

The impact of COVID-19 pandemic on mental health of Nurses

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Abstract

COVID-19 pandemic affected the psychological health of nurses. Numerous nurses have been facing mental complications associated with quarantine such as psychological distress and fear. The gravity of COVID-19 pandemic is triggering further mental health challenges among nurses. The continuous stress nurses are facing, could trigger post-traumatic stress symptoms, poor service delivery, suicide ideation and suicide. Assessing and preserving the mental health of nurses and the health care workers in general is necessary for optimal disease control. Psychiatric interventions are needed to attend to the psychological need of nurses treating COVID-19 patients. Such interventions imply using E-learning and video platforms to educate nurses on communication skills, case handling skills and problem-solving tactics to deal with the possible psychological problems that might arise from treating COVID-19 patients. *Clin Ter 2020; 171 (5):e399-400. doi: 10.7417/CT.2020.2247*

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The global outbreak of Coronavirus Disease 2019 (COVID-19) has serious psychological effects on nurses. A significant percentage of nurses in Wuhan, China are experiencing psychological problems, which is associated to COVID-19 outbreak (1). This could be as a result of excessive workload, in-efficient infection control system, inadequate protective device, physical assaults and verbal insults by patients on nursing staff (2). COVID-19 pandemic is likely linked to fear of getting infected as well as mental health issues like depression, anxiety, and stigma among healthy and higher-risk nurses (3) high level and mass quarantine could cause panic, fear, and anxiety among nurses (3). Nurses who are exposed and in contact with verified and alleged coronavirus patients are susceptible to mental health problems, they are likely to be nervous, frightened and distressed (3).

Since the global outbreak of COVID-19, nurses have been experiencing mental problems associated with quarantine such as fatigue and lack of communication with their families. The seriousness of COVID-19 is triggering further mental health challenges among nurses which could affect nurse's physical health and mental well-being. The continuous stress nurses are facing could trigger post-traumatic stress symptoms, poor service delivery, suicide ideation and suicide. Moreover, passing from a healthcare provider to a COVID-19 patient possibly lead to depression, disappointment, and frailty among nurses (3).

The COVID-19 outbreak is a wakeup call for public health managers to understand the susceptibility of nurses to psychiatric issues in order to improve primary prevention strategies, preparation, management and effective control of health crisis situations (4). Nurses in hospitals equipped with clinics for patients with COVID-19 in Wuhan and other regions in China, especially female nurses directly engaged in the diagnosis, treatment, and care for patients with COVID-19 are experiencing psychological distress (5). Monitoring and preserving the mental health of nurses and the health care workers in general is necessary for optimal disease control (6). Psychiatric interventions are needed to attend to the psychological need of nurses treating COVID-19 patients. Such interventions imply using E-learning and video platforms to educate nurses on communication skills, case handling skills and problem-solving tactics to deal with the possible psychological problems that might arise from treating COVID-19 patients. Mental health support should be offered to nurses as personal counselling and group training on how to utilize mindfulness interventions to reduce stress (7).

In Italy, a 34-year-old Italian nurse, who was working at the intensive care unit of Monza's San Gerardo Hospital committed suicide citing that she was positive for COVID-19 and had been living with heavy stress out of the fear, distress and panic of having infected others.(8) Moreover, a 49-year-old nurse, who was working at Jesolo hospital committed suicide by jumping into Piave river, in Italy. Therefore, there is need for proper psychiatric counselling and intervention for nurses treating Covid-19 patients to

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reduce depression and suicide ideation.(8) And not only considering it a biological risk (9).

There should be adequate provision of personal protective equipment such as protective gowns, isolation gowns, goggles, masks, and latex gloves to nurses and workers in the health clinics especially those in developing countries, this would build self-confidence, trust and motivation among nurses and health care workers. Psychiatric and psychological interventions should be provided to nurses possibly through digital platforms, this would lessen panic, depression, anxiety, fear, and insecurity among nursing staff. And this, incidentally, could be useful also for preventing Violence on Health Care Workers (10, 11). However, nurses should be thoroughly trained on self-protection, and infectious disease pandemic information should be made available to nurses such as epidemiological characteristics, means of transmission of COVID-19, clinical, laboratory diagnostic criteria and treatment of this infectious disease. Professional psychiatric counselling interventions can be delivered through electronic/digital platforms. There is evidence that the training is a useful tool for nursing professionals and the integration of care teams (12). Covid-19 patients are very complex from the healthcare point of view. When assessing these patients, their history of clinical instability and frequent hospitalization in intensive care which requires assistance with artificial ventilation must be taken into consideration.

In conclusion, the training courses offered to nurses, always utilize online platforms and only in some cases trainers and professionals met in the demonstration room; an example of face-to-face training is represented by the “dressing and undressing procedures and the correct use of personal protective equipment. The use of learning methodologies based on demonstration and then simulation of behaviors and procedures has allowed professionals to approach care settings safely after having simulated the appropriate behaviors in a protected environment. Nurses and care teams also benefited from training courses centered on emergency communication and from psychological support programs in which counselors and psychologists helped professionals in their interactions with patients and family members.

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