Relationship Between COVID-19 Fear and Work Readiness Levels of Nurses New to Working During the COVID-19 Pandemic

COVID-19 Pandemi Sürecinde Çalışmaya Yeni Başlayan Hemşirelerde COVID-19 Korkusunun İşe Hazır Olma Düzeyleri ile İlişkisi

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Abstract

Aim: This research was carried out to determine the relationship between fear of COVID-19 and work readiness levels in nurses who have just started working during the COVID-19 pandemic.

Method: This research, which was carried out in accordance with the descriptive and cross-sectional research principles, was conducted between February 2021 and April 2021 with a total of 166 newly graduated nurses during the pandemic period. Introductory information form, New Graduate Nurses Job Readiness Scale and COVID-19 Fear Scale were used to collect data. Data were analyzed using descriptive and correlational statistics.

Findings: The total mean score of the participants on the New Graduate Nurses Ready for Work Scale was found to be 298.0±88.4. Work Competence was determined as 87.2±31.4, Social Intelligence 55.0±19.3, Organizational Awareness 120.9±37.9, and Personal Work Characteristics 34.8±18.3. A low negative (r=0.24) correlation was found between the Fear of COVID-19 Scale and the Personal Work Characteristics subscale of the Work Readiness Scale for Graduate Nurses. Fear of COVID-19 Scale total score was found as 16.0±6.6.

Conclusions: As a result, both COVID-19 fear levels and job readiness levels of newly graduated nurses were found to be moderate.

Keywords: COVID-19; nurse; fear; awareness

Özet

Amaç: Bu araştırma, COVID-19 pandemi sürecinde çalışmaya yeni başlayan hemşirelerde COVID-19 korkusunun işe hazır olma düzeyleri ile ilişkisini belirlemek amacı ile yapılmıştır.

Yöntem: Tanımlayıcı ve kesitsel araştırma ilkelerine uygun olarak gerçekleştirilen bu araştırma Karadeniz bölgesindeki bir ilde bulunan bütün devlet ve üniversite hastanelerinde pandemi döneminde çalışmaya başlayan toplam 166 yeni mezun hemşire ile Şubat - Nisan 2021 tarihleri arasında yapılmıştır. Verilerin toplanmasında Tanıtıcı Bilgi Formu, Yeni Mezun Hemşirelerde İşe Hazır Olma Ölçeği ve COVID-19 Korkusu Ölçeği kullanılmıştır. Veriler, tanımlayıcı ve ilişki arayıcı istatistikler kullanılarak analiz edilmiştir.

Bulgular: Katılımcıların Yeni Mezun Hemşirelerde İşe Hazır Olma Ölçeği toplam ortalama puanı 298,0±88,4 olarak bulunmuştur. Ölçek alt boyut puanları; İş yeterlilik 87,2±31,4, Sosyal Zeka 55,0±19,3, Örgütsel Farkındalık 120,9±37,9 ve Kişisel Çalışma Özellikleri 34,8±18,3 olarak belirlenmiştir. COVID-19 Korkusu Ölçeği ile Yeni Mezun Hemşirelerde İşe Hazır Olma Ölçeği Kişisel Çalışma Özellikleri alt boyutu arasında negatif (r=0,24) düşük düzeyde korelasyon bulunmuştur. COVID-19 Korkusu Ölçeği toplam puanı 16,0±6,6 olarak belirlenmiştir.

Sonuç: Araştırma sonucunda, yeni mezun hemşirelerin hem COVID-19 korku düzeyleri hem de işe hazır olma düzeyleri orta düzeyde belirlenmiştir.

Anahtar Sözcükler: COVID-19; hemşire; korku; farkındalık

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Introduction

The world has faced unprecedented challenges in the face of COVID-19, which has turned into a global pandemic. Increases in positive cases, hospitalizations and number of deaths have increased the pressure on global health services systems (1). This situation has resulted in an increase in the demand for health workforce, especially in nursing, which is the largest group of health care professionals in the world considered as the backbone of the health system (2). It has been stated that during this process, nurses were recruited rapidly in health institutions and the transition process was accelerated by including novice nurses in the clinical environment (3,4).

