Experiences of geriatric nurses in nursing home settings across four countries in the face of the COVID-19 pandemic

Abstract

Aim: To explore the emotional impact and experiences of geriatric nurses working in nursing homes and caring for patients with coronavirus 2019 disease (COVID-19).
Design: This is a qualitative study with phenomenological method and data were gathered through in-dept interview.
Methods: The experiences and expectations that nurses are facing during their care duties were explored via video conference, using a semi-structured interview guide. We have followed the Consolidated criteria for reporting qualitative research COREQ.
Results: 24 interviews were conducted with nurses from four countries (Spain, Italy, Peru and Mexico) during April 2020. Three main categories were extracted: fear of the pandemic situation, the sense of duty and professional commitment, and emotional exhaustion.
Conclusions: Regardless of the country and situation, in the face of the pandemic, dramatic situations have been experienced in nursing homes worldwide, with nursing staff feeling exhausted and overwhelmed, and reflection is urged on a global level to consider the most appropriate model of care in nursing homes.

Impact

What problem did the study address?

- The COVID-19 pandemic has a negative impact on mental health.
- Geriatric nurses have high rates of anxiety and stress.
- Nursing homes have the highest rates of infection and death worldwide due to the pandemic.

What were the main findings?

- This is the first study to explore the experiences of geriatric nurses working in nursing homes across four countries.
- Emotional exhaustion and fear are the most prevalent psychological features.
- Most of the informants complained about the lack of means and adequate policies in their countries at the beginning of the pandemic.

Where and on whom will the research have an impact?

- Geriatric nurses are demanding more attention in nursing homes and the improvement of the care model.
- There is a need for measures to prevent and address the impact of the pandemic on the mental health of workers, especially frontline nurses.

Keywords: COVID-19; nursing; nursing home; mental health; geriatric.

Introduction

As of this writing, the COVID-19 pandemic has spread to over 200 countries with significant numbers of confirmed cases and deaths, having a impact on all people not only among the general population but especially in the case of frontline health professionals (Duan, & Zhu, 2020; Ho, Chee, & Ho 2020; Jiloha, 2020).

Health professionals of all kinds are caring for patients with this disease. The rapid spread of COVID-19 and the severity of symptoms it can cause in a segment of infected people has tested the limits of health systems worldwide (Anderson, Heesterbeek, Klinkenberg, & Hollingsworth 2020). Recent studies on the impact on mental health in the face of the current COVID-19 pandemic have been cross-sectional (Ayanian, 2020; Cao et al., 2020; Greenberg, Docherty, Gnanapragasam, & Wessely 2020; Pierce et al., 2020; Wang et al., 2020), specifically focused on health professionals (Bo et al, 2020; Chen et al., 2020; Kang et al., 2020; Tan et al., 2020; Joob and Wiwanitkit, 2020) all of which have reported high levels of anxiety, stress, uncertainty, sleeping disorders and depression.

The nature of care itself and the new ways of working due to the pandemic are potentially highly stressful for health professionals anywhere in the world (Du et al., 2020). Not only are nurses experiencing an increase in the volume and intensity of their work, but they are having to adapt to new protocols and a decidedly "new normality" (Cheung, Fong, & Bressington, 2020; Maben, & Bridges 2020). For example, many mental health services have been transformed almost overnight from providing face-to-face care and treatment to predominantly virtual services based on telephone or video consultations. In many other areas, nurses have had to adapt to provide end-of-life care in patients experiencing a rapid decline, more so than usual. Isolation policies mean that family presence at the bedside is rarely possible. Therefore, nurses often replace family members and facilitate remote access for loved ones.

In particular, nursing homes have been majorly affected by the pandemic (D'Adamo, Yoshikawa, & Ouslander 2020; Barnett, & Grabowski 2020). Institutionalized older people are the most vulnerable group, suffering the highest number of deaths globally, with exorbitant figures especially in Italy, Belgium, Spain and the USA (Comas-Herrera, Zalakaín, Litwin, T. Hsu, Lane, and Fernández 2020; Gurwitz, 2020; Le Couteur, Anderson, & Newman, 2020).

Background

The World Health Organization in its April 24 hearing (Press Release) noted that more than half of the 110,000 deaths from COVID-19 in Europe were among people living in nursing homes, an "unimaginable human tragedy" that could be avoided in the future with significant improvements in nursing home policies.

