



Knowledge And Attitude Of Nursing Students About Covid-19

Hemşirelik Öğrencilerinin Covid-19 Hakkında Bilgi Ve Tutumları

ABSTRACT

Objectives: Student nurses' knowledge levels and attitudes about infections affect their decisions regarding their activities in the implementation units. In addition, their knowledge and attitudes about infections constitute a stimulating feature that may affect professional behavior. This study was conducted to establish the level of knowledge and attitudes of nursing students about COVID-19.

Methods: This study is a descriptive study conducted with nursing students. Data were collected by online survey method. The data collection form consisted of three parts. The first part was used to identify sociodemographic variables, the second part to determine their knowledge and attitudes about COVID-19, and the third part to identify the source they used to obtain information about COVID-19.

Results: According to the results obtained from the research, it was determined that the level of knowledge of the students was "good" with 81%, 95.5% of the students defined the pandemic correctly. 98.7% of the students stated that the COVID-19 contamination would decrease if they paid attention to quarantine conditions, 98.3% to social distance rules and 98.9% to hand hygiene. Fear and anxiety were evaluated in terms of affective attitude and it was determined that 67.6% of nursing students experienced fear and 94% experienced anxiety due to COVID-19 epidemic.

Conclusions: This research emphasizes that we reevaluate the place and importance of infectious diseases, especially prevention, transmission and treatment, in the nursing curriculum. Also shows that the importance of digital applications in education is increasing.

Key Words: Knowledge, Attitude, Nursing, Student, COVID-19.

ÖZET

Amaç: Öğrenci hemşirelerin bulaşıcı hastalıklar konusundaki bilgi düzeyleri ve tutumları, klinik uygulama faaliyetlerine ilişkin kararlarını etkilemektedir. Ayrıca bulaşıcı hastalıklar ile ilgili bilgi ve tutumları mesleki davranışları etkileyebilecek uyarıcı bir özellik oluşturmaktadır. Bu çalışma, hemşirelik öğrencilerinin COVID-19 hakkındaki bilgi düzeylerini ve tutumlarını belirlemek amacıyla yapılmıştır.

Yöntem: Bu çalışma hemşirelik öğrencileri ile yapılan tanımlayıcı tipte çalışmadır. Veriler çevrimiçi anket yöntemi ile toplandı. Veri toplama formu üç bölüme ayrıldı. Birinci bölüm sosyodemografik değişkenler, ikinci bölüm COVID-19 hakkındaki bilgi ve tutumlar, üçüncü bölüm COVID-19 hakkında bilgi almak için kullandıkları kaynağı belirlemek için kullanıldı.

Bulgular: Araştırmadan elde edilen sonuçlara göre; öğrencilerin %81'inin bilgi düzeylerinin "iyi" olduğu, öğrencilerin %95,5'inin pandemiyi doğru tanımladığı belirlendi. Öğrencilerin %98,7'si karantina koşullarına, %98,3'ü sosyal mesafe kurallarına ve %98,9'u el hijyenine dikkat ederse COVID-19 bulaşımın azalacağını belirtti. Korku ve kaygı, duygusal tutum açısından değerlendirildi ve hemşirelik öğrencilerinin %67,6'sının COVID-19 salgını nedeniyle korku ve %94'ünün kaygı yaşadığı belirlendi.

Sonuç: Bu araştırma, bulaşıcı hastalıkların özellikle korunma, bulaşma ve tedavi konularının hemşirelik müfredatındaki yerini ve önemini yeniden değerlendirdiğimizi vurgulamaktadır. Ayrıca eğitimde dijital uygulamaların öneminin arttığını göstermektedir.

Anahtar Kelimeler: Bilgi, Tutum, Hemşirelik, Öğrenci, COVID-19

INTRODUCTION

Infection agents have been a threat to the world with epidemic and pandemics in different periods. Tuberculosis in the 17th century, typhoid in the 18th century and cholera in the 19th century caused great morbidity and mortality. Today, viruses that have not been previously identified or that can only cause infection in animals or that appear only in certain geographic regions have become globally threatening and causing diseases in humans with genetic changes, causing infection in humans (Chahrour et al. 2020; Sahu 2020; Yin & Zeng 2020).

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Coronaviruses are a large family of viruses that include Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV) (Asaad et al. 2020; Stirling, Harmston, & Alsobayel 2015). Coronaviruses are zoonotic, transmitted between animals and humans. Studies show that it is transmitted from civet cats and camels. The new coronavirus (nCoV) is a new type that has not been seen in humans before. On February 11, 2020, the International Virus Taxonomy Committee (ICTV) decided to identify the virus as Severe Acute Respiratory Syndrome Corona Virus 2 (SARS-CoV-2). WHO ultimately decided to name the disease caused by the virus (for Corona Virus Disease as defined in 2019) COVID-19 (Gorbalenya et al. 2020).

