



## THE CHANGING ROLE OF HEALTH PROFESSIONALS DURING COVID-19: PERSPECTIVES ON NURSING

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### Abstract:

The virus known as COVID-19 is a novel coronavirus that was identified in Wuhan, China in 2019. Nurses and other healthcare professionals (HCPs) are referred to as front-line health workers (FHWs) since they are essential members of the team that is attempting to save many lives. Leading health organizations and academic journals have consistently discussed the difficult role that HCPs must play in relation to multidisciplinary approaches and support systems, as well as the implications of evidence-based research for providing the highest caliber of care. However, this review produced four main categories: challenges, domains, support systems (such as codes of ethics), and evidence-based synthesis of health policy. Going a step further, this essay will address the important concerns of the nurses' thoughts on the impact of COVID-19 as well as the amazing role of courageous healthcare professionals, such as nurses and pharmacists, who demonstrated themselves to be health warriors.

**Keywords:** evidence-based synthesis, domains, difficulties, therapeutic interaction, and multidisciplinary team.

### Introduction:

2019 saw the discovery of a novel coronavirus, or COVID-19, in Wuhan, China [1]. Due to the high rate of an outbreak, it is rapidly spreading throughout the United States and the rest of the world [2]. Moreover, COVID-19-related acute respiratory illness raised the death rate for people over 60 as well as for those suffering from cancer, diabetes, cardiovascular problems, and chronic respiratory diseases [1]. Because they are vital links in the healthcare delivery system, nurses play a fundamental role in achieving the industry's goal. In addition to providing specialized treatment, nurses also play a key role in coordinating the efforts of other health professionals to satisfy patients' needs. Because the reaction to the crisis has gone well beyond



the primary goal of 2020 as Nurses and Midwives International Year, the World Health Organization decided to dedicate May 2020 to nurses and midwives in parallel with Florence Nightingale's birth anniversary. The work that nurses around the world did during the pandemic crisis is a great, compelling, and useful example of the potential that all nurses have to convey significant obstacles in the healthcare sector, which this year's topic of Nurses Day aims to achieve [3]. In the midst of a pandemic catastrophe like this, it is imperative to acknowledge and support the vital, competitive, and growing role of health care professionals.

The impact of COVID-19 on vulnerable populations with co-occurring conditions has been the subject of increasing extrapolation of information; however, little is known about the multiplex qualities of frontline health workers (FHW) and their persistent concerns regarding long work hours, a shortage of healthcare workers, moral injuries, and psychosocial factors. Despite the fact that HCW expressed their psychological feelings, they are still not well-nourished. Because of this, this publication has made the effort to honor FHW, who genuinely desire to provide high-quality care in the event of a pandemic.

## **HISTORY**

Severe acute respiratory SARS-CoV-2 is the cause of the global pandemic coronavirus disease (COVID-19), which was initially identified in Wuhan, China, in December 2019. According to the Johns Hopkins CSSE report [4], as of July 27, 2020, there were more than 16,540,137 confirmed reported cases worldwide. In any healthcare context, COVID-19 represents the huge acute global health calamity. While some patients have quite severe and incapacitating diseases, the majority of patients mostly have respiratory signs and symptoms, and the remaining patients hardly feel sick at all. Meanwhile, some suffer from ailments associated to the neurological system, like loss of smell, which affects 20–80% of COVID-19 patients. However, according to every new piece of information, pneumonia is killing at least 80–90% more people than COVID-19 [5].

Upper respiratory tract infections, dry coughs, and fatigue are the most common symptoms of COVID-19 infections in patients. Less common symptoms include sore throats, diarrhea, headaches, conjunctivitis, skin rashes, loss of taste or smell, and coloring of the fingers and nails. Severe symptoms include dyspnea, chest discomfort, and loss of speech or movement [6–7]. Severe respiratory distress syndrome, septic shock, and severe pulmonary edema are among the life-threatening outcomes that some patients experienced. Acute respiratory distress syndrome, severe pneumonia, pulmonary edema, sepsis, and septic shock are among the other deadly consequences that some patients experience. Numerous epidemiology and virology investigations have shown that viruses can spread from infected individuals to those in close proximity to them through contaminated surfaces, contaminated objects, or other means [8]. It was reported that during the early stages of the illness, the upper respiratory tract (URTI) is where the virus sheds the most [9, 10]. Similar reports were also shared by the global networks

of the World Health Organization (WHO, Situation report, 2020). That URTI occurs within the first three days, and other case descriptions appear in the lower respiratory tract most likely [1]. However, the clinical features of those outside the epidemic's epicenter may differ [11,12]. Additionally, research is rushing to solve the mystery of how the disease could spread from asymptomatic instances, which might have a massive impact.

### **DIFFICULTIES FACED BY NURSES AMID COVID-19**

Given the significant obstacles presented by COVID-19, it is understandable why it is said that nurses "are the most robust backbone of the global healthcare system, and mostly its heart and soul." The pandemic crisis raised concerns throughout the healthcare sector about the possibility that COVID-19 stress could have long-term effects [13]. In fact, there is a moral dilemma regarding the insufficient protection provided during the COVID-19 pandemic, which mostly focused on working hours. Nurses are attempting to maintain a balance between their interdependent responsibilities for personal and professional commitments, despite the fact that many of their situations have made them vulnerable to COVID-19 [14]. Disenfranchisement, equality, and systemic forms of oppression are social justice-oriented themes that provide as the primary foundation for the traditional motivation of community thought among nurses and the nursing history ethics [15].

