

## The meaning of the nursing care in the context of the COVID-19 pandemic

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### ABSTRACT

**Introduction:** The infectious outbreak caused by the new coronavirus strain has caused a pandemic with severe health and social consequences, which make us think changes should be made in the current meanings there are nowadays with respect to nursing care. **Objective:** Explore the meaning of care that has the nursing professional before the SARS-CoV2 pandemic, in a COVID hospital in the city of Puebla, Mexico. **Methodology:** A qualitative-descriptive study was developed based on the interpretative phenomenological perspective. The size of the sample was determined up to reach the saturation point. Deep interviews were carried out which were recorded and transcribed in their entirety. A content analysis was carried out where emerging issues were identified. The interpretation of the information was made using the Colaizzi method. **Results:** A meaning of nursing care was found, which is understood as a responsibility addressed to the family, patient, and oneself, where two types of care emerged, namely, complex care and protection care, within an environment of uncertainty, but, parting from fear facing, the result is learning and more experience. **Conclusions:** Nursing care during the pandemic is shown as a value that emerges from a consciousness status, to meet the obligation that it has with the others and the other, where its role in society is reconfigured.

**Key words:** Nursing care; Pandemics; Coronavirus infections; Qualitative Research; Nursing Personnel in the Hospital (DeCS)

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**Received:** 28/10/2020

**Accepted:** 30/11/2020

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## El significado del cuidado enfermero en el contexto de la pandemia COVID-19

### RESUMEN

**Introducción:** El brote infeccioso provocado por la nueva cepa de coronavirus, ha provocado una pandemia con graves consecuencias sanitarias y sociales, que hacen suponer cambios en los significados que se tiene, de lo que es el cuidado de enfermería. **Objetivo:** explorar el significado de cuidado que tiene el profesional de enfermería ante la pandemia de SARS-CoV2, en un hospital COVID de la ciudad de Puebla, México. **Metodología:** se desarrolló un estudio cualitativo descriptivo, basándose en la perspectiva fenomenológica interpretativa. El tamaño de muestra se determinó hasta alcanzar el punto de saturación. Se realizaron entrevistas a profundidad que fueron grabadas y transcritas en su totalidad. Se realizó análisis de contenido donde se identificaron temas emergentes. La interpretación de la información fue mediante el método de Colaizzi. **Resultados:** se encontró que el significado del cuidado de enfermería, es entendido como una responsabilidad dirigida hacia la familia, el paciente y hacia sí mismo, donde emergen dos tipos de cuidado: complejo y de protección, dentro de un ambiente de incertidumbre, pero que, a partir del afrontamiento de sus miedos, dan como resultado: un aprendizaje y una mayor experiencia. **Conclusiones:** el cuidado de enfermería durante la pandemia se muestra como un valor que surge de un estado de consciencia, para cumplir con la obligación que tiene con los otros y lo otro, donde se reconfigura su papel en la sociedad.

**Palabras clave:** Atención de Enfermería; Pandemias; Infecciones por Coronavirus; Investigación Cualitativa; Personal de Enfermería en Hospital(DeCS).

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## O significado do cuidado de enfermagem no contexto da pandemia COVID-19

### ABSTRATO

**Introdução:** O surto infeccioso causado pela nova cepa do coronavírus gerou uma pandemia com graves repercussões sociais e de saúde, o que nos leva a pensar que devem ser feitas mudanças nos significados atuais que existem a respeito da assistência de enfermagem. **Objetivo:** Explorar o significado do cuidado que tem o profissional de enfermagem diante de pandemia de SARS-CoV2, em um hospital COVID na cidade de Puebla, no México. **Metodologia:** Estudo qualitativo-descritivo desenvolvido a partir da perspectiva interpretativa fenomenológica. O tamanho da amostra foi determinado até atingir o ponto de saturação. Foram realizadas entrevistas em profundidade, gravadas e transcritas na íntegra. Foi realizada uma análise de conteúdo onde foram identificadas questões emergentes. A interpretação das informações foi feita pelo método Colaizzi. **Resultados:** Foi encontrado um sentido do cuidado de enfermagem, entendido como uma responsabilidade dirigida à família, ao paciente e a si mesmo, onde emergiram dois tipos de cuidado, a saber, cuidado complexo e cuidado protetor, em um ambiente de incertezas, mas a partir do medo enfrentando, o resultado é aprendizado e mais experiência. **Conclusões:** O cuidado de enfermagem durante a pandemia mostrou-se como um valor que emerge de um estado de consciência, para cumprir a obrigação que tem como o outro, onde o seu papel na sociedade é reconfigurado.

