

Impact of COVID-19 on Nursing and other Healthcare Professionals: Strategies for Strengthening Nursing Education, Training and Leadership

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Abstract

The damage extension of the SARS-CoV-2 virus, the cause of the coronavirus disease (COVID-19) outbreak that started in December 2019, was completely unexpected. The virus infected more than 20.21 million and killed more than 737,136 people as of 10th august 2020, leaving healthcare professionals under abnormal pressure. Although there are no estimates of how many are health care professionals infected, it may be 15-18% of the healthcare professionals and suppose a correspondingly high death count. From emergency physicians and nurses to public health officers and psychologists, the exposure to distressing experiences points to a high chance of developing post-traumatic stress disorder, depression, and burnout syndrome. In the case of COVID-19, decisions upon scarce resources, frustration about patients' outcomes, lengthened working hours, concerns regarding the family's health, and widespread vicarious trauma are present and costly for health care professionals. Coordinated reorganization of health and well managed social services is essential to assess and diagnose rapidly, treat patients effectively, and protect hospitals and health personnel. The policymakers were thinking that investing in the *nursing sector and maintaining a professional nursing workforce is an economic burden but now everyone is understood that they are especially for the wellbeing of our peoples and families*. Hence it is necessary to support nursing professionals at the workplace and ensuring the appropriate payout is a must along with appropriate timely training is required to ensure the quality service. Furthermore, they should be allowed to involve in policy formulation and decision making all the time.

Keywords: SARS-CoV-2 virus, Depression, Education, Job Satisfaction, Skill development.

Introduction

The novel coronavirus (COVID-19) surged up in Wuhan, China, and provokes symptoms similar to other coronaviruses, including cough, fever, fatigue, and nausea, but extends to organ failure in a significant

amount of cases. The lack of community immunity, the high infection rate, and sizeable asymptomatic window were factors that, along with the delayed time of government response, led to the overload of health care professionals and establishments. Medical students have been recruited to aid¹ the thousands are overloaded with work, and many have been infected after working on the front line.² There are multiple reports of physiological and psychological problems during pandemics, with related heightened insomnia, anxiety, depression, and obsessive-compulsive symptoms.³ Somatization was also seen at a significant rate, with frequent dizziness and toughness for breathing. COVID-19 is unlikely to end suddenly given the lack of available therapeutics and the uncertain prospects.⁴

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Impact of COVID-19 on Health Care professionals: The atypical health care situation requires not-so-atypical pressure on health care workers. As highlighted by Shi and Hall⁵, the experience of various traumatic events can have drastic effects on mental health, and the circumstances surrounding the COVID-19 outbreak restrain traditional psychological services for both patients and health professionals. Kang et al.⁶ assure that emergency physicians, nurses, and other types of emergency professionals that are exposed to distressing experiences have a high chance of developing problems such as post-traumatic stress disorder, depression, and burnout syndrome. In the case of COVID-19, decisions upon scarce resources, frustration about patients' outcomes, lengthened working hours, concerns regarding the family's health, and widespread vicarious trauma are present and costly for health care professionals.⁷ The complete account of consequences upon health care professionals will only be perceived in the next years.

Among the distressing causes were the uncertainty of safety at work, extended work shifts, lack of prevention knowledge, shortened rest, shortage of protective equipment, exposure to death, fear for autoinoculation, and viral spread.^{3,7} When associated with quarantine-affected relationships, those are likely to promote the development of psychiatric dysfunctions. As opposed to the common public, health care professionals deal with more than their stress; they also have to deal with others' anxiety, which may enhance despair and produce vicarious trauma.

Vicarious trauma, or the trauma acquired through close contact with trauma victims and patients' struggles, reflects directly in an individuals' mental health. The symptoms of vicarious traumatization involve loss of appetite, fatigue, sleep disorder, irritability, lack of attention, fear, despair, and suicidal ideation.⁸ Besides the symptoms, health professionals often have to deal with the stigma and the frustration of not being able to make appropriate decisions due to the lack of resources. Studies enrolling 740 individuals, amongst which the general public and nurses found out that despite the trauma of the general public is higher, it was acknowledged that direct exposure to patient suffering led to vicarious traumatization.⁸ Those responses were also seen in the Severe Acute Respiratory Syndrome outbreak in 2004.

Not only the pandemics have affected the individuals

directly, but indirectly through the quarantine measures that harm mental health. The isolation, along with deep concern for family and friends and high pathogen exposure, can cause uncertainty about the future and fear, bringing a high burden upon the affected individuals. Therefore, Fiorillo and Gorwood² highlight that after the pandemics, there might be a shortage of health professionals because of burnout, and calls for action to prevent worse effects. Besides that, the pressure is so high they are likely to keep working even though they have lost beloved ones such as family and team members.

