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Mental Well-Being of Nursing Staff During the Coronavirus Disease 2019 Outbreak: A Cultural Perspective



Dear Editor:

The mental health of health care professionals in general, and nursing staff in particular, has been challenged in the wake of the coronavirus disease 2019 (COVID-19) pandemic outbreak throughout the world. During previous outbreaks such as severe acute respiratory syndrome, psychological distress in frontline emergency nursing staff appeared gradually. Fear, anxiety, depression, psychological symptoms, post-traumatic symptoms, and a general decrease in overall well-being were observed.¹ Isolation, high-risk working conditions, and direct contact with infected individuals could now become immediate factors of mental health problems in frontline emergency nursing staff. The intense experience of an infectious pandemic disease could have short-term and long-term impact on the mental health of nursing staff in the absence of effective support and timely training. The Pakistani government has made various attempts to reduce the pressure on the nursing staff, such as reducing the workload by implementing a shift-system, introducing more nursing staff to manage work pressure, recommending infection control measures, and advising the use of personal protective equipment and adherence to practical guidelines and standards. In addition, the Pakistani government should establish psychological crisis intervention teams to provide psychological services that include psychological counseling and psychotherapy, reading and listening materials, and informative manuals.² In Pakistan, television news and online media are prevalent and are highly influential forms of entertainment in the lives of the community. Information dissemination through these mediums about coping mechanisms and psychological help would be effective. Evidence-based mental health services, efficacy of psychological care, and assessment of psychological care needs are necessary for nursing staff.³ Continuous mental health care services are essential for even mild psychological reactions during this pandemic to attenuate the possibility of escalating psychological health problems.⁴ The number of medical health care professionals (doctors, nurses, and paramedics) suffering mental health effects after epidemics and pandemics is often greater than the physical injury.⁵ Although the mental health effects of such events last longer, psychological health interventions capture much less attention.⁶ Psychological counseling and psychotherapeutic guidance could demonstrate the effectiveness of psychological protection and awareness for nursing staff through print media (manuals) and electronic media

(television) resources. The mental health of nursing staff can be effectively addressed and managed through psychological counseling, group meeting sessions, and management of stress caused by infectious disease pandemics.² Psychological counseling sessions for nursing staff could help in depersonalization, modifying one's perspective of life, understanding the meaning of one's work, and managing psychological reactions in an adversity.⁷ Professional knowledge about the risk of exposure and transmission of infectious diseases could offer cautionary control over the situation, which in the case of COVID-19, is markedly different owing to the pernicious characteristics of the novel coronavirus pandemic outbreak.

Many individuals exhibit minimal symptoms while contagious and, indirectly through skin contact, present a substantial risk of exposure and transmission for all medical, nursing, and paramedic professionals.⁸ The resultant stress in this particular situation is evidently dissimilar to that in other epidemics, and thus this infection risk indiscriminately affects a large number of medical health care professionals both physically and psychologically. In Pakistan, the immediate need of addressing and recognizing mental health issues in nursing staff emerged from mobilizing a psychological crisis intervention team. This team provided a large scale therapeutic response for psychological support for frontline nurses to relieve stress, reduce fear and anxiety of infection, and minimize psychosocial and behavioral changes brought by isolation.⁴ Local nursing staff—at the epicenter of the COVID-19 pandemic outbreak crisis—are pivotal to the effective working of the health care system; therefore, resources should be mobilized to ensure its sound mental health. The training included self-protection, infectious disease pandemic knowledge (epidemiological characteristics, transmission route of COVID-19, and clinical diagnostic criteria and treatment), professional knowledge and skills, and preventive psychological counseling (coping mechanisms and emotional distress management) and training (videos, manuals, and online guidance).

Pakistan is on the threshold of being understaffed, with staff shortages across all workplaces due to people practicing self-isolation. This raises the question about the State's approach to medical health care with departments functioning with fewer nursing staff and untrained junior nursing staff, as well as staff working with minimal personal protective equipment. Ensuring sound mental health would prevent a culture of learned helplessness in the nursing staff. Pakistan's government and hospital administration should make every effort to manage and distribute personal protective equipment to doctors and nurses alike to ensure their safety on the frontline. Adequate personal protective

equipment (eg, protective gowns, goggles, N95 masks, latex gloves, and isolation gowns) would safeguard security, confidence, and motivation among clinical nurses. Professional psychological crisis intervention (for psychological coping strategies and a psychosocial support platform) would reduce fear, anxiety, panic, and insecurity among nursing staff. Personal activities, such as encouraging colleagues through writing positive reinforcement messages and actively listening to each other's concerns, could also enhance emotional well-being.—*Sonia Mukhtar, MS, Counseling Psychologist, University of Management and Technology, Lahore, Pakistan; E-mail: sonia.mukhtar12@gmail.com*

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REFERENCES

1. Wu P, Fang Y, Z Guan Z, et al. The psychological impact of the SARS epidemic on hospital employees in China: exposure, risk perception, and altruistic acceptance of risk. *Can J Psychiatry*. 2009;54(5):302-311. <https://doi.org/10.1177/070674370905400504>
2. Mukhtar S. Mental health and emotional impact of COVID-19: applying health belief model for medical staff to general public of Pakistan. *Brain Behav Immun*. 2020;0889-1591(20):30463-30473. <https://doi.org/10.1016/j.bbi.2020.04.012>
3. Kang L, Li Y, Hu S, et al. The mental health of medical workers in Wuhan, China dealing with the 2019 novel coronavirus. *Lancet Psychiatry*. 2020;7(3):e14. [https://doi.org/10.1016/S2215-0366\(20\)30047-X](https://doi.org/10.1016/S2215-0366(20)30047-X)
4. Rana W, Mukhtar S, Mukhtar S. Mental health of medical workers in Pakistan during the pandemic COVID-19 outbreak. *Asian J Psychiatry*. 2020;51:102080. <https://doi.org/10.1016/j.ajp.2020.102080>
5. Wang L, Chen X, Ye L. Integrated infection control strategy to minimize nosocomial infection during outbreak of COVID-19 among ED healthcare workers. *J Emerg Nurs*. 2020;46:424-425. <https://doi.org/10.1016/j.jen.2020.03.016>
6. Allsopp K, Brewin CR, Barrett A, et al. Responding to mental health needs after terror attacks. *BMJ*. 2019;366:l4828. <https://doi.org/10.1136/bmj.l4828>
7. West CP, Dyrbye LN, Rabatin JT, et al. Intervention to promote physician well-being, job satisfaction, and professionalism: a randomized clinical trial. *JAMA Inter Med*. 2014;174(4):527-533. <https://doi.org/10.1001/jamainternmed.2013.14387>
8. Bai Y, Yao L, Wei T, et al. Presumed asymptomatic carrier transmission of COVID-19. *JAMA*. 2020;323(14):1406-1407. <https://doi.org/10.1001/jama.2020.2565>