

Two-Front War: Female Nursing Staff Combating Covid-19 Professionally and Personally in Pakistan

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The public perception of Nursing as a profession is associated with sympathy, responsibility, cultural upbringing, ethical practices, quality of healthcare, and patient satisfaction¹. One of the foremost challenges of the Nursing profession is to maintain its overall public perception, especially in low-income countries like Pakistan, during a health emergency.

Perception is the view that the common public has about an individual, profession, or serving organization². In case of Nursing as a profession, a constructive public perception has a great impact on available psychosocial and emotional support to people associated with it. While negative public perception of Nursing induces frustration, low spirits, and disorientation about self-image that can produce a repressive psychosocial environment within the Nursing profession predominantly in countries with limited resources³.

According to the National Command and Operation Center (NCOC) in Pakistan, the first case of Covid-19 was recorded in Karachi on February 26, 2020. Consequently, the virus spread across the nation while a pandemic was declared globally due to its contagious properties. Until September 13, 2021, the Pakistan tally had reached 1,207,508 active cases of Covid-19, with 10,90,176 recoveries, and 26,787 deaths⁴.

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These figures increased the psychological fear among general public and frontline nursing staff. Such chaos always puts nursing staff at high risk due to excessive workload which leads them to having negative ideas which create negative image among general public².

Nurses are considered to be a significant part of society especially during emergencies and epidemics, because of their potential role towards their patients, contemporaries, and the society. Covid-19 can be considered a decent opportunity to tap their hidden capacities especially in countries with low income^{5,6}.

In Pakistan, females are a crucial part of the healthcare system as more than half of all nursing staff in public sector healthcare systems are females, in all the Covid-19 dedicated healthcare hospitals across the country⁷. A common observation is that the female nursing staff sacrifice their own needs for combating the pandemic to showcase their higher levels of commitment¹. In the process, they confront sentimental and psychosocial stress because of social isolation with to high health risk⁸.

The spread of Covid-19 in Pakistan carries harsh challenges for all the female nursing staff, because of their dual responsibilities at home as well as in the workplace. On the professional front, these challenges are: (1) increased chances of risking their families' health due to high exposure to Covid-19 patients, (2) lack of changing facilities for female nursing staff across public sector hospitals which leave them unable to sanitize properly once they have finished their shifts, and (3) inadequate security in general hospitals especially while dealing with the emotionally charged attendants of deceased patients in the late-night shifts.

On the other hand, on personal front, the female nurses face numerous psychological and emotional

challenges such as: (1) counselling difficulties to the attendants of deceased; (2) domestic help not advisable due to the risk of transmission; (3) transportation scarcity due to lockdown; and (4) females with newborns and babies faced additional challenges of maintaining family responsibilities. Such challenges produce a repressive psychosocial environment for female nursing staff because cultural expectations assign the primary role of home responsibilities to females. Unpleasant emotions and psychological distress experienced by female nursing staff professionally or personally, requires timely psychological intervention in the shape of motivational and mediation therapy. Facilities with incentives at the professional front shall allow them to work in difficult circumstances.

This letter offers an insight into the unpleasant emotions and psychological challenges due to the clashes between the personal and professional responsibilities faced by female nursing staff in Pakistan during the pandemic⁸. The inaccessibility of potential support for their families put lives in jeopardy. Insufficient post-duty isolation techniques put their mental health at risk. Therefore, social security with proper health insurance should be offered to female nursing staff with standard working hour policy at both public and private sector healthcare systems. Furthermore, massive health reforms are required at the grassroots level in order to prepare authorities to confront any other health emergencies.

Authors' contribution: ZA and RI worked on introduction, methodology, results and proofreading, ZA and MIM worked on Data collection, interpretation, and write-up of manuscript, ZA conceived the idea, worked on discussion and proofreading.

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