


## Coronavirus Disease (COVID-19) and Burnout in Nurses

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### Key words

Covid-19, Burnout, Nurses

### Dear Editor in Chief

Coronavirus disease 2019 (Covid-19) was first reported in late December, 2019 in Wuhan, China. This disease spread rapidly around the world and became a global epidemic. Increasing the infected cases has influenced the health care systems in many parts of the world. Although vaccination is underway in Iran and other countries, due to the uncertainty of the future and the emergence of new species of Covid-19, nurses have long been involved in the disease and are still at the forefront. Therefore, observing hygienic principles, and especially the use of masks by people, is inevitable [1]. Covid-19 pandemic is currently causing an unprecedented state of emergency and pressure on health care systems. If the pressure continues and the number of infected people increases, the front-line staff fighting the

disease will seriously face irreparable risks [2].

Burnout, which is caused by long-term stress in the workplace, is known as a syndrome of emotional exhaustion (a feeling of physical and mental exhaustion that makes the work tedious and meaningless, due to job stress), being indifferent (providing services to patients free of positive emotions), and reduced personal success (a person's perception that his or her performance is not successful). In the long term, burnout has many adverse effects on the individual, organization, and society. One of the unfortunate consequences of burnout is reduction in the quality of service delivery [3, 4].

According to studies, the average prevalence of burnout in nurses in Iran was 25%. In hospitals of the capital (Tehran), it was more than 70% [3]. Statistics published in the Medscape Lifestyle Report, which surveyed 20,000 physicians around the world, reported 40% burnout [5]. Other studies have estimated the burnout of medical staff to be 33% [6]. In addition, a meta-analysis in 2018 showed that 44% of medical and nursing students suffered from burnout [7].

Nurses make up the largest part of the health care staff, with the most responsibility regarding the control of the infectious diseases [2]. They have always played an important role in infection prevention and control in hospital wards. During Covid-19 pandemic, nurses showed great commitment, self-sacrifice and compassion to cope with the disease. They put



their lives at serious risk, while on duty, and provided services to Covid-19 patients. In some cases, even the nurses' families may become infected. In fact, in hospitals with emergency situations, the demand for medical services by patients is high. Furthermore, there is a lack of resources and facilities, and high mortality rate of patients and the nursing services are generally under serious pressure. In such situation, job stress and consequently burnout is more for the nurses, having a negative effect on their health [8].

Nurses suffer from a syndrome called burnout, due to the exposure to workplace stress, psychological and physical pressures, prolonged hospital shifts, and observing the tragic deaths caused by Covid-19 [3, 9]. Burnout reduces nurses' efficiency, makes physical and behavioral changes in them, reduces the quantity and quality of the services they provide, and consequently, causes patients' dissatisfaction with nursing services [4]. In fact, when a nurse experiences burnout, the patient does not receive adequate and proper care. In addition, burnout of nurses causes economic losses and huge financial burden for hospitals. One of these economic losses includes the absence of nurses from work, which would result in reduced hospital performance [9].

The special conditions of coping with Covid-19 in hospital wards have led to long work shifts for nurses in clinical wards, observing unfortunate deaths in hospitals and a lot of psychological and physical stress. Therefore, the executives and policymakers of the health system should make the necessary plans and take serious measures to reduce job stress and prevent burnout among the nurses. According to WHO recommendation, while a COVID-19 vaccine prevents serious illness and death, we still don't know the extent to which it keeps you from being infected and passing the virus on to others. The more we allow the virus to spread, the more opportunity the virus has to change. Thus, it is necessary to follow health

instructions [10]. Obviously, if people do not follow health tips and new, more severe species of Covid-19 occur. As a result, the burnout of nurses will intensify.

Although vaccines have been distributed around the world, taking supportive measures by the managers and policymakers of the health system are essential. Due to the ignorance of the committed nursing staff and lack of necessary supports, burnout leads to poor quality services, reduced ability to cope with Covid-19, financial losses of hospitals, and ultimately, reduced performance of the hospital wards, due to long-term stress in the hospital.

It is obvious that burnout of nurses has increased during Covid-19. Managers and policymakers should arrange for more staff to prevent fatigue and reduce psychological stress in the current staff. They should also arrange the necessary funds to provide financial rewards to encourage and motivate them. Providing safe working environment in hospital wards such as high-quality and appropriate personal protective equipment to increase the safety of the medical staff is also very important. It is necessary to mention that the long time use of personal protective equipment in hospital shifts leads to fatigue of nurses and puts them under too much pressure.

Therefore, employing new nursing staff is one of the basic measures to reduce working hours. The researchers suggest that to improve the nurses' job skills, managers and policy makers of the health system provide standard trainings for nurses to deal with psychological pressures in hospital wards. Another important point is that the Iranian health system has always faced financial constraints. This issue can be one of the main reasons for the migration of nurses abroad. It seems that paying attention to development programs and upstream documents such as implementation of nursing services tariff law can reduce nurses' financial problems.

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## Author's contribution

S.B. and F.M. conceived of the presented idea. S.B. and, M. E. wrote the manuscript with support from F.M. All authors read the manuscript and verified it.

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## Competing Interests

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