





*Correspondence***Corona phobia in the nursing profession: Challenges & opportunities****Mohammad Hashem Gholampour<sup>a</sup>**  | **Akbar Zare-Kaseb<sup>b</sup>**  | **Zahra Arbabi<sup>c</sup>**  | **Mohammad Javad Ghazanfari<sup>b\*</sup>** 

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*To the Editor*

COVID-19 was first detected in Wuhan, China accompanies lots of adverse effects worldwide [1]. As COVID-19 spread worldwide, psychological problems appeared [2]. Depression, anxiety, and other mental complications increased during the COVID-19 pandemic [3]. A study in China showed the prevalence of depression and anxiety during the COVID-19 pandemic was 48.3% and 22.6%, respectively [4]. As COVID-19 spread worldwide, psychological problems appeared [2]. Depression, anxiety, and other mental complications increased during the pandemic [3]. A study in China showed the prevalence of depression and anxiety was 48.3% and 22.6%, respectively, during the COVID-19 pandemic [4]. A novel concept emerged in this pandemic called "corona phobia". Corona phobia is a continuous and excessive fear of the COVID-19, which can be classified as a specific phobia according to Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) [5]. It can arise from the nature of the spreading fast of disease, the feeling of not being in control, aloneness due to lockdown, and uncertainty about the future [6, 7]. Corona phobia is not specific to a group of people; it affects children, adolescents, adults, and older people [8, 9]. For example, Cihan et al. showed aged people had amplified fear and loneliness due to the coronavirus [10]. Also, a range of occupations was impressed by corona phobia [11], which can be classified as a specific phobia according to DSM-V [5]. It can arise from the nature of the spreading fast of disease, the feeling of not being in

control, aloneness due to lockdown, and uncertainty about the future [6, 7]. Corona phobia is not specific to a group of people; it affects children, adolescents, adults, and older people [8, 9]. For example, Cihan et al. showed aged people had amplified fear and loneliness due to the COVID-19 [10]. Also, a range of occupations was impressed by corona phobia [11].

Health professions like nursing were in close contact with COVID-19 patients. According to a study conducted in Turkey, health workers directly dealing with coronavirus-positive patients have significantly higher corona phobia [12]. Corona phobia is higher in nurses than in other healthcare providers, resulting in various difficulties [13].

Challenges of corona phobia in nursing comprise some challenges in education, management, and nursing policy. For instance, Zengin et al., showed that nursing students experienced corona phobia during the COVID-19 pandemic. Approximately 60% would not participate in face-to-face classes or be doubtful about it [14]. As a result, distance learning or E-learning replaced traditional education. In this period, teaching through the Internet was developed more, but there was no such experience in numerous universities initially [15]. Additionally, clinical programs in the nursing curriculum require face-to-face learning that was stopped or restricted due to fear of the contagion of COVID-19 [16]. On the other hand, E-learning had some problems. A study demonstrated that 41.9% of nursing students do not have access to online classes and 85% are concerned about online courses' efficacy [17]. On the other hand, nursing managers need some help

in handling their staff. Çalışkan and Kargın examined "The relationship between corona phobia and occupational fatigue, burnout, and recovery levels in healthcare professionals in Turkey." They concluded that there was a significant difference between the burnout level of healthcare professionals and the level of corona phobia [13]. In another study conducted in Iran, nurse's frontline against COVID-19 suffer more burnout than those who work in usual wards [18]. Burnout in nurses is not only the corona phobia consequence. Turnover is a more massive challenge. A study approved that turnover among frontline nurses increased alarmingly during the pandemic, and corona phobia directly affected turnover intent [19]. In the pandemic, these problems added to former challenges for senior managers [20].

All of these challenges could be considered opportunities in nursing in a deeper view. In education, some new technologies were used. Learning through virtual reality [21] and artificial intelligence [22] could be more developed. Such technologies that prevent the spread COVID-19 will use in the non-pandemic situation to learn deeper [21]. Fatigue, burnout, and turnover were frequent among nurses. Nursing managers and policymakers should support nurses socially, financially, and psychologically. So, there is a chance to signify nurses in health systems and to get closer valued positions, particularly in developing and underdeveloped countries [22, 23].

In sum, corona phobia had some challenges and opportunities, but more data is needed. We suggest focusing more on corona phobia consequences among nurses. Further studies need to identify it precisely.

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### Authors' contributions

Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work: MHG, AZK, ZA, MJG; Drafting the work or revising it critically for important intellectual content: MHG, AZK, ZA, MJG; Final approval of the version to be published: MHG, AZK, ZA, MJG; Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved: MHG, AZK, ZA, MJG.

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### Using artificial intelligent chatbots

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