**Palavras-chave:** Cuidados de enfermagem; pandemia; infecções por coronavírus; pesquisa qualitativa; pessoal de enfermagem no hospital (DeCS).

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## INTRODUCTION

The infectious outbreak caused by the new coronavirus (SARS-CoV-2) strain, later on called COVID-19 disease has health and social consequences<sup>1,2</sup>. In Mexico, this disease has propagated exponentially generating a large number of cases and deaths in population<sup>3</sup>.

In this context, the nursing personnel as key elements for the contention (prevention, control, and rehabilitation) of this disease have gave up their own wellbeing, mainly due to pressure on health care and fear to be infected, which, added to the awareness of the death of some of their coworkers have started to cause them great psychoemotional pressure<sup>4</sup>. These facts, which would suggest changes in the meanings there are about what nursing care really is.

In this sense, some studies mention that the meaning of nursing care is related to the occupation, and the several forms of worrying. Where professionals tend to the unsuitability and leveling of all of the possibilities of being. But, when they extrapolate tranquility and self-absorption, reach empathy, respect, and indulgence<sup>5</sup>. Additionally, several categories such as nursing actions, sense of commitment, and concern have been identified<sup>6</sup>.

Likewise, in a qualitative metasynthesis care has been acknowledged as a dynamic and interactive process, where actions or thoughts addressed to an specific purpose are manifested, which include respect and individualization of human beings as entities with their own and specific characteristics, which go beyond the disease, parting from the human essence and female tradition, concluding that the true essence of care lies in the relationships and human interaction, and therefore, the technical or procedural aspects obscure the social relevance of the care and reduce the disciplinary autonomy.<sup>7</sup>

Therefore, it is understood that the meaning of a phenomenon conditions the way in which the reality of the subjects is represented. Which, could be subject among other things to the experiences lived by the individuals.<sup>8</sup> Such situation makes it pertinent

to consider the relevance that phenomenology has as research method, in order to be close to the experiences of nursing professionals around the nursing care phenomenon during a pandemic, from their descriptions, emotions, experiences, reasoning, or perceptions to build and/or rediscover its meaning.<sup>9</sup> The former, resulting from human interaction, namely, individual-nurse, which is the essential element of nursing care and sine qua non of its disciplinary paradigm target.<sup>10</sup>

Alongside to the fact that several studies have demonstrated that the addressing of the meaning have allowed substantiating and developing actions in order to improve the nursing professional practice, as the redefinition of concepts, the construction of tools and the substantiating of models of specific care situation, which promote the reflexive, contextualized, and always changing practice in the daily professional activity.<sup>9, 11</sup> These results are only possible through the inclusion of qualitative research with phenomenological approach either descriptive or interpretative. This situation evidences the need to understand the experiences of the nursing professional, during this new health global situation, through subjective education that allows understanding the meanings that nursing professionals, on the subject of their daily professional activity; currently, this is the pillar in the contention of this world health emergency.

### **Objective**

Explore the meaning that the health professional has with respect to care in the face of the SARS-CoV2 pandemic, in a COVID hospital in the city of Puebla, Mexico.

### **METHODOLOGY**

A qualitative-descriptive study was performed, based in the interpretative phenomenological perspective, where female and male nurses participated through an intentional sampling,<sup>12</sup> who are taking care of patients with SARS-CoV2, assigned to a COVID hospital in the city

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of Puebla, Mexico, who voluntarily accepted to participate in this study. The sample size was progressively determined during the time of the research, up to reach the saturation of the information.<sup>13</sup>

For data collection, triggering questions were prepared based on revised literature and the opinion of experts. Additionally, a field log was used since this has been documented as a research tool which allows reflecting on the observations and perceptions of the phenomena studied<sup>14</sup>. Likewise, it facilitates three formation processes, namely, the appropriation of the knowledge, the metacognition, as well as scriptural competence and critical sense<sup>15</sup>, which are important in the qualitative research process.