Benner defined newly graduate nurses who have never encountered problematic situations in real life or those with limited work experience in their first and second year of clinical experience as novice nurses (5). Although nursing students are considered to be professional nurses after they have completed their undergraduate education, an adaptation process in which nurses reflect and apply the knowledge, skills and abilities they have gained during their education to real life situations and thus complete their education is considered as necessary in literature (3,6). However, due to precautions taken during this process, nurses' practices in clinical environments were interrupted, causing a gap in practical knowledge and therefore affecting the theoretical and practical education of nurses negatively (1,7). Although novice nurses enter the workforce each year, 2020 was the first in this century in which this process was experienced during a pandemic (8). COVID-19 pandemic brought along many difficulties for novice nurses such as changing tasks, higher number of patients per nurse, intense workload, continually changing policies and procedures and being exposed to physical and psychological risks (9-11).

When new infectious diseases emerge, healthcare professionals in contact with patients may feel more fear due to concerns about disease transmission and death (12). The safety and health of new nurses in the fight against the pandemic is critical to providing safe and quality nursing care to patients and is vital in the quest to overcome the COVID-19 crisis or future pandemics (13). It is necessary to evaluate the fear levels of nurses in the high-risk group because they are in direct contact with sick individuals, to manage fear and maintain psychological well-being (14).

When the literature is reviewed, it can be seen that studies mainly showed that professional nurses who had practical experience in nursing profession were exposed to stressed conditions, burnout, a tiring workload and lack of protective equipment while caring for patients infected with COVID-19. It was also reported that they experienced uncertainty, and they had to face the fear of getting infected with the disease and transmitting the disease to others (10,15). It is known that the stress and anxiety experienced by nurses, who play a very important role in the management of COVID-19 disease, can negatively affect the quality of patient care (16). However, although there are limited number of qualitative and international studies on the transition of novice nurses to clinical environments and the experiences of these nurses (17,18), no national and quantitative studies which examined the readiness levels of nurses who started working during the COVID-19 pandemic were found. This research was carried out to determine the fears of COVID-19 and the effect of this situation on the level of work readiness of nurses who have just started working during the COVID-19 pandemic process.

Materials and Methods
Study Design

This study has a descriptive and cross-sectional design.

Population and Sample

Population of the study consisted of nurses who had been appointed during the past year (2020) to all state hospitals and the university hospital of a city in Black Sea region. Sample was not selected and all nurses who volunteered to participated in the study and who just started working during the pandemic period were included in the study. Nurses who previously worked in another healthcare institution were excluded from the study. The study was conducted between February 2021 and April 2021. It was found from the official page of the Ministry of Health and the university in the province where the research was conducted that the number of newly appointed nurses was

176 after the beginning of the pandemic. 166 of these nurses were reached and the study was completed with 94.0% of the population.

Data Collection Tools
Descriptive Information Form, which was developed by the researchers in line with the literature, Work Readiness Scale for Graduated Nurses and Fear of COVID-19 Scale were used as data collection tools. The survey form was prepared on google.form and sent to nurses since COVID-19 pandemic was continuing. Newly recruited nurses were reached through chief nurses of clinics in the hospitals. Information about the voluntary consent of participants was asked at the beginning of the survey form. The participants answered the questions through self-report.

Descriptive Information Form
Information form consists of socio-demographic questions (gender, age, etc.), the process of starting work, COVID-19-related parameters and questions about health status (19,20).

Fear of COVID-19 Scale
The scale was developed by Ahorsu et al. (2020) (21) and translated into Turkish by Bakioğlu et al. (2020) (22). It has a single dimension and 7 items. The scale has no reversely scored items. Total score from the scale reflects the level of and fear of COVID-19 experienced by the individual. Possible score from the scale varies between 7 and 35. High scores indicates having high levels of fear of COVID-19. Total Cronbach Alpha value of the scale was reported as 0.88 (22). In the present study, total Cronbach Alpha value was found as 0.89.

Work Readiness Scale for Graduated Nurses
The scale was developed by Caballero et al. as a 64-item scale to measure the readiness of graduated nurses (23). The scale was then adapted to nurses by Walker et al. (2015) (24) and reduced to 46 questions. It was adapted to Turkish by Yıldız Keskin and Aslan (2021) (25). The scale is a 10 Likert type scale. Minimum possible score from the scale is 46, while the maximum possible score is 460. The scale consists of four sub-dimensions as Work Competence, Social Intelligence, Organizational Awareness and Personal Work Characteristics. Higher score means higher level of readiness for work. Total Cronbach Alpha value of the scale was reported

as 0.94 (25). In the present study, total Cronbach Alpha value was found as 0.97.

