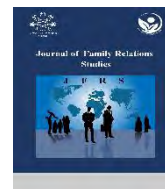




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Research Paper

Lived experience of the patient's families with Covid-19 admitted to the hospital: A phenomenological study



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ABSTRACT

Objective: The present study was conducted to explain the lived experience of patient's families with Covid-19 that admitted to the hospital.

Methods: The present qualitative study was based on a hermeneutic phenomenological approach. The population included the patient's families with Covid-19 admitted to the Imam Khomeini Hospital in Tehran during 2021-2022. After the initial investigation, 16 patient's family's members were selected through purposive sampling method. Data collection was done through in-depth and semi-structured interviews. The data were analyzed following the method proposed by Diekelman et al. (1989). As for data management, Software MAXQDA version 10 was used.

Results: Thirteen participants were female and 3 were male with a mean age of 31 years. The five main themes along with their sub themes were identified: "in the turbulent of the disease", "emotional fluctuation", "living with perception of loneliness", "a flash of hope" and "in search of compatibility".

Conclusion: The families of patients with Covid-19 admitted to the hospital appear to be experiencing a number of challenges. Nurse and treatment team can provide support for patient's family and also, they can play an effective role in preventing adverse complications.

1. Introduction

Family is the first and most basic social institution. The family, as an open, complete and cohesive system, has a special role and structure, which are the foundation of physical, cultural, spiritual, mental and social health of family members (Berger & Font, 2015). In a systemic view of the family, occurrence of a problem for a family member will affect the whole family members (Kohler et al., 2021). Various factors can affect the health of family and change its structure. One of these factors is the occurrence of an acute illness or hospital admission for a family member, which can lead the family to crisis (Vovlianou et al.,

2021). In the event of an illness, all attention is paid to the patient and less attention is paid to the family. Meanwhile, paying attention to the family is one of the most important pillars of patient care, because family is often responsible for supporting the patient (Kovacs Burns et al., 2014). The suddenness of accident, the worsening of disease, the admission in stressful wards and seeing the loved one in a life-threatening situation create a high level of stress in the patient's family (Hill, Knafli, & Santacroce, 2018). Families of hospitalized patients often experience fear, sense of guilt, anger, rage, and irritability.

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On the other hand, dealing with critical situations caused by hospitalization can lead to anxiety, depression, post-traumatic stress disorder, lack of adequate support and inability to express emotions (Mann et al., 2015). These factors have a negative impact on social and personal relationships as well as decision-making ability in emergencies (Sun et al., 2020).

Infectious diseases have always been viewed as a threat, because they are among the most important causes of death in humans (Kang et al., 2018). Covid-19 is one of the most common infectious diseases in the world. This disease has special complexity, multiple dimensions and consequences that can impose a significant cost on the health, social and financial situation of individuals, as well as communities and health systems (Arcos González et al., 2022). The range of clinical features of this disease varies from asymptomatic to severe disease leading to death. Most patients with Covid-19 recover after experiencing mild symptoms, but 20% of them require admission to the intensive care unit (Reese et al., 2021). To date, more than 690 million people worldwide have infected with coronavirus, of whom 6894285 have died. According to the latest global report, 7612352 people have infected with Covid-19 and 146291 people have died by it in Iran ([HTTPS://COVID19.WHO.INT/](https://COVID19.WHO.INT/)).

When a family member is hospitalizing for Covid-19 disease, other family members face new challenges, the most important of which is the forced physical separation. In this particular disease, if patient does not receive enough attention and care, each member of his family may also enter the health system as a patient. These people face a wide range of challenges such as uncertainty about the patient's condition, changes in roles, exposure to new responsibilities, and fear of being infected (Evans et al., 2020). This leads to the high level of stress in all aspects of patient's life, such as physical, emotional, social and financial aspects as well as lifestyle. In some families, lack of awareness and skills on how to adapt to the new situation, lack of social support, and high level of stress associated with the Covid-19 disease, have added to the complexity of problems (Kutsar & Kurvet-Käosaar, 2021). Due to the contagious nature of the disease, the family may experience problems such as family isolation, disruption of family relationships, and inability to adapt to the new situation (Andrade et al., 2022).

