

CONCEPT ANALYSIS

Reintegration: A Concept Analysis

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Abstract

Reintegration is an integral part of nursing care. Nurses play a critical role in contributing support, dependence, and continuity of care from rehabilitation to reintegration. While the reintegration of patients is a concept often used in nursing, its theoretical origin has remained unclear. This article aimed to conduct a concept analysis of reintegration for the development of nursing as a discipline and improve nursing care and health outcomes. The evolutionary strategy to concept analysis of Roger was utilized, which resulted in the characteristics of reintegration as to its attributes, antecedents, consequences, and exemplar in nursing practice in the context of COVID-19. The capacity to adapt, reorganize, offer support, and build a network of resources are attributed to the concept of reintegration. Antecedents include rehabilitation, survivorship from illnesses, trauma, and injuries, and disruption of social and physical functional performances and activities. The identified consequences include transition to recovery, quality of life, independence, successful adaptation, job satisfaction, holistic care, and continuity of care. The new conceptual definition of reintegration emerged. Reintegration is a process of nursing care among patients who demand assistance and support before transitioning to regain normality or on their way to being restored to the community in the presence of adaptation from health adversities. The patient in all areas is cared for holistically, offering support to meet his needs and overcome challenges in terms of physical, mental, social, and emotional aspects. Concept analysis is as essential as operationalizing a concept in the nursing discipline.

Keywords: *reintegration, quality nursing care, COVID-19*

Introduction

Every patient requires different modalities of care and treatment programs towards recovery. To achieve faster recovery and optimal health, sometimes nursing care is demanded, especially by patients with debilitating effects of illnesses or diseases requiring intensive considerations, support, and dependence. From rehabilitation to reintegration, both of these processes have been an integral part of nursing care.

While the reintegration of patients is a concept often used in nursing, its theoretical origin has remained unclear. One definition says that reintegration "is closely allied to functional performance" (Wood-Dauphinee & Williams, 1987), which suggests an association on physical health, (i.e., wellness). There are also various issues and definitions related to several aspects of living and across fields, such as psychosocial health, social, education, and legal.

It is essential to study this concept for the development of nursing as a discipline and improve nursing care and health outcomes. Moreover, across several works of literature, the lack

of consensus definition for reintegration has created deep nuances in the understanding of what comprises reintegration. It makes it challenging to utilize it in nursing care without the reliability to measure it. Hence, understanding and clarifying the concept and describing its attributes are necessary.

Materials and Method

Concept Analysis Method

There are several approaches in conducting concept analysis in nursing science. The evolutionary strategy to concept analysis of Rodger viewed it as a systematic method that clarifies, describes, and explains concepts central to nursing science based on the review of a chosen concept as used within the discipline or other health sciences (Toftagen & Fagerstrom, 2010).

The method of analysis is more focused, and the context of the concept varies over time (Cutcliffe & McKenna, 2005; Grove et al., 2012). Since reintegration is changing in context, Rodger's

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evolutionary concept analysis was utilized for analyzing this concept following the different stages: naming the concept of interest, identifying surrogate terms and relevant uses of the concept, determining data samples for analysis, identifying the attributes, antecedents, consequences, and other concepts related to the concept, and creating a model case for the concept (Utley et al., 2017).

Data Source

The following databases, such as Scopus, Science Direct, PubMed, Google Scholar, EBSCO, and Cochrane Library, were utilized for the review of the literature electronically. The process of gathering data included a rigorous search on different literature within health sciences using keywords such as “reintegration,” “community reintegration,” “social reintegration,” “integration,” “rehabilitation,” “patient reintegration,” “readjustment,” “transition,” and “holistic care” in title and abstract. Abstract and full-text articles in the English language were the inclusion criteria. After evaluating the definitions of the concepts and repetitive features in various literature, the description of reintegration evolved. The search yielded also relevant attributes, consequences, empirical referents, and a specific model case of the concept.

Results

Surrogate Terms and Relevant Uses of the Concept

In this part of the study, the surrogate terms were identified such as family reintegration (Eggenberger et al., 2011; Bello-Utu & DeSocio, 2015; Faria et al., 2018), community reintegration (Walsh et al., 2015; Olawale et al., 2018; Rosenberg et al., 2018; Glickman & Chimatiro, 2018; Critchfield et al., 2019), rehabilitation (Glickman & Chimatiro, 2018), and rebounding (Earvolino-Ramirez, 2007).

