

The situation for nurses during the the covid-19 post pandemic.

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Abstract

At the beginning of the pandemic, the situation for nurses, nursing educators, and nursing students was challenging. In many institutions, there was a lack of personal protection equipment which increased the health professionals' fear of being infected themselves and concerns about bringing the disease home to their own families. Furthermore, the treatment of the patients with COVID-19 was unknown, and nurses were unsure of how to care best for these patients. All health professionals were overwhelmed by the high mortality rates of these patients.

Keywords: Nursing, Clinical practice, Covid 19, Pandemic.

Introduction

Nursing work was not only strenuous due to wearing warm protective equipment, but also by long work hours and increased stress levels over time. Generally, symptoms of anxiety, depression, and insomnia among hospital staff rose. The pandemic took its toll on many patients who could not get timely and proper treatment. Not only caring for patients with COVID-19 put an extra hardship on nurses, but also experiencing barriers for other patients increased the pressure on nurses.

Nurses' being innovative to include families in care

Many studies document the effect of the pandemic on families' well-being, including families with young children, families with chronic illness, families with older family members, and families living apart. Some families reported positive outcomes due to the lockdowns. They felt emotionally closer again, they enjoyed restraining from social obligations, and spent more time together due to home office and school closures. Other families, however, suffered with being deprived from their loved ones as many nursing homes and hospitals did not allow visits from family members. Despite the challenges, nurses showed themselves to be innovative for their patients and families. They transformed organizations of care and included caring for families. They found new ways of maintaining family rituals and connecting families, using virtual visits, virtual cross-professional bedside rounds, and virtual home visits. In nursing homes, outdoor meeting facilities were built, and efforts were taken to support and entertain older residents [1].

Family conflict

Despite the recent subsiding of the pandemic (with new outbreaks perhaps pointing to next waves) and people "going back to normal" the challenges for the families and family

nursing remain manyfold. Nurses may be confronted with in-family conflicts triggered by governmental COVID-19 measures. These conflicts may aggravate in times of illness in the future. Family nurses' most predominant duties are to deal with traumatized survivors and their families, to attend grieving family members, and to tackle long-Covid within families [2].

The pandemic, and especially the measures taken by governments, such as distancing, wearing masks, and lockdowns as well as vaccination campaigns, led to conflicts within families. Divisions within families could be seen in acceptance or rejection of these actions. Some of those conflicts remain present within the family and disrupt family functioning. This might aggravate when families are called to care for each other due to a family member's illness. Family nurses are therefore called to support and help alleviate the stress within families due to the pandemic [3].

Long-term impact on families

The post-pandemic will bring new challenges that nurse leaders, nurses, and nurse educators must address in the future. Only recently has there been knowledge of the clinical sequela of COVID-19 and the implications on health and the lives of people who survived the disease. After acute COVID-19, long-COVID symptoms have been reported worldwide. However, the nature, frequency, and etiology are still poorly understood and characterized. So far, more than 60 physical and psychological signs and symptoms have been reported by patients who had to be hospitalized and who are now being followed post-Covid. Weakness, general malaise, fatigue, concentration impairment, breathlessness, and reduced quality of life, in addition to reduced pulmonary function, have been reported. Such symptoms challenge the lives of patients and their families. In addition, long-COVID puts a great deal of pressure on patients and families because

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it is known that it can have a relapsing-remitting nature, characterized by periods of improvement and flare-ups of the symptoms (National Institute for Health and Care Research, 2021). Implications regarding whether work can be resumed not only is a concern for the patient but also for his or her family; security coverage, and social assurances are not yet in place and must be advocated for by interest groups [4].

There is an urgent need for prospective, controlled studies into etiology, risk factors, and biomarkers that characterize long-COVID in a variety of high-risk populations and settings. However, studies about patients and family perspectives dealing with such an uncertain and unpredictable trajectory of long-COVID are just as important. New helpful family nursing interventions, taking into account the social determinants of health, must be developed.

Conclusion

In our guest editorial at the beginning of the pandemic we called for increased resources for the corona pandemic and the aftermath of COVID-19. We can only repeat that the pandemic called and continues to call for a substantial increase in the resources needed to (a) enable nurses to assess and intervene with families in need of support; (b) educate nurses to offer highly skilled family nursing care; and (c) conduct research which provides compelling evidence that family nursing assessment and intervention is effective in addressing illness suffering and optimizing family health. In light of more than 2 years of experience with the pandemic, we also

add, (d) implement politics to increase retention of nurses by decreasing moral distress and caring for the workforce; and (e) include family nurses in political decision-making processes to influence governmental politics and advocate for families for (possible) next waves of COVID-19 or other pandemics. Family nursing has never been more relevant or more urgently needed than now.

References

1. Engelbrecht MC, Heunis JC, Kigozi NG. Post-Traumatic stress and coping strategies of South African nurses during the second wave of the COVID-19 pandemic. *Int J Environmental Research Public Health*. 2021;18(15):7919.
2. Peng X, Zhao HZ, Yang Y, et al. Post-traumatic growth level and its influencing factors among frontline nurses during the COVID-19 pandemic. *Frontiers in Psychiatry*. 2021;910.
3. Shen Y, Zhan Y, Zheng H, et al. Anxiety and its association with perceived stress and insomnia among nurses fighting against COVID-19 in Wuhan: a cross-sectional survey. *Jof Cli Nur*. 2021;30:2654-64.
4. Lupo R, Botti S, Rizzo A, et al. Anxiety, depression and post-traumatic stress disorder in physicians compared to nurses during the covid-19 pandemic: an observational, cross sectional, multicentric study. *Psych*. 2022;4(3):465-74.