## Letter to the Editor

# Mental Health Challenges of Iranian Nurses in War: Letter to the Editor

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## Dear Editor,

While nurses are known as the largest group of healthcare providers and spend a significant portion of their time in direct contact with patients, the psychological consequences of working in war environments for this dedicated group have often been overlooked and have received less academic analysis (1). Crises such as war bring numerous psychological consequences for nurses, including depression and anxiety disorders (2, 3).

The 12-day war between Iran and Israel, although short in duration, had significant psychological effects on people, especially nurses. Moreover, considering the risk of the war restarting, this important group in the country faces many threats. This article is written with the aim of explaining the necessity of structured, research-based, and specialized approaches to this challenge.

This letter aims to move beyond merely identifying the problem and proposes a structured, three-pillared framework for intervention, including education, institutional support, and research, tailored to the unique pressures of modern, high-intensity conflicts.

The experiences of nurses in war environments are filled with tensions, psychological pressures, and countless traumas that far exceed those in ordinary clinical settings. Constant exposure to severe injuries, patients' pain and suffering, repeated deaths, and the martyrdom of colleagues are only part of the harsh realities they face (2). In addition, severe shortages of resources, medical equipment, and personnel, as well as the overwhelming workload and the constant uncertainty of the environment further exacerbate these psychological stresses (4).

This combination of factors leads to serious mental health disorders such as post-traumatic stress disorder (PTSD), chronic depression, generalized anxiety, sleep disturbances, and occupational burnout. These problems not only have destructive effects on the nurses' personal lives and individual well-being, but can also directly impact the quality and safety of patient care, and increase the likelihood of medical errors (1, 4). A nurse suffering from PTSD, burnout, or severe anxiety is more likely to experience impaired concentration, memory lapses, and clinical decision-making fatigue, thereby increasing the risk of medication errors, misdiagnoses, and failures in monitoring critical patients, especially in the chaotic and high-stakes environment of a field hospital.

While exposure to war trauma significantly increases the risk of debilitating conditions like PTSD, depression, and burnout, it can also create conditions for psychological adaptation and positive change. Many nurses, through their selfless dedication, volunteerism, and commitment to their patients, display remarkable innate resilience even in the face of constant danger (2).

Scientific literature also highlights the concept of Post-Traumatic Growth (PTG), where individuals who endure extreme adversity report positive psychological changes, including a greater appreciation for life, stronger personal relationships, increased personal strength, and a shift in life priorities (5).

This growth does not originate in the absence of distress, but it often emerges from the struggle against suffering and promotes the development of even greater psychological resilience and coping capacities in future crises (5).

Therefore, while intervention and support for mental disorders are critical, research must also focus on identifying and fostering the factors that lead to PTG to better empower the nursing workforce. Therefore, managing the mental health of nurses is not merely a humanitarian and ethical issue, but a strategic necessity for maintaining the efficiency and sustainability of the healthcare system in wartime conditions.

To effectively and academically manage this challenge, it is essential to adopt comprehensive, multidimensional risk management approaches that encompass the stages of prevention, preparedness, intervention, and rehabilitation. The first step is to revise and strengthen nursing education programs. It is necessary for nursing curricula to be developed with greater emphasis on psychological aspects and psychotherapeutic interventions, which should be integrated into pre-deployment training modules for nurses who will serve in war zones, and also provided as continuing professional education for all nurses (6).

These programs should include both theoretical and practical training in stress-coping skills, mindfulness techniques, and deep-breathing exercises for maintaining calm under pressure, as well as strategies for building resilience and identifying early signs of trauma and mental disorders in themselves and their colleagues. Such training equips nurses with the tools needed for self-help and mutual support, fostering a strong support network in the workplace (2).

The second step is to establish and institutionalize psychological support structures during and after the war. These structures must be sustainable and accessible to all nurses. It is essential to form psychological support teams consisting of psychologists and trauma specialists who are regularly present in field hospitals and healthcare centers. These teams can provide pre-deployment briefings, post-incident group debriefing sessions after exposure to traumatic events, as well as individual counseling for nurses (7).

Crucially, efforts must be made to normalize the seeking of psychological support as a standard part of occupational health, actively addressing the potential stigma that may prevent nurses from utilizing services; this includes ensuring strict confidentiality of all counseling and support records to encourage uptake. Offering nurses opportunities to share their experiences in a safe, non-judgmental environment, and establishing dedicated 24-hour telephone counseling lines specifically for nurses are other important measures that can help reduce their psychological isolation (7).

The third step is to strengthen academic research and systematic studies in this field. Scientific research on the mental health of nurses in wartime conditions must be reinforced to gain a deeper understanding of the dimensions of this challenge. Such studies may include epidemiological research to accurately determine the prevalence of mental disorders among nurses during and after war, qualitative studies using in-depth interviews to better understand their subjective and objective experiences, as well as interventional studies to evaluate the effectiveness of educational programs and psychological interventions (8). The results of these investigations can form the basis for evidence-based decision-making and the correct development of operational mental health packages for nurses by policymakers and health managers. In the rehabilitation phase, attention to the lessons learned during the 12-day war is also very beneficial.

Ultimately, managing the mental health of nurses in wartime conditions is a collective and complex responsibility that requires the collaboration of healthcare organizations, educational and research institutions, and policymakers. Ignoring this issue not only leads to irreparable harm to the health of nurses, but also means neglecting a vital segment of the country's human resources. It is hoped that through the publication of articles and reports with a scientific and specialized approach in this field, we can take an effective and lasting step toward supporting these heroes of the healthcare system and create a suitable foundation for further research.

## Conclusion

Managing the mental health of nurses in wartime conditions goes beyond an ethical concern and constitutes a strategic necessity for maintaining the efficiency and sustainability of the healthcare system. Crises such as war bring numerous psychological consequences for nurses, including depression and anxiety disorders. Neglecting this issue results in irreparable harm to the personal and professional well-being of this devoted group and endangers a significant portion of the nation's human resources. To effectively address this challenge, it is essential to adopt comprehensive and multidimensional risk management approaches, including the revision of nursing education programs, the establishment of sustainable psychological support structures, and the strengthening of systematic academic research in this field. These measures not only promote the well-being of nurses, but also directly enhance the quality of healthcare services during times of crisis.

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