The research was revised by the Commission of Postgraduate Studies and Advanced Research of the Nursing School of the Benemérita Universidad Autónoma to get the corresponding registration (SIEP/033/2020) and authorization. Once they have this endorsement, the participants were contacted in their Work place, where they were explained the purpose of the research; once their participation was accepted, they underwent an interview inside the hospital, in a place that was specifically conditioned for this research (during October 2020). The interviews were prepared individually and at depth, which are characterized because they penetrate and detail what is transcendent, and decipher and understand tastes, fears, satisfactions, anxieties, and joys that are relevant for the respondents, in order to interpret the experience of the other.<sup>16</sup>

The interviews were recorded through a model PX470 Sony voice storage device, and completely transcribed in the Microsoft Word program, for which an alphanumeric codification method was used with age and sex (*E1 30 years old, Woman, E2 25 years old, Woman, E3 25 years old, Man, E4 30 years old, Woman, E5 31 years old, Woman, E6 30 years old, Woman, E7 40 years old, Woman, E8 25 years old, Woman*), to have an anonymous identification of the participants. Additionally, some notes were taken in the field log, before, during, and after the interviews, in order to

complement the information seen. At the end, their participation was appreciated.

The analysis of content<sup>13</sup> of every one of the interviews and of the comments from the field log was performed. The interpretation of the information was carried out through the Colaizzi<sup>2, 17</sup> method, which allows studying the field of consciousness and explore the people in the study, parting from their experiences, whose steps are comprised by seven phases: 1. Definition of the phenomenon of interest; 2. Collection of the descriptions of the participants; 3. Reading and extraction of significant statements, resulting from all the transcription, using alive and substantive codes for the formation of meanings; 4. Organization of the groups of set forth themes; 5. Search of similarities or interrelations of the groups of themes; 6. Preparation of the concepts for the interpretation of data; and 7. Validation of the interpretations formerly prepared, by the same participants. Likewise, the credibility criteria were: data transferability, consistency, and reliability, in order to assure the precision and quality of this type of studies.<sup>18</sup>

Finally, this study adhered to the basic principles of bioethics and the ethics code of nursing, as well as the provisions set forth in the Personal Data General Act and the Regulations of the General Health Act, regarding the ethical aspects of human research, in addition to observe the health safety protocols established by the Government of Mexico during this pandemic.<sup>3, 19</sup>

## RESULTS

A total of eight nursing professionals (1 man and 7 woman), with whom data saturation was reached. The range of age of participants was from 25 to 44 years, most of them with more than five years of professional experience and four of them with intensive care specialty. The duration of the interviews ranged between 30 and 45 minutes.

The analysis of content led to the identification of four thematic groups (1.- significant experiences; 2.- emotions; 3.-

strategies to face work experiences; 4.- responsibility and scientific-technical-humanist knowledge) and nine sub-themes (1.- condition of the subjects who were cared for; 2.- type and consequences of the experiences; 3.- fear, frustration, and lack of knowledge; 4.- adaptation processes of the emotional, physical, and Technical type; 5.- human coping: cognitive, behavioral, and of protection; 6.- meta-paradigm person; 7.- type of care; 8.- environment, and 9.- learning + experience), which altogether comprise the meaning of care (Figure 1).

**Theme: Significant experiences**

In this thematic group, two groups of experiences emerge from the conditions of young age and loneliness of the people who were taken care of and died. The first one named positive, which includes emotions of satisfaction, as well as actions that resulted in the good evolution of the individual. The second, considered as negative, where uncertainty feelings and work overload are mentioned. Both experiences strengthen their values related to life and their technical-scientific-humanist knowledge, causing an increase in the emotional overload, which sometimes require more responsibility which could surpass professional and personal aspects of the nurse who takes care of patients with SARS-CoV2 (Table 1).

Table 1. Theme: Significant experiences.

<p>Sub-theme: Condition of the subjects that were taken care of.</p> <p>Experiences  <i>"That sometimes age, that is, the younger the more vulnerable they are, and [...] that as nurses I never had such a strong experience" E1. 30 year Woman. "Well, the patients were alone [...] and well they died, they died alone, without any support [...] only our support" E2. 25 years old, Woman.</i></p>
<p>Sub-theme: Type and consequences of the experiences.</p> <p>Experiences  <i>"Some were good because the patient overcome the disease or diagnosis he had [...] that was the most satisfactory, because you know that along with your coworkers you did a good work" E5. 31 years old, Woman; "they were somehow not good because there were patients with good probability of having good quality of life, but for some situation their health deteriorated and died, this situation gave you a feeling of uncertainty" E6. 30 years old, Woman; "Sometimes the patients did not follow the indications and, well, they died, but there was nothing we could do because we had excessive work" E7. 40 years old, Woman.  <i>"it gives you a lot to learn and of course to value life [...] since we do not know when we would pass away [...]; however, the personal experience that I have [...] would be take care of the health and integrity of everybody" E2. 25 years old, Woman; "Well, I have had a lot of the experience, because at first we did not know all the symptoms of the disease" E7. 40 years old, Woman; "You learn a lot about humanity, since you see the patients to get worse, you think about their families, your are reciprocal, try to make them feel fine, feel an emotional empathy" E8 25 years old, Woman; "(sigh) emotional experiences because I feel [...] that [...] I have a psychological problem more than anything else because it was very hurtful to see people dying and not be able to do anything" E4 30 years old, Woman.</i></i></p>