Since the family unit is considering as one of the main focal points in all health care, it is essential that in addition to providing safe, appropriate and quality care to the patients, their families would also be support. Nurses, as the main group providing care, have the most

interaction with the patients and their family (Çelik & Kiliç, 2022). Nurses can play an effective role in preventing adverse complications and negative consequences during and even after the pandemic by paying attention to the needs of patient's family members and supporting them. Therefore, it is important to know the concerns, worries, causes and factors that affect the families of patients with Covid-19. Yet, the experiences of patients' families cannot have understood through external observations, so we must enter directly into their lives and learn about their true experiences. Due to the emergence of Covid-19, most studies with quantitative and methodological approaches are aimed at examining the epidemiology of the disease or its treatment, and qualitative studies have focused mainly on the experiences of healthcare workers or patients. Meanwhile, the family members of Covid-19 patients admitted to the hospital have been ignored. In this regard, due to the fact that so far, no study has been conducted in this regard in Iran and the world, the present study was conducted to explain the lived experience of the patient's families with Covid-19.

2. Materials and Methods

The present study was qualitative research with a hermeneutic phenomenological approach that has been conducted to understand the lived experience of patient's families with Covid-19 admitted to the hospital during 2021-2022. The study population included the families of patients with Covid-19 admitted to the hospital. In order to obtain complete and rich information, purposeful sampling was performed. For this purpose, eligible individuals were first selected from the list of patients with Covid-19 admitted to Imam Khomeini Hospital in Tehran, and their family members were interviewed by telephone. In the telephone call with patients' families, the objectives and importance of the research were first explained to them, and if they agreed to participate in the study, the study steps were explained to them. Inclusion criteria were; hospitalization of a first-degree family member due to Covid-19 disease (including father, mother, spouse, and siblings), having interest in participating in the study, having the ability to communicate and express personal experiences, and being in the age range of 18 years and over. The number of participants in the qualitative research is not predictable from the beginning, so in this study, the sampling process continued until the data saturation was reached. In order to achieve maximum variation and richness of information, individuals with different characteristics in terms of age, gender and education were selected.

Exclusion criteria included unwillingness to continue collaborating with the interview for any reason. A total of 17 patients' families were selected to participate; however, one person declined. Ultimately, 16 participants were included.

Data collection instruments included in-depth individual, face-to-face, and semi-structured interviews. Prior to the interview, the time and place of the interview were agreed upon by the participant. Based on the literature and the professional comments of the researchers, interview guide questions were initially prepared. The interview began with general questions and continued with specific questions concerning the objective based on the interview guide. Some questions like the following were used: "Can you please describe your experiences in regard to the hospitalization of your family members due to Covid-19 disease?". Exploratory questions were also asked during the interview in order to clarify the information and clear up any ambiguities. The duration of each interview varied from 30 to 90 minutes depending on the circumstances and the participant's responses. If necessary or in order to clear up some ambiguities, some interviews were conducted in two sessions. Finally, 20 interviews were conducted with 16 family members of patients with Covid-19 admitted to the hospital. In this process, according to the initial coordination, all interviews and conversations were recorded and then transcribed verbatim.

Dickelman et al. (1989) method was used to analyze the data (Nancy L. Diekelmann et al., 1989; N.L. Diekelmann et al., 1989). For this purpose, the interview text was transcribed on a paper after listening to its content several times on the same day. In the first stage, the interview text was carefully read to get a general understanding of the text. The key phrases were identified as code units within the text. In the next step, after reviewing the entire text, a relevant interpretive summary was written. The interviews and the written interpretive summaries were then evaluated during a meeting organized by members of the research team. By examining the interpretive summaries, themes, interpretations, and patterns are formed, and explicit / implicit meanings were extracted from the interviews' texts. In order to explain, classify, and resolve potential inconsistencies in the interpretations, the process of returning to the interviews' texts and referring to the participants were performed on a regular

basis. The process of combining ideas and concepts obtained from the texts and interpretive summaries led to the formation of sub themes. By merging the sub themes, several main themes were formed. Thus, at each stage and with the study progress, a more general and combined analysis was formed by integrating interpretive summaries. In order to identify and form the main patterns, the themes and sub themes were formed in order to establish the final statement in the best possible way. Data analysis was performed by MAXQDA10 software.

