** patients highlighted effective communication and good organization of services as positive aspects while facing challenges related to isolation logistics, physical infrastructure, and discharge planning. These problems impacted privacy, increased stress, and complicated the transition to home care, especially due to the fear and uncertainty generated by COVID-19. **Conclusion and implications for practice:** empathetic communication and detailed discharge planning were essential to improve the patient experience in hospital care, being even more critical in the context of the pandemic. Nursing practice should incorporate humanization and continuous care coordination, investing in measures that ensure a safe and quality transition, and better prepare health services to face future health crises.

Keywords: COVID-19; Nursing Care; Patient Involvement; Patient Satisfaction.

Resumo

Objetivo: analisar a experiência do paciente com os cuidados de Enfermagem durante a hospitalização pela COVID-19. **Método:** estudo qualitativo, descritivo e exploratório conduzido com 32 pacientes pós-alta pela COVID-19, em um hospital universitário federal da Região Centro-Oeste do Brasil. Entre março de 2020 e novembro de 2021, foram realizadas as entrevistas semiestruturadas por meio da técnica do incidente crítico, para identificar os eventos marcantes na experiência dos pacientes durante a hospitalização. Os dados foram analisados por Análise de Conteúdo com o auxílio do *software IRaMuTeQ*®. **Resultados:** os pacientes destacaram a comunicação eficaz e a boa organização dos serviços como os aspectos positivos, enquanto enfrentaram as dificuldades relacionadas à logística de isolamento, à infraestrutura física e ao planejamento da alta hospitalar. Esses problemas repercutiram na privacidade, aumentaram o estresse e complicaram a transição para o cuidado domiciliar. **Conclusão e implicações para a prática:** a comunicação empática e o planejamento detalhado da alta, foram essenciais para melhorar a experiência do paciente na atenção hospitalar, especialmente mais críticos no contexto da pandemia. A prática de Enfermagem deve incorporar a humanização e a coordenação contínua do cuidado, por meio de medidas que garantam uma transição segura e de qualidade, e preparem melhor os serviços de saúde para enfrentar as futuras crises sanitárias.

Palavras-chave: COVID-19; Cuidados de Enfermagem; Participação do Paciente; Satisfação do Paciente.

Resumen

Objetivo: analizar la experiencia del paciente con los cuidados de enfermería durante la hospitalización por COVID-19. **Método:** estudio cualitativo, descriptivo y exploratorio realizado con 32 pacientes post-alta por COVID-19 en un hospital universitario federal de la región Centro-Oeste de Brasil. Entre marzo de 2020 y noviembre de 2021, se realizaron entrevistas semiestructuradas utilizando la técnica del incidente crítico para identificar eventos marcantes en la experiencia de los pacientes durante la hospitalización. Los datos fueron analizados mediante análisis de contenido con la ayuda del software IRaMuTeQ®. **Resultados:** los pacientes destacaron la comunicación eficaz y la buena organización de los servicios como aspectos positivos, mientras se enfrentaban a dificultades relacionadas con la logística de aislamiento, la infraestructura física y la planificación del alta hospitalaria. Estos problemas impactaron en la privacidad, aumentaron el estrés y complicaron la transición al cuidado domiciliario, especialmente debido al miedo y la incertidumbre generados por la COVID-19. **Conclusión e implicaciones para la práctica:** la comunicación empática y la planificación detallada del alta fueron esenciales para mejorar la experiencia del paciente en la atención hospitalaria, y aún más críticos en el contexto de la pandemia. La práctica de enfermería debe incorporar la humanización y la coordinación continua del cuidado, invirtiendo en medidas que garanticen una transición segura y de calidad, y preparen mejor a los servicios de salud para enfrentar futuras crisis sanitarias.

Palabras clave: COVID-19; Cuidados de Enfermería; Participación del Paciente; Satisfacción del Paciente.

