

Warning about "psychological distress" of nurses during the COVID-19 crisis

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Abstract

As warnings about the mental health of Iran's medical staff escalate following the escalation of the COVID-19 crisis, studies have shown that nurses and physicians in the country face psychological distress and deep traumatic fears. At the beginning of the outbreak, we faced problems due to the sudden shortage of safety, health, and disinfectants items in the market, even with the efforts of hospital heads, but fortunately with the cooperation of the Departments of Food and Drug, Development, and Treatment, the Ministry of Health and donors, as well as proper management of supervisors and nursing managers. Centers, most of the shortcomings were compensated. We are currently using these items in a managed way because if we use them unplanned and uncontrollably, we will certainly have a shortage. Certainly, the need to care for nurses to relieve fatigue for several months and inject hope and motivation into this group should be understood, but due to the economic situation of the country, unfortunately, the fulfillment of the promises has been delayed, which we hope will be fulfilled soon; Although the delay will certainly not prevent nurses from properly caring for patients, but resolving nurses' livelihood problems should also be a priority on the authorities' agenda.

Keywords: COVID-19, Nurses, Medical Staff, Psychological distress, Mental Health

Introduction

As warnings about the mental health of Iran's medical staff escalate following the escalation of the COVID-19 crisis, studies have shown that nurses and physicians in the country face "psychological distress" and "deep traumatic fears".¹⁻⁴

"Nurses, as front-line soldiers in patients care, are exposed to the greatest psychological threats, which can undermine their emotional balance and affect their physical and mental health." The results of a study by psychologists this year show that members of the treatment staff have experienced "deep psychological distress and traumatic fear of being infected with the coronavirus." Statistics show that more than 77% of employees in COVID-19 think about quitting their jobs due to stress.⁵⁻⁹

"Excessive workload, job stress, and the impact of various aspects of this group's life and temporal changes in work shifts have accelerated the spread of psychological and physical harm." Studies point to increased anxiety among nurses as well as "negative emotions" such as fatigue, discomfort, and distress among medical staff. 65 percent of the nursing staff, which includes more than 80,000 people, care for patients with COVID-19. For nurses, counseling centers are established with the cooperation of psychologists and psychiatrists.^{2,10-12}

Infection of the treatment staff to COVID-19

In addition to the mental health problems of the medical staff, there have been reports of them contracting the disease in various provinces in recent weeks. A published list shows that more than 2,286 nurses, doctors, and other members of the medical staff have been infected with the disease so far. A number of them have also lost their lives due to this disease. The results of an internal study show that at least 70% consider their lack of personal protective kits to be their most important concern, and three out of four medical staff say they do not have "enough" masks.^{5, 13-15}

Nursing Challenges in the COVID-19 Crisis

Lack of nursing staff is one of the most important challenges facing hospitals during the COVID-19 outbreak, which can be excluded by excluding nursing from employment rules and bureaucracies and also addressed some of these problems by prioritizing the hiring of contract workers and creating job security. Hospitals have always struggled with a shortage of nursing staff, which has become more pronounced in the COVID-19 crisis. Also, in the second peak of the disease, a large number of nurses were affected and naturally left the service, which has doubled the workload due to staff shortages.^{3,16-19}

Exempt nurses from employment restrictions

It is time to exempt nursing from this rule and by increasing the number of medical staff, as well as prioritizing the employment of contract staff and creating job security, motivate the staff to increase service to the people. In addition to these issues, to increase the motivation of the forces and solve their livelihood problems, it is possible to implement the salary increase laws for nurses as soon as possible.^{11,20-22}

Direct involvement of 60% of nurses in COVID-19 wards

More than 5,000 nursing staff (including nursing, operating room, anesthesia, paramedical and paramedical) More than 5,000 staff More than 5,000 nursing staff (including nursing, operating room, anesthesia, paramedics, and paramedics) are employed at the university's affiliated hospitals, That about 60 percent of them directly cared for patients with COVID-19 from the onset of the disease. There may have been interruptions between the two waves, but overall, 60 percent of people were involved in caring for COVID-19 patients. Nursing (including nursing, operating room, anesthesia, paramedical) is employed in the university's affiliated hospitals, about 60% of which provide direct care to patients with COVID-19 from the onset of the disease. There may be interruptions between the two waves, but overall 60% of people

are involved in caring for COVID-19 patients. About 60% of the prevalence is directly from COVID-19 patients. They care. There may be interruptions between the two waves, but overall, 60% of people were involved in caring for COVID-19 patients.^{10,12,17,23-25}

Differences and challenges of nursing during the outbreak of COVID-19

Nursing and patient care is the first motivation and priority of nurses; However, the nursing profession has its difficulties; For example, nursing work requires the nurse to care for the patient for long hours and deal with a variety of microorganisms and caring for patients and their families in the worst moments of life is another part of the nurses' hard work. Unknown disease and its nature, morbidity, and death of patients who died unexpectedly, fear of transmitting the disease to family members, and the illness and martyrdom of a large number of colleagues across the country were other factors that added to the stress and anxiety of the medical staff. The constant use of protective equipment during this period, despite the heat, heavy work, fatigue, and difficulty in caring for patients, as well as long stays away from family and children, are other differences in nursing work during the outbreak of COVID-19 disease.^{7,13, 26-28}

The challenge of lack of nursing and support staff in hospitals

These shortcomings were managed in the first wave by attracting contract and volunteer forces. But in the second peak, the infection of more medical staff and the withdrawal of troops from the service cycle doubled the problems. In other words, in the second peak, we are facing a doubling of the infection of nursing staff; The COVID-19 incidence of nursing staff in hospitals has increased from 3.6 to 7.3 percent, while the second wave of the disease is not over yet, and this has left hospitals with a shortage of manpower. Of course, empirically, it is possible that just as people are tired of health and safety and sometimes break the quarantine and enter the community, In the nursing staff, due to fatigue, heat, and exhaustion, continuous and correct use of protective equipment becomes less common, which has increased vulnerability and the possibility of disease transmission.^{7,8,14, 29-31}

Principles that must be followed to prevent the transmission of the disease in hospitals

We need to know that until proper and effective drugs and vaccines for the disease are produced, there is no way to prevent the infection other than using personal protective equipment, maintaining physical distance, washing and disinfecting hands and surfaces with appropriate solutions, and detergents. Patients and medical staff must wear a suitable mask before entering the ward. Also, managing clients to create physical distances is another factor that helps reduce the risk of disease transmission and thus reduce the incidence and depreciation of medical staff.

Supervisors and head nurses should prevent nurses from gathering in nursing stations and restrooms, because due to the closure of the ward space if they gather and reduce the social distance, the chances of getting infected increase.^{4,9,15,32}

Conclusion

At the beginning of the outbreak, we faced problems due to the sudden shortage of these items in the market, even with the efforts of hospital heads, but fortunately with the cooperation of the Departments of Food and Drug, Development and Treatment, the Ministry of Health and donors, as well as proper management of supervisors and nursing managers. Centers, most of the shortcomings were compensated. We are currently using these items in a managed way because if we use them unplanned and uncontrollably, we will certainly have a shortage.

Certainly, the need to care for nurses to relieve fatigue for several months and inject hope and motivation into this group should be understood, But due to the economic situation of the country, unfortunately, the fulfillment of the promises has been delayed, which we hope will be fulfilled soon; Although the delay will certainly not prevent nurses from properly caring for patients, but resolving nurses' livelihood problems should also be a priority on the authorities' agenda.

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