**Appendix A.** Coding topic tree

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| **Theme** | **Category** | **Code** |
| Communication | Form of communication | After you give the patient time, after you communicate , the patient will also give you feedback. |
|  | Changes in communication methods | We pull each patient and medical worker into a WeChat group, which means that we want to know what each patient's needs are in a timely manner, and try our best to solve his needs in a timely manner |
|  | Peer education | Now it means that patients will persuade patients, or play a positive role |
|  | Comparison of patients' expectations of medical effects | It may be that his expectations are too high. |
| Expected value |  | then most patients can actually understand it |
|  | Disease Guidelines | If there is a guide for patients with the COVID-19, we will use this guide to give him an approved drug according to the actual situation of the patient |
| Media |  | From what I see inside, the report and our report is very real, they are all true, and there is no falsification |
| Economic factors | Patient's medical consumption views | In the past, after patients came, they always felt that I was a consumer. |
|  | Medical expenses | Because family members often go all out, he hopes to get a good result. When the final result is not good, he himself thinks it is a shortage of people and money |
|  |  | All medical treatments are free. For all medicines, no matter how expensive the medicines are used, they should be used, and they have not been urged for any expense |
| Emotional factors | Trust | We all followed the guidelines. In fact, his trust is quite high, because he knows it should be a country |
|  |  | If you don't have much time or energy to communicate, it will be difficult to establish trust between the two parties |
|  | Attention under special circumstances | It is a kind of concern, because after he was infected, the government, the local community, and the hospitals designated for treatment, the headquarters of his registration, including the process of its disposal, and the COVID-19 treatment. After the improvement returning to the community, special pick-up, special registration and follow-up for him, these concerns are very high |

**Appendix B.** Interview outline

1.How long do you spend a day with your patients?

* Is the nurse-patient relationship of newly crowned patients the same as the daily patient relationship?
* Can the new nurse-patient relationship be copied to the daily nurse-patient relationship?

2.Does the patient have the same level of trust in the health care provider as a patient in their department during the care of a patient with crown pneumonia?

* What are the possible reasons?

3.If there is improper operation or operation error in the treatment and nursing process during Hubei assistance, is the tolerance of newly crowned patients to medical staff the same as that of patients in their own department before the epidemic?

* What are the possible reasons?

4.When the medical results do not meet the expectations of patients with newly crowned pneumonia during Hubei assistance, is the feedback of patients with newly crowned pneumonia to medical staff the same as that of patients in their own department before the epidemic?

* Are there changes in the performance of patients in their departments before and after Hubei assistance who do not achieve expectations?

5.What do you think is the impact of this media report on the contradiction between nurses and patients?

6.What factors do you think are usually likely to cause nurse-patient contradictions?

* Which is the most important?