

Measuring the Time of Direct And Indirect Nursing Care in Corona Wards

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Introduction: Allocating sufficient time to provide quality nursing care to patients with coronavirus is very important due to reasons such as the deterioration clinical situation of these patients, the large number of them and the absence of the informal caregiver patient because of the contagious nature of this disease. Considering the key role of nurses' care in ending the prevalence of this disease, the aim of this study was to measure the time spent for direct and indirect care in corona wards and related factors in Arak University of Medical Sciences Hospitals. **Materials and Methods:** This descriptive-analytical study was performed on 30 nurses in Corona ward. The data collection tool is a validity and reliability checklist and includes three sections: demographic information, measuring the time of direct and indirect care. In indirect care, all services provided in the patient's bed in the form of 29 items (such as prescribing medication, listening and talking and responding to the patient, measuring vital signs and changing the patient's position) and in the indirect care section, all activities that are done away from the bed, but for the patient, in the form of 18 items (such as: telephone follow-up, visit, Enter drugs, equipment, tests in the computer system, writing a nursing report, and charting vital signs and absorption and excretion) were measure. SPSS v.20 software was used to analyze the data. **Results:** In a work shift in corona wards, the mean time of indirect care was 165.29 ± 46.9 minutes and the mean time of direct care was 163.7 ± 44.1 minutes. Also, in the ICU of Corona, the amount of indirect care was more than the time of direct care (182.23 ± 19.17 minutes, versus 177.2 ± 50.41 minutes). The most direct care (38.5%) was done in the evening shifts and the most indirect care (44%) was done in the morning shifts. The duration of direct and indirect care did not have a significant relationship with gender, work experience, employment status and educational status of nurses. **Conclusion:** Due to the importance of direct care in patient care, in this study, the amount of indirect care of patients with covid was higher than direct care. Although the contagious nature of the disease, fear of nurses being infected and high workload may unintentionally increase the time of indirect care and reduce the time of direct care of patients, But none of these elements should neglect the impact of quality care in controlling the prevalence of the disease. Therefore, nursing managers are advised to reduce the time spent for indirect care and non-nursing affairs as much as possible by modifying the physical environment, accurately evaluating the performance and delegating computer tasks to non-nursing staff, and provide the basis for improving the quality of care and recovery from the Corona crisis as soon as possible.

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