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NURSES' DEATH ANXIETY DURING THE COVID-19 PANDEMIC



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**ABSTRACT**

Daily statistics show an increase in the incidence of Covid-19 virus across different countries, including Iran. Given that the virus has been labeled a pandemic now, there is no definitive treatment or prevention for it, and some epidemiologists predict that at least 60% of the population will be infected with the disease, a great deal of stress and concern has been created in communities. Certainly, there have been significant successes in the process of identifying, managing, and controlling the disease since the beginning of this pandemic and these successes will continue. However, at this time, medical staff, including nurses, faces an unprecedented crisis and problem. Nurses' experience in dealing with the sudden onset of acute respiratory syndrome and the death of patients in intensive care units has increased anxiety, fear, and stress among them, and this condition may gradually lead to psychological distress and serious psychological injuries such as depression and death anxiety in the long run. Health managers and leaders, along doing other management practices in this epidemic, must plan in such a way that they can provide sufficient support to the nursing staff and design programs for their physical, mental, and psychological support. Based on nurses' experiences and the latest published texts in this regard, some strategies such as comprehensive organizational support, face-to-face and virtual psychological counseling, training of problem-focused coping skills, being a self-care model as a leader, and public encouragement and support of medical staff in the media are suggested in this commentary to ensure the mental health of nurses and control their death anxiety. More experimental interventions and studies are suggested in this regard.

BACKGROUND

The COVID-19 virus is now pandemic and is spreading in all countries. At the time of this writing (5 January 2021), over 86 million people across the world have been infected with COVID-19 and there have been approximately 1.875.519 deaths. At the time of this study, the number of patients and casualties in Iran is 1.255.620 and 55.748, respectively. Coronavirus infections are on the rise around the world(1). Due to the lack of any definitive treatments or prevention measures and the prediction of some epidemiologists that at least 60% of the population will be infected with this disease, a lot of stress and anxiety has been created in the communities(2, 3). The outbreak of COVID-19 occurred suddenly and at a time when the global health system and health care systems in most countries were not prepared to manage it. The medical staff, including physicians and nurses, has been at the frontline of fighting against COVID-19 since its outbreak. They are in a bad mood and their mental and psychological pressures along with their physical fatigue are increasing moment by moment (4). As the epidemic

began with the medical staff involvement and loss of a number of medical staff members, the situation became more critical, shocking, and stressful for others(5, 6). The exact number of casualties and suffers among the medical staff is not available to date. In addition, the medical staff witnesses COVID-19 casualties, suffers in the hospital environment, and is involved with other related problems-(7). This statistic may not be seen as a very worrying number in the society because it is a general statistic, but the atmosphere of the hospital and the mood of medical staff reveal higher levels of concerns among them than society. Certainly, there have been significant successes in the process of identifying, managing, and controlling the disease since the beginning of this pandemic, and these successes will continue. However, at this time, the nurses face unprecedented problems. In this situation, most nurses struggle with physical problems due to extreme fatigue, intensive work shifts, and permanent stress. In addition, they face many concerns, including distance from family and loved ones, the possibility of being a carrier for family members, and the uncertain process and treatment of this epidemic(8, 9). Along with all these problems, what has made nurses and medical staff feel helpless can be the death of many people despite their unremitting efforts for their treatment and rescue(4) (5). The statements of a number of nurses about their experiences and feelings in this situation indicated the importance of paying deeper and more accurate attention to all aspects of supporting nurses and medical staff, especially the psychological aspect:

"Today, after 15 years, my heart was really broken and I cried many times. I did not cry from exhaustion and fatigue. When my young and novice nurse suffers from respiratory distress in front of my eyes, due to fear and anxiety I can't do right what I did thousands of times previously."

"I suddenly feel that I do not know anything to take care of patients because overnight half of our patients did not survive the respiratory distress and we could not do anything."

"In the beginning, when I came for a shift and saw that neither of patients was the previous one, I got their news from the post section, and when I found out that they died, I got very scared. I am constantly scared and anxious that I or my loved ones may die so easily..."

"Most of the time we try to show ourselves strong and brave, but we all know that we are afraid, very afraid. However, it is not the fear of working; it is the fear of our patients' dying. I do not like experience a patient's death in my shift."

"It was not difficult for me to endure the mask, the clothes, the scrubs, the heat, and other things because I felt useful. However, since the day I got sick and despite the fact that it was not severe and I returned to work three weeks later, I feel horrified now and I cannot do the simplest things like performing a venipuncture. I do not know how to control my anxiety."

"After the death of the first nurse, we were really shocked. Even though we did not know that nurse, we were deeply frustrated and scared of this virus. Now, we feel better by seeing that our patients recover. However, the persistence of this virus has made us very tired and helpless. I wish these nightmarish days would end."

"The stress is getting worse every day, but there is no way out and I have to hide this anxiety so that it does not spread to my patients, colleagues, and family. Despite fatigue, despair, and anxiety, I must be cheerful and give hope to others. Even though we are good at our job, we are human. Sometimes, like everyone else, we feel despair and lonely. We have anxiety and fear. However, we cannot even be as close and connected with our colleagues and friends as before, and worse, we do not know how long we are exposed to this danger and anxiety."

