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Covid-19 and Front-Line Nursing and Health Care Workers

Kerry Jones*

Faculty of Health and Social Care, The Open University, Walton Drive, Milton Keynes, Buckinghamshire, UK

***Corresponding Author:** Kerry Jones, Faculty of Health and Social Care, The Open University, Walton Drive, Milton Keynes, Buckinghamshire, UK.

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Originating in Wuhan, China in January 2020, Covid-19 has since spread globally and exponentially with nations in lockdown and front-line health professionals holding the baton for the care of patients in these extraordinary times.

And appreciate them we do. Certainly, in the UK, we have been drawn to the plight of nurses angered and distressed following a trip to the local supermarket after their shift ended, only to find shelves empty of fresh food produce because of panic buying by the public. We have also been moved by the deaths of frontline workers as they care for patients with Covid-19. Subsequently, there has been a rallying call to support front line staff with donations raised for the National Health Service and some restaurants cooking fresh hot meals for staff working in the UK. Some health professionals I like to think are reassured of their value as whole neighbourhoods each night clap their appreciation from their backyards, front doors (observing social distancing) or bedroom windows in appreciation of the dedication shown by health professionals up and down the country.

Indeed, clinical nursing colleagues around the world are working under enormous pressure to battle this life-threatening viral infection often with limited protective supplies and consequently are putting their own lives at risk. While praise is heaped on clinical staff, there are several reports of shortages of basic protective equipment to the extent where the equipment must be shared [1].

The World Health Organisation Director-General, Mr Tedros considers front-line health workers as “the glue that holds the health system and the outbreak response together [2]. The WHO does indeed, provide guidelines on ways in which to protect such health workers during the pandemic. However, it is not sufficiently possible to adhere to these guidelines in the absence of adequate protective equipment.

The International Council of Nurses has learnt from its association members that the virus has claimed the lives of several nurses, in particular in Italy where 9% of the country’s Covid-19 cases were health workers [3].

The Chief Executive of the International Council of Nurses, Howard Catton, stressed the importance of protecting nurses was important not only to ensure their health and well-being but also that health services were sufficiently staffed to handle the crisis. He further reiterated that: “The other point is that obviously the deaths are the most tragic and ultimate consequence, but if health workers are infected and even have a milder form of infection that still depletes the number of nurses – the health workforce that is available and able to look after people now at a time when we know they are at the most critical need in many countries around the world” [3].

What is in good supply is nurse’s courage and compassion as captured by the narrative of Nurse Yao by the BBC. Describing her work at a fever clinic she gave up the opportunity to spend time with family for the Chinese Lunar New Year and instead volunteered to become a front-line worker at a hospital which is the epicentre of Covid-19. In her narrative she describes how there is often no time to think of

one self, rather “We also have to treat the patients with tender care, because many people came to us with great fear, some of them were on the verge of a nervous breakdown” [4]. Certainly, Nurse Yao demonstrates what it is to be resilient.

While this pandemic has shown courage and compassion by and for health staff, it has also exposed hatred and mistrust with anti-Chinese racism reported across the globe. Reporting for the BBC, Lindrea and Gillett [5] have been informed by some members of the British Chinese community that people have moved even moved seats on the underground tube or told children to come away from ‘foreigners’, that is people from the British Chinese community. As one member, Sam Phan wrote in his blog, this is driven by fear and also because coronavirus is considered to be a Chinese virus. Racism during global crises is not new, it is linked to social, economic and political factors that creates a sense of vulnerability and risk. Fear mongering and blaming others for the root cause of a disaster has no place here.

Concern should be focused on the fact that nursing staff are not only at risk of becoming infected with the virus but also at risk of developing mental health problems such as anxiety, depression and post-traumatic stress disorder [6]. They may experience fear of contagion or of spreading the virus to others. Indeed, clinical staff are exposed to death, illness of colleagues, high levels of stress and increased exposure to Covid-19 [6]. As with PPE equipment protecting the mental health of staff is essential.

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