Considering the impact that pandemics and social isolation altogether can cause to the society and the health professionals' community, scientists are urging for mental health research. Not only because of the psychosocial characteristics but because they are afraid that COVID-19 infect the brain and trigger immune responses that enhance the risk for mental illnesses.⁹ They claim that psychological support measures have to be taken and that resources must be provided so that they can recognize psychological distress symptoms on themselves.⁷ Levin¹⁰ highlights that wounds of healthcare personnel can last for many years after the end of an outbreak, which explains the impacts past pandemics had on society, requiring psychological support for decades.¹⁰ As explained by Dhamir and Khan¹¹, the psychological aspects of pandemics bring uncertainty and doubt that end up in a mass panic, disrupting the sense of reality, which applies not only to the general population but to health practitioners. Being in the front-line is exhausting to the point that gratitude is not enough: mental care needs to be provided to those professionals so that they can keep living after keeping others alive.

Nursing Professionals and their Contributions: *Nursing professionals are demonstrating outstanding compassion and courage towards the battle against COVID-19 never before their value been more clearly demonstrated.¹² They play a vital role to ensure to keep the world healthy through their experience and expertise in the management of health services and their contribution to the emergency responses is unique.¹³ The policymakers were thinking that educating nursing professionals and maintaining a professional nursing workforce is an economic burden but now everyone is understood that they are especially for the wellbeing of our peoples and families.^{14,15} The nursing professionals optimizing their role can contribute to the progressive*

realization of universal health coverage (UHC) and the Sustainable Development Goals (SDGs). They have consistently experienced different challenges such as shortage and maldistribution along with low levels of retention and high levels of migration. Education of the nursing workforces is not always competency-based, interdisciplinary, or supported by quality assurance. Strengthening the nursing profession is essential to ensure high quality, secure, and efficient patient services once after this pandemic. To achieve this it is necessary to strengthen nursing education, training and strategies to tackle pandemic should be revisited with appropriate policies.¹⁴⁻¹⁷

Strengthening Nursing Education^{18,19}:

- The appropriate curriculum should be developed to address the current needs and to understand the new technologies by providing the experienced faculty and infrastructure during the study period.
- The curriculum should be introduced to understand the constantly evolving guidelines and clinical practices during uncertainty such as COVID-19.
- Problem-based learning should be introduced to understand epidemics and pandemics from which one should learn to analyze the age, risk factors, and proportion of individuals with infections and their transmission potential.
- Nurse's professional skills should be assessed once after the completion of their graduate or postgraduate degree by conducting a national level eligibility test before awarding the actual degree.

Internship programs, Training, and Service²⁰⁻²⁶

- Appropriate internship programs should be implemented for students to retain them in the nursing profession.
- Interdisciplinary, inter-professional healthcare, and skill development training should be given to the nursing professionals to enhance the knowledge and competencies which will help enhance patient outcomes.
- The compulsory rule should be made for nurses to undergo meditation and yoga to tackle personal and professional challenges.
- Mandatory online courses, webinars, and short term courses should be implemented for nursing professionals to know and understand the recent

developments in the health care system and to implement them during health care service.

- Appropriate nurse-led models of care and practices should be developed to tackle health care needs.

Nursing Jobs²⁷⁻³⁰

- It is necessary to evaluate the demand for new nursing professionals and to recruit them based on the requirements of the work setting.
- Around 90% of the nursing workplace is female and this gap should be fulfilled by identifying the actual drawbacks to compensate for the shortage of 5.9 million nurses around the world.
- The migration of nurses to other countries should be monitored and the implementation of retention policy should be adopted by improving the salaries, retention packages, and working conditions along with insurance policies.

Leadership in policymaking³¹⁻⁴²

The following policy must be implemented,

- to ensure the senior and experienced nursing professional's involvement in evidenced-based decision-making to achieve a better health care system.
- to organize leadership programs to develop leadership skills among the new nursing professionals.
- to ensure the nursing professional safety at the workplace as well as at vulnerable settings. Furthermore, violence against nursing/health care professional should be made punishable.
- To address the gender pay gap in the nursing profession.
- To attract qualified applicants to nursing education programs and undervaluing the nursing profession should be addressed.
- To have clinical experience in health care settings before becoming faculty of any institution to enhance the quality of education.
- To invest in nursing education and training is required to cope with the current needs of the health care system to meet international standards.
- To distribute nursing professionals among the health care sectors and it must be monitored and documented well.

- For nurses to see themselves as frontline policy leaders who are responsible for identifying the roles and opportunities.

Conclusions

All health care workers are through overwhelming demands and endless working hours, worsened due to the frequent distressing isolation from the family. Nursing professionals have played an important role as part of teams, especially during this pandemic. The roles and responsibilities of nurses to promote health by treating vulnerable along with decision-making roles are substantial. Regardless of the chaotic scene, mental health is as important as physical health and needs to be treated accordingly. Thus, it is recommended that health care professionals and their families attend obligatory, weekly, counseling sessions; and that institutions establish rules concerning turn intervals. Furthermore, they should be allowed to involve in policy formulation and decision making all the time.

Declarations:

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