Source: Own development by the authors. E=Respondent.

**Theme: Emotions**

Fear and frustration were identified as the main emotions felt when they first entered the COVID area, which caused insecurity, anxiety, stress, and uncertainty, originated by lack of knowledge, one regarding knowing and the

other regarding making. But, training helped them to reduce their fear. This training generates three adaptation processes: Emotional, physical, and motor-technical (Table 2).

Table 2. Theme: Emotions.

Sub-theme: Fear, frustration, and lack of knowledge.
Experiences <i>"I have to acknowledge that I felt afraid in a certain moment, [...] E3 25 years old, Man; "Frustration, mainly because in a given moment you want to tear off everything in order to breath, to feel fine, but you have to endure, all of these emotions together"; E8 25 years old, Woman; "I didn't know what to do, or how to treat the patient" E3 25 years old, Man; "Lack of information, because I was facing something new, well... this was my main concern" E6 30 years old, Woman.</i>
Sub-theme: Emotional, physical, and Technical adaptational processes.
Experiences <i>"Little by little our body was adapting... we had to learn many techniques and adapt to the equipment we had in order to provides the nursing care" E7. 40 years old, Woman; "doctors were who gave us information about the situation we were living, and that was, well, for me, what made me feel calmer" E5 31 years old, Woman; "you have to act professionally, overcome your fears and keep going" E8. 25 years old, Woman.</i>

Source: Own development by the authors. E=Respondent.

**Theme: Strategies to face work experiences**

With respect to the strategies to face the situations in this pandemic, three types of actions are identified: 1.- Human, which is that

addressed to the patient, 2.- Cognitive-behavioral, that focused to oneself, and 3.- Protective, that addressed to the family. All of these actions have their origin in an internal source (of oneself) and external (of the family), (Table 3).

Table 3. Theme: Strategies to face work experiences.

Sub-theme: Cognitive, behavioral, and protective human coping.
Experiences <i>"I try to offer a little more ... something that shows human quality to the patient" E1. 30 years old, Woman. "My strategy is information, to obtain information, read articles, reed potential treatments, read potential consequences" E5. 31 years old, Woman. "I think that more than strategies, it would be the skills that one can develop with the patient". E3 25 years old, Hombre; "Educate your family so they also prevent an infection, and obviously you also prevent getting infected along with them". E7 40 years old, Woman. "I have been able to get ahead mainly due to my mind strength, to be aware that that is why we studied" E8 25 years old, Woman.; "I think that the family was very important, thank God I have a</i>

*family, my children, and my mom" E7 40 years old, Woman.*

Source: Own development by the authors. E=Respondent.

**Theme: Responsibility and scientific-technical-humanist knowledge**

Finally, it was found that the meaning of nursing during the COVID 19 pandemic emerged from the experience, emotions, and strategies that were faced in your work, which is characterized and assumed as a

responsibility addressed to the paradigm of person (towards the family, patient, and oneself), where two types of care emerged: complex and that of protection, within a uncertainty environment (difficult and unknown). But, which parting from the coping of your fears they result in learning and more experience (Table 4).