With the vast and fast-growing development of literature and concepts, reintegration is defined from different views and other relevant uses, such as in psychology and psychosocial aspects. The word reintegration refers to “the process of reorganizing mental processes” (APA Dictionary of Psychology, n.d.) of mental activity after psychological disturbance, and “action of integrating back to society” (Oxford Dictionary, n.d.).

Several authors have examined the common use of the term “reintegration” in an attempt to uncover its meaning. When it comes to the psychological health perspective, specifically post-deployment, Currie et al. (2011) defined reintegration as “the process of transitioning back into personal and organizational roles following deployment.” In palliative care in nursing, (Knight & Emanuel, 2007) developed reintegration into a model, which is primarily focused on the interventions for terminally ill patients. Knight and Emanuel (2007) further described the model that

includes “comprehension, creative adaptation, and reintegration processes for adapting to losses at the end of life.”

On the other hand, reintegration is also defined in several perspectives of physical health, such as in the presence of injury (i.e., brain injury, cancer, stroke, and burn). In the course of recovery from a burn, it was identified that reintegration is one of the stages of psychological adaptation during recovery from burns (Cash, 2012; Rosenberg et al., 2018). Furthermore, in the context of patients following brain injury, Reistetter and Abreu (2005) defined reintegration as a dynamic process of adapting that is culturally bound, personal, and multidimensional. Ore and Foli (2019) conducted a conceptual analysis on reintegration as a concept among cancer survivors, and they defined it as a dynamic process that involves the restructuring of former self abilities concurrent with re-evaluating them.

Attributes

Based on the definitions of the concept, the capacity to adapt, reorganize, offer support, and build a network of resources is attributed to the concept of reintegration.

Adaptation. Patients with serious illness, trauma, and injuries may have the ability to adapt. As a result, it is manifested that the level of acceptability to a particular disease enables a person to cope and improve himself (Smedema et al., 2009; Chan et al., 2013; Walsh et al., 2015). Adaptation entails a realization of transitioning from normal to the new normal living of a patient (Knight & Emanuel, 2007; Olano et al., 2020), which facilitates participation in rehabilitation and recovery. The curiosity of a patient with regards to his self-care and health outcomes generates the level of acceptability of the disease and the readiness to achieve faster recovery (Livneh & Antonak, 2005).

Reorganization. The assessment of the strengths and weaknesses of the patient gives a significant impact on the restoration of independence; for example, a negative perception of one's self limits the ability to recover (Huang et al., 2015). Restructuring of one's self encompasses the redefining and regaining of roles and performances along with the re-evaluation of abilities (Suddick et al., 2009; Ore & Foli, 2019). A revised self-concept is related to reconstructing and reassessing the self to regain normality (Ruan & Zhou, 2019).

Offering Support. One of the most important things a nurse does is to provide patient support. This entails addressing the emotional, physical, mental, spiritual, and social needs of a patient (Gardner, 1979), who is experiencing higher physical distress (Sanders et al., 2010). Nurses do patient care extensively that can significantly contribute to a patient's recovery (van Weeghel et al., 2019). The interrelationship of each aspect of care contributes significantly to a patient's speedy recovery.

Building a Network of Resources. One of the factors associated with the patient's faster recovery is the resources and support they will receive from the hospital and until returning home. According to Yates (1995), the identification and development of a network of resources are perceived to affect a patient's recovery directly. The quality of support enhances better behavioral and emotional outcomes among patients (Villain et al., 2017).

Antecedents

The literature revealed several antecedents of reintegration that were specifically based on rehabilitation, survivorship from illnesses, trauma, and injuries, and disruption of social and physical functional performances and activities.

Due to the incapacitating effects of illnesses or disorders, the level of functioning of a patient or individual as to social and physical is compromised, resulting in rehabilitation. Rehabilitation maximizes the health potentials of patients after experiencing trauma, injury, or illness, which is vital in the reintegration of a patient to functional performance (Obembe et al., 2013). Also, being a survivor from impactful adversities in one's health initiates and underpins the concept of reintegration of patients transitioning from normal to new normal living (Currie & Kelloway, 2011; Ore & Foli, 2019;). Reintegration also requires nurses to assist patients due to the disruption of their activities and lifestyles.