The literature already illustrates that nurses working in nursing homes and in geriatric care are the ones who suffer the most from burnout and are the health professionals most exposed to measures that threaten their mental

health (Costello, Walsh, Cooper, & Livingston, 2019; Pitfield, Shahriyarmolki, & Livingston 2011; Rachel, & Francesco 2018; Rouxel, Michinov, & Dodeler 2016). Thus, it is logical to understand how this situation may become considerably exacerbated in these difficult times of global pandemic. Generally speaking, nurses choose the profession because of the desire to help people recover and maintain optimal health. However, currently, we have a situation where there may be very few options to help those who fall seriously ill due to COVID-19, especially institutionalized older people. This inability to save lives will affect those on the front lines, both physically and emotionally (Li, et al., 2020; Liu, et al., 2020).

The study
Before developing effective approaches to support health professionals, it is critical to understand their specific sources of anxiety and stress. Focusing on addressing these concerns should be the primary focus of support efforts, rather than teaching generic approaches for stress reduction or resilience. The best way to understand what nurses are most concerned about is to ask them.

Validity and reliability / Rigour
We have rigorously followed the Consolidated criteria for reporting qualitative research (COREQ). Likewise, the interviews have been carried out by experienced researchers and a strict process of transcription, categorization and analysis of results has been carried out according to the usual methodology. The conclusions are robust since it is the analysis of 25 interviews and the analysis of the categories and subcategories has followed a triangulation process.

Aim
The purpose of this study was to use in-depth interviews to explore the emotional impact and experiences of registered nurses working in nursing homes facing extraordinary epidemic situations during these months, in order to provide a perspective for designing interventions focused on emotional impact management.

Design
A qualitative methodology was used to understand the reality from the point of view of individuals by focusing on their lived experiences. The consolidated criteria for reporting on qualitative research (COREQ) were followed (Tong, Sainsbury, & Craig, 2007). The data collection method was semi-structured interviews conducted via video conference (Skype) during the second and third week of April 2020 (the pandemic was declared by the WHO on March 11).

Sample/Participants
The sample selection was based on purposeful sampling among long-term facilities for older people belonging to the same foundation in Spain, Italy, Peru and Mexico. The inclusion criteria were: active registered nurses (RN) working at a nursing home with positive cases of COVID-19 among the residents and/or staff; having worked at the home for at least 6 months;

voluntary participation in the study, and speaking Spanish. A snowball sampling strategy was followed to identify key informants from the interviews that were conducted. A total of 24 RN were interviewed from four countries with high levels of COVID-19 infection and death, working at 14 nursing homes: 7 nurses in Spain (3 in Madrid, 2 in Barcelona, 1 in Andalusia and 1 in Aragon), 7 nurses in Italy (3 in Lombardy, 2 in Ferrara, 2 in Rome), 4 in Peru (2 in Lima, 1 in Cajamarca, 1 in Huancayo) and 6 in Mexico (2 in Guanajuato, 2 in Durango and 2 in Mexico City). All the nurses interviewed were women, aged 25-40 (31.2 ± 4.28) years. Six had five years or less of nursing experience, ten had between five and 10 years of nursing experience and eight had 10 or more years of nursing experience (see Table 1).

Insert Table 1

The sample size in each country was based on the saturation of information obtained in previous interviews in the same country.
The summary of the interview was guided by two central topics: their experiences of care during the pandemic and their expectations. A semi-structured interview was conducted to cover the following points:
Experiences during the pandemic: i) their feelings about the care of patients with COVID-19 since the beginning of the pandemic in their country, ii) how their personal life has been affected by caring for residents when there have been positive cases among the residents and other staff, iii) their experiences and feelings about this line of work before and after the pandemic.
Expectations: (i) access to appropriate personal protective equipment, (ii) exposure to COVID-19 at work and bringing the infection into their homes, (iii) no access to testing if they develop symptoms of COVID-19 and concomitant fear of spreading the infection at work, (iv) uncertainty that their organization will support/care for their personal and family needs if they become infected, (v) lack of access to up-to-date information and notices.