Evaluation of Data
Analyses of the study were carried out in SPSS 20.00 package program. Nominal variables were shown as number of patients (n) and (%). In descriptive statistics, median (min-max) was used for non-normal variables. Normality of the data was analysed with Kolmogorov-Smirnov test. Mann-Whitney U test and Kruskall-Wallis test were used for variables which did not have a normal distribution. Pearson correlation analysis was applied to determine the relationship between the scores obtained from the scales. Level of statistically significance was 0.05

Ethical Considerations
2021/139 numbered Ethics Committee approval was taken from the local ethics committee for the study. After the participants were informed, their consents were taken. Written permission was taken from Ministry of Health Scientific Research platform to carry out the research.

Results
Mean age of the nurses who participated in the study was found as 24.6±2.7. It was found that 83.1% of the participants were female, 16.9% were married, 6.0% had at least one chronic disease, 33.7% worked in intensive care and 44.0% provided care to patients diagnosed with COVID-19. It was also found that 66.3% of the participants had received orientation training, 35.5% had previously been infected with COVID-19, 72.9% had been vaccinated for COVID-19 and 72.9% had relatives who had been diagnosed with COVID-19 (Table 1).

According to the results of the study, statistically significant difference was found between the ages and fear of COVID-19 scale scores of newly graduated nurses (p=0.03). It was found that nurses who were >25 years of age had higher fear of COVID-19 score than nurses who were between 20 and 25 years old. It was found that the COVID-19 fear levels of nurses who had COVID-19 were higher than those who did not (p=0.02) (Table 1).

Total mean score of the participants' Work Readiness Scale for Graduated Nurses was found as 298.0±88.4. Sub-dimension mean scores were found as 87.2±31.4 for work competence, as

Table 1. Comparison of the demographic characteristics of the nurses participating in the study and the mean score of the COVID-19 Fear Scale (n=166)

Variables	n	%	COVID-19 Fear Scale Median (min – max)	Statistics
Age				
Ages 20-25	121	72.9	14 (7-35)	U=2130.5
Over 25	45	27.1	17 (7-32)	**p=0.03**
Gender				
Woman	138	83.1	15 (7-35)	U=1885.5
Man	28	16.9	14 (7-32)	p=0.84
Marital status				
Married	28	16.9	14 (7-31)	U=1904.5
Widow	138	83.1	15 (7-35)	p=0.90
Chronic disease				
At least one disease	10	6.0	10 (7-24)	U=621.5
None	156	94.0	15 (7-35)	p=0.28
The institution started working for				
University Hospital	37	22.3	14 (7-35)	
Public Hospital	120	72.3	15 (7-35)	KW =4.72
Primary Health Care Services	3	1.8	15 (9-22)	p=0.19
Private Hospital	6	3.6	17 (9-25)	
Started unit				
COVID-19 Service	2	1.2	14 (7-35)	
Emergency	22	13.3	16 (7-29)	
Intensive care	56	33.7	16 (7-31)	KW =3.93
Internal Medicine Services	45	27.1	14 (7-28)	p=0.55
Surgical Services	30	18.1	13 (7-35)	
Primary Health Care Services	11	6.6	15 (9-24)	
Sickness of COVID-19 in the unit where the employment was started				
Yes	73	44.0	15 (7-35)	U=3092
No	93	56.0	15 (7-35)	p=0.32
Status of receiving orientation training				
Yes	110	66.3	15 (7-35)	U=3263.5
No	56	33.7	14 (7-32)	p=0.53
Condition of caring for a previous COVID-19 patient				
Yes	54	32.5	13 (7-35)	U=3535
No	112	67.5	16 (7-35)	p=0.07
COVID-19 vaccination status				
Yes	121	72.9	16 (7-35)	U=2490
No	45	27.1	14 (7-29)	p=0.39

COVID-19 passing status				
Yes	59	35.5	13 (7-31)	U=3.821 **p=0.02**
No	107	64.5	16 (7-35)	
Status of being a relative of COVID-19 disease				
Yes	121	72.9	14 (7 35)	U=2825.5 p=0.70
No	45	27.1	17 (7-35)	
Letters (a, b) indicate no difference between groups that have the same letter, * p<0.05, U: Mann-Whitney U test, KW: Kruskal-Wallis test				