Consequences

The consequences of reintegration are obvious and encompassing, where it gives positive impacts on both the patient and nurse. In the part of the patient, several outcomes were identified, such as the transition of recovery, improved quality of life, independence, health status, and successful adaptation. The nurse is also benefited from the interaction with the patients, especially in the context of assisting and facilitating reintegration, such as job satisfaction, enhanced holistic care, and continuity of care.

Model Case

Andy, a 34-year-old man, was about to be discharged after being confined at a critical care unit for a month due to COVID-19 (survivorship from illness). As the nurse was preparing the discharge plan for the patient, the patient suddenly got anxious and worriedly asked the nurse about the things he could do to prevent COVID-19 recurrence, and circumstances await him after hospitalization (adaptation capacity). The nurse provided health teachings and assisted the patient in making informed decisions, especially in redefining his roles, beliefs, and activities while the nurse was accessing his strengths and weaknesses (reorganization). The patient also verbalized the

fear of social challenges, e.g., stigma, rejection, trauma. The nurse, while alleviating the patient's fears and anxiety, assisted the patient in identifying actions to deal with those challenges (offering support). As the interactions went on, the nurse identified agencies or people who could help him back to society and resume his previous roles and activities (identifying resources). It was at this moment that the patient also mentioned several people who could help.

Rehabilitation and Community Reintegration

Several studies defined community reintegration as a process of involvement in the community activities, engaging in one's previous roles and responsibilities, and relationships within the community (Obembe et al., 2013; Herndon, 2012; Esselman et al., 2001; Dijkers, 1998). This implies further that integrating the patient into the community signifies social interactions that enable social support from individuals around him, making the transition (reintegration) easier (Herndon, 2012). Rehabilitation, to a higher degree, can also be attributed to patient reintegration. According to World Health Organization (n.d.), "rehabilitation is a set of interventions needed when a person is experiencing or is likely to experience limitations in everyday functioning due to aging or a health condition, including chronic diseases or disorders, injuries or traumas." Moreover, Waddell and Burton (2004) defined rehabilitation as a secondary intervention to restore patients as far as possible to their previous condition after disease or injury (within limits imposed by pathology and impairments).

Discussion

The result of the concept of analysis on reintegration is comprehensive and remarkably precedent in social, psychosocial, and psychological aspects from various literature. Based on the findings, the identified attributes are the capacity to adapt, reorganize, offer support, and build a network of resources. The adaptability of patients is integral, and it denotes the readiness of someone to progress from disablement to enablement while there is acceptance of specific health adversity (Nalder et al., 2013). Reorganization indicates the restructuring of the patients' self-concept. It serves as the opportunity for the patient to reorganize the former roles towards normality. Nursing care offers support that also assists the patient in overcoming challenges related to physical, mental, social, and emotional aspects, which influence holistic care (Turner et al., 2009; Kidd et al., 2016). Lastly, identifying support systems and resources reveals a vital role in the continuity of care.

Based on these attributes to the development of the concept, reintegration can be defined as follows: "Reintegration is a process of nursing care among patients who demand assistance and support before transitioning to regain normality

or on his way to be restored to the community in the presence of adaptation from health adversities. The patient in all areas is cared for holistically, offering support to meet their needs and overcome challenges in terms of physical, mental, social, and emotional aspects.”

Conclusion

Concept analysis is as essential as operationalizing a concept in the nursing discipline. Clarifying the concept, as the present study explains, guides nurses in enhancing nursing care to improve health outcomes. It also sheds light on what has been unclear and confusing in practice, providing for the understanding of nuances across other fields.