Data collection

The interviews were conducted face-to-face via video conference. The day and time were agreed with the informant, who was contacted beforehand by telephone to provide information on the whole process and obtain consent (which was sent via e-mail). Two members of the research team with experience in qualitative research conducted these interviews following a script. The interviews lasted 55 minutes on average and were recorded, transcribed and analyzed. The fieldwork was completed when data saturation was reached in each country, i.e. when the information provided in the interviews was already collected in the agreed categories of analysis, or when the emerging categories failed to provide any new concepts for analysis. The interviews were transcribed 24 hours after they were conducted and sent to each informant along with the recording, so that they could review it and express their agreement or to give them the opportunity to modify any aspect of the same. This was carried out in accordance with the principles of confidentiality in the face of very sensitive issues, especially in research carried out in a workplace environment as in this case, where all the informants worked in nursing homes belonging to the same foundation.

Ethical considerations

Permission to conduct the study was granted by the Foundation's General Management located in Valencia, Spain. The project was approved by the Foundation's own Bioethics Committee (EC 04/2020). The participants signed an informed consent form prior to their participation and the anonymity of their contributions was guaranteed. The recordings and field notes were safeguarded by the principal investigator. Both the Foundation and the participants were guaranteed confidentiality for their contributions, to be used exclusively for academic purposes, favoring the freedom of opinions issued by the informants. Throughout the interviews, any requests made by the informants to disregard or dismiss certain comments were respected at all times.

Data analysis

Content analysis of the narratives was carried out following a circular and iterative process based on four stages: the starting point was the transcription and the subsequent immersion in the discourses by means of a thorough reading of the texts and the notes collected in the field diary. This was followed by the fragmentation of the texts into units of analysis and a coding process, shaping the content of the emerging categories. The results were then ordered and their meaning and relationships were investigated in an attempt to understand the phenomenon under study. An inductive analysis enabled the emergence of themes and new properties and attributes were added to the categories with the addition of new participants to the sample. The N-Vivo 8 software was used to support the process. The reliability of the research was guaranteed by the triangulation of the results among the researchers working independently.

Results

We have gathered a wealth of information from the 24 interviews conducted, which we have attempted to unify by bridging the cultural and political differences of people in each country. Nevertheless, it is worth noting that many common points of view were expressed in the interviews.

Overall, three major categories are highlighted, which were common to all informants: 1) fear of the pandemic situation, 2) a sense of duty and commitment to care, and 3) emotional exhaustion.

Table 2 outlines the categories indicated and their subcategories.

Insert Table 2

The following section presents the categories and subcategories as well as the most representative verbatims.

Fear of the pandemic situation

Fear of contagion

'Fear' was the word most repeated by all the informants. Many nurses stressed the *fear of getting infected*, and even more so of infecting the residents or their own families, which was the most prevalent narrative in all the interviews.

"Of course I am afraid, I am terrified to think that I have it without knowing, and that I am infecting the residents...we have many positive cases and deaths, and it must be the workers who are bringing it to the nursing home...and that is very scary." Informant 2.

"I've thought about staying in the nursing home or at a hotel, like many people in Spain, because I am afraid of passing it on to my children, but my husband is also a nurse and is at the hospital... we have become paranoid at home regarding the safety measures. This completely changes the way you see the world and your own work." Informant 3.

Uncertainty and doubts concerning the strategies adopted.
Many of the nurses also spoke of their uncertainty and doubts in the face of a new situation they had never faced before.
"It's true that you know what the hygiene measures are, you know about hand washing, because it's part of our daily practice...but the masks and the gowns, that is new and I have sometimes doubted whether I may be doing it wrong, and this generates a lot of stress and anguish." Informant 6.

There were repeated complaints on the *initial lack of adequate personal protective equipment (PPE)* as well as clear guidelines. In Spain and Italy, most nurses *complained that governments* lacked foresight, with *insufficient equipment* claiming that they were *being abandoned* by the authorities. They support the great effort that has been made from their own nursing homes to implement measures and purchase materials. Recurrent references were made to the feeling of being *overburdened with work*, which is linked to *staff shortages*, with many colleagues on sick leave due to contagion and other causes, which has a negative impact on the care of residents.

"In Madrid we are on our own, alone, we are the biggest shame of this country, many infections, many deaths, especially in nursing homes...and they blame us, the centers themselves and it is a lie, a lie...the cuts in health care here have been brutal for years, the privatization of health care is shameful and the elderly are the most forgotten. I am full of rage, we have had to buy the material ourselves, nothing has arrived... this is a war of every man for himself." Informant 1.

"Governments have failed...there has been no foresight, we are abandoned, exhausted...we fight alone" Informant 7

"There were no masks, we made them out of cloth... we go to war without weapons and on top of that we are forced... we haven't been tested for PCR... it's madness. It's like fighting the air. Without PPEs how are we going to protect ourselves and how are we going to protect them?... it's outrageous and nobody cares." Informant 11.