SARS-CoV-2 is a type of corona virus detected for the first time in Wuhan city with 11 million inhabitants in Hubei region of China. The outbreak began as a pneumonia outbreak in December 2019, stemming from unknown factors. On 11 March 2020, WHO declared that the epidemic was a pandemic, after the disease occurred in thousands of deaths in many countries around the world (Arslan, 2020; Sakaoğlu vd., 2020).

Two hundred years after the Nightingale, nurses had a big task again during an epidemic (Newby vd., 2020). Nurses, who are usually the first person a patient encounters in the healthcare system, may have to identify the presence of an infectious disease, find and monitor cases, report to relevant decision-making mechanisms, and implement disease control measures. In order for nurses to be effective in this process, they need to have proper education, be aware of different disease symptoms / symptoms sets, know the precautions to be taken for infection control, and ensure that they provide the best possible care to the family and the individual in case of infection disease (Shi et al. 2020; Yin & Zeng 2020)).

Student nurses' knowledge levels and attitudes about infections affect their decisions regarding their activities in the implementation units. In addition, their knowledge and attitudes about infections constitute a stimulating feature that may affect professional behavior. Therefore, knowing the level of knowledge about infections can provide information about the quality of care and changes in the curriculum. It is also important in determining the in-service training needs of nurses (Chahrour vd., 2020; Sahu, 2020; Yin & Zeng, 2020).

In Turkey there has been no study addressing the knowledge and attitudes of nursing students towards COVID-19. Thus, we realized this study to analyze the factors associated with knowledge and attitudes towards COVID-19 in nursing students.

MATERIALS AND METHODS

The research is of descriptive type. The sample size was made with the online Raosoft program (Raosoft, 2020). The sample size was calculated as 400 with a 50% response rate (a total population of 940 nursing students), a 95% confidence interval, and a 5% margin of error. The total number of participants in this study was 469 nursing students.

Our faculty began online teaching instead of face to face teaching because of pandemic. Due to data were collected using a online survey (<https://docs.google.com/forms/u/0/>). The completion of the online survey took about 8–10 min and included multiple choice questions, or yes/no options within different sections. First part of survey determined the sociodemographic variables of the nursing students including gender, age, university location, education level, and place and type of residence. Second part of survey measured the students' knowledge and attitudes about COVID-19, third part of survey explored the source they used for information about COVID-19. The last part of survey is including information about the attitudes and practices of students regarding COVID-19 infection.

Ethics

Ethics committee was not taken because online data collection was done and it was of descriptive type. On the first page of the online questionnaire, information was given about the questions and content, and informed voluntary consent was obtained.

Statistical Analysis

Data were analyzed using IBM SPSS version 21. In calculating the level of knowledge, the answers to 14 questions measuring knowledge were evaluated. Students' knowledge total score was converted to a percentage ranging from 0% to 100%. Knowledge scores were classified as poor ($\leq 60\%$), moderate (60.01–80%), and good knowledge ($\geq 80.01\%$) (Olaimat et al., 2020). Descriptive statistical methods were used.

RESULTS

The average age of nursing students is 20.84 ± 0.11 year. It was determined that 34.5% of the students were in first class, 76.8% were female, 89.6% of the people they lived with were 4 and above, 3.6% had chronic disease and 10.4% used cigarettes (Table 1).

Experiences of nursing students during the pandemic period are given in Table 2. During nursing students' COVID-19 pandemic process, 25% of the students answered "Yes" to the question: "Is there an individual (including the student himself) who has been tested in your family and has a positive result?". 72.3% of the students are most curious about the developments in COVID-19 treatment. In the COVID-19 pandemic period, it was determined that 58.8% of nursing students spent more time with their families and 48% of them believed that the uncertainty affected school life.

