# Future Perspectives of Nurses With COVID 19

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In late December 2019, a series of unexplained cases of pneumonia were reported in Wuhan, China. The government and health researchers in China have taken swift steps to control the spread of the epidemic and have launched an etiological study. On January 21, 2020, the World Health Organization (WHO) temporarily named the new virus as the New Coronavirus-2019. On January 30, 2020, the WHO announced the 2019 coronavirus new epidemic as a public health emergency with international concern. On February 11, 2020, WHO officially named Corona Virus Disease-2019 (COVID-19) a disease caused by coronavirus (1,2).

The number of affected people in the world is increasing and the death toll is high; no definitive medicine or vaccine has been developed for the virus yet (3). Besides, the virus genome has changed and its symptoms are different at times. The symptoms were mostly focused on respiratory systems at the beginning of pandemic and recently on gastrointestinal ones. Therefore, prevention is the key to protection.

Nurses are the most vulnerable group of medical staff who care for patients with COVID-19. They are at the frontline of the COVID-19 pandemic. Nurses are exposed to the virus and encounter various physical and mental complications, even death. There are 3.8 million nurses in the United States and 20 million in other parts of the world, and yet there is a need for many more nurses (4,5).

There are many aspects of COVID-19 that impact nurses. They have to provide direct care for patients for a long time. Thus, the shortage of nurses, long working hours, boarding houses, remoteness from their families, burnout, post-traumatic stress disorder (PTSD), risk of disease transmission, and death take a toll. In this article, we discuss the efforts needed to improve conditions for nurses who care for COVID-19 patients. During this pandemic, nurses are susceptible to catch the disease because of shortages of prevention measures in many health care settings. Health care providers care for enormous numbers of patients in spite of current and future harm to themselves. However, given the

information about nurses' vulnerabilities, including their infection with the virus, and even the deaths of nurses from different countries, national and global measures to protect nurses' safety do not exist. In addition, assuming that it is unavoidable due to the nature of the nursing profession, there is a necessity to identify the extent of the problems and gaps as well as the need to invest in this area.

In particular, given the necessity and importance of nursing care in pandemics, natural and man-made crises require investment and interdisciplinary research to better understand the meaning of harm prevention in vulnerable work environments. It will also provide key mechanisms for improving the safety of nurses and increasing the quality of care in difficult working conditions to meet the expectations of governments and the public.

Long-term fear and anxiety caused by treating COVID-19 patients predispose nurses to PTSD. Trauma is defined by the American Psychological Association as the emotional response someone has to an extremely negative event (6). As mentioned, nurses are on the frontline of patient care and are, thus, exposed directly or indirectly to negative events such as the care of patients infected with a deadly disease. Following the exposure to such sudden traumatic events, nurses can experience symptoms such as headache, indigestion, stomach upset, tremors in hands, insomnia, nightmare, feeling of unreality, and forgetfulness. It is when the symptoms remain and last for months or years and interfere with the functioning of daily living, the individual can develop PTSD (7). Nurses working in clinical settings, typically the

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emergency room or intensive care units (ICUs) experience mental trauma, with 8.5% of them developing PTSD due to the frequent mental stress or physical symptoms associated with the care of patients with horrific injuries. Nurses in ICUs are more likely to experience PTSD and mental disorders such as depression due to caring critically ill patients (8).

In such cases, it is necessary for nurses to be better supported and for nursing managers to plan shifts so that nurses rotate in and out of caring for pandemic patients. Burnout, a complication caused by difficult working conditions, is another effect of pandemics on nurses. Burnout is experienced by people who lack the psychological and physical resources to meet the demands and expectations of their jobs.

It is defined as personal reactions to chronic emotional stress in numerous direct or indirect interactions among nurses (9). Burnout has become a major concern for nurses in the epidemic because they are physically and mentally exhausted to the point where it impairs their thinking and clinical decision-making as health care providers. Burnout can also have a significant effect on patient care, increased mortality, and patient dissatisfaction. Nurses may lose their licenses to practice because of burnout even during the postpandemic era (10). Nursing managers should periodically rotate nurses' shifts to prevent burnout on them. Psychological counseling and using motivational factors such as encouragement and appreciation for their work should be provided for nurses so that they can better adapt to the situation. Researchers are trying to find a way to protect nurses and their work environment in order to prevent burnout. The narratives, which address nurses' work concerns in the COVID-19 pandemic, are thought-provoking and require the support of countries' health care systems to better protect nurses from the dangers that threaten them.

## Authors' Note

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## Declaration of Conflicting Interests

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