"You are on your own to take care of a very large number of people, you go at a pace which means that, to take care of a person in a delicate state of health,

or who is isolated, you cannot truly devote the time you would like." Informant 21.

Sense of duty and commitment to care

Satisfaction with care

Among the positive aspects of caring and practicing their profession, all nurses concurred regarding the many positive aspects of being a nurse and working in a nursing home. Particularly noteworthy were the ideas of professional *pride* and the *perceived satisfaction* with the happiness and *gratitude* generated in the residents and their families.

"I believe that the most beautiful thing you can do is to care for and help others...it's the greatest treasure. I have never received so many expressions of love and gratitude from the families, from the residents...(cries)...I am very proud of what I do and of my colleagues and very grateful to all of us here at the forefront of this fight." Informant 13.

Sense of duty as nurses

The informants concurred that commitment, responsibility towards care and professionalism are key to their performance. They have tried to maintain the same high standards of quality and the same routines and care. However, they have also pointed out that the situation of isolation has disrupted many of their routines.

“We are professionals, where there are qualified professionals everything runs better, that’s how it is. I believe that as nurses, we have a great sense of duty, we are in constant contact with the resident, 24 hours, every day and here I include the assistants and the geroculturists. I think it is our sense of duty that keeps us fighting in terrible conditions. We are professionals, I think that this and being a profession with human competences, is key." Informant 10.

"This is the year of nurses, it's ironic to think about it...our year, and here we are, the largest group of health professionals, risking our lives, dying...will the effort be worth anything? Because yes, a lot of applause, everything is all very nice, but the nurse/resident ratio is very low in the nursing homes, we are undervalued, generally speaking. It moves me to watch the news and see all the nurses around the world, we are equal, we work for the same cause, it's incredible, touching, to see our dedication and delivery, our professionalism...where there are nurses, things work better, it's a fact. We will see how 2020 ends, the year of the nurses... because I do not want pretty speeches, nor pats on the back, I want facts, to give us the means to work and good conditions to care for others, that is what I want." Informant 7.

Caring for those who are most vulnerable and defenseless

All the nurses expressed their *love for their work*, considering that caring for older people is one of the *most satisfying areas of care that a nurse can provide*. They stressed that the current pandemic situation has highlighted the value of *caring for those who are most vulnerable and dependent.*

"the elderly are helpless, vulnerable, not seeing their family, alone... we are their shield, their protection, they depend on us... and that is an honor, but also a great responsibility." Informant 11.

"At times, they cannot express their affliction, they cannot complain, they cannot speak, he is a valuable being, he is a holistic or integral being and his value remains until he descends to the dust as God has determined, he is a valuable being. And I repeat it to myself a lot: *darn* it, I am a nurse and it is my duty." Informant 15.

Social stigma

This subcategory was also frequent at some point in all interviews. The Informants referred to the fact that being a nurse in a nursing home is *frowned upon* in society, that they are considered "third category" centers and that society sees nursing homes as a place where the elderly are *abandoned*. They defend that this social *stigma* is the result of the social and health policies of their country and defend the need to see this drama as an opportunity to improve the model of *care* for the elderly.

"Of course, there is a lot of bad press now, that makes me angry, they blame the centers themselves for the deaths that occur, when the blame lies with the politicians and the poor management. There is a social stigma towards the nursing homes and those of us who work in them are looked upon with disdain, as if being a nurse here were inferior to being a hospital nurse... I would like to see many of them working here, on the front line, as we are doing." Informant 3.

"The model of care for the elderly must be reviewed in all countries, in all...those centers with nurses have had fewer infections and are better attended, for a reason. Many nursing homes should close, we know that, they take bad care of people, they don't have qualified staff, they are negligent...that is where we have to ask for responsibility, there. But we all pay for this negligence in the press, and no, not all centers are equal, we must reclaim the role of the nursing homes, providing quality care." Informant 8.

"In my country, Peru, it is normal to work in several places, the salaries are low, so many of us work in several places. I work in the geriatric ward and also in a hospital, I have a wide vision of the care in my country. And yes, working at a nursing home is frowned upon, even among my colleagues, and that is because within our union there are many classists, and that also hurts us as a profession. I'm very proud to work here, very proud, I think I feel more fulfilled as a nurse." Informant 18.