In order to increase the accuracy and validity of data, the criteria of Lincoln and Guba (1985) were used. The four criteria of credibility, dependability, confirmability and transferability were employed. For this purpose, an attempt was made to select an appropriate field study, use correct information sources, select eligible participants, maintain a close, continuous, accurate and long-term interaction with data, immerse in the data, engaging subjects in data interpretation process, use the general opinions of research team and experts who had a deep knowledge of the phenomenon, and return the findings to participants to be validated by them.

The present study was approved by the code of ethics) IR.TUMS.FNM.REC.1399.141(from Tehran University of Medical Sciences in 2020. In order to participate in the study, informed consent and permission for the recording of interviews was obtained from all participants. Prior to the interview, the objectives of the research and the interview method were explained to the interviewees. Emphasis was also placed on keeping information confidential and not mentioning names in the study.

3. Results

Participants in the study included 16 first-degree family members of patients with Covid-19 admitted to the hospital. Thirteen participants were female and three were male with a mean age of 31 years, ranging from 18 to 46 years. Other demographic characteristics of the participants are shown in Table 1.

During the data analysis process, five main themes, including in the turbulent of the disease, emotional fluctuation, living with perception of loneliness, a flash of hope, and in search of compatibility were resulted from the analysis. Each of these themes had several sub themes, which are listed in table 2.

Table 1. Demographic characteristics of the participants

Participant	Age (year)	Gender	Education	Marital status	Employment
1	35	Male	P.H.D	Married	Employed
2	25	Female	Bachelor's degree	Married	Housekeeper
3	45	Female	Diploma	Married	Housekeeper
4	31	Male	P.H.D	Married	Employed
5	39	Female	Diploma	Married	Housekeeper
6	27	Female	Master's degree	Single	Employed
7	18	Female	Diploma	Single	Housekeeper
8	22	Female	Bachelor's degree	Married	Employed
9	42	Female	Diploma	Married	Housekeeper
10	28	Male	Master's degree	Married	Employed
11	26	Female	Bachelor's degree	Married	Housekeeper
12	46	Female	High school	Married	Employed
13	31	Female	Master's degree	Married	Housekeeper
14	25	Female	Master's degree	Single	Employed
15	24	Female	Bachelor's degree	Married	Housekeeper
16	34	Female	Bachelor's degree	Single	Employed

Table 2. Main themes and sub themes identified during the data analysis phase

Themes	Sub themes	code
In the turbulent of the disease	Challenges	Complications of the disease, mentality towards the disease, change in role and responsibility, lack of information, change in life process, difficulty in accepting hospitalization, visit ban
	perspective	Inability to predict the future, uncertainty in the effect and side effects of the vaccine, disease control, vaccine, hope for the future, optimistic about recovery
	Solution	Emphasis on hygiene, prohibition of gatherings, peace of mind, increase of information, completion of vaccination program, understanding of each other's conditions, having a positive perspective, encouragement, music therapy, distraction
Emotional fluctuation	Thinking of death	Struggling with death, constantly thinking about the patient's death, thought of never seeing the patient, fear of patient's death, out of mind death
	Confusion	Feelings of confusion, feelings of aggression, mental confusion, feelings of destruction, suicidal thought, persistent cry, severe discomfort
	Anxiety	Stress, anxiety, constant apprehension, fear of the unknown
living with perception of loneliness	Rejection	Feeling lonely, social isolation, distancing people, being left alone, not receiving support, being blamed
	Feeling of guilt	The pangs of conscience, feeling guilty about transmitting the disease, blaming oneself, rebuking oneself
A flash of hope	Dependence	Dependence on the child, loving each other, improving family relationships, intense love, very good relationship, commitment
	Appeasement	Indoctrination of hope by others, family support, spouse companionship, telephone greetings, consolation, relief, friends' follow-up, virtual communication, comprehensive cooperation
In search of compatibility	Spirituality	Hope in God, praying, prayer, God's help, trust in God, miracle in the height of despair, sacrifices, belief in God's mercy
	Support of treatment team	Providing information, satisfaction with care, effort of medical staff, highly patient nurse, encouragement, continuous care, comprehensive care