INTRODUCTION

The patient experience is a complex network of interactions that results from the coexistence between the patient and the health services, shaped by the organizational culture, which directly influences the satisfaction and perception of individuals during hospitalization.[1] Currently, measuring this experience has become increasingly relevant, as it allows for a better alignment between the patient's expectations and the care offered.[2]

This process is made up of contact points, which represent the relationship between the patient and the services received.[2] Focusing on the evaluation of health services, based on the patient's perception, is a driver for improving quality, as it provides information for qualifying processes, supporting decision-making, and managing the performance of the care provided.[3]

In the context of nursing, this consideration is important for identifying the aspects that affect patient satisfaction. Nurses, as the largest category of health professionals and the ones who are in the most continuous contact with patients,[4] play a central and strategic role in the moments of encounter with the service at different points of contact. In this sense, continuously evaluating the patient's experience of nursing care is essential to understanding the individuality and preferences of each patient to improve treatment outcomes.[5,6]

During crises such as the COVID-19 pandemic, the experience of patients, families, and nursing staff has become challenging. In addition to the usual hospital care, situations of suffering, insecurity, and uncertainty have arisen as a result of illness, social distancing, and personal loss, which has compromised the quality of care.[7] Understanding these experiences opens up possibilities for better alignment in the provision of health services in crisis contexts, with a focus on the person and service encounters.

The patient's perspective is usually assessed through feedback from customer services, satisfaction surveys, or ombudsman records. In Brazil, the National Health Policy defines the objectives, principles, and guidelines for the management of health actions, to integrate services for the best care results and greater patient satisfaction.[8] Satisfaction surveys show users' perceptions of the services received and value the patient as the central focus of care.[9]

A study in Spain with chronic care patients has shown that measuring their experience can facilitate the reorientation of health systems towards integrated, patient-centered care.[10] In this sense, the analysis of the patient experience during the pandemic, or in similar crisis contexts, is relevant and necessary to improve the quality of care and provide support to align care actions during hospitalization.[1,11]

Thus, this analysis of nursing care during hospitalization has strategic potential for the management of nursing services and makes it possible to identify opportunities for improving and qualifying care processes.

Given the above, this study aimed to analyze the patient's experience of nursing care during their COVID-19 hospitalization.

METHOD

This is a descriptive and exploratory study, with a qualitative approach, following the guidelines of the Consolidated Criteria for Reporting Qualitative Research (COREQ) Guide.[12] The research was carried out between March 2020 and November 2021 at a university hospital in the Midwest region of Brazil, managed by the Brazilian Hospital Services Company (*Empresa Brasileira de Serviços Hospitalares* - EBSERH), which stood out in the care of patients with COVID-19.

The participants were patients with a confirmed diagnosis of COVID-19 who had been discharged from the adult inpatient units, including the Medical Clinic, Surgical Clinic, Gynecology/Obstetrics, delivery room, and adult Intensive Care Unit (ICU). The sample was selected by convenience and included individuals over the age of 18, fluent in Portuguese, and hospitalized for at least 72 hours. Patients with breathing difficulties, severe pain in the immediate postoperative period, or who could not be contacted after four attempts were excluded.

Initially, 230 patients were identified from the hospital's information system discharge list. Of these, 194 were excluded based on various criteria. Among the reasons for exclusion, some were under 18, others did not have sufficient fluency in Portuguese, and there were those whose hospitalization was less than 72 hours. In addition, patients who were not discharged home, or who could not consent to participate in the research, were also excluded.

Other criteria that led to exclusion were situations in which patients were very frail or distressed, had died after discharge, were re-hospitalized, or did not have a confirmed diagnosis of COVID-19. Problems related to contact also resulted in exclusions, such as incorrect telephone numbers, communication difficulties after the collection period, refusal to participate, or other reasons that made contact impossible. As a result of this process, 36 individuals were selected to take part in the research. However, during the interviews, four were eliminated for not meeting the criteria established for the study. The specific reasons for elimination included inability to consent, lack of fluency in Portuguese, and other reasons that compromised the validity of participation. The study thus resulted in 32 valid interviews.

