DOI: 10.1111/jocn.15231

EDITORIAL

Journal of Clinical Nursing WILEY

COVID-19: Emerging compassion, courage and resilience in the face of misinformation and adversity

In her excellent editorial, "Rising from the ashes: affirming the spirit of courage, community resilience, compassion and caring," Professor Alison Kitson raised several pertinent issues around caring in and for the world that we live in, set against the devastation caused by the Australian bushfires (Kitson, 2020). Whilst watching the horrendous television footage of the Australian disaster unfolding at the beginning of the year, another news item was beginning to gain momentum, the emergence of an unknown coronavirus disease in Mainland China. Once more, we witnessed dreadful humanitarian images that looked like footage from a science fiction movie, sick people being heralded into makeshift camps by individuals in protective suits. However, once again it was not a movie, it was very real.

Living in Hong Kong, the emergence COVID-19 immediately drew parallels with the 2003 severe acute respiratory syndrome (SARS) outbreak, which brought devastation to the region. The profound impact that SARS had upon the people of Hong Kong can still be clearly seen seventeen years later; people habitually wearing protective facemasks, communally touched surfaces in public places being regularly disinfected, antibacterial hand gel dispensers located throughout all shopping centres, and public toilets that are amongst the cleanest in the world. The intent to prevent another SARS-like infection in Hong Kong is clear for all to see; however, that all changed at the end of last year with the emergence of novel coronavirus in Mainland China, Quickly, cases were confirmed in Hong Kong and the fear of another pandemic lead rapidly to a pandemic of fear. People were panic buying, prices were rising, and supermarket shelves were very quickly stripped of essential food items and basic cleansing products. It was impossible to turn on the television without being told about the importance wearing surgical masks, how to wear surgical masks, the surgical masks celebrities were wearing and the danger of wearing "fake" surgical masks. Interestingly, limited attention was being given to the effectiveness of wearing a surgical facemask in the face of viral infection. Surgical masks were, and still are, in very short supply and retail prices have increased sharply. One enduring television image of recent weeks has been the sight of older people standing in line overnight in cold weather to get a small package of surgical masks hoping to protect themselves from the virus. Perhaps, all of these activities *mask* the truly important public health message that good personal hygiene and effective handwashing is the most effective way to curb the spread of the virus. As clinical nurses, we all know that engaging in these actions will outweigh the benefits of wearing any surgical mask.

SARS generated a lot of very influential nursing research, particularly in the field of infection control nursing. The *Journal of Clinical Nursing* published several significant papers that highlighted the emotional impact of caring at the time of SARS and dealt with some of the other lessons that could be learnt from the outbreak, in terms of evaluating systems of care delivery and use of nursing care models (Watson, 2009). It was hoped that research generated during this period would help the international nursing community be in a better position to deal more effectively with any subsequent viral outbreaks. With the emergence of COVID-19, that was about to be tested. Would healthcare managers and hospital administrators understand what is really needed to support nursing practice and ensure the provision of high quality of care? Would they deliver this time?

It was clear that amidst a worsening humanitarian crisis in Wuhan and the surrounding regions of China that uncertainty was rife. Despite widespread efforts in the Chinese mainland to combat the control and spread of COVID-19, including the very quick construction of purpose-built hospitals; at the time of writing, many large cities remain in complete "lock down," with an ongoing massive quarantine of over 50 million people. COVID-19 was about to show no respect for geographical borders and to test whether the world was ready to deal effectively with a health risk of such high magnitude.

Reflecting on this situation at the beginning of the year, it was possible to see that there were parallels in relation to issues of caring, compassion, courage and resilience between the struggle with the COVID-19 and those of the Australian disaster, as outlined by Alison Kitson (2020). This editorial sets out to examine some of these issues that are closely associated with the nursing profession.

Historically, nurses have always played an important role in infection prevention, infection control, isolation, containment and public health, as initially advocated by Florence Nightingale. Providing these aspects of care at this capricious time, our clinical nursing colleagues in China and around the world are working under enormous pressure to battle this life-threatening viral infection. Worryingly, it is clear that many of these nurses and healthcare professionals are not only fighting the virus, they are also fighting the humanitarian crisis with limited protective supplies, putting their own lives on the line.