Table 2. Distribution of Work Readiness Scale and COVID-19 Scale for Graduated Nurses (n=166)

Scale Sub-Dimensions	Min - Max	X±SS
Work Competence	14-140	87.2±31.4
Social Intelligence	8-80	55.0±19.3
Organizational Awareness	16-160	120.9±37.9
Personal Work Characteristics	8-80	34.8±18.3
The Work Readiness Scale Total	46-460	298.0±88.4
COVID-19 Scale	7-35	16.0±6.6

55.0±19.3 for social intelligence, as 120.9±37.9 for organizational awareness and as 34.8±18.3 for personal work characteristics. Fear of COVID-19 Scale total score was found as 16.0±6.6 (Table 2).

Statistically significant difference was found between the status of working at COVID-19 unit and Work Readiness Scale for Graduated Nurses total score and Work Competence sub-dimension scores of newly graduated nurses who had just started working during the COVID-19 pandemic (p=0.02; p=0.03). It was found that newly graduated nurses who were working in COVID-19 units had higher Work Readiness and Work Competence scores than newly graduated nurses who were not working in COVID-19 units (Table 3).

Statistically significant difference was found between the state of having COVID-19 vaccine and organizational awareness sub-dimension scores of newly graduated nurses (p=0.03). It was found that nurses who had COVID-19 vaccine had higher organizational awareness scores than nurses who did not have COVID-19 vaccine (Table 3).

Table 3. Comparison of the COVID-19 parameters of the nurses participating in the study and the total scores of the Work Readiness Scale for Graduated Nurses and the mean scores of the scale sub-dimensions (n=166)

	Work Readiness Scale Total Med. (min-max)	Work Competence Med. (min-max)	Social Intelligence Med. (min-max)	Org. Awareness Med. (min-max)	Personal Work Char. Med. (min-max)
Working in the COVID-19 service					
Yes	332 (111-441)	98 (17-140)	64 (14-80)	135 (16-160)	34 (8-78)
No	308 (46-460)	85 (14-140)	54 (8-80)	136 (16-160)	31 (8-80)
	U=2.711 *p=0.02	**U=2728 *p=0.03**	U=2851.5 p=0.07	U=3096.5 p=0.33	U=3086 p=0.31
Status of receiving orientation training					
Yes	330 (48-460)	94 (14-140)	63 (10-80)	140 (16-160)	30 (8-80)
No	314 (46-441)	87 (14-135)	57 (8-80)	126 (16-160)	35(8-78)
	U=2759 p=0.27	U=2789 p=0.32	U=2739.5 p=0.24	U=2720 p=0.21	U=3396.5 p=0.28

Condition of caring for a previous COVID-19 patient					
Yes	318.5 (48- 460)	95 (14-140)	56 (10-80)	123 (16-160)	26.5 (8-80)
No	324 (46-441)	87 (14-140)	62 (8-80)	135 (16-160)	33.5 (8-80)
	U=3207.5 p=0.52	U=3041 p=0.95	U=3262.5 p=0.41	U=3401 p=0.19	U=3286 p=0.36
COVID-19 vaccination status					
Yes	324 (46-460)	92 (14-140)	61 (8-80)	140 (16-160)	31 (8-80)
No	310 (73-410)	78 (16-137)	58 (12-80)	123 (29-160)	33 (8-73)
	U=2487 p=0.39	U=2386 p=0.22	U=2411.5 p=0.30	**U=2137 *p=0.03**	U=2988.5 p=0.33
COVID-19 passing status					
Yes	322 (46-460)	87 (14-140)	62 (8-80)	135 (16-160)	29 (8-80)
No	324 (81-403)	92 (17-140)	58 (14-80)	135 (16-160)	34 (8-80)
	U=2999.5 p=0.59	U=2910.5 p=0.40	U=2907.5 p=0.40	U=2964.5 p=0.51	U=3406.5 p=0.39
Status of being a relative of COVID-19 disease					
Yes	324 (46-460)	89 (14-140)	58 (8-80)	135 (16-160)	35 (8-80)
No	308 (81-449)	94 (17-140)	60 (14-80)	135 (31-160)	28 (8-80)
	U=2525.5 p=0.47	U=2623 p=0.71	U=2541.5 p=0.51	U=2712 p=0.97	U=2241.5 p=0.08