Data collection was carried out by the main researcher, according to the guidelines of the matrix project. The interviews were conducted by telephone and recorded, after obtaining acceptance of the Free and Informed Consent Term (FICT), which was read out in full during the telephone contact for the participant's verbal consent. The interviewer filled in the FICT on a structured electronic form on Google Forms®, which also included the participants' characterization data.

A structured instrument adapted for the telephone approach was used under the biosafety guidelines for controlling the COVID-19 pandemic. The Critical Incident Technique (CIT) was used to explore and describe the interviewees' perspectives on significant situations experienced concerning nursing care during hospitalization for COVID-19, considering both positive and negative behaviors and consequences. In the approach,

patients were encouraged to recall the care they received from the nursing team, waiting as long as necessary for them to recall a significant situation. The dialog in the interviews was guided by the following questions: What situation do you remember? How and when did it happen? Which people were involved? What did you notice in the behavior of those involved, including your own? Why was this event selected by you to recount? What could have been different?

The interviews, which lasted an average of 15 minutes, were transcribed in full using Microsoft Office Word® software and then processed to form a textual corpus. This corpus was processed in the Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires (IRaMuTeQ®) software for analysis. The Reinet method was adopted, which uses the Descending Hierarchical Classification (DHC) to obtain the lexical classes, represented diagrammatically by a dendrogram, which allows interpretations to be made of the material according to the closeness and distance between them, and based on the diagrammatic representation generated (dendrogram), and the Factorial Correspondence Analysis (FCA) to represent the words and variables associated with these classes.[13]

The corpus was made up of 224 textual segments, with a utilization rate of 84.82%, in a time of 19 seconds. 9,046 occurrences (words, forms, or words) emerged, of which 295 were considered relevant, with a minimum frequency of three or more. The software analyzed the associative strength of the words using the Chi-Square Test (χ^2), considering results greater than 3.84 and $p<0.0001$ as strong correlations. The data was analyzed using the Content Analysis technique, following the stages of pre-analysis, exploration of the material, treatment of the results, inference, and interpretation.[14]

This study is part of the multicenter project: "Evaluation of nursing care for patients with COVID-19 in Brazilian university hospitals", approved in a national public call for the development of research to tackle COVID-19, its consequences, and other severe acute respiratory syndromes (Process nº: 402392/2020-5). The research followed the guidelines of Resolution No. 466 of December 12, 2012, of the National Health Council (NHC) and was approved by the Research Ethics Committee (REC) of the Federal University of Santa Catarina, under opinion No. 4.347.463 and by the local REC in December 2020, under opinion No. 4.466.821.

RESULTS

Of the study participants, 87.5% (28) were female. The average age was 34.3 years, ranging from 22 to 72 years. Of the participants, 56.25% (18) had completed high school. The average length of stay was 20.9 days, ranging from two to 60 days, which provides an important indication of the diversity of experiences during hospitalization.

Processing the text corpus in IRaMuTeQ® using DHC generated seven interrelated classes, as shown in the dendrogram in Figure 1, which illustrates the semantic classes and their articulations. The interpretation of the Text Segments (TS) revealed that in the dendrogram, all the classes were initially overlapped by Class 5 - "Communication and guidance in service" (TS = 20%), which is consequently associated with Class 6 - "Positive experiences and quality of service" (TS = 11.6%), which follows the division articulated between Classes 1 (TS = 12.1%) and 2 (TS = 14.7%) - "Ambiguous experiences and quality of service"; and Class 7 - "Guidance and care during recovery" (TS = 14.2%), which follows the division between Classes 3 (TS = 14.7%) and 4 (TS = 12.6%) - "Challenges in transferring care" (Figure 1).

Based on the Content Analysis of the interviews, the data was grouped according to the semantic classes and the illustrative statements that comprise them, into three thematic categories, as shown in Chart 1 below.