References

- Bello-Utu, C. F., & DeSocio, J. E. (2015). Military deployment and reintegration: a systematic review of child coping. *Journal of child and adolescent psychiatric nursing : official publication of the Association of Child and Adolescent Psychiatric Nurses, Inc*, 28(1), 23–34. <https://doi.org/10.1111/jcap.12099>
- Cash, T. F. (2012). Encyclopedia of Body Image and Human Appearance. In *Encyclopedia of Body Image and Human Appearance* (Vols. 1–2). Elsevier Inc. <https://doi.org/10.1016/C2010-1-66177-9>
- Chan F., da Silva Cardoso E., Chronister J., Hiatt E. (2013) Psychosocial Adjustment. In: Gellman M.D., Turner J.R. (eds) *Encyclopedia of Behavioral Medicine*. Springer, New York, NY. https://doi.org/10.1007/978-1-4419-1005-9_917
- Critchfield, E., Bain, K. M., Goudeau, C., Gillis, C. J., Gomez-Lansidel, M. T., & Eapen, B. C. (2019). A Model of Care for Community Reintegration: The Polytrauma Transitional Rehabilitation Program. *Physical medicine and rehabilitation clinics of North America*, 30(1), 43–54. <https://doi.org/10.1016/j.pmr.2018.08.009>
- Currie, S. L., Day, A., & Kelloway, E. K. (2011). Bringing the Troops Back Home: Modeling the Postdeployment Reintegration Experience. *Journal of Occupational Health Psychology*, 16(1), 38–47. <https://doi.org/10.1037/a0021724>
- Cutcliffe, J. R., & McKenna, H. P. (2005). *The Essential Concepts of Nursing: Building Blocks for Practice*. Elsevier/Churchill Livingstone. <https://books.google.com.ph/books?id=6qUvOHgEtPEC>
- Dijkers, M. (1998). Community integration: Conceptual issues and measurement approaches in rehabilitation research. In *Topics in Spinal Cord Injury Rehabilitation* (Vol. 4, Issue 1, pp. 1–15). <https://doi.org/10.1310/BJJA-2018-45KL-0VTL>
- Dwyer, K. J., & Mulligan, H. (2015). Community reintegration following spinal cord injury: Insights for health professionals in community rehabilitation services in New Zealand. *New Zealand Journal of Physiotherapy*, 43(3), 75–85. <https://doi.org/10.15619/NZJP/43.3.02>
- Earvolino-Ramirez, M. (2007). Resilience: A Concept Analysis. *Nursing Forum*, 42(2), 73–82. <https://doi.org/10.1111/j.1744-6198.2007.00070.x>
- Eggenberger, S. K., Meiers, S. J., Krumwiede, N., Bliesmer, M., & Earle, P. (2011). Reintegration within families in the context of chronic illness: a family health promoting process. *Journal of Nursing and Healthcare of Chronic Illness*, 3(3), 283–292. <https://doi.org/10.1111/j.1752-9824.2011.01101.x>
- Esselman, P. C., Ptacek, J. T., Kowalske, K., Cromes, G. F., deLateur, B. J., & Engrav, L. H. (2001). Community Integration after Burn Injuries. *The Journal of Burn Care & Rehabilitation*, 22(3), 221–227. <https://doi.org/10.1097/00004630-200105000-00007>
