

**Letter to the Editor. Psychological support provided  
by national nursing associations in pandemic.  
Polish ICU nursing experiences**

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The pandemic has spread into over 100 countries worldwide and the WHO classifies it as a major global health risk and a serious challenge to healthcare systems worldwide [1]. In connection with the COVID – 19 pandemic, healthcare workers of all professions, in particular nurses working at the wards providing treatment to the most severely affected patients (i.e. ICUs), face a serious challenge related to the crisis. Numerous unique stress factors and threats arise not only for the physical, but also for the mental well-being of healthcare workers [2]. Understanding the psychological impact of COVID-19 on healthcare workers is of key importance in designing health policies and interventions aimed at maintaining their mental well-being.

Pearson [3] indicates extremely accurately that in circumstances linked to a pandemic, one cannot underestimate the psychological impact on the person providing care. The impact on healthcare workers is a mirror reflection of the psychological effects of COVID-19 for the rest of the population [3].

*Stress at work with a highly contagious patient. Fiction or a real threat, potentially leading to tragic results?*

International data show that nearly one in two local workers presumably will not come to work during the pandemic [1]. Furthermore, patients, healthcare workers and the general public face overwhelming psychological pressure which may result in a variety of mental problems, such as, depression, anxiety, fear, or sleep disruptions. Psychological crisis intervention is essential for ensuring effective disease control [4]. Confirmed and suspected COVID-19 cases may be a source of anxiety for the personnel, which may lead to serious consequences related to the disease and the pandemic [5]. Hospital personnel, including ICU nurses, may experience loneliness, despair, insomnia, anxiety and depression. There is also increased risk of aggressive behaviours and suicide. In isolated cases of suspected infection, these individuals may experience anxiety and uncertainty related to their health status and develop obsessive-compulsive symptoms, such as repeated temperature check and disinfection. Moreover, strict quarantine and the obligatory state policy for monitoring of healthcare workers may lead to societal rejection, financial loss, discrimination and stigmatisation. This is confirmed by research conducted in recent weeks, providing recommendations and defining the way of proceeding in the coming years. A study published by Lai et al. [6], carried out on a representative group, shows that symptoms of depression were present in 50.4% of the subjects, anxiety 44.6%, insomnia 34.0% and stress 71.5%. Furthermore, nurses, women and frontline workers reported more severe symptoms of depression, anxiety, insomnia and stress [6].

*The role of psychological support provided by specialist associations to a targeted, strictly defined group of recipients*

We try to become aware of the anxiety, and that signifies containing the problem. The more we know, the less we fear. When the source of negative emotions is known, it is easier to control them. Indeed, we are facing a lot of these negative emotions in the current situation associated with COVID-19. *Are you overwhelmed by stress, anxiety and negative emotions? Do you feel a consultation with a psychologist might help? Call to get support.* Such announcements can be encountered in mass media.

Psychological support services, including consultations and interventions via phone, online or by means of apps, have been widely implemented by local and national mental health institutions in response to the outbreak of COVID-19. It also seemed important for the national associations to become involved in ensuring psychological support for ICU nurses. This is the first pandemic to reach Poland in the last 100 years; hence, the situation was hardly known to anyone when it entered the hospitals almost by surprise, causing disbelief or denial that it is really happening to us and

showing that we are not prepared to work in crisis management mode. Following a rapid overview of the situation as reported by the media, the Polish Association of Anaesthesiology and Intensive Care Nurses on 15 March 2020, i.e. 10 days after the first case of SARS-CoV-2 infection was confirmed in our country, organised phone consultations with a clinical psychologist, available daily from 8.00 to 19.00 (<https://ptpaio.pl/index.php>). The information was also communicated in the social media used by ICU nurses. It seems essential for the support to be initiated as soon as possible, to prevent problems rather than provide treatment to the already insufficiently numerous nursing staff. In Poland the ratio of nurses per one thousand inhabitants is among the lowest in Europe, amounting to 5.2. By comparison, the mean in the EU is 9.4. Furthermore, the average age of a Polish nurse in 2019 was 52 years. Many Polish studies show that depression is significantly more common in women over 50 years of age.

### Conclusion

In connection to the COVID-19 pandemic, healthcare workers have to deal with numerous challenges and constant stressors not only in their professional work but also in their personal life. Protection for personnel working in facilities that provide services to COVID-19 patients is an important element of public health measures employed in combating the COVID-19 epidemic. Particular attention should be paid to the help and support of ICU nurses who sometimes need more time than defined by the norms for one patient. It is necessary to immediately implement special interventions to promote mental well-being of healthcare workers exposed to COVID-19, who being a largely feminised professional group performing frontline tasks require particular attention and assistance.

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