In Table 3, knowledge level of nursing students about the pandemic was evaluated. While it was determined that 67% of the students were not trained for COVID-19 in the online lessons held during the pandemic period, 89.3% were trained in hand hygiene. In this study, the level of knowledge of students is "good" with a rate of 81%. 93.3% of the nursing students stated that there wasn't a vaccine against COVID-19, 84.4% stated that antibiotics were not included in the treatment of COVID-19, and 60.1% stated that there wasn't an effective treatment against the virus. While 79.7% of the nursing students were replying the incubation period for COVID-19 as correct, 61.1% of them stated that the mortality rate in Turkey is larger than 5%. It was determined that 95.5% of the students made the definition of pandemics correctly, 59.9% of them followed the developments and news of the ministry of health / public institutions daily. In addition, 98.7% stated that if they pay attention to quarantine conditions, 98.3% to social distance rules and 98.9% to hand hygiene the COVID-19 contamination would decrease. 95.5% of nursing students informed their families and relatives about preventive measures. 49.7% of the students stated that COVID-19 was infected by contact, 98.9% stated that among the symptoms of COVID-19 were fever, 90.2% were cough, 85.5% were respiratory distress, 97.7% stated that hands should be washed with water and soap for 20 seconds for the protection, 95.7% stated that he/she does not go out unless it is compulsory to protect himself /herself and his/her relatives from COVID-19.

Nursing Students' attitudes towards the COVID-19 pandemic are presented in Table 4. Behavioral attitudes of nurse students were evaluated mostly in this study. Fear and anxiety were evaluated in terms of affective attitude and 67.6% of nurse students stated that they experienced fear and 94% of them experienced anxiety due to the pandemic of COVID-19. Considering the behavioral attitude; It was determined that 88.1% of the nurse students follow the developments for COVID-19, 10.2% of them were tested for themselves and their relatives during the COVID-19 epidemic. 98.7% of the nurse students considered the warnings made due to COVID-19, and 92.5% of the students warned individuals who did not comply with the rules, and 95.7% of the students did not go out unless it was compulsory to protect themselves and their relatives from COVID-19, and 83.6% stated that they keep to the social distance. While 9.2% of the students stated that they applied to the hospital due to a health problem during the pandemic period, 65.5% stated that it was not safe to apply to the hospital other than COVID-19 symptoms, and 89.8% stated that it was not safe to apply to the hospital in this process. Turkey's Ministry of Health has requested the support of applause from the public in terms of being the moral for the health workers every day at a certain time zone (9:00 pm), 80.6's% of the students stated that they attend this support, and 87.4% stated that they supported other campaigns made to health workers during the COVID-19 pandemic process.

DISCUSSION

In this study, in which the knowledge and attitudes of nursing students about COVID-19 were examined, it is seen that most of the students live in crowded families. Considering the educational/counselor role of nursing students, this knowledge becomes important. The better the level of knowledge, the better the community awareness will be due to the education of family members. These students mostly follow the developments in treatment. Since they switched to online education, they mostly spend time at home and allocate time for their families. They also stated that they had difficulty with the transition to online education. As in other countries, Turkey also has been rapidly switched to online education, and the problems, as a result of impromptu and rapid transition issues that arise, have been seen to reflect the students' education.

In this study, the level of knowledge of students is good. The reason for this may be that students used reliable data sources (Minister of Health) to obtain information. According to Olaimat et al. (2020) more than half of the students showed good knowledge of COVID-19 (Olaimat vd., 2020). In their study it was noticed that the percentage of the students with a good knowledge point increased as age increased and educational level significantly associated with student information of COVID-19. In Ikhlq et al (2020)'s study, the generality of the medical student stated that they have knowledge about coronavirus (Ikhlq vd., 2020; Olaimat vd., 2020).

The majority of the students participating in this study stated that there was no vaccine against coronavirus infection and no effective treatment method. In addition, most of the students correctly predicted the mortality rate of the infection. According to Olaimat et al. (2020) and Alzoubi et al (2020), big part of the students recognized that there is no efficient medication or vaccine for its control (Alzoubi et al. 2020; Olaimat et al. 2020). About 59.1% of the students were aware that the proximate death rate of COVID-19 is $\leq 5\%$ (13,15). In another study, most of students believed that an effective vaccine would stop COVID-19 spread (Khasawneh et al. 2020).

The students participating in this study correctly expressed the transmission path of the virus. In other studies, the results are similar. Overall, the students showed moderate to good knowledge of the transmission mode of COVID-19. Students thought that the virus can be transmitted through contaminated surfaces, kissing and large droplets inhalation. Plurality were aware of the viral nature of the infection and well-acquainted with the mode of transmission of the infection (Ikhaq vd., 2020; Khasawneh vd., 2020; Olaimat vd., 2020).

Most of the nursing students correctly expressed the most common symptoms. Similar findings are found in the studies of Olaimat (2020), Alzoubi et al (2020) and Ikhaq (2020). The majority of the students correctly answered that fever, dry cough and shortness of breath are among the most commonly reported symptoms of COVID-19. While the big part of participant knew that fever along with cough, and shortness of breath are the markers and indications of the illness (Alzoubi vd., 2020; Ikhaq vd., 2020; Olaimat vd., 2020).