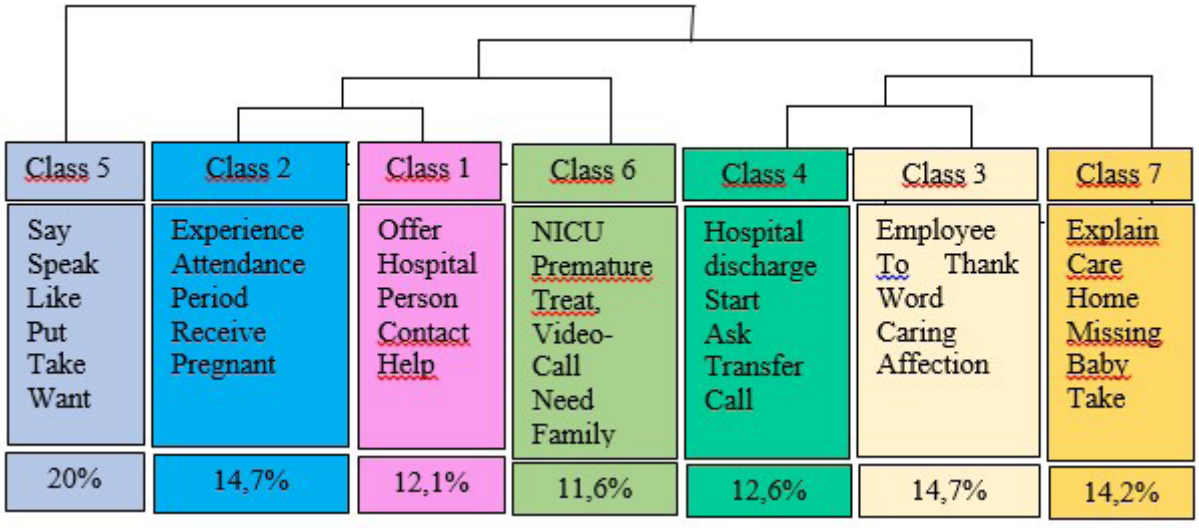

Figure 1. Dendrogram: thematic categories, semantic classes, and their correlations.

Chart 1. Representative statements from each semantic class and thematic categories.

CATEGORY 1: EXPERIENCES OF PERSONALIZED CARE AND PROFESSIONAL-PATIENT COMMUNICATION
CLASS 5 - Communication and orientation in customer service
The nurses were like mothers, guiding and calming me, providing information about care and procedures.
There was clear communication about what needed to be done, and the staff gave me detailed advice about postpartum care.
The service was excellent, I received clear information about my baby and what was happening.
The staff explained everything in detail and were available to answer any questions.
I received continuous monitoring of my baby, which was fundamental for my safety and peace of mind.
Some guidance was inadequate, such as the lack of explanation about milking, and uncomfortable practices were reported, which caused additional discomfort.
CATEGORY 2: EXPERIENCES RELATED TO THE HOSPITAL ENVIRONMENT IN THE CONTEXT OF ISOLATION
CLASSES 1 and 2 - Ambiguous experiences and quality of service
The staff were extremely attentive, always helpful and concerned about my well-being.
The staff were so caring that it felt like they were family, offering constant support.
The adaptations to the hospital structure affected privacy and caused discomfort.
I experienced traumatic situations as I followed incidents with other patients in the room.
CLASS 6 - Individualized support and care during hospitalization
I received very individualized care, for example: the nurse helped me braid my hair and take care of my baby.
The staff made video calls with my family, providing emotional support during my hospitalization.
CATEGORY 3: EXPERIENCES IN THE TRANSITION OF CARE AND SUPPORT FOR CONTINUITY OF TREATMENT
CLASSES 3 and 4 - Challenges in transferring care
When I was transferred to the ward, I had to learn to use a walker and carry out basic care on my own.
There were difficulties after discharge, including the need for readmission due to unresolved complications.
After discharge, I had difficulties and an episode of falling which showed the lack of adequate support in the transition.
CLASS 7 - Guidelines and care during recovery
The staff provided detailed instructions on how to look after my baby and the care she needed at home.
I received a manual explaining how to feed and care for the baby, which was very useful for my recovery.