Howard Catton (ICN CEO) commended the courage and compassion that has been shown by Chinese nurses, stressing the importance of them having access to the correct safety equipment and clothing at this time. However, there have been numerous reports

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of shortages of even the basic personal protective equipment, such as masks and protective suits (ICN, 2020). It has even been reported that in some rural Chinese hospitals, clinical staff have resorted to wearing their raincoats and using plastic bags as a source of protection (Buckley, Wee, & Qin, 2020). World Health Organization Director-General Mr Tedros hailed healthcare workers as "the glue that holds the health system and the outbreak response together" (WHO, 2020). Indeed, the WHO provides very comprehensive guidelines for the protection of front-line healthcare workers when faced with such an epidemic. The question is how can nurses adhere to such guidance when they are starved of even the most basic personal protective equipment? How adhesive can "the glue" be in the face of such adversity?

One third of all fatalities during the 2003 SARS outbreak in China were healthcare professionals (Hung, 2003); at the time of writing, COVID-19 has already accounted for the lives of eight healthcare professionals (Griffiths, 2020). Healthcare-associated amplification of transmission of emerging viral infections is always a concern; surely, lessons should have been learnt about the importance of occupational protection during previous epidemics, including the Middle East respiratory syndrome (MERS) outbreak in 2012. Clearly, some lessons have not been learnt, as clinical nurses in China who are battling the virus are working around the clock and some are not eating food so as to avoid the need for toilet breaks (Thiagarajan, 2020). Nursing staff need to change their protective gear if they take a toilet break; therefore, some have resorted to wearing diapers and there are even stories of nurses shaving their heads to reduce spread of infection and to allow them to be able to change their protective gear more quickly (Farber, 2020). Stories of nursing courage and compassion are bounteous; however, the narrative of *Nurse Yao*, captured by the BBC, is one which is particularly touching. Her day-to-day job was in a fever clinic, she decided not to celebrate Chinese Lunar New Year with her family and chose to volunteer to work in a hospital in the epicentre of the virus. In a moving narrative, she expressed her strong devotion to care for those with the virus, reporting long working shifts "at the end of the shift, when we take off our suits, we find our clothes are completely wet with sweat" and exhaustion "nursing staff would collapse at the end of their shift and they were too tired to walk home." Despite working in such adversity, *Nurse Yao* chose to highlight the positive aspects of her work with her nursing colleagues "the virus brings us all together, it unites us." (BBC, 2020a).

The word resilience is used a lot these days, and it has become something of a buzzword in nursing, leading to criticism from within and out with our profession. However, if we view resilience as "the ability of an individual to withstand adversity" (Jackson, Firtko, & Edenborough, 2007 p3), then *Nurse Yao* embodies what it is to have resilience in nursing.

During the last few weeks, there have been unprecedented levels of misinformation, conspiracy theories, fake news and rumours related to COVID-19, these can only be counterproductive in the fight against the current epidemic.

Perhaps, this is the first major disease outbreak that poses a global threat in the age of social media. Accounts vary, but it is clear that social media and sensationalist reporting of the outbreak have generated panic and mistrust in the general public, not only diverting attention away from the response to outbreak but also impeding the activities of already stretched healthcare professionals. Hopefully, we and the general public can gain some reassurance because the WHO are using their Information Network for Epidemics platform to track for false information in numerous languages and are working with social media providers, including Facebook, Twitter and Weibo (a Chinese blog platform) to help filter out such misinformation. Conceivably, COVID-19 will provide an opportunity to put into practice some of the lessons we learn from studies of social media during this outbreak, specifically in relation to the dynamics of online heroisation and blame. However, it does remain difficult to know what to believe with the current media coverage of COVID-19.

Remarkably, the WHO have deemed it necessary to circulate a statement indicating several measures, that have been touted online and in social media, which are not effective in the treatment of COVID-19 including taking excessive vitamin C, smoking (yes seriously!), wearing multiple surgical masks and self-medicating with antibiotics. The WHO also provides "Open WHO," which offers free and reliable health-related information to the world. In China, medical advertisers have not missed the opportunity to capitalise on the outbreak of COVID-19, reporting that one traditional Chinese herbal remedy may be effective in the prevention and treatment of the COVID-19 (Heymann & Shindo, 2020). This remedy has now sold out across China, despite the fact that there is presently very limited evidence to support the claims; indeed due to the nature of the illness, it may actually produce counterproductive effects. It is also somewhat ironic that the most likely crossover of the virus took place at a wet market, selling the very foods and remedies that are used in traditional health practices to promote immunity and longevity. The scientific community certainly needs more high-quality rigorous research into the issues surrounding the combined use of Western and Chinese medicine in the prevention and treatment of disease.