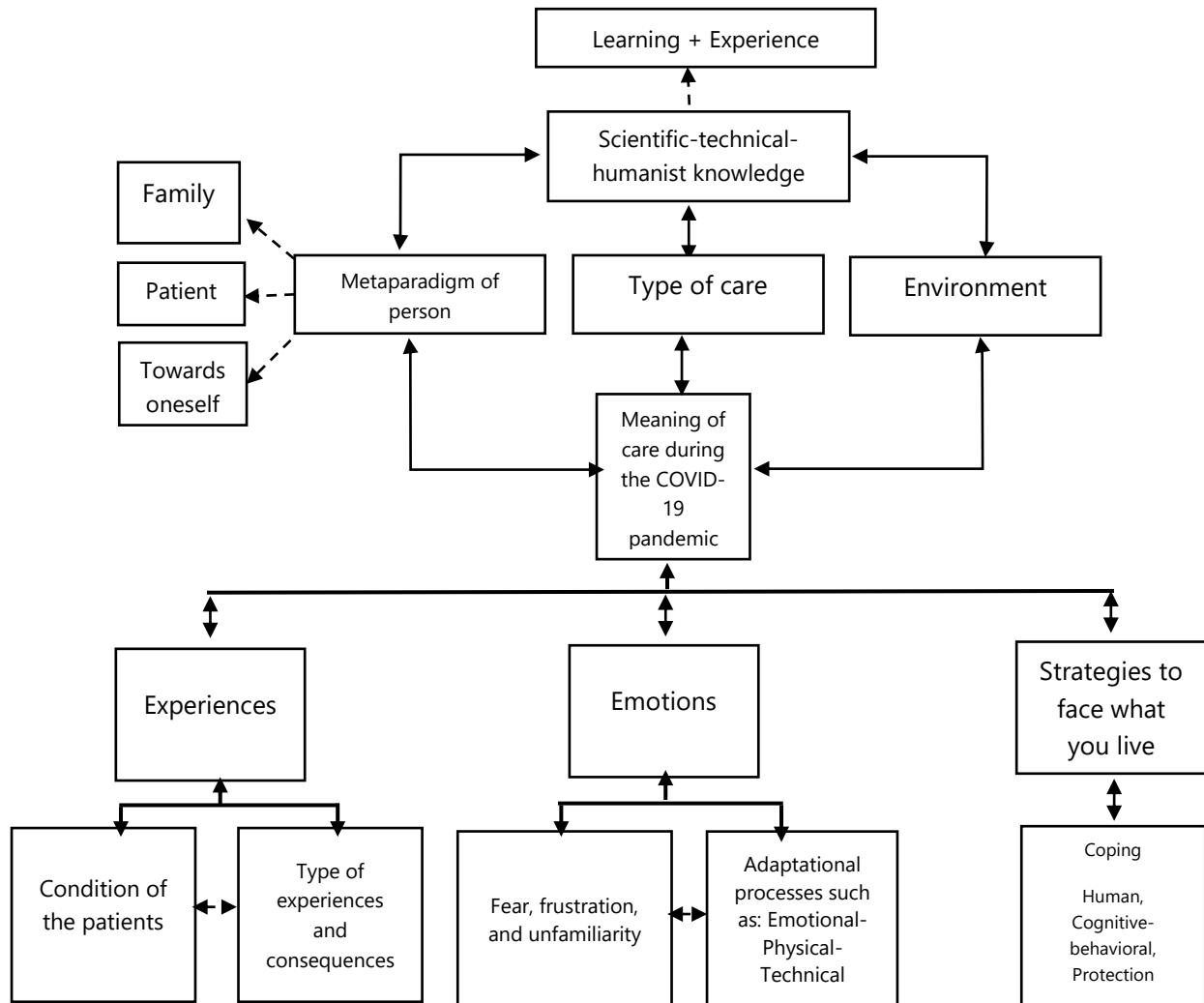
Table 4. Theme: Responsibility and scientific-technical-humanist knowledge.

Sub-theme: Metaparadigm of person
Experiences <i>"A lot of responsibility [...] A lot of responsibility as nurse, toward my family, me, and the patient" E1. 30 years old, Woman.</i>
Sub-theme: Type of care
Experiences <i>"Since it is not the same to take care of other types of diagnosis, to something new as this, it needs a little more of dedication, since many aspects has to be valued [...] let's say, it is a complex form of taking care or providing the care needed with different instruments and systems";" E6. 30 years old, Woman. "You have to do everything in order to protect the three most important parts of a nurse, that is, family, patient, and our own health." E2. 25 years old, Woman.</i>
Sub-theme: Environment
Experiences <i>"Because we don't have a treatment, then, we have to try and think positive, that you are doing what is right" E5. 31 years old, Woman; "And, because of fear, uncertainty, and the probability to get infected, that really is a terrible feeling for everybody, for all of us, make full use of our ethics, our emotions as nurses". E7. 40 years old, Woman.</i>
Sub-theme: Learning + Experience
Experiences <i>"You learn a lot from the patient, things that probably didn't [...] thought us, as such ... and that you learn as experience" E8. 25 years old, Woman</i>

Source: Own development by the authors. E=Respondent.



