

Sadness in nurses during the COVID-19 pandemic

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Abstract

This study aimed to draw attention to sadness and ensure that the sense of sadness experienced by nurses during the COVID-19 pandemic is noticed. During the pandemic, the sadness of nurses who have the most and close contact with patients should be evaluated. Support programs that would increase psychological resilience should be implemented for them to experience sadness at the lowest levels possible. If healthcare system managers improve the conditions that lead to nurses experiencing sadness and provide the necessary support to them, nurses will feel safe and perform their jobs willingly and enthusiastically.

Keywords: Sadness, COVID-19, pandemic, nurse

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Introduction

Every person encounters countless problems throughout his or her life. People can sometimes overcome these problems, and sometimes they can't. When it cannot be overcome, various psychological problems develop, especially sadness [1,2]. The Turkish Language Association defines sadness as sorrow, grief and distress [3]. In an essay about psychology dictionary, sadness is defined as "an emotional state caused by a spiritual agony" [4].

The COVID-19 pandemic has emerged unexpectedly. It started with the first case of COVID-19, detected on December 31, 2019, in Wuhan, China. COVID-19 infection was declared as a pandemic by the World Health Organization (WHO) on March 11, 2020, when the first case in Turkey was detected also [5]. COVID-19 infection is a disease transmitted from person to person through the respiratory system, with fever, shortness of breath, cough and radiological findings concordant with bilateral lung infiltration. Furthermore, in severe cases, severe acute respiratory diseases, pneumonia, kidney failure may occur and may even result in death [6].

Unexpectedly arisen problems have affected all humanity. It has led to the hindrance of feeling safe, one of the basic needs of people [7]. During the COVID-19 pandemic, various impacts have been observed in the health systems and employees of many countries. Nurses, in particular, are at high risk for the COVID-19 infection due to their close contact with patients and the round-the-clock care they provide for patients. This is the cause of extreme stress. The feeling of sadness has developed in nurses due to not feeling safe, extreme stress, uncertainty about the process. It is thought that nurses have increased levels of sadness together with the psychological distress experienced due to reasons such as lack of personnel, beds, medical devices and personal protective equipment, role conflicts and most importantly, the fear of getting infected and infecting their relatives [8].

There is no definite information about how the COVID-19 pandemic will continue and when

it will end [9]. Therefore it was aimed, in this review, to draw attention to sadness and ensure that the sense of sadness experienced by nurses during the COVID-19 pandemic is noticed. The feeling of sadness experienced by nurses during the COVID-19 pandemic has been discussed in two aspects: the individual sadness of the nurses during the COVID-19 pandemic and the sadness experienced by the nurses as a result of the health conditions and losses of the patients they provide care for and the individuals around them.

The Sadness Experienced by Nurses during the COVID-19 Pandemic

The sadness experienced by nurses during the COVID-19 pandemic has been discussed from two aspects as below:

1.The Individual Sadness of Nurses during the COVID-19 Pandemic

Nurses, in addition to providing health care, are also human beings. They are also someone's child, spouse, mother, father, friend, neighbor, and relative. Along with the risk of getting infected themselves, they experience anxiety due to the risk of transmitting the disease to their relatives [10]. While people are even worried about getting close to each other these days, nurses provide close-contact care to patients one-on-one. When nurses do not feel safe while performing their duties, they cannot perform their jobs willingly and enthusiastically, and they experience sadness [11]. Maben et al. reported in their study conducted on the subject that nurses do not feel safe due to the inadequacy of personal protective equipment in the working environment [12]. In another study by Karasu et al., an intensive care nurse stated that she or he felt vulnerable during the COVID-19 pandemic and that she/he could not go home where she/he lived with her/his sister and aunt due to the risk of transmitting the disease, resulting in her/him experiencing deep sadness [13]. In another study, they stated that they constantly stayed in the hospital for 2-3 weeks to reduce the risk of infection, worked long hours, isolated themselves in various facilities for 2 weeks before going home [14]. An intensive care nurse expressed his or her feeling