The first thematic category - "Experiences of personalized care and professional-patient communication" - highlights clear communication and personalized care during COVID-19 hospitalization. The reports showed that the nursing team was perceived as attentive, providing detailed guidance and emotional support. However, there was criticism of the lack of adequate explanations about procedures, such as milking, and practices that caused discomfort.

The second thematic category - "Experiences related to the hospital environment in the context of isolation" - reveals positive experiences and challenges. Patients valued the attentive care provided by the staff, which they described as almost family-like. However, the lack of privacy and traumatic incidents negatively affected the experience. Individualized support, such as video calls with the family, was an important resource to soften the emotional impact.

Finally, the third thematic category - "Experiences in the transition of care and support for continuity" - deals with the challenges in the transition of care. The testimonies indicated difficulties in adapting to the use of walkers and in carrying out basic care after the transfer. Post-discharge problems, such as the need for readmission and episodes of falling, highlight the importance of a well-planned transition. The guidance provided during recovery was essential to prepare patients for care at home.

DISCUSSION

Patients hospitalized with COVID-19 reported a range of heterogeneous experiences with nursing care. Among the positive aspects, effective communication, the organization of services, and the transition of care stood out. However, negative issues related to isolation logistics, physical infrastructure, and discharge planning or transfer between units were also identified. The complexity of hospitalization, which encompasses multiple interactions between patients, professionals, and health services, endorses the need for

and importance of continuous evaluation of the patient experience to understand the dynamics of the care provided.[5]

The literature reveals that patient experience is intrinsically linked to patient safety, making its evaluation a strategic device for managers to identify and resolve problems related to quality of care and safety.[6,15] This study confirms that communication between professionals and patients emerges as a central factor, with patients' narratives highlighting that communication characterized by empathy, educational affection and a focus on individual needs contributed to a positive experience, which is in line with previous findings.[10]

The results of the study showed that communication and guidance were essential aspects of patients' experience during COVID-19 hospitalization. Aspects such as personalization of care and emotional support, exemplified by video calls with family members and assistance with milking milk, were highly valued, contributing to recovery and increasing trust in the nursing team.

However, criticism was raised about the lack of adequate guidance in some situations, highlighting the need for more detailed explanations of procedures, which caused discomfort for patients. These experiences suggest that, despite the team's efforts to offer personalized care, some shortcomings negatively affected the patient experience. The literature reinforces the importance of investing in continuous improvements in communication and approach to care to minimize such failures, ensure greater satisfaction, and increase patients' sense of comfort.[16,17] Some studies, such as the one carried out in Turkey,[15] corroborate this perspective, placing patient-centered communication as an effective management strategy, since, in addition to improving the quality of treatment, it has a positive impact on various health outcomes in the short and medium term, increasing the perception of service quality and overall patient satisfaction.

On the other hand, negative experiences often involve a lack of guidance and support, manifested in harsh and rude messages from professionals, which can break bonds and make it difficult for patients to participate in the care process. This type of negative interaction, permeated by ineffective communication, can compromise the safety of care during hospitalization.[10] Therefore, effective communication in the hospital environment must be timely, accurate, complete, and understood by the recipient to minimize errors and incidents, as well as influencing decision-making and care management.[16,17]

The research highlights that personalized and continuous communication, adapted to the specific context of each patient, can mitigate the negative impact of stressful situations such as isolation and transition of care. In addition, clear communication and the provision of accurate information about the patient's health condition play key roles in treatment adherence and improving overall health outcomes. Having access to adequate information facilitates self-care, reduces recovery time, and lowers hospitalization costs, which is reflected in the increased quality of care provided.[18,19] Therefore, providing clear information and emotional support, especially at critical moments, implies improvements in patient satisfaction and strengthens the perception of safety and trust in the healthcare team, optimizing the quality of care and promoting more positive and safer hospitalization experiences.

The analysis of patients' experiences during hospitalization by COVID-19 also revealed a complex intersection between the positive and negative aspects related to the hospital environment in the context of isolation. The results provide a comprehensive view of the dynamics that influence the patients' experience and highlight the importance of individualized support and adaptation to the new context.