3.1. In the turbulent of the disease

The first main themes found in this study is “in the turbulent of the disease”, which includes three sub themes of challenges, perspectives, and solutions. Participants stated that they have faced many challenges after one of their family members got infected with Covid-19. Many of these challenges were related to the specific conditions of Covid-19 disease and the possibility of transmitting it to others. Banning patient visit and lack of information about complications or somethings that may affect the patient's health in the future were some of the factors that made it difficult to accept the hospitalization. Each participant had a number of roles and

responsibilities that, after the hospitalization of a family member, underwent fundamental changes. These individuals, in addition to their previous roles, had to take on additional roles and responsibilities, such as taking care of the patient's children, as well as necessities of daily living.

"I was very upset mentally, because I have a small child, and unfortunately, in the absence of my wife, I have to take care of him the whole day. My child is also very upset in the absence of his mother ... (P1)"

Most participants were hopeful about controlling the disease and improving their patients' condition. They believed that participating in a universal vaccination program is the only way to eradicate the disease.

Although some were unsure about the possible side effects of the vaccine, they were all optimistic about finding a cure in a near future.

"We hope that like many other people who get sick and get well, God willing, my father will get well and comes back home ...(P4)"

Participant 5 mentioned: *"As soon as the vaccine arrives and people get vaccinated of their own free will, there will be no need to worry anymore. By injecting another vaccine, we know that we will not die if we get infected with Covid-19 ...(P5)"*

Participants believed that full observance of infection control principles, avoidance of gatherings, acquisition of necessary information about the disease, and vaccination are effective in preventing and controlling the disease. According to them, understanding and accepting the difficult situation of each family member can prevent psychological harm to other members. The use of relaxation and distraction techniques such as music therapy is effective in maintaining calmness and helping to overcome the crises that each person experiences due to the illness of a family member.

"For this disease, one needs to follow the protocols. If people in the society really follow the health protocols, these things will not happen ...(P14)"

3.2. Emotional fluctuation

Emotional fluctuation was the second main themes extracted from data analysis, which also had three sub themes of thinking of death, confusion and anxiety. Hospitalization of a family member due to Covid-19 disease had put the participants in a difficult position. Despite hoping for the patient to recover, these people have consistently experienced the thought of death and not seeing their love one again. Although some of them accepted the possibility of death due to the deteriorating condition of patient, others considered the death of their loved one to be out of their mind, and were even afraid to talk about it.

"We just lost our father. My mom also got sick during the funeral ceremony and then, we got sick. We couldn't even mourn properly. I cannot say anything about my mother's condition. I am hopeful but I really do not know if she will get better or not, because I have seen many people died. To be honest, death is something that one has to accept...(P16)"

Participants experienced a variety of emotional pain after one of their family members was hospitalized. Due to the uncertainty of patient's condition, they had mental distress and a sense of confusion. This situation had caused them not have enough control over their emotions. Some participants had completely lost their

morale and expressed dissatisfaction with the current situation by expressing grief and crying. These conditions even had led to suicidal thought in some of them.

"I tell myself maybe I won't see him again, maybe he won't come back, that's why I think so much about suicide. Of course, I'm a strong person, but I know if this happens, I will not be alive anymore ...(P8)"

According to the participants, one of the factors that contributed to their concern about the hospitalization of a family member was the ban on face-to-face patient visit due to the specific condition of the disease and the risk of transmission. On the other hand, factors such as unknown nature of the disease, internal fear of the hospital environment and hospitalization, fear of ineffective drug treatment, change in the patient's physical condition, and fear of losing the patient, had created constant anxiety and worry in them.

"Hospital environment is stressful, and on the other hand, you are all stressed but hope that the patient would not go in a coma. You also worry that if you visit the patient, you are likely to get sick as well. This disease has eradicated the patient visit and had made you to be unaware of your patient. It is not also clear what is going to happen. It is very unpredictable. I think all this is very scary ...(P8)"

3.3. Living with perception of loneliness

Experience of rejection, loneliness and guilt following the hospitalization of a loved one was among the challenges of participants. They believed that in other illnesses, receiving emotional support from those around them is effective in reducing the burden of illness. However, due to the risk of transmitting Covid-19 disease to others, it is not possible to communicate in person with the infected family member. This causes people to experience social isolation and feel lonely.