as such: "I'm glad I'm not married. From what I've seen from my friends, I see that having a spouse and children causes twice the stress in this period. My friends told their experiences that they cannot hug, kiss, see and embrace their children" [13]. Nurses have been observed to experience difficulties due to uncertainties about how long the COVID-19 pandemic would last, how much more restrictions would be imposed on life, and whether nurses would get infected with the virus themselves or their relatives, and the possibility of transmitting the disease to their relatives themselves [15]. A study conducted in Turkey found that nurses and midwives have had difficulties in coping with uncertainty the most since the beginning of the pandemic [16]. In other studies, the uncertainty in the COVID-19 pandemic has shown that nurses who come into direct contact with the deadly virus experience high levels of anxiety and, accordingly, sadness [9].

Due to the increasing number of patients during the COVID-19 pandemic, there has been a need for more nurses, especially in emergency services, intensive care units, and COVID services. Besides, the workload of non-infected nurses was observed to increase much more when nurses had to take a break from work due to getting infected with the virus. Due to this increasing need for nurses, nurses from different fields had to work in fields that they were not used to. Therefore, the stress of both the newly allocated nurse and the nurses working with her or him has increased [17]. The increasing need for more nurses and excessive workload has been considered as the reasons for the sadness of nurses in many studies [12, 18-20].

The nurses have been observed to be subject to stigmatization in society since them, their family members or acquaintances have had COVID-19 [19,21]. An intensive care nurse expressed the feeling of stigmatization as such: "The worst thing is that people stay away from you as if you had the plague" and "I sometimes feel like I am being punished with these perspectives of people. Moreover, there are times when I feel isolated like a desert, like an island" [13].

2. The Sadness Experienced by the Nurses during the COVID-19 Pandemic as a Result of the Health Conditions and Losses of the Patients They Provide Care for and the Individuals around Them

The most basic strategy for preventing human-to-human transmission of COVID-19 infection is isolation, i.e. physical separation of people [22]. Because of the obligation to comply with these isolation rules, relatives of the patients could not be with their patients even in the last stages of their life. During the COVID-19 pandemic, nurses mainly began providing care to patients in the end-of-life period and provided remote communication between patients and relatives of patients who could not see them [9]. During the COVID-19 pandemic, with significantly increased patient and death rates, the individuals that nurses provide care for were their colleagues or relatives sometimes. Many losses have been witnessed [12,18]. This witnessing has happened by seeing people die away from their loved ones, make end-of-life conversations through the phone or take place with the images where the person connected to many devices such as breathing devices. Nurses have experienced sadness due to this situation, which is not in line with a respectable death, and they have experienced disappointment also with the deaths of the patients they provided care for [23,24].

Due to the uncertainty of the COVID-19 pandemic, the communication between nurses and patients and their relatives has been adversely affected by the constantly changing and unknown nature of the process. A loss of trust has developed, especially in communication [25]. Furthermore, nurses, along with people all over the world, also experienced a lack of social relationships during the isolation process in the COVID-19 pandemic. As a result, an increase in feelings of loneliness, anxiety on illness and financials were observed. Their intense concern about these issues has been a cause of sadness for both themselves and all people [24,26].

Various practices have been carried out in different parts of the world for the sadness experienced by nurses who are at high risk for

COVID-19 infection during the pandemic.

Practices in Regards to Sadness Experienced by Nurses during the COVID-19 Pandemic

In Wuhan, China, where COVID-19 infection first began to appear, mental health professionals have set up teams to provide psychological support to nurses and other medical staff. These psychological support teams provided counseling, psychotherapy services, and also distributed psychological support brochures [19]. Especially in the first months of the pandemic due to the number of cases and the strain of the Health System, Italy was one of the countries on the spotlights. In Italy, steps have been taken due to psychological disorders of health workers and Post-Traumatic Stress Disorder (PTSD) observed in some employees. Mindfulness-Based Cognitive Therapy and meditation techniques were used to support the employees at the Policlinico Hospital, one of the largest university hospitals in Milan [27].