- Faria, A., Ribeiro, C. A., & Horta, A. (2018). Family composing the soundtrack of its reintegration: a theoretical model. *Revista brasileira de enfermagem*, 71(suppl 3), 1298–1305. <https://doi.org/10.1590/0034-7167-2017-0485>
- Gardner KG. (1979). Supportive nursing: a critical review of the literature. *Journal of Psychiatric Nursing & Mental Health Services*, 17, 10–16.
- Glickman, L. B., & Chimatiro, G. (2018). Clients with stroke and non-stroke and their guardians' views on community reintegration status after in-patient rehabilitation. *Malawi medical journal : the journal of Medical Association of Malawi*, 30(3), 174–179. <https://doi.org/10.4314/mmj.v30i3.8>
- Grove, S. K., Burns, N., & Gray, J. (2012). *The Practice of Nursing Research: Appraisal, Synthesis, and Generation of Evidence*. Elsevier/Saunders. <https://books.google.com.ph/books?id=r32jPNVYlacC>
- Herndon, D. N. (2012). Total burn care. In *Total Burn Care: Fourth Edition*. Elsevier Inc. <https://doi.org/10.1016/C2009-0-42513-3>
- Huang, C.-Y., Chen, W.-K., Lu, C.-Y., Tsai, C.-C., Lai, H.-L., Lin, H.-Y., Guo, S.-E., Wu, L.-M., & Chen, C.-I. (2015). Mediating effects of social support and self-concept on depressive symptoms in adults with spinal cord injury. *Spinal Cord*, 53(5), 413–416. <https://doi.org/10.1038/sc.2014.158>
- Kidd, S. A., Virdee, G., Mihalakakos, G., McKinney, C., Feingold, L., Collins, A., Davidson, L., Weingarten, R., Maples, N., & Velligan, D. (2016). The Welcome Basket Revisited: Testing the Feasibility of a Brief Peer Support Intervention to Facilitate Transition From Hospital to Community. *Psychiatric Rehabilitation Journal*, 39(4), 335–342. <https://doi.org/10.1037/prj0000235>
- Knight, S. J., & Emanuel, L. L. (2007). *Chapter 14 - Loss, Bereavement, and Adaptation* (L. L. Emanuel & S. L. B. T.-P. C. Librach (Eds.); pp. 193–205). W. B. Saunders. <https://doi.org/10.1016/B978-141602597-9.10014-6>
- Livneh, H., & Antonak, R. F. (2005). Psychosocial aspects of chronic illness and disability. In F. Chan, M. J. Leahy, & J. Saunders (Eds.), *Case management for rehabilitation health professionals* (2nd ed., Vol. 2, pp. 3–43). Osage Beach, MO: Aspen Professional Services.
- Nalder, E., Fleming, J., Cornwell, P., Shields, C., & Foster, M. (2013). Reflections on life: Experiences of individuals with brain injury during the transition from hospital to home. *Brain Injury*, 27(11), 1294–1303. <https://doi.org/10.3109/02699052.2013.823560>
- Obembe, A., Mapayi, B., Johnson, O., Agunbiade, T., & Emechete, A. (2013). Community reintegration in stroke survivors: Relationship with motor function and depression. *Hong Kong Physiotherapy Journal*, 31(2), 69–74. <https://doi.org/10.1016/j.hkjp.2013.04.001>
- Olano, L. M., Zaragoza, S. A., Martin, M. J., & Saracibar, R. M. (2020).