Emotional exhaustion

This category is recurrent among all informants. They described high levels of *anxiety*, *stress* and *anguish*, uncertainty and *lack of control over the situation*, many participants cried during the interview and claimed to be under treatment for depression or anxiety. The constant complaint of *feeling overwhelmed* by the situation and fearing for their emotional state when everything passes was noteworthy. Nurses reported *working under great pressure* and stress and

feeling *emotionally overwhelmed* when a resident dies or has to be isolated for testing positive for COVID-19. They also highlighted situations of *hopelessness* especially among workers and families, as well as situations of *loneliness* among residents who are isolated and unable to see their families.

Anxiety
"I'm very nervous all the time, when I try to sleep I can't, I toss and turn, remembering everything that has happened and what is to come...it is the most distressing situation of my life." Informant 4

"I am usually calm, I handle everything quite well, but I recognize that there are times when I have to breathe deeply in order to contain the nerves and stress." Informant 8.

"I take anxiolytics when I go to work, I need to be calm, I am not ashamed to say it... and to sleep too, I have insomnia, I haver never had it before, if I am not well, I will not be able to take good care of myself... and now we cannot fail, we cannot." Informant 23.

Depression
"I cry...alone, but I cry, when another resident has died or when I watch the news, here in Catalonia there have been horrible moments, when we are told that the elderly should not go to the ICU or to the hospital...that, making those decisions, the ethical dilemma...the feeling of helplessness...that leaves anyone upset, I think we'll all go into depression when this passes...we've lived through some pretty scary, scary things...I'll never be able to forget it (cries)." Informant 5.

"We cry together... I have cried with the residents, when the family called... I have cried of rage, of impotence and above all of sorrow, of infinite sorrow..." Informant 14.
"I know that there are suicides among colleagues all over the world and I know that it is normal for this to occur... if you do not live through what we are enduring, it is impossible to have an idea of the catastrophe. There is a lot of depression and sadness, in residents, professionals, families... this touches us all, all of us, it is very hard... and it is going to have a psychological toll on many people, we must keep this in mind." Informant 22.

"how lonely many must be, isolated...here we try not to make them feel lonely, we connect with the family, but it is not the same...I think that loneliness kills too, it is the second catastrophe of this pandemic: the loneliness it causes, people dying alone...it is heartbreaking." Informant 12.

Emotional burnout
In the data analyzed a common denominator appeared, with feelings of *exhaustion, complete dedication*, together with *loneliness*, *resignation* and *anguish* in the face of a situation that has been described as *overwhelming* and *uncontrollable*.

Constant intensive care logically seems to be the cause of the above-mentioned *exhaustion*. In Italy and Spain, nurses reported being at 80% or less of their usual staff, having to work 12-hour shifts and taking fewer days off in order to continue providing care. The different properties of *constant intensive care* found were the *affective and nurturing relationship with the residents* as the main stimulus to continue working hard, the *adaptation and resignation* of the professional to the new situation, and the *support of the rest of the team* at the center to continue onward, which was widely valued as being very positive.

"I'm exhausted, exhausted... I've been working here for 20 years and I've never been so tired, either physically or psychologically. I work 12-hour shifts three days in a row and rest one, which I spend sleeping... I go to work afraid that this tiredness will cause me to fail at something." Informant 8.

"It is true that we cry, sometimes together, because of the impotence of not being able to do anything when they die or another colleague becomes infected...you cry a lot, but it is also true that we are more united than ever, we are there for each other, I have never lived so much of a bond, it's moving." Informant 20.

Discussion

To the best of our knowledge, this is the first international study to explore the first-person experiences of nurses who are in the front line of care in nursing homes in countries such as Spain and Italy, which have been hard hit by the pandemic.

This study provides the shared reflections of 24 nurses who, despite the geographical, cultural and institutional distance, are all having to face the direct care of older people, the main victims of the COVID-19 pandemic.

The results indicate that the nurses are especially afraid of contagion, working under great pressure to provide care. As a result, all of the nurses present psychological distress in the form of anxiety and emotional burnout, a very prevalent psychological aspect in this pandemic situation (Ornell, Schuch, Sordi, & Kessler, 2020). These findings are similar to others carried out, notably in China, in a study which evaluated the impact on emotional health of this pandemic on nurses (Li et al., 2020; Lu-iu et al., 2020; Yin, & Zeng, 2020). Lack of protective equipment and initial coordination, complaints of mismanagement by policymakers, and a deep sense of abandonment and frustration are also consistent with other similar studies (Chughtai, Seale, Islam, Owais, & Macintyre 2020; Cheung, et al., 2020; Barnett, & Grabowski, 2020; Tan et al., 2020).