Looking at the health care systems and the support provided, Lithuania and Romania were observed to provide the necessary psychological support, childcare support, financial support and other support to health workers [28]. In the United States, one of the countries that experienced pandemic the most severe way, awareness and donation activities were carried out by non-governmental organizations and associations. For example, support was provided to the fund, allocated for nurses, which was announced by the American Nurses Association on its website [29]. On the other hand, the Faculty of Nursing and Health Studies at Georgetown University, one of the largest universities in the United States, has explained how they can support nurses and healthcare professionals during this difficult period through their website [30]. In the US where more than 3,600 healthcare professionals lost their lives in the first year of the pandemic, it was observed that sufficient support was not provided by the state [31].

In Turkey, phone lines have been established by the Ministry of Health General Directorate of Treatment Services and mental health professional organizations in order to provide

mental health support for healthcare workers whose workload has increased during the COVID-19 process. These are the Turkish Psychiatric Association Mental support line for healthcare professionals (08505326676) and the Coronavirus Support Program (KORDEP) online support line (08503050034). A mobile application called the Mental Health Support System (RUHSAD) has also been developed to support healthcare professionals [32]. Various information brochures have been published by the Turkish Psychiatric Association, which can be accessed under the COVID-19 and mental health sections at psikiyatri.org.tr. Guidelines for healthcare professionals to avoid burnout in the COVID-19 pandemic, recommendations to healthcare institution managers for the protection of mental health of healthcare professionals and a guide for physicians and healthcare professionals to cope with fear and anxiety of COVID-19 are some of these brochures [33].

In Turkey, additional payments were made to healthcare professionals during some periods of the pandemic. Especially in the first months of the pandemic, healthcare professionals were provided with facilities where they could stay free of charge when they did not want to go to their families. Moreover, the Turkish Nurses Association and the Turkish Intensive Care Nurses Association have closely monitored the developments in Turkey and around the world since the announcement of the first case. Communication with nurses has been actively maintained through the telegram network (a secure instant messaging service with multi-platform support). Reports were prepared for the problems experienced by nurses and forwarded to the relevant departments of the Ministry of Health. Various online activities were conducted, including scientific and up-to-date information, aimed at providing information to healthcare professionals and the public. Care algorithms and personal protective equipment usage videos were prepared and shared [34,35].

Conclusion

During the COVID-19 pandemic, unknown when it will end, the sadness of all healthcare professionals, nurses, in particular, who have

the most and close contact with patients, should be evaluated. People whose basic needs are hindered are likely to experience sadness due to the inability not to be provided with a sense of trust. Managers in the healthcare system should analyze the needs of the nurses and other healthcare personnel at regular intervals. Acute problems observed should be taken into account and appropriate solutions to be developed. All healthcare professionals should be provided with adequate equipment support and a safe working environment. Basic needs such as nutrition and rest during working hours should be met. Nurses who need help with child or parental care while they are at work should be provided with the necessary support. Health checks should be carried out at regular intervals to determine the risk and safety conditions of healthcare professionals. Those working in particularly risky units related to COVID-19 disease should be closely monitored. Also, an increase in sadness may occur with the psychological problems experienced. Psychological problems along with sadness should be evaluated.

For nurses, to experience the sadness least possible way during the COVID-19 pandemic, various activities should be planned. With the in-service training, support programs that increase psychological resilience such as coping with stress, relaxation methods and crisis support systems should be implemented in institutions. In the activities carried out for this purpose, due to the COVID-19 pandemic, attention should be paid to the isolation and the social distancing rules. In this direction, teleconferences, online consultations-therapies, videos and webinars should be preferred more. Countries should inform all healthcare professionals about the support services provided.

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