

COVID-19 Research Paper

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COVID-19 is a virus that was first identified in China in 2019. Soon after identification, the entire world would be affected in a devastating way. Millions of people were and still are being affected by this deadly virus. According to Johns Hopkins Medicine (2021), “the coronavirus is spread through droplets and virus particles released into the air when an infected person breathes, talks, laughs, sings, coughs or sneezes.” It has tremendous effects on a person’s respiratory system leaving many hospitalized patients on ventilators and can have potential fatal effects as well. It can also lead to, “lasting lung and heart muscle damage, nervous system problems, kidney failure or death” (Johns Hopkins Medicine, 2021). Millions of people have died from this deadly virus. There are different forms of the virus with the most recent form being named the ‘delta variant’. This variant is different from the original COVID-19 virus in the fact that, “the delta variant has got two important mutations in its spike protein, or sets of mutations” (Mahase, 2021). This variant is known to spread rapidly and can affect unvaccinated and young people even more than the original COVID-19 virus:

Research indicates that delta is associated with an estimated 60% higher risk of household transmission than the alpha variant, which was already much more transmissible than the original version of the virus. There are also suggestions that delta could carry a much higher risk of hospital admission. (Mahase, 2021)

There are many fears and concerns among the medical and nursing community and how impactful COVID-19 is on their professional lives. One of the main fears nurses are potentially dealing with is the fact they can transmit the virus to their families at home. This can be a potential problem to the nurses who have immunocompromised people living with them as well as their own children. Bagnasco et al. (2020) mentions how important it is that nurses and healthcare professionals are being trained on how to minimize the risk of transmitting the virus

through personal belongings to their homes from the hospital. Many nurses are overlooking this because they have a passion for this field especially during this time. Many nurses are working prolonged hours to care for these patients because hospitals are understaffed. At some point these nurses must have relief so they can go home and revive their physical and mental health. Nurses do need a break during this pandemic to prevent burnout from their professional lives. According to Bagnasco et al. (2020), “front-line COVID-19 care giving is exhausting – especially over long hours – at some point replacement staff will be needed to enable others to take some rest and restore their energy.” Since this is a vital occupation, it is important we are doing everything we can to salvage nurses and keep them in their workplace to keep caring for these patients. The pandemic has put into perspective how important nurses are to the healthcare team since they truly are the frontline workers risking their lives to take care of others. Before the pandemic I do not think the general population really understood the means nurses go to take care of their patients, but after hearing thousands share their experiences working in COVID-19 units and relief centers, people have begun to understand why this profession is a key factor in stopping the spread of this virus.

There have been many challenges in the nursing profession since the pandemic started and one of the main challenges nurses face is maintaining positivity. Nurses are exhausting their bodies daily to care for patients and are putting their own personal risks aside when coming into work. Sampaio et al. (2020) explained:

Compromising almost 50% of the global health workforce, nurses and midwives are at the forefront of providing care and services across the health spectrum. Being one of the professional groups at the front line of the fight against novel infection diseases, their mental health is most likely to be affected.

Another challenge the medical and nursing community is facing are the jobs that are available for the nursing profession. Travel nursing is a hot commodity right now as most nurses do not want to work in COVID-19 units unless they absolutely have to, however travel nursing is offering an exponential amount of money for nurses to go where COVID-19 is at its peak. This is leaving hospitals understaffed because nurses are leaving to travel and make more money. Lastly, another challenge this community is facing is the dilemma of vaccinations. There are differing opinions on whether or not the vaccine is safe and reliable since it has come out so quickly since this pandemic started. A big problem some nurses are facing are the possibility of losing their jobs due to declining the vaccine however nurses are in such high demand it is a battle to determine what is more important to employers. All of these factors impact nurses mental health due to the fact they are the frontline workers taking care of immunosuppressed patients meaning they are at a big risk of contracting the virus. This can put a lot of pressure and stress on an already mentally exhausted nurse.

During this COVID-19 pandemic, nurses have been placed in high stress situations caring for various types of patients whether that be in covid units or not. This pandemic is affecting all nurses and possibly some more than others however the nursing profession has contributed to society in ways we cannot even imagine.