Figure 1. Meaning of the care in the context of the COVID-19 pandemics.



Source: Own development

## DISCUSSION

Health care as the essence of the nursing discipline is understood as a responsibility, which is the result of the experiences, emotions, and coping of those who live from this work. It can be understood as an implicit value of their profession, which show not only the concern for others or of the other, but also, it is the force that impels them to adapt to the circumstances where they live. This could match what is shown by Peter,<sup>20</sup> when mentioning that some seriousness and disturbances during the life affect the sense of being, and of the existence, where acceptance

is a reflect of their health and functionality, which is demonstrated in terms of support, patience, tolerance, and understanding; the foregoing, emerged from the awareness toward themselves. This result matches studies from Spanish authors who mention that nurses during the COVID-19 pandemic live situations that include positive and negative emotions, generated by the unfamiliarity, fear, and lack of supplies, but through the positive experiences could reach their professional and personal growth<sup>2</sup>.

Likewise, this also matches what has been found in a hospital in China, where nursing professionals showed intertwined positive and negative emotions during the

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pandemic<sup>21</sup>. This situation has made clear what was mentioned by Maturana,<sup>22</sup> when stating from the biological point of view that emotions are dynamic body dispositions which define or specify the different action domains and, therefore, determine the learning capacity, where the care is transformed in "living with the patient".

Also, it is seen a possible reconfiguration of the health care, where the Carper<sup>23</sup> knowledge patterns are made visible, denoting their scientific and human nature, which it is requested not only the development of reasoning and analysis skills, but also a feeling with, and, for the other, which allows it understanding the role of the nurse during the epidemics.

With respect to the construction of meaning of health care through the experiences of the nursing professionals that take care of patients with COVID, make evident that the nursing situations considered as experiences of life between the nurse and the users are the repository of the nurse knowledge, since this allows reflecting the acting and therapeutic of the health care, thus, affirming that its meaning resides in the practical activity; thus, the nursing practice is the reflection of the epistemological framework of nursing.<sup>24,10</sup>

Additionally, some features of the nursing visions proposed by Fawcett<sup>25,26</sup> can be distinguished when passing by a vision, reactive, ruled by laws, regulations, and procedures for the proper management of infected people. Moving through a reciprocal interaction perspective, where their values, beliefs, and experiences are manifested, where healthcare not only limits the physically sick body, but it identifies psychological, social, and spiritual dimensions. This, all the way to manifest a simultaneity perspective, which emerges as a form to interpret the world, characterizing the case as a unique phenomenon, different and organized, which is reflected in a genuine interests for what it is happening with the other. Therefore, this is what has been reasoned by Watson as a humanized care with high moral commitment.

And from this perspective of simultaneity where the nursing professionals can be located in order to acknowledge their transitive process of lack of knowledge to the learning construction and significant experiences passing for possible adaptational processes that simulate what has been stated by Roy, where human beings are holistic and transcendental beings in search of self-realization, with capacity to make decisions and take responsibilities; where, adaptation is explained as a "process and result" of their conscience, that they choose to create a human and environmental integration.<sup>27</sup>

The foregoing matches with the phenomenological and existentialist thought of Enrique Dussel, which considers human beings as an incomplete and unfinished being, who is in constant search and renovation of his way of being, and of doing things, and of staying with. This situation agrees with Arvea<sup>28</sup>, when appointing that human beings admit their responsibility as a challenge, they become drivers of transformation and humanization of the world.

Likewise, there is a match with the statements given by Swanson, when saying that healthcare is a form of relating with the other, where feelings of commitment and responsibility emerge, where basic knowledge processes such as being with, doing something for, and allowing and keeping beliefs have made clear the healthcare worldview.<sup>29</sup> That it transcends toward the other, in time and space, such as it was affirmed by Leonardo Boff, when referring to individuals as beings of care, essentially, where the health of one depends on the health of the other, dependency that is consciously assumed as solidarity, where the co-responsibility of the actions and spiritual reflection regarding the meaning of life and the love for life are exposed.<sup>30</sup>

## CONCLUSIONS

Nursing care during the pandemic is shown as a value that emerge from a consciousness state in order to meet the obligation that the

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nursing professionals have toward the other, where their role in society is reconfigured. Before this situation, two types of care have been made clear: 1.- complex: addressed to the patient, and 2.- the one regarding protection: focused on themselves and their families.

