

Letter to Editor

Abnormal Burnout of Nurses in Crisis; Double Pressure of Low Support and Competence

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To Editor,

The provision of safe and high-quality care by nurses is of paramount importance and cannot be overlooked. The recent crisis of COVID-19 outbreak, has exposed the high levels of burnout experienced by nurses.¹ Job burnout, however, is not a sudden development caused solely by the rapid spread of the COVID-19 virus; it is a result of prolonged exposure to continuous job stressors. This issue can be approached from various angles.

Firstly, the excessive workload placed on nurses is a significant factor contributing to burnout. This can be attributed to a shortage of manpower or an already high baseline workload for nurses. In normal conditions, nurses are often operating at full capacity, and in times of crisis, they are unable to further increase their workload.² In this context, it is incumbent upon authorities to take responsibility for improving working conditions. Addressing this issue will not only prevent nurse burnout but also enhance their ability to handle increased work pressure during crises.

Another crucial aspect to consider is that nurses are trained to operate in normal as well as crisis situations. However, not all aspects of crisis management competency are effectively nurtured in nursing schools. The negative psychological effects of COVID-19, which have affected the general population, also impact nurses.² However, nurses are held to higher expectations in this regard. In times of crisis, improper coping mechanisms such as alcohol consumption, smoking, or deteriorating mental health can leave nurses ill-prepared to face the challenges. Any shortcomings in nurses' capabilities during a crisis exacerbate the complexity and vulnerability of the situation and substantially diminish the safety and quality of healthcare.³ This underscores the significance of addressing nurses' concerns during crises. While the presence of a psychological counseling team is beneficial,

the overall preparation of nurses to deal with the crisis should not be deferred until it emerges.⁴

Moral and ethical dilemmas arising during the COVID-19 pandemic placed significant psychological stress on nurses, intensifying their need for psychological support. Despite the immense challenges they faced, nurses lacked adequate psycho-emotional support. This occurred alongside the demands of patient care, coupled with the absence of personal protective equipment against the deadly virus. Furthermore, the stigma associated with the disease diminished nurses' support for each other and their willingness to seek help. Shortages of supplies and equipment in medical centers, as well as the difficult decisions regarding resources allocation, added to the moral challenges and psychological stress of nurses.^{5,6}

Additionally, the lack of organizational support for nurses, whose workload had increased while their numbers had decreased due to COVID-19 infections or resignations, compounded the crisis. Despite their strong need for psychological support, the high competence and ability of nurses have not been met with adequate psychological assistance.⁵

It appears that, just as every country has a trained and equipped task force for military and security purposes during emergencies, a world increasingly threatened by emerging diseases should similarly plan and activate a task force of healthcare providers. Such planning should be undertaken by governmental officials to ensure preparedness for health crises.

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Competing Interests

None declared.

Ethical Approval

Not applicable.

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