"The bad thing about this disease is that no one from the relatives can visit us, and that's why one feels lonely and being left alone ...(P2)"

On the other hand, in some participants, inappropriate treatment, blaming, rejecting the current situation and being found guilty by family members such as spouse, had caused them to literally experience the feeling of loneliness and not getting the necessary support. Some participants also felt guilty for inadvertently causing other family members to become ill and be admitted to hospital.

"Unfortunately, my husband is looking for someone to blame. I wish he could understand that my situation is not good at all. In these difficult circumstances, there should always be someone to support you ...(P13)"

3.4. A flash of hope

Participants believed that sense of belonging between them and other family members have made it easier to accept difficult situations and cope with them. Their attachment and love for the sick person, as a loved one, was originated from the deep dependence of family members on each other, a very good relationship between family members and having an emotional commitment.

"we are very much in love. After this illness, we realized how much we love each other. I always try to cheer him up because I think the love and energy, he takes from me causes him to get well soon...(P8)"

Although the opportunity to receive face-to-face support from friends and family was denied due to illness, factors such as appeasement, making phone calls, indoctrination of hope, constant follow-up, and caring were effective in relieving the participants' pain and suffering. Some of the participants also infected with covid-19 and faced many problems. However, the support and comprehensive cooperation of family members in issues such as providing essential necessities of living and caring for patient's children were effective in resolving the participants' problems. According to the participants, indoctrination of hope and support of relatives and friends had caused them to gain the necessary spirit to continue living and also to support their patients.

"As soon as family members are following up the condition of their patient and making phone and video calls, psychological condition of patient improves. Of course, there are some friends who really take care of us and provide us with food and essentials.... (P1)"

3.5. In search of compatibility:

Participants believed that the support of treatment team, as well as the use of beliefs and spirituality, would help them to adapt to their situation. According to them, performing acts of worship such as praying increases hope in them. The participants also believed in God's mercy, making sacrifices for healing, and hoping for God's miracle to eliminate the risk of death.

"We all prayed and vowed regularly. Thank God he answered all our prayers. Prayer is very important. I came to the conclusion that if everyone prays together and prays to God from the bottom of their hearts, God will surely answer them...(P8)"

Participants stated that providing the necessary reports on the patient's treatment and condition by hospital staffs through daily telephone call to the family was one of the most important steps taken to address their concern. Although accepting an admission order was difficult for most participants, they all believed that

providing the necessary education and information, and providing comprehensive and ongoing care for patients by the medical staff, especially nurses, had calmed their minds. The day-to-day efforts as well as specialized and compassionate care of the nurses had raised the morale of patients and their families.

"I did not want him to go to the hospital at all, but after the hospitalization, I was really satisfied that he was being treated continuously and was getting better. I thank the medical staff, because they really did their best...(P5)"

4. Discussion and Conclusion

The aim of this study was to investigate the lived experiences of families of patients with Covid-19 admitted to hospital in Tehran. The main themes extracted from the data analysis, included in the turbulent of the disease, emotional fluctuation, living with perception of loneliness, a flash of hope, and in search of compatibility.

The first main themes identified in the present study was "in the turbulent of the disease with three sub themes of challenges, perspective and solution. In this study, we found that the families of patients admitted to the hospital experienced various challenges due to changes in their previous roles and taking on the responsibilities of patient on top of their own responsibilities. Consistent with the findings of present study, [Hertz-Palmor et al. \(2022\)](#) found that taking on extra responsibilities leads to the sense of burnout and mental exhaustion in the families of patients with Covid-19. On the other hand, the ban on patient visit makes it difficult for family members of patients with Covid-19 to accept a hospitalization order. In general, restrictions on patient visit and lack of patient contact, and family members' awareness about the patient's condition were causing anxiety and concern in the participants ([Rodríguez Martínez Mdel et al., 2003](#)). In patients with Covid-19, hospitalization due to the unique conditions of the disease, limited patient visit, and lack of contact with medical staff increase the sense of social isolation and depression in family members ([Hertz-Palmor et al., 2022](#)). Therefore, it is necessary for the medical staff, especially nurses, to provide means of communication for family members to contact their patients, help them adapt to the crisis and strengthen the sense of hope in patients and their families ([McAdam & Puntillo, 2009](#)).