Also, care experiences are seen, loaded of positive and negative emotions, that, as explained by their issuers, strengthen their sense toward life as well as their technical-scientific-human knowledge.

Finally, the results of this study allow having an approach from the perspective of the nursing professionals who are living this healthcare situation during the pandemic. This contribution can amount to the discipline-scientific knowledge, which allows making visible the importance of healthcare as the essence of our career.

### **Limitation**

This study was limited to a group of nurses, male and female, who work in the city of Puebla, Mexico, who take care of patients diagnosed with SARS-CoV-2, during the COVID 19 pandemic; thus, the results cannot be generalized. Likewise, only those professionals who have time to be interviewed were addressed, always observing safety and safe distance protocols.

### **CONFLICTS OF INTEREST**

The authors state not having any conflict of interest.

### **FINANCING**

This research was not financed by any institution.

### **ACKNOWLEDGMENT**

To the nursing professionals for sharing their experiences.

### **BIBLIOGRAPHIC REFERENCES**

1. Organización Mundial de la Salud (OMS). Brote de Enfermedad por coronavirus [Internet]. [accessed on September 30, 2020]. Available at: <https://www.who.int/es/emergencias/diseases/novel-coronavirus-2019>.
2. Andreu-Periz D, Ochando-García A, Limón-Cáceres E. Experiencias de vida y soporte percibido por las enfermeras de las unidades de hemodiálisis hospitalaria durante la pandemia de COVID-19 en España. *Enferm Nefrol* [Internet]. 2020. [accessed on October 27, 2020]; Abr-Jun;23(2):148-59. Available at: <http://dx.doi.org/10.37551/s2254-28842020022>
3. Gobierno de México (2020). Todo sobre el COVID-19 [Internet]. [accessed on September 30, 2020]. Available at: <https://coronavirus.gob.mx/>
4. Ferrán MB, Trigo SB. Cuidar al que cuida: El impacto emocional de la epidemia de coronavirus en las enfermeras y otros profesionales de la salud. *Enfermería Clínica* [Internet]. 2020. [accessed on October 27, 2020]; may; 16. Available at: <https://doi.org/10.1016/j.enfcli.2020.05.006>
5. Giacomello KJ, Melo LD. El significado del cuidado del niño hospitalizado: experiencias de profesionales de enfermería. *Revista Brasileira de Enfermagem* [Internet]. 2019. [accessed on October 27, 2020]; 72, 251-258. Available at: <https://doi.org/10.1590/0034-7167-2018-0597>.
6. Guerra N, Reina R, Cárdenas MH, Sanmiguel F. Significado del cuidado de la gestante desde la experiencia de la enfermera. *Ágora Revista Científica* [Internet]. 2019. [accessed on October 27, 2020]; 6(1):e4. Available at: <http://dx.doi.org/10.21679/arc.v6i1.125>
7. Ramírez EN. Significado, relevancia y elementos de género asociados al cuidado.

