


A Large-Scale Survey on Perceived Risk, Risk Emotions and Humanistic Care Needs Among Nurses During the Covid-19 Pandemic [Letter]

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Dear editor

We have read the paper by Yulan Chang et al regarding A Large-Scale Survey on Perceived Risk, Risk Emotions and Humanistic Care Needs Among Nurses During the Covid-19 Pandemic.¹ We appreciate this research because it provides an overview of how the Covid-19 pandemic has a negative impact on the mental health of health workers, especially nurses who work in hospitals as the front line because nurses often face great psychological stress as a result of workload, long working hours, and working in a high-risk environment.²

The study conducted by Yulan Chang et al aims to determine risk perceptions, risk emotions and humanistic care needs of nursing staff during the Covid-19 pandemic and found that nurses risk perceptions and emotions varied and there were significant differences in the total score of risk emotions based on gender. Age, and previous contact with patients with suspected or confirmed Covid-19.¹ The results obtained are in line with the objectives of this study, but the stress experienced by nurses is not only determined by the number of confirmed Covid-19 patients being treated but their worries whether their friends and family are infected also plays a role and in fact younger and less experienced nurses have higher stress levels than senior nurses.³

The study conducted by Yulan Chang et al used a cross-sectional survey method that assessed perceived risk, risk emotions and the need for humanistic care from nurses using a questionnaire.¹ The method used has been effective for measuring the ultimate goal of this study, but we would like to recommend an instrument that can be used together with a questionnaire to assess the emotional level of nurses, namely the Courtauld Emotional Control Scale (CECS) which can measure anxiety scales and the ability to control subjective emotions in difficult situations, this instrument consists of three subscales: anger control, anxiety control, and depression control, each subscale contains seven statements and each statement has points that will be the final assessment.⁴

In conclusion, we agree that nurses have a variety of risk emotions, which can have a negative impact, and there are differences in perceptions and emotions of risk among nurses, therefore it is recommended to provide targeted psychological assistance and pay particular attention to the psychological status of younger female nurses.¹ We also recommend the existence of sustainable and comprehensive support facilities and mechanisms aimed at protecting the mental health of nurses to improve service quality and patient safety.⁵ In addition, it is necessary to build public awareness, provide guidelines, train nurses, and pay special attention to nurses who have a history of mental disorders to minimize the psychological impact of the Covid-19 pandemic. The government needs to develop a national program for workers' mental health to improve the psychological well-being of health workers during the pandemic.²

Disclosure

All the author reports no other conflict of interest in this communication.

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