

Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active. Contents lists available at ScienceDirect



Archives of Psychiatric Nursing

journal homepage: www.elsevier.com/locate/apnu



Strategies to reduce the anxiety and depression of nurses in the special wards of COVID-19



Coronavirus is a large family of viruses that can infect animals and humans. Many of the coronaviruses that have been identified so far cause a wide range of respiratory infections in humans. They range from colds to more severe illnesses such as MERS and SARS. The newfound coronavirus causes an infectious disease called COVID-19. The emerging virus and its aftermath were unknown until it began in December 2019 in Wuhan, China. Fever, fatigue, and dry cough are the most common symptoms of COVID-19 (Naeim, 2020; Zandifar & Badrfam, 2020).

Some patients may have other symptoms such as pain and bruising, nasal congestion, runny nose, sore throat, or diarrhea. The number of patients is increasing and everyone is terrified when the report starts (Kamran, Naeim, & Rezaeisharif, 2020). Although COVID-19 is very similar to SARS-CoV and MERS-CoV, it has been shown to be more contagious. COVID-19 is a new species of coronavirus that has never been seen in humans (Kamran et al., 2020; Li et al., 2020). In more severe cases, pneumonia, severe acute respiratory failure, renal failure, and even death may occur (Huang et al., 2020). There is currently no specific treatment for COVID-19. The main treatment includes symptomatic treatment and prevention of complications, which is also very effective in the adjuvant care of infected people. The prevalence of confirmed cases in a short period has increased rapidly. At present, countless medical teams have been activated around the world. Some medical personnel are highly infected (Thompson, 2020), which has exacerbated the psychological pressure of frontline medical staff.

In the face of catastrophic emergencies such as COVID-19 and under the influence of various mental and objective factors, frontline medical staff, especially nurses, can show some psychological disorders in response to stress. These disorders can also be viewed as a process of response, emotion, and defense in the body, as well as the body's physiological response to physical needs or injuries.

While working in such unique environments, the life, emotions, and other conditions of the front line medical staff can be disrupted. Due to the requirements of separation and disinfection, medical staff are forced to wear special clothing that increases their safety, but consumes a lot of energy and leads to severe oxygen deficiency, which leads to physical and psychological symptoms. In the face of disaster, people in good mental health take part in initiatives such as talking to co-workers, joking, and so on. Therefore, in the face of sudden disasters such as the outbreak of COVID-19, both medical staff and patients experience clinical symptoms. It is very important for medical staff, especially nurses, to do their job while maintaining mental health. Given the specific situation, it is necessary to think about how to strengthen the mental health monitoring of medical staff and create an active, regular, and scientific system to support them. In the face of the spread of COVID-19, medical staff at the front line are increasingly anxious and depressed, and if the number of confirmed cases increases and there is no specific treatment, they will face a lot of stress.

To reduce the psychological stress of medical staff and strengthen

https://doi.org/10.1016/j.apnu.2020.07.028 Received 14 May 2020; Received in revised form 9 July 2020; Accepted 27 July 2020 Available online 07 August 2020 0883-9417/ © 2020 Elsevier Inc. All rights reserved.

tives such as talking to co-workers, Declaration of competing interest

None of the authors have any conflicts of interest to disclose.

Acknowledgments

None.

References

Huang, C., Wang, Y., Li, X., Ren, L., Zhao, J., Hu, Y., ... Cheng, Z. (2020). Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *The Lancet*,

their physical and mental health, the necessary steps must be taken to promote mental health so that they can continue their ongoing efforts against COVID-19.

Things to do to reduce anxiety and depression:

- Do stretching exercises, outdoor walking, and deep breathing exercises.
- Strengthen teamwork in the workplace and support each other.
- Don't limit your conversations to crises and talk about other things.
- Think positively and give each other positive feedback.
- Reduce the use of virtual networks.
- There are many things in crises that are beyond our control, just try to focus on the things that are under your control and don't think too much about parts of the crisis that you have no control over.
- Try to have a regular schedule for contacting family and friends.
- If you feel that you are under a lot of pressure due to anxiety or depression, get help from a psychologist and psychiatrist for several days in a row.
- Avoid frequent insomnia.
- Get proper nutrition.
- Increase the spirit of hope in yourself and those around you.
- Use an approach to happiness therapy and the potential for humor and telling and laughing.
- Avoid stressing yourself and others and spreading scary news.

Author disclosure

All authors have approved the final article.

CRediT authorship contribution statement

All authors contributed equally.

Funding source

None.

395(10223), 497-506.

- Kamran, A., Naeim, M., & Bagvand, S. G. (2020). Effective recommendations for reducing anxiety and depression caused by COVID-19 outbreak in medical staff. Archives of Psychiatric Nursing. https://doi.org/10.1016/j.apnu.2020.06.003.
- Kamran, A., Naeim, M., & Rezaeisharif, A. (2020). The COVID-19 outbreak and behavioral changes, public perceptions and psychological responses in Iran. Archives of Psychiatric Nursing. https://doi.org/10.1016/j.apnu.2020.08.002.
- Li, Q., Guan, X., Wu, P., Wang, X., Zhou, L., Tong, Y., ... Xing, X. (2020). Early transmission dynamics in Wuhan, China, of novel coronavirus-infected pneumonia. New England Journal of Medicine, 382(13), 1199–1207. https://doi.org/10.1056/ NEJMoa2001316.
- Naeim, M. (2020). Coronavirus disease (COVID-19) outbreak provides a unique platform to review behavioral changes in Iran. Asian Journal of Psychiatry, 51, Article 102090. Advance online publication https://doi.org/10.1016/j.ajp.2020.102090.
- Thompson, R. (2020). Pandemic potential of 2019-nCoV. The Lancet Infectious Diseases,

20(3), 280.

Zandifar, A., & Badrfam, R. (2020). Iranian mental health during the COVID-19 epidemic. *Asian Journal of Psychiatry*, *51*, Article 101990.

Mahdi Naeim^{a,*}, Ali Rezaeisharif^b, Samira Ghobadi Bagvand^c ^a Social Determinants of Health Research Center, Ardabil University of Medical Sciences, Ardabil, Iran

^b Department of Counseling, University of Mohaghegh Ardebili, Ardebil, Iran ^c Department of Psychology, Tehran Branch, Islamic Azad University, Tehran, Iran

E-mail address: arums.nm64@gmail.com (M. Naeim).

^{*} Corresponding author.