Nonetheless, there is a claim that moral disturbance results from nurses' experiences with limitations on their righteous identities, obligations, and interpersonal connections [16]. However, a number of quantitative study designs demonstrated how nurses managing COVID-19 Nineteen individuals were judged to be at risk for mental health issues, including anxiety, stress, insomnia, and depression. When frontline healthcare personnel operate in a new environment, they frequently encounter additional stressful events [17]. The relational professional and ethical context need to strike a balance to address healthcare frontline professionals' duties of beneficence and duty to care with their rights to care for patients infected with COVID-19, even though nurses and other healthcare workers experience underlying concerns about their health and well-being. A disproportionate amount of extreme selflessness and self-sacrifice are required of nurses in this special environment, and they should always be honored.

### **Methods for addressing health care domains**

Wide-ranging unresolved issues plaguing the global healthcare system endanger lives, undermine the economy, and make medical care unpredictable for the ill [18]. Unique tactics and approaches in quality improvement in the relevant field are necessary to address the most pressing difficulty regarding clinical, patient-focused outcomes and healthcare professionals' involvement in the early stages of any crisis [19].

## All-inclusive Method

During the epidemic, COVID-19 presented a serious challenge to the system, requiring the implementation of essential and comprehensive management techniques, particularly in the treatment of critically ill patients. Organizations must offer numerous training opportunities, pertinent education, and suitable communication to healthcare staff regarding how they can provide complete care to the underprivileged community in light of the unknown disease and its unusual effects [20]. Researchers discovered the organizational principle of an evidence-based approach as well as the comprehensive health care pioneering model of services that include continuous, shared, and seamless care [21]. Recalling that nurses are the trailblazers and committed experts in redefining the best practices in fulfilling the quality patient management and clinical safety, Beheji and Buhaid [22] reflected. The study also highlights the unique role that nurses have in integrating multidisciplinary teams and communities from a variety of industries to manage and reduce risks by making sure the right communications are made in light of COVID-19.

In this regard, a video consultation that incorporates the telemedicine branch and telehealth method has been encouraged and built up recently, particularly in the UK and the USA, to reduce the danger of transmission. It was clear that telemedicine had been used throughout the outbreak in 2015, and that COVID-19 had modified the framework. This framework's goal was to be widely implemented in order to improve national public health results. However, most nations fail to put it into practice since there aren't enough regulatory bodies to integrate these services in emergency and outbreak scenarios. Some countries have triumphed over the difficulties maintaining telehealth in the face of pandemic emergencies. As an essential tool, telehealth encourages people with mild to moderate signs and symptoms to seek care over the phone or online [23, 24]. This helps to lessen the strain of family health workers.

## Change in the Therapeutic Alliance

The way nurses provide care for COVID-19 patients has undergone a paradigm shift from the past. In this pandemic scenario, nurses confront enormous obstacles in upholding the nurse-patient relationship [25]. There are two types of problems that therapists and clients face on a personal and professional level: shared trauma and communal dangers or disasters [26]. In the State of the World's Nursing Report published in April 2020 [27], the World Health Organization (WHO) urged governments and other stakeholders to respond to emerging and developing models of health and social integrated care, as well as policies that take into account known factors affecting nurses' retention in healthcare settings and that can benefit from new insights brought about by digital health technology.

Both nurses and patients need to have the best possible nurse-patient relationship, which typically begins at the time of hospital admission. Nurses are currently required to closely follow

the social distance requirements due to visitation restrictions. In these situations, the sick person is shielded from medical professionals by masks, gowns, and gloves, which makes effective communication extremely difficult [25]. Nurses continue to provide comprehensive care to the underprivileged in hospitals, communities, and assisted living facilities despite the direct and indirect difficulties associated with psychosocial consequences.

### **The Work of the Multidisciplinary Health Care Team**

As a result of this novel coronavirus illness, nurses and other healthcare professionals experienced previously unheard-of stress and a lack of confidence when caring for patients. Even though the risk of a COVID-19 pandemic outbreak, transmission, genetic mutation and pathogenicity, and illness treatment are well understood, healthcare professionals or team members collaborate to combat pandemic situations from various specialties and different hospitals. However, there may be cultural, communication, and procedural differences when delivering care.

medical attention. Nurses' opinions of working with the new multidisciplinary team in a different setting with different protocols were captured in a recent qualitative study [26]. Remarkably, pharmacists and nurses are the main front-line workers during the COVID-19 response. They not only provide effective, courteous care but also serve as community conversation starters, answering concerns about stress and anxiety and, in certain cases, gathering data for clinical studies.