As well as stories of courage and strength, times of crisis have been known to bring out the darker side of human nature. Historically, the response to new diseases and other catastrophic events have been known to evoke feelings of mistrust, hatred, fear and outright racism. It has been shocking to hear the nature and the extent of anti-Chinese racism and stereotyping that has been reported around the world (BBC, 2020c). From "coronavirus student parties" to the outright ban of people of Chinese ethnicity from many restaurants, it would appear once again that the fear of pandemic has further stoked a pandemic of fear. Healthcare professionals have not been exempt from such expression of hatred and racism, the BBC reported one Filipino cardiac nurse in England being asked to "stop spreading the virus" whilst on public transportation (BBC, 2020b). Such levels of xenophobia and racial profiling are utterly abhorrent and have no place in a modern civilised society.

Unfortunately, racism in the face of humanitarian disasters has a much longer history than that of the current COVID-19 outbreak.

Human catastrophes are not just the result of natural phenomenon; they are linked to political, social and economic factors that create vulnerability to risk. Any response to a major disease outbreak is always deeply political. Racist fear mongering and pointing the finger of blame towards Chinese and Asian nationals may have contributed to the development of the current disaster. Several nurses and doctors have lost their lives to COVID-19, including Dr Li Wenliang who was one of the first medical doctors to express concern about the emergence of a new SARS-like illness in the Hubei province (Green, 2020).

Another important lesson that should have been learnt from previous experience, such as the SARS outbreak, is the need for appropriate psychological support for the healthcare professionals. Clinical nurses, especially those working in hospitals providing front-line care for those with COVID-19, are not only vulnerable to a higher risk of infection but also mental health problems. The *Journal of Clinical Nursing* reported increased levels of post-traumatic stress disorders, anxiety and depression in nurses after the SARS outbreak (Thompson, Lopez, Lee, & Twinn, 2004). They may experience fears of contagion and spreading the virus to others, including loved ones. We cannot ignore the need for timely psychological support and care specialised for those affected, psychiatric treatments and appropriate mental health services need to be provided.

COVID-19 presents a vast public health challenge, not only to China, but also around the world. As outlined in this editorial, it has already posed many challenges to our profession and international research community. It was only through high-quality nursing research that some of the questions raised by the SARS outbreak were answered and lessons were learned. In some ways, COVID-19 may act as a wake-up call to the world to revisit those lessons and to re-examine public health priorities. We live in a very different world from that of 2003, it is a constantly changing and very unpredictable world. Hopefully, this outbreak will provide scope and impetus for nurse researchers to address some of the key questions that have been thrown up by the current epidemic and we need to do this in a collaborative way and from an international perspective. We, as nurse researchers, should be mindful of the benefits of conducting this research with healthcare colleagues in related professions to further develop the knowledge base of the international scientific community. Despite extensive efforts, there also needs to be more international collaboration amongst government, health agencies and key stakeholders to ensure the response to the outbreak is optimised and to ensure timely dissemination of accurate information. There should not be a disconnection between those communicating the information and those requiring it, importantly the internet and social media should not become the clearing house for vital health-related information for the general public.

Presently, outbreaks of COVID-19 have been declared in at least thirty countries, most markedly in Italy, Iran and South Korea (BBC, 2020d). The latter, which was badly affected by MERS outbreak in 2012, is now on its highest alert. The WHO has warned the world to brace itself in preparation for a pandemic (BBC, 2020e).

As nurses, we possess invaluable information on how to deal effectively with public health issues, as Professor Kitson urged we should not be afraid to speak out on those issues. At this time of great uncertainty, the voice of the nursing profession needs to be heard by the world. Not only in the battle against COVID-19, but also in preparation for the next major health challenge. Globally, public health depends upon it.

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