* $p<0.05$ U: Mann-Whitney U test

Table 4. Correlation between Work Readiness Scale for Graduated Nursesand Scale COVID-19 Fear Scale

	The Work Readiness Scale Total	Work Competence	Social Intelligence	Organizational Awareness	Personal Work Characteristics	Age	COVID-19 Fear Scale
The Work Readiness Scale Total	1.00	0.89**	0.92**	0.90**	0.44**	0.02	-0.07
Work Competence		1.00	0.85**	0.70**	0.26**	0.11	-0.07
Social Intelligence			1.00	0.83**	0.19*	0.05	-0.14
Organizational Awareness				1.00	0.22**	-0.09	-0.15
Personal Work Characteristics					1.00	0.07	-0.24*
Age						1.00	0.15
COVID-19 Fear Scale							1.00

** Pearson Correlation is significant at the 0.01 level. * Pearson Correlation is significant at the 0.05 level.

The participants' Work Readiness Scale for Graduated Nurses and Scale scores and Work Competence, Social Intelligence, Organizational Awareness scores were positively high (r=0.89; r=0.92; r=0.90, respectively), and their Personal Work Character scores were positively moderate (respectively). It was determined that there was a relationship at the level of r=0.44. A low negative (r=0.24) correlation was found between the Fear of COVID-19 scale and the Personal Work Characteristics subscale of the Work Readiness Scale for Graduate Nurses. A low positive (r=0.15) correlation was found between the Fear of COVID-19 scale and age (Table 4).

Discussion

In the present study which was conducted to find out the relationship between fear of COVID-19 and work readiness levels of nurses who were newly recruited during the COVID-19 pandemic, total mean score of Fear of COVID-19 scale was found as 16.02±6.63. In a study conducted with nursing students, it was stated that the average score of the Fear of COVID-19 scale was at an average level of 15.99±5.17 (26). Another study revealed that it was 15.43±16.14 (27). In another study which was conducted with nurse clinicians 53.5% of whom were known to have worked between 0 and 5 years, Fear of COVID-19 scale mean score was found as 20.01±6.91 (28). In a study conducted by Khordeh et al. (2022) (29) on 295 emergency service nurses, mean work experience of the participants was found as 6.48±5.28 years and Fear of COVID-19 scale mean score was found as 20.00±7.37. Fear is accepted as a justified emotion in the face of a negative or unexpected situation. Considering the pandemic period, it is thought to be a normal situation for nurses who have just been recruited in hospital, which is a risky environment during the pandemic period, to experience low fear level of fear.

It was found that fear of COVID-19 scores of nurses older than 25 years of age in the study was higher than those of nurses between the ages of 20 and 25 and the difference between these was found to be statistically significant. A positive correlation was found between the Fear of COVID-19 scale and age. In a study conducted by Bakırhan and Tan (2023) with nurses, it was stated that there was a positive relationship

between the ages of the participating nurses and their fear of COVID-19 (30). Additionally, another study conducted with nurses in Saudi Arabia found that the age of nurses was an important predictor of their fears regarding the COVID-19 pandemic, and that higher levels of fear were associated with older age (31). Data regarding the effect of age on fear of COVID-19 vary in the literature. In the studies of Yılmaz and Uysal (2021) and Savsar and Karayurt (2023), it was stated that the age of nurses had no effect on the fear of COVID 19 (28, 33). Additionally according to Center for Diseases Control and Preventation data, the death rate was found to be 45 times higher in those aged 30-39 compared to the age group of 5-17, and 8,700 times higher in people aged 85 and over (32). It is thought that the fact that most of the people who died during the pandemic were of advanced age may have caused this situation.

