

The covid-19 pandemic and the need for participation in policy making: Insecure employment contracts

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ABSTRACT

The ability of nurses to deliver high-quality nursing care is influenced by job stability. The COVID-19 outbreak has made the nurse deficit that has long plagued the Iranian healthcare sector worse. Despite being hailed as "heroes" all across the world, many nurses were hired under precarious work agreements. This opinion explains problems with Iranian nurses' employment contracts during the COVID-19 outbreak and proposes ways to make things better.

Iranian nurses need stronger assistance in terms of job security and dignity because they are on the front lines of the war against COVID-19. They should take part in policymaking more in order to enhance their working conditions and stop the creation and implementation of unstable job contracts that result in job insecurity

Keywords: Workforce, Covid-19, Contract of Employed, Healthcare Law, Job Security, Nurse.

INTRODUCTION

The art and science of avoiding disease, extending life, and promoting health through the coordinated efforts of society" is the definition of public health. It seeks to promote overall population health and lessen health disparities between demographic groups. The majority of healthcare workers are nurses, and they play a critical role in the population's general well-being and health. They have a long and effective history of defending and advancing public health through the development of disease-p. The promotion of public health is significantly influenced by nurses' quality of work life (QWL). Job security, working circumstances, job content, job promotions, adequate and fair pay, duty discretion, participation in decision-making processes, occupational stress, organizational security in employment, and work-life stability are all aspects of the multidimensional notion of QWL.

Job security is the belief that one can keep their job for as long as they want and that no subjective or objective factor renders them likely to lose it. The most significant aspect of labor in all professions and nations is job instability. In the nursing industry, job security is inversely correlated with organizational effectiveness, low turnover, and high-quality patient care.

A satisfying and uplifting condition of work is called work

engagement, and it is characterized by vitality, dedication, and absorption. Engagement at work is conditioned by autonomy and trust. The reduction of mortality rates, a decrease in nurse turnover, an improvement in the standard of nursing care, and an increase in the profitability of healthcare organizations are all effects of nurses' work engagement. The feeling of pleasure experienced when one's wants or desires are met at work has been termed as job satisfaction. It has been discovered that among nurses, job unhappiness is directly correlated with elevated stress, depersonalization, intention to quit, low care quality, and intention to turn over the job.

Job insecurity among nurses is determined by the nature of the employment connection, salary, working hours, instability, right to freedom of association, and working circumstances. Job insecurity among nurses can have a negative impact on public health due to discontent and a decline in QWL. The sense of job instability by nurses has the potential to affect their health and qualities of life, put them at risk for physical exhaustion and psychological issues, and cause them to exert less effort at work. According to the study by Zhang et al., nurses who had more job uncertainty were more emotionally worn out. Additionally, job uncertainty can affect how well employees perform at work, their inventiveness, and their fulfillment with basic human needs. According to a recent study

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conducted in Spain, the frequency of permanent job contracts has been declining over the past ten years, which has negatively impacted nurse job security. Another study that involved 32,000 nurses in 10 different European nations found that over half of them had employment insecurity. In a study by Burke and Singh, 290 nurses in Canada reported having relatively low levels of work insecurity, but a study in Iran revealed that 22% of the 558 nurses who participated had low job security.

Based on a thorough assessment of the literature, we provide an overview of the Iranian healthcare system and the nursing profession in this commentary. We also talk about the employment contracts during this time and the state of Iranian nurses during the COVID-19 pandemic. This essay comes to a close by outlining some recommendations for enhancing the security and working circumstances for nurses in Iran.

Iranian Healthcare System

Iran's health care system is based mostly on insurance. Policies to reach the best standard of healthcare at a national level are implemented by medical universities all throughout Iran under the direction of the Ministry of Health and Medical Education (MoHME). The presidents of the medical universities are the top health officials in each province across the nation. They are in charge of public health, medical education, and the delivery of healthcare in public facilities.

Primary, secondary, and tertiary healthcare services are offered by the public sector. Prenatal care and some immunizations are free of charge as part of primary healthcare. The public sector also supplies a sizeable percentage of secondary and tertiary healthcare services in the provinces. In urban regions, secondary and tertiary healthcare is also offered by the private sector. Non-governmental organizations (NGOs) are also working in a number of fields, including breast cancer, thalassemia, diabetes, and Paediatric cancer. Planning, observing, and overseeing health-related activities for Iran's private and public sectors are within the purview of the MoHME.

The Health Sector Evolution Plan was implemented by the Iranian health system on May 5, 2014. Its objectives included lowering co-payments for patients admitted to public hospitals, distributing doctors to underserved areas of the nation, offering incentives to keep doctors in underserved areas, reducing disparities in access to healthcare services across the nation, increasing the number of specialized doctors working in public hospitals, raising the standard of visiting services, and updating healthcare information. Additionally, plans called for the development of primary healthcare and preventative policies.