Many nurses share the concerns experienced by the general public regarding the unknown and what lies ahead for themselves, their patients, their colleagues, as well as their own families and friends (Zhao, & Huang, 2020). The global nature of this crisis means that while all countries are engaged in the battle against COVID-19, some have been in the fight longer and therefore there is an opportunity to learn from other countries (Wang, et al., 2020a, 2020b; Wu, & McGoogan 2020). While dealing with the social changes and emotional stressors that all people face, nurses struggle with the increased risk of exposure, extreme workloads, moral dilemmas, and a rapidly

changing practice environment that differs greatly from the day-to-day reality they are familiar with (Jackson, et al., 2020; Shanafelt, Ripp, & Trockel, 2020). The narrative of the nurses who participated in this study is in line with recent publications: cases in nursing homes and other similar canters have shown that care for the elderly "has been forgotten in Europe for a long time", as the WHO's director for Europe, Hans Kluge, said at his press conference on 24 April, during the course of this study (Press Release 2020). Furthermore, he stated that that the training of staff working in canters for the elderly must be improved, and their model of care and attention must be changed. In addition, there was a call to construct systems of care for the elderly that prioritize their needs, which is something that the participating nurses have pointed out in this study, regardless of their country of residence.

Given that the literature has been showing us for years that the current social and health context presents an insufficient response to the growing social and health needs and demands of older people, the dramatic situations that are being experienced in nursing homes around the world in the face of the pandemic are not so surprising. Geriatric nurses working in the geriatric and social-health care field are conditioned by the policies of the system, with limited economic, material and care resources, and having to assume greater workloads. In order to be able to respond to the needs of the elderly in geriatric centers, as well as to the expectations of the professionals, it is necessary for the organizations to propose new operating models and new professional work models, as well as to influence the search for formulas that increase the efficiency and quality of nursing care. Unfortunately, the impact of a global pandemic has been needed to bring this further to light.

Although this pandemic affects each country differently, it does have a clear negative impact on the mental health of the entire population (Park, & Park 2020; Qiu, Shen, Zhao, Wang, Xie, & Xu, 2020; Shigemura, Ursano, Morganstein, Kurosawa, & Benedek, 2020) and especially of all health professionals (Shaw, 2020; Shi, et al, 2020), which can undermine the confidence of professionals in themselves and in the health care system, precisely when their ability to remain calm and reassure patients and residents is most critical. Recognizing the sources of anxiety and emotional burnout allows organizations to develop approaches to address these concerns and provide specific support to professionals (Torales, O'Higgins, Castaldelli-Maia, & Ventriglio 2020; Wu, Styra, & Gold, 2020).

One of the strengths of this study is the wealth of experience gathered among nurses from different countries and regions, which enables us to provide a global overview of how the impact of the pandemic is being experienced by frontline nurses in nursing homes worldwide, the sector most affected by the pandemic.

Two future lines of research are proposed: the evaluation of the impact on the mental health of nurses in the long term, and research on intervention measures which should implemented for the prevention and management of the situation of emotional exhaustion and burnout experienced by many professionals. In addition, it will be necessary to study the impact of this pandemic on the mental health of the older people themselves, and their families.

Limitations

Among the limitations of this study, it is worth mentioning the limited time available to analyze the data, which will be analyzed in greater depth by the authors in a second round of the study. The most urgent need was to understand the initial impact of the pandemic on nurses in order to implement preventive and palliative psychological measures.

Conclusions

Supporting nurses, both practically and psychologically, is essential to preserve their health in the short and long term, particularly when levels of stress and emotional burnout are so high. Ensuring psychological well-being requires a layered response, with different components at different times, comprising strategies for prevention to treatment and actions at different levels, from organizational levels to those for individual self-care and team support. Responding to the unprecedented challenge of Covid-19 will also require a flexible strategy, as needs and requirements are likely to change over the course of the pandemic response. These measures need to be implemented as a priority in nursing homes worldwide, with careful thought given to the current situation and the appropriate model of care to avoid dramatic situations. Providing nurses with work tools and mental health care is crucial to ensure quality and adequate care in nurses, considering their high exposure to stress.

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Conflict of interest

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