Nursing students, who use television and internet resources in the first place, often follow the data of country's Ministry of Health. Similarly, other researchers use the internet, social media and television as a source of information (Alzoubi vd., 2020; Ikhaq vd., 2020; Khasawneh vd., 2020; Olaimat vd., 2020).

Most of the nursing students experience fear during the pandemic period. They also take the warnings into account. According to Ikhaq et al 2020, 56% of participants were worried that one of their family members might get the infection (Ikhaq vd., 2020). In Khasawneh et al.2020's study, most students demonstrated balanced reaction toward this reporting as they showed concern and as a result became more cautious (Khasawneh et al. 2020). Moreover, more than 30.0% of the students have changed their Daily routines and focused more on implementing the precautionary measures, while that raised fears only in 13.1% of the students but without putting into effect any protective measures (Ikhaq et al. 2020; Khasawneh et al. 2020).

Nursing students have sufficient information about the precautions to be taken to prevent infection. Khasawneh 2020 et al. In his study, students' level of knowledge is good. Firstly, orderly hand washing, paying more concern to personal hygiene, and staying at home were the three most adopted strategies by the students to protect themselves from becoming infected. Furthermore, more than 70.0% of the students have avoided social kissing, attending public gatherings and using public transfer for commuting (Khasawneh vd., 2020).

The majority of nursing students use mostly medical / surgical masks to protect themselves from infection, and then HEPA filtered mask. Surprisingly, only 9.7% of the students in Khasawneh et al.2020's study thought of wearing a protective mask as an significant measure to forbid coronavirus infection.

The data of this study shows that students follow the developments regarding vaccination and treatment for COVID-19. It is thought that the future healthcare professionals follow the innovations in terms of correct and quality care.

As a result, it was determined that nursing students follow reliable sources such as the Ministry of Health as the source of information during the pandemic process, and as a result, they have a good level of knowledge and try to raise awareness for the individuals they are responsible for. It was concluded that giving information about the factors, transmission routes, treatment and results caused by the pandemic process with the right sources positively affects the knowledge and attitudes of the individuals. In this context, it is recommended that healthcare professionals direct the people whom they are responsible for to the correct sources of information in these and similar situations. Moreover, it was determined in our study that most of the students experienced anxiety and fear. Considering that nursing students are also individuals, it is recommended to perform psychological support practices in order to protect the mental health of the students in extraordinary situations such as pandemics.

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Table 1: Demographic Characteristics of Nursing Students

Demographic Characteristics	X±SS	
Age	20.84±0.11	
	n	%
Grade level		
First	162	34.5
Second	105	22.4
Third	116	24.7
Fourth	86	18.3
Gender		
Female	360	76.8
Male	109	23.2
Number of people he/she lives with at home		
Lives alone	9	1.9

2	10	2.1
3	30	6.4
≥4	420	89.6
Condition of Chronic disease		
Yes	17	3.6
No	452	96.4
Smokes or not?		
Yes	49	10.4
No	420	89.6

Table 2: Nursing Students' experiences with the COVID-19 pandemic

Variable	n	%
Individual who has been tested in your family and has a positive result (including the student himself/herself)		
Yes	12	25.0
No	36	75.0
Wondering about COVID-19 *		
Developments in the treatments	339	72.3
Number of new cases	150	32.0
Death rate	137	29.2
Frequency in the health care providers	130	27.7
Measures taken	123	26.2
Other	38	8.1
Effects of COVID-19 on home staying*		
Finding the opportunity to spend time with the family	276	58.8
Finding the opportunity to spare time for yourself	212	45.2
Studying/Reading books	185	39.4
Worship and prayer	149	31.8
Spare time for house cleaning	96	20.5
Finding the opportunity to sleep regularly	96	20.5
Spending more time on social media	94	20.0
Talking on the phone	28	6.0
The effect of COVID-19 on nursing education *		
Experiencing uncertainty about the application and exam dates	225	48.0
Failing to follow online classes	109	23.2
Getting away from social interaction	63	13.0
Getting away from school life	60	12.8
I have never been affected	12	2.6