Work Readiness Scale for Graduated Nurses total mean score of the participants was found as 298.0±88.4. When the total scores from the overall scale and sub-dimensions are considered, it can be said that work readiness states of newly graduated nurses are above average. In a study conducted by Özkan (2022) on intern students, it was stated that the students had a good level of general self-efficacy (34). In a study conducted by Aksu et al. (2022) on nurses, it was found that nurses had the self-efficacy to work in case of emergencies (35). In another study conducted by Bani et al., it was reported that 81.4% of the participants described the professional transition as worse than expected, and that the transition to professional life was more difficult for new graduate nurses working in COVID-19 environments (36). It appears that the literature generally supports the study findings. It is a known fact that well-developed educational systems attach importance not only general quality of students, but also their technical skills and professional psychology. When the scores obtained from this study in a difficult period such as COVID-19 pandemic are considered, it is thought that students who are surrounded by well-developed educational resources have increased opportunities to access news about their careers, resulting in positive contributions to career views of students and increased self-confidence of students to become qualified nurses.

In the present study, statistically significant difference was found between the newly recruited nurses' states of working in COVID-19 units and their work readiness total score and work competence sub-dimension scores; it was found that nurses who worked in COVID-19 units had higher work readiness and work competence scores than nurses who did not work in COVID-19 units. In a study conducted by Crismon et al. (2021), it was found that some of the newly recruited nurses stated they were proud of their profession and they stated that the role and importance of nurses were vital (37). In another qualitative study, nurses who experienced becoming nurses in the pandemic period stated that they were sometimes tired, they had difficulty in coping with the situation, they felt deprived of the required education to care for patients and they lost many patients despite their efforts (38). It was stated that starting the profession during the COVID-19 pandemic had positive consequences such as increasing the feeling of responsibility, learning the job while doing and providing the opportunity to develop (39). In a study by Sarnkhaowkhom et al. (2022), one of the participants stated she got information about the things she was curious about and she wanted to learn by watching videos from the internet, worked "on her own" to manage the process and gathered information (17). It is stated that the first 3 months of starting practice is the most stressful period for a newly graduated nurse (18). The present study was conducted approximately one year after the pandemic started. In this process, much more information than the start of the pandemic was put forth. It is also thought that the fact that newly graduated nurses were aware of the value the society placed on the profession and the expectations from the profession may have encouraged them to get new information about the pandemic. It is also thought that this situation is due to the fact that nurses working in COVID-19 wards care for more COVID-19 infected patients, have a higher risk of contracting the disease, and therefore have a higher fear of the pandemic, resulting in higher work readiness and job competencies.

In our study, it was found that as nurses' fear of COVID-19 score increased, their work readiness score decreased. It is stated that nurses should have communication, empathy, mercy, flexibility, honesty and time management skills so that they can be successful in their profession (25). All these skills are among the personal characteristics of the individual. Personal Characteristics sub-dimension evaluates a combination of adaptation skill, attitudes towards work and stress management (23). The employees with the highest risk during pandemic periods are healthcare workers. Healthcare personnel may feel unsafe as a result of their increased job responsibilities and obligations, expanded working hours, and being faced with a high viral load, and this affects their mental health (40). It is reported that variable emotional states such as fear, high risk perception, anxiety and stress in nurses will negatively affect the patient care process in the fight against COVID-19 (41). Reasons why nurses and other healthcare professionals' quality of work life is affected by COVID-19; working in the same place with people with high infection or carrier rates, more stress compared to other segments of society, increase in the number of cases and death rates, insufficiency in medical supplies and devices, long-term and intense working tempo, stress, etc. are listed as (42). In their study, Maslakçı et al. (2021) determined that there was a negative relationship between nurses' fear of COVID-19 and their quality of work life (43). Nurses are a group of employees with high anxiety levels who work under conditions such as heavy workload and insomnia, especially during epidemic processes (44). However, it is thought that starting a new job during the pandemic, which is an extraordinary and uncertain situation, has a negative impact on nurses.

Limitations
The research cannot be generalized to new nurses due to the sample size. This is a limitation of the research. The fact that forms were filled in online due to the pandemic is another limitation of the study.

Conclusion
As a result, both COVID-19 fear levels and job readiness levels of newly graduated nurses were found to be moderate. In our study, it was determined that as nurses' fear of COVID-19 score increased, their work readiness score decreased. In order to support the readiness of new graduate nurses in extraordinary situations

such as the pandemic, situations and experiences that increase their fears should be investigated. Finding out the experiences of newly graduated nurses who started work during the pandemic and understanding the difficulties encountered will provide a basis for educational interventions that have the potential to strengthen and protect nursing workforce. For this reason, the long-term effects of the transition from academic environment to professional environment during COVID-19 environment on nurses' fear and work readiness processes should be evaluated and monitored.

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