The testimonies reflected a certain ambivalence about the quality of care. Some patients praised the dedication of the nursing team, describing them as attentive and almost familiar, which is in line with the results of a study carried out in the South of Brazil, which emphasized the importance of empathy and individualized attention, with attributes such as trust and cordiality being paramount to patient satisfaction.[20]

Personalized attention and emotional support were mentioned by patients, especially in a challenging and atypical context, such as the isolation imposed by the pandemic, marked by family separation and the restrictive environment. Strategies, such as video calls to connect patients with their families, and assistance with personal care, such as help with daily activities, were key to patients' emotional well-being. These results corroborate the literature, which suggests that patients tend to value the form of treatment and the empathy shown by professionals more than the technical procedures themselves.[21,22]

However, the context of isolation has brought challenges. Adaptations to hospital structures to meet infection control requirements have resulted in reduced privacy and additional discomfort. Stressful situations, such as following events with other patients, highlight the adverse psychological consequences of the altered hospital environment. These aspects are corroborated by studies that have discussed the impact of inadequate infrastructure and the logistics of social isolation imposed by the pandemic, generating feelings of insecurity and fear, which negatively affect the patients' experience.[23,24]

However, the deterioration of this experience can be mitigated by practices that ensure humanization in care, even in times of health crisis such as that caused by COVID-19.[25] Therefore, investing in hospital infrastructure, i.e. improving isolation areas to ensure more privacy and comfort, strengthening psychological support during hospitalization, implementing easily accessible video call systems to help mitigate loneliness and isolation, continuously training the Nursing team, with the establishment of communication protocols, are relevant and necessary investments to ensure the best experience for patients. These investments are indispensable for facing future health crises more efficiently and effectively, guaranteeing more humanized care, even in adverse conditions.

Finally, the analysis of critical incidents perceived by patients hospitalized for COVID-19 also revealed a combination of positive aspects and significant challenges related to their experiences in the care transition processes and support for continuity of treatment. The data indicated that although the transfer of patients

to the home environment was accompanied by support, the transition involved difficulties that impacted the quality of care and influenced the post-discharge experience.

According to the literature, the transition of care should be planned according to the individual specificities of each patient, from the beginning of hospitalization to discharge, to ensure comprehensive and continuous care after leaving the hospital.[26,27] However, the testimonies obtained highlighted the difficulties faced during the transfer to the ward and, subsequently, to home care. Many patients reported the need to learn how to use assistive devices, such as walkers, and to carry out basic care independently.

These challenges were marked by unresolved complications and episodes of falling which may be related to the lack of adequate support during the transition. Existing literature confirms that the absence of structured and personalized discharge planning can lead to additional complications and increase the risk of hospital readmission.[26,28]

On the other hand, the survey also revealed that the detailed guidance provided by the nursing team was valued by patients, which shows that instructions and explanatory manuals on the care needed after discharge can be decisive for a safer and more effective recovery. This perspective reinforces the findings of previous studies, which have shown that detailed planning and the provision of clear information on home care are essential to ensure continuity of treatment and prevent post-discharge complications.[27,29]

The results highlight the need for an integrated and well-planned approach to the transition of care. While support during recovery contributed to a smoother adaptation, the lack of adequate support in the early phase of transition revealed critical gaps that need to be addressed. Effective care coordination and detailed discharge planning are key to reducing the difficulties faced and improving long-term health outcomes. The importance of the role of nurses in coordinating care is widely recognized and is essential for promoting continuity of care and ensuring comprehensive support after discharge.[27,30]

In the transition from care to home, patients highlighted the guidance they received from the healthcare team for self-care at home as positive. Previous research has shown the importance of health education in reducing readmissions, as it enables patients and their families to adapt to their new health conditions and develop self-care skills and autonomy.[31] The importance of self-care and self-management of chronic diseases is therefore intrinsically linked to the individual's empowerment over their health and their autonomy in various aspects of their life.[32]

However, continuity of care after hospital discharge can be compromised by the fragmentation of health services, which can expose patients to moments of vulnerability. Despite this, HCNs continue to represent an effective strategy for providing coordinated, continuous, and comprehensive care, aligned with the needs of the population.[33] Although this study did not directly investigate HCN services, the interviewees' narratives highlighted the importance of coordinating services after discharge for outpatient follow-up and referrals to the specialized network.