Nurses are providing treatments and symptom relief, collecting data in clinical trials, protecting patients' safety, and monitoring vital functions for critically ill patients. Nurses have always stepped up to serve their patients and communities during times of crisis. No one on the health care team has the same personal touch and connection to patients. Critically ill patients are struggling, and some are dying without the comfort of family and friends at the bedside. But nurses are there. (Treston, 2020)

Nursing during the pandemic is being greatly affected by mental health. Nurses are more discouraged as they are fighting hard to do their part in ending the pandemic however case numbers keep rising. This is causing great distress and anxiety in the nursing field and causing massive burnout in this profession. The pandemic is allowing people to look back at past times and see how mental health was affected by widespread diseases and viruses. According to Sampaio et al. (2020), “the 2001 anthrax letter attacks in the USA lead to psychiatric disorders and diminished the health perception regarding the infected employees and responders.” Another example of nurses mental health being negatively affected was during the SARS outbreak.

During the peak of the 2003 SARS outbreak which revealed that nurses at a hospital caring for suspected cases struggled with psychological problems, such as stress. Also, during the Middle East Respiratory Syndrome coronavirus (MERS-CoV) outbreak, a respiratory infection, nurses who were working at a government-designated hospital during this epidemic presented worse mental health scores than those of shift-work nurses and scrub nurses working at university hospitals which were not associated with the disease. (Sampaio et al., 2020)

As we can see from above, nurses are developing psychiatric and psychological disorders from the high stress that is associated when working with patients who have these viruses like COVID-19. The pandemic is affecting patients and their families mental health as well. Since COVID-19 has started, hospital visitor policies have changed from allowing a certain number of guests to almost none. This is affecting patients in their hospital stays as they are not allowed to have face to face communication with their families. Bagnasco et al. (2020) explained how, “in ICUs, patients, nurses and physicians are alone, without the supportive mediation of the family members and relatives meaning communication among nurses, physicians and patients is much

more difficult.” This can cause a negative attitude for patients who have lengthy stays as they feel isolated and alone which can lead to mental health issues like anxiety and depression. Also, negative patients can cause nurses to respond and behave in a negative way leading to decreased patient outcomes. Not only is this occurring but also the general population who already have an existing mental illness such as schizophrenia, mood disorders, or substance abuse disorders are at higher risks of severe anxiety and depression due to isolation from family and friends. COVID-19 has caused a disruption in our society and how we behave. Humans were not made to be in isolation and this pandemic has caused loneliness and isolation among people who are scared to go out into the public or who are quarantining at home. According to Li et al. (2020), “confirmed and suspected cases of the COVID-19 may experience fear of severe disease consequences and the contagion. Consequently, they may experience loneliness, denial, anxiety, depression, insomnia, and despair, which may lower treatment adherence.” Patients who are positive for COVID-19 and seeking treatment in the hospital or at home still experience feelings of despair and fear as they have a deadly virus. “Suspected isolated cases may suffer from anxiety due to uncertainty about their health status” (Li et al., 2020).

In conclusion, COVID-19 has caused a lot of fear and distress since beginning in 2019. Nations across the world have been affected by this widespread virus and millions have died because of it. It has caused the nursing profession great distress while being on the frontlines, it has caused nurses working all over the United States and elsewhere to put their personal lives at risk as well as their families at home, and finally it has caused psychological stress among the frontline workers. As mentioned throughout this paper, this pandemic has caused mental health issues to rise dramatically due to isolation. The virus has forced populations to fear which in turn leads to anxiety and depression, isolation, and feelings of loneliness. The nursing shortage has

placed a burden on nurses on the workplace as they are expected to work prolonged hours and multiple shifts per week to continue to fight COVID-19. As nurses are a necessity during this pandemic, one thing to take into consideration is patient safety. The numerous hours nurses are working in the frontlines can affect their patient care as well as their own self-care. All of these are contributing to not only physical but mental health issues. Burnout is occurring within this profession due to high stress levels and the impact this virus has caused upon the profession. The nursing community has learned how to adapt all over the world to alter their care for these patients.

COVID-19 has impacted professional practice in tremendous ways. The nursing community has had to adjust in the way they care for patients during this pandemic. Shun (2021) explains that:

During the COVID-19 pandemic, in addition to facing regularly high levels of physical and emotional stress, clinical nurses suffer regularly from moral distress because of conflicts rooted in complex ethical issues related to their professional practice, high levels of acuity, patient deaths, and long working hours.

As noted, professional practice is changing in various ways to continually adapt to the everchanging virus that is among us. Since the worldwide pandemic started in December of 2019, nursing practice has changed as the virus has spread and affected millions of lives. The nursing community is always learning and evolving to promote better physical and mental outcomes. Education within professional practice is continually progressing so nurses are prepared when these COVID-19 patients come into hospitals for diagnosis and treatment. While this virus has allowed for the medical and nursing communities to evolve with education and better practice and treatment techniques, it has caused great commotion within our world.

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