The majority of nurses in Iran currently work in hospitals due to a nursing shortage. This is because nurses are more frequently employed in the second level of prevention—clinical care in hospitals—by health officials and other system participants in Iran. However, the role of nurses in primary level prevention and public health is gradually expanding. In community health centers, they are more actively involved in the training of community health workers. Iranian nurses have recently worked in welfare centers, rehabilitation centers, palliative care centers, and home-care facilities, which is the third level of prevention.

Post-COVID-19 pandemic Iranian nurses' health

On February 19, 2020, the MoHME in Iran revealed the first confirmed cases of COVID-19. The Iranian health establishment has not taken enough steps to contain the COVID-19 outbreak. Iran reported 6,073,098 verified COVID-19 cases as of November 20, 2021, with 128,852 of those cases ending in death.

There is a widespread belief across the globe that pandemics place a significant strain on healthcare systems, especially on human resources, due to an increase in patient referrals and hospitalizations, the need to work with scarce medical resources and equipment, heavy workloads, and infection exposure. As the largest group of healthcare professionals, nurses are crucial to the coordination of responses in order to boost people's health during the COVID-19 pandemic. Iranian nurses have taken on a variety of duties. The majority of them offer patients with COVID-19 direct clinical care in hospitals. Community health centre nurses assist with COVID-19 testing, contact tracing, case reporting, educating the public about fundamental health precautions, isolating infected individuals, risk management, occupational health, providing mental health assistance, and vaccination.

The COVID-19 has presented many difficulties for Iranian nurses who work in hospitals or community health centres providing direct clinical care and health practise, including anxiety, stress, fear of judgment, frustration, worrying about one or others, feeling abandoned, physical exhaustion, living in uncertainty, and social stigma. Nursing shortages, inadequate safety gear, a lack of support from healthcare administrators, and heavy workloads have also contributed to nurses' inclination to leave their jobs.

The COVID-19 pandemic began in Iran, and the country's healthcare sector experienced significant nursing shortages. The MoHME officially called for the recruitment of part-time nurses in response to this situation, and medical sciences universities across the nation affiliated with them responded. With the removal of the requirement that an employer hire a nurse, the reduction of the contract period to 89 days with the option of extension, the absence of a social security or occupational insurance provision, and the development of contracts that fall outside the purview of labour law, this call gave rise to insecure employment contracts. According to Iranian labour law, all days of the week save Fridays and public holidays are considered working days for a full-time employee. In addition, a full-time worker puts in a total of 44 hours per week of work, or 8 hours per day.

Instructions to enhance the job security and conditions for nurses

All facets of nursing practise are governed by healthcare policies and impacted by associated changes. The ultimate objective of health policies is often regarded as public health promotion. Public health is advanced and the nursing profession's compassionate nature is expanded by nurses' involvement in policymaking. Nurses can foresee unforeseen outcomes and provide essential insight and information that affects the development of health policies. In terms of national policies and decisions influencing healthcare, nurses have historically had a limited influence. Although Iranian nurses make up the majority of the healthcare workforce (65% of all healthcare professionals) [96], their influence on health policies is restricted because the MoHME is in charge of all healthcare policies and doctors predominate in initiatives for policymaking. As a result, these unstable employment contracts are not common among Iranian

doctors. In addition, nurses spend the majority of their time with patients and their families rather than participating in policy discussions [99]. As a result, nurses' influence in the healthcare system has not increased as it should have.

Healthcare policies form the framework within which healthcare systems around the world operate. Using their expertise in the healthcare industry, analytical thinking, and interpersonal skills, nurses are well-suited to contribute to the creation of health policy. Iranian nurses should be able to obtain an appropriate position in the system that determines health and nursing policy in order to raise their professional and work standing and avoid exploitative employment contracts. Through specialized educational programmes in undergraduate and higher graduate degrees, they should increase their knowledge of policymaking. One aspect that can empower nurses is increased exposure to and involvement in policymaking concerns throughout nursing education. Nursing schools should therefore concentrate on preparing and including nursing students in conversations about healthcare policy.

CONCLUSION

In order to provide care and improve public health, which has become increasingly important during the COVID-19 pandemic, nurses are essential. If they have the right QWL, job security, and support, they can deliver high-quality healthcare. Due to the imposed precarious employment contracts, the working and job conditions of many nurses in Iran during the current pandemic have been impacted.

Iranian nurses are on the front lines of the war against COVID-19 and carry out crucial tasks for both public health and individual health outcomes, such as community-wide protection, screening, prevention initiatives, and immunization. As a result, they require acknowledgment, improved support, and termination of their employment based on short-term and inappropriate contracts. Healthcare administrators, nurse managers, and nurse leaders should put more effort into preserving nurses' dignity, QWL, and job security as well as their ability to deliver high-quality care. It is necessary to have enforceable norms and economic measures that will significantly improve the work position of Iranian nurses.