Providing the possibility of patient visit while fully observing the principles of infection control can ensure family members about the delivery of

comprehensive care by nurses and meeting of their information and emotional needs (Kentish-Barnes et al., 2021). The results of present study showed that participants had a clear attitude towards the recovery, treatment and control of the disease. In the study of Ayisi-Boateng et al. (2020), although the separation of family members due to Covid-19 disease was unfortunate, but also the participants still hoped for the recovery of their patients. According to the participants in the present study, following the vaccination program was the most effective way to control the pandemic. As shown by worldwide research, approved vaccines are highly protective against Covid-19 disease (Whitaker et al., 2022; Zheng et al., 2022). In this study, adhering to the recommended health protocols, raising the level of knowledge about the disease, maintaining calm and having a positive attitude were identified as strategies to deal with the current situation. In some studies conducted recently have been emphasized on the use masks, protective equipment and social distancing (Memon, Qureshi, & Memon, 2021), and the use of relaxation techniques such as meditation, music therapy and respiratory relaxation (Sun et al., 2020), to deal with the condition caused by Covid-19 disease.

Naturally, illness and hospitalization of a family member can lead to mental distress and psychological problems such as sadness, stress and depression in other family members (Rückholdt et al., 2019). In the present study, we found that hospitalization of a patient due to Covid-19 disease causes a sense of emotional fluctuation in other family members. Thinking of death and possibility of not seeing the patient again was considered as the most important factor in causing psychological stress in patient's family members. In general, after hospitalization, patient's family members may experience a wide range of natural reactions such as severe grief (Singer, Spiegel, & Papa, 2020). It should be noted that family members' perception of patient's death can affect their mental health for a long time (Kentish-Barnes et al., 2015). Creating a care program focused on the psychological needs of patient's family members, along with focusing on patient's care, are among issues that should be considered by the treatment staff, especially nurses who are in close contact with the patients and their families. Open communication between patients' family members and health care providers helps to prepare for what may happen, and this reduces long-term psychological problems (Draper et al., 2019). Also, trying to gain the trust of family members by providing comprehensive explanations about the patient's condition, offering

necessary education, answering the family members' questions and strengthening the sense of hope in family members are effective in resolving psychological problems of patients and their families (Kaakinen et al., 2018). In addition to what was said, confusion, anxiety and fear were other psychological consequences experienced by the participants in the present study after admission of their love one to hospital. Consistent with the findings of present study, other studies have shown that family members of hospitalized patients may experience reactions such as stress, fatigue, fear (Yang et al., 2020). Dubey et al. (2020) believe that feeling of concern about Covid-19 disease by patient's family members can affect their ability to care for patient. Communicating with the multidisciplinary team and following their care plans is effective in reducing the psychological consequences of patients' families (Park & Park, 2020).

"living with perception of loneliness" was another main theme found in the present study, which also included two sub themes of rejection and feeling of guilt. Participants in this study talked about a variety of emotions, such as social isolation, blame, and pangs of guilt. Illness and hospitalization of a family member makes it impossible to communicate directly with others and disrupts social relationships. It should be noted that although observing social distancing is important to control the pandemic, it can still increase the sense of loneliness and isolation in individuals (Nikbakht Nasrabadi et al., 2021). Feeling of rejection and marginalization is effective in beginning of depression, reducing quality of life and even considering suicide attempt (Killgore et al., 2020). The results of a study showed that people who have experienced high levels of stress use maladaptive coping strategies such as denial and blame (Urizar et al., 2022). In the present study, participants were exposed to various stresses such as hospitalization of a family member, fear of losing the patient, and facing additional responsibilities. They blamed themselves for transmitting the disease to others. Considering the above points, we can argue that providing emotional support for the families of hospitalized patients, sympathizing with them and implementing interventions in these areas can help to reduce the negative consequences in patients' families.

Exploring the experiences of the participants revealed another main theme of the present study, under the title "a flash of hope". Human is a social being who acquires a sense of security and support in interaction with others.