Table 3: Knowledge Level of Nursing Students About COVID-19 pandemic

Variables	n	%
Getting online training about COVID-19		
Yes	155	33.0
No	314	67.0
Get training on hand hygiene		
Yes	133	89.3
No	17	10.7
Sources of information about COVID-19 *		
Ministry of Health and official institutions	281	59.9
Television and internet channels	313	66.7
Reports on scientific research	44	9.4
Social media	151	32.2
Distance education	8	1.7
Friends and acquaintances	28	6.0
Definition of a pandemic		
Epidemics affecting most of the world	448	95.5
Larger epidemics (affecting a country)	18	3.8
Small epidemics	3	0.6
Asking someone to keep it private or confidential if one of my family had COVID-19		
Yes	48	32.4
No	102	67.6
The presence of vaccinations for COVID-19		
Yes	10	6.7
No	140	93.3
Asking to be vaccinated If there was a coronavirus vaccine		
Yes	127	85.0
No	23	15.0
The presence of an effective remedial treatment for COVID-19		

Yes	90	60.1
No	60	39.9
Incubation time ≤14 days for COVID-19		
Yes	119	79.7
No	31	20.3
Mortality from COVID-19 approximately > 5%		
Yes	91	61.1
No	59	38.9
Importance of antibiotics in the treatment of COVID-19		
Yes	73	15.6
No	396	84.4
Risk reduction status of quarantine in COVID-19		
Yes	463	98.7
No	6	1.3
Risk reduction of social distance in COVID-19		
Yes	461	98.3
No	8	1.7
Reduction of compliance with hygiene rules in COVID-19		
Yes	464	98.9
No	5	1.1
Informing your family / relatives about preventive measures		
Yes	448	95.5
No	21	4.5
Transmission path (s) of COVID -19*		
Airborne droplet contamination	211	45.0
Contamination by contact	233	49.7
Oral -fecal contamination	17	3.6
Contamination through vectors	3	0.6
Contamination through blood	2	0.4
Contamination through intermediary source	3	0.6
Symptom / symptoms of COVID -19 *		
Fever	464	98.9
Cough	423	90.2
Respiratory distress	401	85.5
Asthenia/Malaise	318	67.8
Sour throat	253	53.9
Muscle pain	181	38.6
Headache	144	30.7
Nausea	106	22.6
Diarrhea	99	21.1
Vomiting	75	16.0
Runny nose	52	11.1
Night sweats	13	2.8
Skin rash and itching	14	3.0
Jaundice	12	2.6
Lymphadenopathy	8	1.7
Applications for protection from COVID 19 *		
Washing hands frequently with soap and water for 20 seconds	458	97.7
Covering mouth and nose with tissue while coughing or sneezing	423	90.2
Throwing away the used tissue	408	87.0
If water and soap cannot be found, use an alcohol -based hand sanitizer	402	85.7
Disinfecting frequently touched surfaces such as door handles and toys	396	84.4
Reminding young children of the hygiene rules constantly	368	78.5
Avoiding contact with pets	177	37.7
Not eating from the same plate as patients	38	8.1
Not consuming raw or poorly cooked animal products	29	6.2

* More than one option has been marked

Table 4: Nursing Students' Attitudes towards the COVID-19 pandemic

Variables	n	%
Keeping up with developments about COVID-19		
Keeping up with it	413	88.1
Not keeping up with it	56	11.9
COVID-19 testing for you and your relatives		
Yes	48	10.2
No	421	89.8
Experiencing fear of the COVID-19 pandemic		

Yes	317	67.6
No	152	32.4
Worrying about the COVID-19 pandemic		
Yes	141	94.0
No	9	6.0
Take the warnings into account about the COVID-19 pandemic		
Yes	463	98.7
No	6	1.3
Warning individuals about precautions		
Yes	434	92.5
No	35	7.5
Applying to the hospital due to any health problems during the epidemic		
Yes	43	9.2
No	426	90.8
Applying to the hospital except COVID-19 symptoms during the pandemic process		
Yes, it should be applied	162	34.5
No, it should not be applied	307	65.5
Finding safe going to the hospital due to any health problems during COVID-19 pandemic process		
Safe	48	10.2
Not safe	421	89.8
Supporting campaigns for healthcare professionals		
Yes	410	87.4
No	59	12.6
Actions to support health professionals		
I gave applause support	378	80.6
I sent a tweet	136	29.0
I shared a support message on social media	174	37.1
I shot a YouTube video	4	0.9
Applications to protect against COVID-19 *		
I don't go out unless it's compulsory	449	95.7
I wear a simple surgical mask when I go out	309	35.9
I keep to the social distance	392	83.6
I do not touch the surfaces whenever possible outside	360	76.7
I wash my hands with soap and water	415	88.5
I use hand sanitizer	282	60.1
I do not accept guests, I do not go to visit people	306	65.2
I pay attention to my nutrition	299	63.8
I wear a mask with HEPA filter outside	44	9.4

* More than one option has been marked