- 
- Metasíntesis cualitativa. Index enferm [Internet]. 2016. [accessed on October 27, 2020]; 25(1-2):33-37. Available at: [http://scielo.isciii.es/scielo.php?script=sci\\_arttext&pid=S1132-12962016000100008&lng=es](http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1132-12962016000100008&lng=es).
8. Martínez AL. Entrevista a Enrique Dussel. *Analectica* [Internet]. 2015. [accessed on October 27, 2020]. 1(8). Available at: <https://doi.org/10.5281/zenodo.3910794>
9. Creswell J, Poth C. *Qualitative inquiry and research design: choosing among five approaches*. 4<sup>th</sup>. ed. EUA: SAGE. 2017.
10. Rodríguez-Bustamante P, Baez-Hernández, F. Epistemología de la profesión Enfermera. *ENE de Enfermería* [Internet]. 2020. [accessed on October 27, 2020]. 14(2). Available at: <http://www.ene-enfermeria.org/ojs/index.php/ENE/article/view/958>
11. Errasti - Ibarondo B, Jordán JA, Díez - Del - Corral MP, Arantzamendi, M. Van Manen's phenomenology of practice: How can it contribute to nursing? *Nursing Inquiry* [Internet]. 2019. [accessed on November 30, 2020]. 26(1), e12259. Available at: <https://doi.org/10.1111/nin.12259>
12. Hernández SR, Mendoza TC. *Metodología de la investigación. Las Rutas cuantitativas, cualitativa y mixta*. 2. a ed. España: McGraw Hill, Interamericana. 2018.
13. Glaser B, Strauss AL. *The Discovery of Grounded Theory: Strategies for Qualitative Research*. New York: Routledge. 2017.
14. Monistrol O. El trabajo de campo en la investigación cualitativa (II). *Nure Investigación* [Internet]. 2007. [accessed on October 27, 2020]. 29: 1-4. Available at: <https://www.nureinvestigacion.es/OJS/index.php/nure/article/view/350>
15. Azalte T, Puerta A, Morales R. Una mediación pedagógica en educación superior en salud. *El diario de campo*. *Revista Iberoamericana de Educación* [Internet]. 2008. [accessed on October 27, 2020]. 47(4):1-10. Available at: <https://doi.org/10.35362/rie4742301>
16. Robles B. La entrevista en profundidad: una técnica útil dentro del campo antropológico. *Red de Revistas científicas de América Latina, el Caribe, España y Portugal (Cuicuilco)*. [Internet]. 2011. [accessed on October 27, 2020]. 18(42): 40. Available at: [http://www.scielo.org.mx/scielo.php?script=sci\\_arttext&pid=S0185-16592011000300004&lng=es&nrm=iso&tlng=es](http://www.scielo.org.mx/scielo.php?script=sci_arttext&pid=S0185-16592011000300004&lng=es&nrm=iso&tlng=es)
17. Speziale HS, Streubert HJ, Carpenter DR. *Qualitative research in nursing: advancing the humanistic imperative*. 5th ed. Philadelphia, London: Lippincott Williams & Wilkins; 2011.
18. Berguera O, Fernandez de Sanmamed S, Pons V, Pujol R, Rodríguez A, Saura S. Escuchar, observar y comprender. Recuperando la narrativa en las ciencias de la salud. *Aportaciones de la investigación cualitativa*. [Internet]. 2014 [accessed on June 2020]; Available at: <https://saludcomunitaria.files.wordpress.com/2014/12/escucharobservarcomprender.pdf>
19. Secretaría de Salud (SS). *Reglamento de la Ley General de Salud*. [Internet]. [accessed on October 27, 2020]. Available at: <http://www.salud.gob.mx/unidades/cdi/nom/comp/rlgsmis.html>
20. Peter R. *Una visión Humana de los Humanos*. 1ra ed. México, Puebla: Benemérita Universidad Autónoma de Puebla. 2006.
21. Sun N, Wei L, Shi S, Jiao D, Song R, Ma L, Wang H, Wang C, Wang Z, You Y, Liu S, Wang H. A qualitative study on the psychological experience of caregivers of COVID-19 patients. *American journal of infection control* [Internet]. 2020. [accessed on October 27, 2020]. 48(6): 592-598. Available at: <https://doi.org/10.1016/j.ajic.2020.03.018>
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22. Maturana H, Bernard P. Del ser al hacer. Los orígenes de la biología del conocer. Buenos Aires: Granica; 2010.

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23. Carper B. Fundamental patterns of knowing in nursing. *Advances in nursing science* [Internet]. 1978. [accessed on October 27, 2020]. 1(1):13-24. Available at: <https://bit.ly/2FEFqmm>

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24. Boykin A, Schoenhofer A. Nursing as caring: a model for transforming practice. Createspace Independent Publishing Platform. United States of America. 2018.

25. Fawcett J. *Applying Conceptual Models of Nursing: Quality Improvement, Research, and Practice*. Springer Publishing Company; 2016.

26. Watson J. *Unitary Caring Science: Philosophy and Praxis of Nursing*. University Press of Colorado; 2018.

27. Roy, C. Key issues in nursing theory: Developments, challenges, and future directions. *Nursing research* [Internet] 2018 [accessed on November 30, 2020]. 67(2), 81-92. Available at: DOI: 10.1097 / NNR.0000000000000266

28. Arvea D. *Palabra y trascendencia. Manual de la educación y alfabetización popular*. Oaxaca, México: Editorial la Mano; 2008.

29. Swanson KM. Nursing as informed caring for the well being of others. *The journal of nursing scholarship* [Internet]. 1993. [accessed on October 27, 2020]. 24(4): 352-357. Available at: <https://doi.org/10.1111/j.1547-5069.1993.tb00271.x>

30. Boff L. *Cuidar de sí y de los demás en tiempos de pandemia*. Argentina. Editorial Universidad Nacional de Córdoba. 2020.