

Job Burnout and COVID-19 Pandemic among Intensive Care Nurses

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Dear Editor

Today, the world is facing a huge health challenge. Over two decades, the world has witnessed the outbreak of viral diseases. Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV) – infection was first recognized in 2003.¹ Coronavirus Middle East Respiratory Syndrome Virus (MERS - CoV) was first identified in April 2012 in a patient from Saudi Arabia, and then led to the largest outbreak in South Korea in 2015.² In December 2019, another type of pneumonia began in Wuhan, China. The Coronavirus disease 2019 (COVID-19) epidemics spread worldwide by 2019-nCoV. Today, it is considered the greatest threat to public health, which affected many countries such as Iran.³

Contagious infectious disease remain yet a worldwide health challenge and a threat to health, especially healthcare workers (HCWs) everywhere. They are at risk against the emergence, spread, control, and resolution of infectious outbreaks around the world. Thus, medical workers can be easily exposed to these risks because they are often the front line to respond to the patients and have a high level of occupational stress.⁴ Similar to other Coronavirus pandemic, HCWs are affected by many health problems. Previous studies showed that healthcare workers can be influenced by occupational risks, distress, depression, anxiety, insomnia, fear of contracting, and transmitting the disease.⁵ The high workload and fear of infection can be another concern among HCWs during the outbreak. HCWs working in the emergency and ICU settings are confronted with dangerous, unpredictable, and ever-changing situations. Therefore, most nurses' report encountering serious pressure, higher

anxiety, and burnout more than other healthcare personnel in hospital departments.⁴ Similar to other countries in the world, in Iran, the widespread prevalence of COVID-19 and its persistence has affected health care workers. Burnout is a long-term outcome of prolonged exposure to certain job demands. It occurs when an individual can no longer bear the pressure they are experiencing. Moreover, it is an adverse outcome that incorporates a negative self-concept and work attitude, diminished enthusiasm for work, and a decreased quality of care.⁶ Due to the COVID-19 pandemic in Iran, HCWs experience various degrees of physical and psychological problems. Therefore, burnout as a negative consequence of long-term exposure to patients with COVID-19 requires further investigation and attention.

To reduce the negative consequences of burnout in intensive care nurses, it is recommended that: Health managers and hospital administrators establish new workforce replacement strategies to prevent prolonged burnout. To manage personnel's burnout, efforts should be made to discover the sources of stress and to resolve them. Providing adequate emotional, spiritual, and psychological support to personal in the workplace. Although the adverse effects of the COVID-19 pandemic on health workers cannot be predicted until the end of the pandemic, it is necessary to schedule working time, vacation and rest. In preparation for the outbreak of an emerging infectious disease, hospitals should prepare facilities for preventing infection, and continue discussions about preventive measures. Also, the plan should describe health-care institutions as vital components in an outbreak and makes provisions to protect

HCWs through infection-control measures and personal-protection practice. Employing volunteer and motivated staff is another way to reduce burnout in the HCWs.

Conflict of Interests

None.

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