Discharge planning emerges as a major challenge for the transition of care, generating a negative experience for patients, a reality also found in the results of another study.[33] The lack of adequate discharge planning results in a fragile transition of care,[34] which negatively interferes with the quality of care, especially for those who have recovered from COVID-19.[26] In addition, the fragmentation of health services and the lack of coordination between the different phases of care can intensify these problems, making patients more vulnerable during recovery. The negative experiences associated with a poorly planned discharge are often related to difficulties in accessing ongoing care and insufficient support for self-care, which reinforces the urgent need for integrated and well-coordinated strategies to improve the continuity of care and the patient experience during the transition of care.

CONCLUSIONS AND IMPLICATIONS FOR PRACTICE

The study provided a comprehensive view of the experiences of patients hospitalized with COVID-19 concerning nursing care, revealing positive aspects such as effective communication and good organization of services. However, there were also significant challenges, including problems with isolation logistics, physical infrastructure and discharge planning. These challenges highlight the complexity of hospitalization and the need to continually evaluate the patient experience to improve the quality of care.

The research confirmed that empathetic and personalized communication enhances patient safety and patient satisfaction. This type of communication, which meets individual needs, is fundamental for a positive hospital experience in a crisis context, as it was during the pandemic. Similarly, the ability to provide emotional support, even in adverse situations, has been shown to be relevant to recovery and to strengthening patients' trust in the nursing team. However, the difficulties with isolation logistics and hospital infrastructure during the pandemic highlighted the urgent need for improvements. The modified hospital environment generated discomfort and negatively affected patients' privacy, increasing stress and anxiety. Investing in improving the physical conditions of hospitals and in crisis management is essential to minimize the impacts and ensure more humane and effective care.

The research highlighted the importance of detailed discharge planning. The difficulties faced by patients during the transition to home care, such as the lack of adequate support and the need for independent learning, highlight the need for structured and personalized planning. Clear guidelines and ongoing support favor a safe and effective transition, prevent complications and readmissions, and improve continuity of treatment and long-term health outcomes.

Among the limitations of this study, remote data collection may have affected the robustness of the information due to difficulties in communication and interaction with patients. In addition, the technique used may have evoked memories of a painful period, compromising the accuracy of the recollections. Future research

could mitigate these limitations by adapting data collection to include longer periods of recovery and combining the technique with other qualitative methodologies, ensuring a more complete analysis that is less influenced by emotional aspects.

The implications of these findings for practice are substantial. It is crucial to consider whether the attitudes and experiences of COVID-19 patients differ or resemble those of other groups, as the pandemic context can influence perceptions and care needs. For the training of health professionals, especially nurses, it is essential to integrate effective communication and humanization into educational practices, considering the experience of care in a context of isolation and uncertainty, which required, in addition to the development of technical skills, the ability to offer emotional support and promote personalized and empathetic care. Thus, pedagogical approaches to dealing with patients' anxiety and clear communication in times of crisis are paramount.

In care practice, structured discharge planning and continuous coordination of care should be emphasized, focusing on individualized care and support for patients' self-care. The experience of the COVID-19 pandemic has highlighted the need for rapid adaptation to crises, revealing the importance of an agile and resilient healthcare system. Managers, nurses, and health and nursing teams must collaborate to improve hospital infrastructure and implement strategies that promote integration between services and continuity of care. These efforts, in addition to improving the quality of care and the patient experience, will better prepare health services and systems to face future health crises, guaranteeing care practices focused on the real needs of patients in adverse situations.

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DATA AVAILABILITY RESEARCH

The contents underlying the research text are included in the article.

CONFLICT OF INTEREST

No conflict of interest.

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