### **Instructional plan**

Several educational initiatives provide healthcare professionals of various specialties with up-to-date information on coronaviruses, including protocols regarding staff morale and patient safety to ensure the community receives high-quality, satisfied services. In order to demonstrate the impact and accessibility of training programs, researchers have also examined the efficacy of COVID-19 information distribution. Nonetheless, there is a substantial knowledge gap about newly emerging infectious diseases and infection control procedures, which is positively correlated with inadequate information transmission brought on by a lack of experience and young age [30]. Alshafi et al. [31] also noted that HCW had less-than-ideal knowledge and stressed the urgent need for additional instruction and training, particularly in the areas of isolation procedures, personal protective equipment, and proper infection control measures.

While tremendous attempts have been made to prevent the obstacles to information flow, research has moved to highlight the obstructive factors and illustrated the related factors, including noncompliance with expressing the necessary details, individual resistance, ineffective communication technology quality, linguistic and cultural barriers, lack of expertise, lack of interest because of the work environment, incentives, and organizational factors [32]. Nurses

may believe it is their "fault" if staff members are psychologically distressed and struggling due to a lack of resources or ethical and emotional difficulties, such as those caused by COVID-19. Therefore, care should be taken when interpreting factors linked to so-called "resilience."

Even though many institutions use ways to help nurses advance their knowledge and abilities, routine monitoring and evaluation are still necessary to improve coordination among healthcare professionals, including specialists, doctors, and health care assistants. Thoroughly coordinated efforts to ensure the safety of nurses through frequent and reliable training are necessary to enable critical incident management with the necessary readiness.

### **System of Support and Professional Responsibilities**

The COVID-19 pandemic has had a serious negative influence on the psychological effects of the heavy workload, the need for nurses' safety, worry, and concern for their families, as well as the community's health services. Researchers from all over the world are accumulating evidence about the negative effects of a lack of support network. A recent study found a high level of psychosocial morbidity linked to nurses' emotional distress and frustration being concerned about spreading the infection to their family members or having an infected family member [33, 34]. Anecdotally, a different cross-sectional large-scale descriptive investigation revealed that nurses may be more vulnerable to long-term effects than other members of the team during this COVID-19 pandemic [35].

But it can be difficult for nurses to stay in the field since they believe that providing holistic treatment is essential to upholding their ethical and professional duties [36]. The fundamental reasons of psychosomatic sickness, such as decreased appetite or poor food digestion, trouble sleeping, weeping fits, and even suicidal thoughts, were revealed by a survey conducted among ICU nurses. Most significantly, nurses who lack sufficient

A more serious mental crisis is presented by the education and experience gained from caring for patients admitted to an intensive care unit [37]. A number of issues become more apparent as the COVID-19 health crisis develops. A robust global record exists on the apprehensions of nurses regarding the acquisition of theoretical knowledge and competency in practical skills—the two opposing aspects of the indicator. One of the difficulties in the current situation is that, despite their apparent interest in the training, nurses find it impossible to physically separate themselves from the bustling wards in an emergency. The number of HCW engaging in a session decreases when they are anxious about going, on top of their usual shift with longer hours [38].

### **Evidence-based practice (EBP) research**

The unique characteristics of COVID-19 pose a risk to patients' emotional well-being and even in a well-managed facility with a professional, encouraging atmosphere. Because of this



pressure and danger, nurses are forced to make moral decisions that could put their desire to uphold their professional duty to practice ethics in conflict with values and priorities in life. The ethical strain is exacerbated by the emotional strain. The right evidence-based supporting messaging about maintaining a healthy ethical environment and receiving improved support from an institution to manage ethical issues—both of which are essential components in resolving ethical dilemmas—could be suggested by nursing research during extreme stress [40].

In a time of great turmoil, stress, and danger, the evidence-based approach to tackling the difficult problems is the right one to use. However, institutional readiness and national policy guidelines serve as a supplementary strategy that would provide empirical evidence through nursing research [41]. All nurses and other health professionals must possess the professional experiences, tactics, and institutional policies related to confronting, investigating, and managing pandemic crises in order to control an infectious disease outbreak [38].

A necessary paradigm of the crisis time is to address the critical concerns of the physical and psychological experiences of assisting the victims, in addition to conducting studies on infection-transmission-prevention using fundamental scientific clinical research [42]. In addition, the pandemic disease necessitates investigating the impact of cultural diversity on perception, and managing and preventing COVID-19 will heavily rely on prevention [43, 44]. A different protocol that could improve the efficacy and safety assessment has replaced the interrupted EBP data collection services. This protocol consists of a central lab, home care, digital technology approaches, and a central data monitoring system. HCWs have a crucial team role in implementing and evaluating the site to maintain participants in ongoing clinical studies and to advance the clinical outcome, even in the event of a pandemic [45].

### **conclusion:**

COVID-19 emphasizes the critical role that healthcare workers—including nurses—play in promoting and preventing illness on a global scale. Despite being aware of the difficulties brought about by the COVID-19 outbreak, nurses are still exhibiting and providing high-quality care. Long-term exposure to the psychosocially linked stressful environment can lead to the development of physical and mental crises, which should be investigated, particularly in a pandemic scenario to get the administrators' careful attention and maintain competent practices while treating patients who are experiencing an unprecedented level of panic. This will eventually lessen the psychological toll on nurses.

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