Nurses' experiences in dealing with the sudden onset of acute respiratory syndrome and the death of patients in intensive care units has increased anxiety, fear, and stress among them, and this condition may gradually lead to psychological distress and serious psychological injuries such as depression and death anxiety in the long run (8). Anxiety is a reaction to an unknown, internal, ambiguous danger with unconscious and uncontrollable origin that can be caused by several factors. Certain types of anxiety are identified and named based on their origin, of which death anxiety is one of the most important. Death anxiety is a complex and multidimensional concept that is often defined as "abnormal fear of one's own death or death of others" (10). Most nurses may experience death anxiety, but nurses working in intensive care units may be more likely to experience this type of anxiety due to working in special environments and contact with critically ill patients. In the Covid-19 epidemic, nurses were exposed to a critical and unpredictable situation. Severe care conditions, high prevalence, deterioration of patients with Covid-19, increased mortality, and other factors may lead to the experience of death anxiety in them. In this regard, gaining the experiences of a number of nurses in interviews and observing their behaviors in the clinic and patient care indicated the occurrence of death anxiety in them, suggesting more extensive research and interventions in this regard. Death anxiety has become a common and costly problem in the workplace today. Death anxiety in nurses causes important consequences, so that 60 to 90% of nurses complain of some kind of physical and mental illness, and 3% of them suffer from work-related accidents and mistakes. Long-term death anxiety and lack of its control can lead to burnout, reduced efficiency and effectiveness in the workplace, long absences from the ward, reduced patient satisfaction, leaving profession, marital problems, alcohol and drug abuse, reduced creativity, conflict with colleagues, depression, and even suicide in nurses. Death anxiety has an adverse effect on the quality of nursing services and is a kind of stressors for nurses (11, 12). The more important issue is what measures should be considered in this epidemic to prevent the increase of injuries to nurses and medical staff, improve their mental and psychological condition, and control their death anxiety? Health managers and leaders, along doing other management practices in this epidemic, must plan in such a way that they can provide sufficient support to the nursing staff and design programs for their physical, mental, and psychological support (8, 9). Due to the current critical situation and the lack of extensive intervention research in this field, the experiences and evidence in previous research can be used. Although there is a need to design intervention and conduct research in this regard, some suggestions were made in this article due to the importance of the issue.

Appropriate organizational support

Evidence from studies on Covid-19 and other outbreaks of infectious respiratory diseases reflects nurses' intense concern for personal or family health in the face of direct exposure to potentially deadly viruses and their stress of balancing this concern with ethical commitments to provide care (4). Lack of proper protection and safety of nursing staff causes anger and despair among them, leading feeling of insecurity in nurses at work. Therefore,

comprehensive physical, psychological, social, and economic support of nurses is necessary to maintain their health in the short and long term. In previous studies, use of some psychological intervention packages, including online courses to deal with psychological problems, psychological helpline, and group interventions, was suggested (8, 12, 13). Nevertheless, these strategies also encountered problems because staff had little interest in participating in virtual programs, they believed that they did not need virtual psychology at this time, they had no spare time even to rest, and they did not have the time to attend online classes (8, 13). However, due to the presence of clinical psychologists in most hospitals, it is suggested to have individual or group counseling sessions in the workplace by observing protective principles to hear nurses' concerns, provide appropriate psychological support, and control death anxiety (10, 11). Through such programs, nurses will feel more valuable and will have a better adaptation and coping by understanding the correct principles of psychological self-care. Nurses' resilience depends on their coping styles. Coping skills are the process by which individuals manage the needs they have in relation to their interaction with the environment (14). Proper coping skills are essential for controlling anxiety and stress in all members of the medical staff. These types of skills are divided into two kinds of problem-focused coping and emotion-focuses coping. Problem-focused coping is direct intellectual and behavioral actions that an individual performs to change and correct threatening environmental conditions. Confrontive coping, social support seeking, altruistic behaviors, love and appreciation, professional responsibility and positive thinking, anger managing, and communication skills are also some of problem-focused coping skills. Thus, psychologists can prevent the emergence of emotion-focused coping skills such as underestimating the subject, crying, nervousness, blame-seeking, and mental preoccupation by teaching these skills (9, 13, 14). On the other hand, nurses may not prioritize their own care for a variety of reasons. Therefore, it is important that senior nurses and leaders seek self-care to be able to provide a model of self-care to other nurses. Leaders, along with providing constant interaction and communication with nurses in the clinical setting, should be able to create the necessary motivation and morale to achieve appropriate resilience in their teams (7, 13). In this regard, it is suggested that managers and leaders also act based on knowledge and consultation to implement the best strategies. Public daily /weekly encouragement of frontline staff throughout the country can also help boost their morale and motivation (13). However, medical staff also expects more attention to prevention strategies in addition to encouragement and support of general public. Therefore, direct virtual communication of the general public with the medical staff through social media while they are providing care to patients can strengthen the mutual empathy between the medical staff and the public.

CONCLUSION

Given that there has been no coherent research in Iran or abroad investigating nurses' death anxiety and mental health in the time of Covid-19 epidemic, the experiences gained in this study can pave the way for more extensive research. To clarify the effect of comprehensive organizational support, appropriate leadership, and problem-focused coping styles implementation on death anxiety and mental health, more complete and detailed studies are suggested in the future focusing on practical intervention. Through these interventions, the medical staff is expecting instructions to be supported better.

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