- Redefining a “new normality”: A hermeneutic phenomenological study of the experiences of patients with chronic heart failure. *Journal of Advanced Nursing* (John Wiley & Sons, Inc.), 76(1), 275–286. <https://doi.org/10.1111/jan.14237>
- Olawale, O. A., Usman, J. S., Oke, K. I., & Osundiya, O. C. (2018). Evaluation of Predictive Factors Influencing Community Reintegration in Adult Patients with Stroke. *Journal of neurosciences in rural practice*, 9(1), 6–10. https://doi.org/10.4103/jnrp.jnrp_386_17
- Ore, M. L., & Foli, K. J. (2019). Reintegration for Post-treatment Cancer Survivors: A Concept Analysis. *Journal of Holistic Nursing: Official Journal of the American Holistic Nurses' Association*, 898010119883760. <https://doi.org/10.1177/0898010119883760>
- Reintegration – APA Dictionary of Psychology. (n.d.). Retrieved July 13, 2020, from <https://dictionary.apa.org/redintegration>
- Reintegration | Definition of Reintegration by Oxford Dictionary on Lexico.com also meaning of Reintegration. (n.d.). Retrieved July 13, 2020, from <https://www.lexico.com/definition/reintegration>
- Reintegration Medical Definition | Merriam-Webster Medical Dictionary. (n.d.). Retrieved July 13, 2020, from <https://www.merriam-webster.com/medical/reintegration>
- Reistetter, T. A., and Abreu, B. C. (2005). Appraising evidence on community integration following brain injury: a systematic review. *Occup. Ther. Int.* 12, 196–217. doi: 10.1002/oti.8
- Rose Utley, P. D. R. N. C. N. E., Kristina Henry, D. N. P. N. E. B. C., & Lucretia Smith, P. D. R. N. C. D. E. (2017). *Frameworks for Advanced Nursing Practice and Research: Philosophies, Theories, Models, and Taxonomies*. Springer Publishing Company. <https://books.google.com.ph/books?id=VT8nDwAAQBAJ>
- Rosenberg, L., Rosenberg, M., Rimmer, R. B., & Fauerbach, J. A. (2018). 66 - Psychosocial Recovery and Reintegration of Patients With Burn Injuries (D. N. B. T.-T. B. C. (Fifth E. Herndon (Ed.); pp. 709-720.e4). Elsevier. <https://doi.org/10.1016/B978-0-323-47661-4.00065-4>
- Ruan, J., & Zhou, Y. (2019). Regaining normality: A grounded theory study of the illness experiences of Chinese patients living with Crohn's disease. *International Journal of Nursing Studies*, 93, 87–96. <https://doi.org/10.1016/j.ijnurstu.2019.02.015>
- Sanders SL, Bantum EO, Owen JE, Thornton AA, & Stanton AL. (2010). Supportive care needs in patients with lung cancer. *Psycho-Oncology*, 19(5), 480–489. <https://doi.org/10.1002/pon.1577>
- Smedema, S. M., Bakken-Gillen, S. K., & Dalton, J. (2009). Psychosocial adaptation to chronic illness and disability: Models and measurement. In F. Chan, E. Da Silva Cardoso, & J. A. Chronister (Eds.), *Understanding psychosocial adjustment to chronic illness and disability: A handbook for evidence-based practitioners in rehabilitation* (p. 51–73). Springer Publishing Co.
- Suddick K, Migliorini C, Amsters D, & Balakatounis K. (2009). Reintegration and rehabilitation after spinal cord injury: a small-scale pilot study...including commentary by Migliorini C, Amsters D, and Balakatounis K. *International Journal of Therapy & Rehabilitation*, 16(10), 535–544. <https://doi.org/10.12968/ijtr.2009.16.10.44563>
- Toftagen, R., & Fagerstrøm, L. M. (2010). Rodgers' evolutionary concept analysis—a valid method for developing knowledge in nursing science. *Scandinavian journal of caring sciences*, 24 Suppl 1, 21–31. <https://doi.org/10.1111/j.1471-6712.2010.00845.x>
- Turner B, Fleming J, Cornwell P, Haines T, & Ownsworth T. (2009). Profiling early outcomes during the transition from hospital to home after brain injury. *Brain Injury*, 23(1), 51–60. <https://doi.org/10.1080/02699050802635257>
- Utley, R., Henry, K., & Smith, L. (2017). *Frameworks for Advanced Nursing Practice and Research: Philosophies, Theories, Models, and Taxonomies*. Springer Publishing Company.
- van Weeghel, J., Boertien, D., van Zelst, C., & Hasson-Ohayon, I. (2019). Conceptualizations, Assessments, and Implications of Personal Recovery in Mental Illness: A Scoping Review of Systematic Reviews and Meta-Analyses. *Psychiatric Rehabilitation Journal*, 42(2), 169–181. <https://doi.org/10.1037/prj0000356>
- Villain, M., Sibon, I., Renou, P., Poli, M., & Swendsen, J. (2017). Very early social support following mild stroke is associated with emotional and behavioral outcomes three months later. *Clinical Rehabilitation*, 31(1), 135–141. <https://doi.org/10.1177/0269215515623600>
- Waddell, G., & Burton, K. (2004). *Concepts of rehabilitation for the management of common health problems*. www.tso.co.uk/bookshop
- Walsh, M. E., Galvin, R., Loughnane, C., Macey, C., & Horgan, N. F. (2015). Factors associated with community reintegration in the first year after stroke: a qualitative meta-synthesis. *Disability and rehabilitation*, 37(18), 1599–1608. <https://doi.org/10.3109/09638288.2014.974834>
- Wood-Dauphinee, S., & Williams, J. I. (1987). Reintegration to normal living as a proxy to quality of life. *Journal of Chronic Diseases*, 40(6), 491–499. [https://doi.org/10.1016/0021-9681\(87\)90005-1](https://doi.org/10.1016/0021-9681(87)90005-1)
- World Health Organization. (n.d.). *Rehabilitation*. Retrieved July 13, 2020, from <https://www.who.int/news-room/fact-sheets/detail/rehabilitation>
- Yates BC. (1995). The relationships among social support and short- and long-term recovery outcomes in men with coronary heart disease. *Research in Nursing & Health*, 18(3), 193–203.

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