How people relate and attach to each other has a decisive role in keeping the feeling of hope alive, especially in facing the difficult and inevitable challenges of their lives (Umberson & Montez, 2010). In Iran, family and relations have a special position. In the present study, it was found that attachment to and love for the patients had made it difficult for their family to bear their absence. In the pandemic situation, it is necessary to eliminate or severely restrict the presence of patient's family and even health workers to maintain the patient's health (Umberson & Montez, 2010). However, the importance of family involvement in patient care cannot be underestimated. It should be noted that the disease affects the patients and their family at the same time, so it is important to also identify the mental and physical problems of family members, because providing practical and emotional care from the patient's family may play an important role in the recovery of patient (Maaskant et al., 2021). Therefore, it is necessary to remove the limitations of physical presence by using alternative methods of communication. Conditions should also be provided for family members to enjoy the support of relatives in order to reduce the negative effects of hospitalization on them.

The last main themes that were found in this study was "in search of compatibility", which had two sub themes of spirituality and support of treatment team. Families typically rely on their spirituality for emotional, mental, and physical well-being (Brémault-Phillips et al., 2015). Evidence shows that spirituality is an important factor in relieving anxiety (Akanni, Olashore, & Oderinde, 2021; Rias et al., 2020) and improving mental health when dealing with stressful life events such as infectious disease (Hamilton et al., 2022). In this study, we found that in order to relieve anxiety, adapt to the situation and gain peace, people have been using various methods of spirituality such as believing in a higher power, hoping for God's mercy, asking for healing and trusting in God. The use of these spiritual elements can be recognized as a powerful coping mechanism to deal with life-changing events such as hospitalization of a family member (Koenig, 2012). In addition to spirituality, the participants' believed that gaining information about the patient's illness and condition, ensuring the delivery of comprehensive care to patient, and receiving support from the treatment team were other factors that helped them to adopt to their new situation. Although attention to the family is one of the most important pillars of patient care, in most cases, most of the attention of physicians and nurses is focused on the treatment of patient and less attention is paid to the

family members (Płaszewska-Żywko & Gazda, 2012). Ignoring the needs of patient's family by the treatment team can exacerbate the effects of crisis on them. Nurses can support the patient's family to prevent psychosocial problems. Nurses and other members of the treatment team can help family members to identify their source of stress and adopt creative strategies to address the challenges (Naef et al., 2021). Nurses should also be involved in educating families about social distancing and social interaction to prevent illness. According to the participants, one of the most important actions taken by the hospital was to make daily contact with them and provide comprehensive information about the patient's treatment process. As found in one study, the presence of a person in hospital as a mediator between patients, their families and health care providers is essential (Singer, Spiegel, & Papa, 2020).

The families of patients with Covid-19 admitted to the hospital appear to be experiencing a number of challenges. Thinking about death and not seeing the patient causes a sense of confusion and distress among family members. In addition, changing roles and accepting new responsibilities, worrying about the patient's future health, and fear of being infected with the disease are associated with stress and anxiety in the patient's family members. Part of the problem is due to the unpredictable nature of the disease, such as its spreading rate and its high prevalence. To control this, emphasis is placed on adhering to health protocols and vaccinations. The need to emphasize on social restrictions is associated with the people's sense of loneliness and social exclusion. However, emotional dependence, hope for the patient's recovery, and receiving the full support can help patient's family to deal with the situation. It is important to pay attention to the semantic approaches that people use in critical situations in order to adapt to the situation and achieve compatibility. On the other hand, considering the role of family members in the patient's recovery, establishing a proper communication, providing comprehensive information about the patient's treatment process, and supporting patient's family by nurses and other members of the treatment team are highly recommended.

5. Ethical Considerations

Compliance with ethical guidelines

Compliance with ethical guidelines in designing and compiling this research, ethical principles have been considered. The purpose of the research was explained to the participants and the information was received confidentially and used only for research purposes.

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Authors' contributions

Study design: Fatemeh Karami and Shokoh Varaei. Data collection: Fatemeh Karami. Data analysis: Fatemeh Karami. Study supervision: Shokoh Varaei. Manuscript writing: Fatemeh Karami. Critical revisions for important intellectual content: Shokoh Varaei.

Conflicts of interest

The authors declared no conflict of interest.

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