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## Editorial Letter



# Nurses on the Front Lines Confronting the COVID-19 Pandemic

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In December 2019, the coronavirus disease 2019 (COVID-19) epidemic was discovered in Wuhan, Hubei Province, China. The COVID-19 epidemic is an unprecedented global public health crisis that has never been observed in the past century, has rapidly spread around the world and is associated with a burden of mortality [1]. Nurses worldwide face major health care problems, such as high patient mortality, high health care demands, a reduction in health care supplies, and extraordinary physical and emotional stress [2]. First-line health care providers and nurses working in intensive care units (ICUs) played a critical role in responding to COVID-19 patients worldwide. The COVID-19 epidemic marks a world public health crisis that has not been seen in the past century and has spread rapidly worldwide with the associated mortality burden [2]. They also participated extensively in coordination, screening, vaccination, and emergency and intensive care services. Medical workers are at risk of hurting themselves in hospitals, clinics, and homes all over the world, and they often don't have enough equipment to make sure we get all of the care we need. The current crisis shows the essential role of health workers, who are industrious, innovative, and often undervalued, in ensuring strong and resilient health systems for all people everywhere [3]. Health workers worldwide are responding to the demand for treatment of patients with COVID-19, which may result in high costs to their health and well-being. It is increasingly recognized that COVID-19 may affect the mental health of front-line workers, and it calls for psychological and social support. However, very little attention has been paid to how working on a pandemic affects healthcare workers and how

they think about getting help [4]. Since the beginning of the global COVID-19 epidemic, health and social workers have been repeatedly identified as high-risk for severe psychological suffering. During the COVID-19 pandemic, based on an online survey of 255 nurses, it was first interviewed in November 2020 and found that just over one-fifth (21%) had moderate to severe anxiety symptoms; similarly, (17%) of people experienced depression. A nurse reported feeling "exhausted and emotionally drained when getting home and unable to switch off" [5]. The analysis showed that young nurses with little experience were more anxious, depressed, and less resistant. Previous studies have been conducted on staff experiences in other pandemics, such as the "Middle East respiratory syndrome" (MERS) outbreak, which raised staff's concerns about infected people taking their family home and experiencing burnout. Further research recently revealed that 64% of front-line workers were concerned at the beginning of the epidemic, while 35% needed support but were unable to seek it. [1]. The study nurses also expressed concerns about the lack of personal protective equipment (PPE) due to exhaustion and long-term stress. Many nurses have changed roles, increased their time, increased responsibility, and worked in very different environments. The "World Health Organization" (WHO) recognizes that such work is often very stressful and is inevitable in the psychological effects on nurses and doctors [6]. After several waves of the epidemic, we begin to rebuild and visualize what we have been doing and what the "new normal" might become. We need to consider how to better support nurses and health workers in the future. The gap

identified in the mental health support for health workers illustrates the injustice of supporting services between organizations and sometimes between different staff groups. The epidemic has worsened the shortage of workers, and several medical staff are considering leaving the National Health Service. We need to develop compassionate and resilient nurses who understand their mental and physical health and appreciate them, encouraging them to stay in the NHS [7]. However, national health service organizations must be prepared to support staff for a long-term period in order for national health services to function individually, in teams, and in departments. Like us all, nurses must maintain a healthy lifestyle, maintain family relationships, build social networks, and create relationships outside of work and beyond, to address mental health needs [4]. The experiences of medical workers during the COVID-19 epidemic are not unprecedented, and the themes of previous outbreaks and epidemics are remarkable in light of what we are hearing about the impact of COVID-19 globally today. We have the opportunity to learn from previous crises, reduce the negative impact of COVID-19 on mental health, and support the long-term wellbeing of healthcare workers globally. It is important to examine the mental illness of health workers in different epidemic stages in other countries to guide national response and learn from international contexts. Evidence is needed to assess the widespread mental disorders of health professionals and social workers and determine the risk factors for suicide. This will help identify the most important risks for first-line health and social workers and inform first-line prevention strategies based on evidence during the projected post-peak period associated with COVID-19 and guide secondary prevention strategies to reduce stress. Health professionals and social workers will better understand the stress factors in their work and improve the understanding of preventive measures to reduce stress [8].

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