

COVID-19: Resilience and the Nursing Workforce

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As we write this editorial, the world is battling the deadly COVID-19 pandemic. Nurses across the world have been in the front line for many weeks now. Over the course of the pandemic we have seen nurses from all corners of the globe continue to provide the very best of care possible, while in many settings, struggling with issues such as a lack of staff and adequate personal protective equipment (PPE), and dealing with previously unseen levels of critical illness and death.

While nurses are doing what we have the skills and knowledge to do—that is provide care to people at the most difficult and challenging times of their lives—this pandemic raises distressing issues that complicate the provision of care. We have commented elsewhere about the risks of moral distress to nurses in this COVID-19 pandemic because of factors such as care rationing based on age and other factors, and stressors such as uncertainty regarding the progression of the pandemic (1,2). It is important to recognise the emotional stressors that many nurses face every shift as they provide care to seriously ill people knowing full well that many will not recover. This is the human cost of the pandemic; the invisible cost that most members of the public may fail to consider.

For those of us who do understand the costs involved, we understand that nurses are providing care in highly distressing situations; which is the case when nurses and other health care workers are faced with providing care in the midst of emergency and/or disaster situations. As a result of the COVID pandemic, the well-publicised rates of death that have and are occurring among hospitalised patients and people in residential care continue to cause grave concern. For many nurses, the sheer volume of the death associated with the COVID-19 pandemic will be enormously confronting and distressing. Added to that distress is that in some countries there has been considerable loss of life among nurses due to COVID-19, and because of this, many nurses are not only grieving the loss of family and neighbours but also grieving the loss of colleagues and friends.

The proximity and the scale of the loss of life may also cause nurses to become fearful for their own wellbeing. Fears for personal safety and wellbeing are likely compounded where there are shortages of PPE or other essential resources. Many nurses across the world have raised the lack of access to adequate PPE and this must be a concern for nurses and their families everywhere. The husband of one American nurse who died due to COVID-19 has blamed the lack of protective equipment for her death (3). Nurses who become infected with COVID-19 may also experience remorse due to fears they have possibly infected patients, colleagues, and family members. For one Italian nurse, the fact that she had potentially infected patients in her care was so distressing, she took her own life (4).

While nurses provide a pivotal role in caring for those affected by COVID-19 and requiring hospital or community care, nurses have also experienced discrimination from some members of the public. Situations have been described where nurses, as other front-line emergency workers, have been spat upon or yelled at in public resulting in calls for nurses not to wear their uniforms outside of the hospital environment (5). We have previously explained the problem that can arise when members of the community become hypervigilant

due to fear and uncertainty about the future that negative behaviours such as those described result (2). Unfortunately, the behaviour in this case was directed at nurses.

Regardless of these issues, we need to remember that nurses are strong, and we will survive this situation as we have survived similar ones in the past. This pandemic provides the opportunity to reflect on the resilience of nursing. Nurses are resilient, and this is so, both as individuals and collectively. The term resilience refers to the ability to positively adjust to adversity and denotes the ability to continue to function effectively even when under pressure or duress (1). Resilience is more commonly used and understood in the context of individuals and is much less explored in relation to collective situations, such as in relation to professional groups such as nursing. However, as nurses we know that the profession of nursing is resilient. Even in the darkest of moments, nurses continue to provide a service to individuals and communities, and it is at these times that nursing shines and that there is an increased awareness and appreciation by the community for the work that nurses do.

Right now, the task is to get through this pandemic with as little loss of life as possible and to learn what we can along the way. But once this pandemic is over, nurses can reflect on these events, and on what they have learned. It may be there is a need for more of a focus on epidemics and pandemics in nursing curricula; it may be that we need to advocate strongly for safe and reliable local supplies of PPE for nurses and other workers who need it; or, it may be that we need to contemplate the resources available to be drawn on in subsequent similar emergencies. Clearly, we collectively need to advocate for nurses and nursing everywhere. It is crucial that nurses are well-represented in global health governance, so that we can advocate for the safety of populations the world over, including health workers. For too many years nurses have been a silenced group who have been absent from key discussions about important health care decisions. In this time when the global community is recognising the important role nurses play in health care, we as nurses must take the opportunity to seize the moment and make a stand for our right to be heard and included in important discussions.

References

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