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Occupational dissatisfaction of nurses during the COVID-19 pandemic: A rising cause for concern of the world's nursing community

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To the Editor

Since December 2020, the Coronavirus disease 2019 (COVID-19) pandemic has created many challenges for healthcare workers, especially nurses. Since nurses constitute 59% of healthcare workers worldwide, it’s necessary to pay attention to their needs as frontline fighters during COVID-19 pandemic. An extraordinary pressure is imposed on nurses due to the sudden onset of the COVID-19 pandemic, which is accompanied by an increase in workload, physical fatigue, disruption of the work-life balance, lack of personal protective equipment, and nurses’ fear of being infected with COVID-19 themselves or their families. At the beginning of the COVID-19 pandemic, the most basic problems faced by nurses were their infection with COVID-19 and forced quarantine, and as a result, the effective activity and number of nurses in the departments affected by COVID-19 were reduced, which this issue led to an increase in workload on other nurses [1]. A study in China showed that nurses experienced more workload during the COVID-19 pandemic due to wearing a full set of personal protective equipment, and the resulting problems including breathing, eating, seeing, and drinking difficulties [2]. Also, they showed that the exponential growth of the number of patients with COVID-19 has been associated with overtime of nurses, lack of personal protective equipment, and nurses getting infected with COVID-19 [2]. The presence of occupational stressors leads to increase the prevalence of complications such as anxiety, depression, and insomnia in healthcare workers during the COVID-19 pandemic, which previous evidence shows that the prevalence of these complications among healthcare workers is 23.21%, 22.8%, and 34.32%, respectively [3]. A systematic review and meta-analysis showed that the anxiety and depression’ prevalence among nurses is 25.80% and 30.30%, respectively [3]. Nurses suffer more anxiety and depression during this pandemic due to their continuous presence in COVID-19 related units and direct contact with COVID-19 patients, as well as psychological damage caused by the suffering and death of patients [3]. On the other hand, the start of mandatory quarantine due to the COVID-19 pandemic led to children staying at home, and this factor increased the mental stress of nurses who had children [1]. In addition, a study in the nursing population during this pandemic showed that the prevalence of anxiety in women is higher than in men [3]. A study showed that frontline nurses during the COVID-19 pandemic may be under severe physical and psychological distress [4]. On the other hand, the weakness in the psychological health of nurses disrupts their professional performance, and ultimately leads to a decrease in the quality of nursing care for patients with COVID-19 [2]. In another study, it was shown that 25.1% of 263 frontline nurses had psychological distress during this pandemic. Also, psychological distress had a negative relationship with greater understanding of social support and effective preventive measures. On the other hand, social and family support can be effective on nurses’ psychological health [2]. A study in China was showed that 73.8% of frontline nurses during the COVID-19 pandemic experienced symptoms of stress caused by the COVID-19 pandemic, and also 25.1% of them experienced psychological distress [2]. The psychological health of
nurses may be related to the level of education, gender, age, having children or not, personality, and marital status [2]. Finally, the negative experiences of health care workers, especially nurses, during this pandemic have led to burnout, post-traumatic stress disorder, and job dissatisfaction in them [1]. A study after the start of the COVID-19 pandemic showed that the willingness of nurses to change jobs increased by 30% compared to before the start of the COVID-19 pandemic [5]. Also, another study in the United Kingdom showed that 60% of nurses are dissatisfied with their jobs during the COVID-19 pandemic [6]. On the other hand, a study in the Israel showed that the lack of personal protective equipment has a direct relationship with the increase in job dissatisfaction of nurses during the COVID-19 pandemic [1]. In addition, nurses who work outside the hospital environment have more job satisfaction than nurses working in the hospital environment. Also, nurses who cared for COVID-19 patients were less satisfied than others. There is a significant difference between the job satisfaction of hospital nurses and community nurses in terms of gender, work history, full-time or part-time, and managerial position. Nurses' activity in management positions has been associated with higher job satisfaction [1]. A study showed that the average score of job satisfaction in nurses is 3.6 out of 5, which indicates a median job satisfaction in nurses during the COVID-19 pandemic [1]. This is while the job satisfaction in other studies in the pre-pandemic of COVID-19 periods in Finland (2012) [7], Portugal (2015) [8], and China (2006) [9] was respectively 3.6, 3.7, and 3.3. It was also observed that 67% of nurses had to increase their workload during quarantine [1]. In addition, nurses who did not intend to leave their jobs had higher job satisfaction than nurses who wanted to leave their profession in the next 5 years [1]. It has been observed that nurses who took care of patients with COVID-19 were more satisfied than nurses who took care of patients who were not potentially infected with COVID-19 but later tested positive for COVID-19. It was also shown that the level of control over the work schedule has a direct relationship with the level of job satisfaction [1].

In sum, it seems that the COVID-19 pandemic has had negative effects on occupational satisfaction of nurses. Therefore, nursing managers and policymakers can improve the quality of occupational of nurses by planning psychological counseling and behavioral therapy, and consequently increase their occupational satisfaction.

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