MITIGATING THE STRESS AND MENTAL HEALTH TRAUMA OF COVID-19 for NURSES and HEALTH CARE PROVIDERS

Statement of The International Society for Psychiatric Mental Health Nurses

This position statement builds on the *Statement on Mental Health and the Coronavirus Pandemic*, (ISPN, 2020) which highlighted concerns and needs of those working with patients, clients and families, population, and research needs during and after the pandemic. As the pandemic stretches into its second year, the stress and psychological trauma are becoming increasingly evident. The purpose of this statement is to 1) identify the distress and psychological trauma that COVID-19 has wreaked on nurses and frontline healthcare providers (HCPs), and 2) make recommendations to address on an organizational and policy level for individual health care providers.

Context

What began as several pneumonia cases at the end of 2019 in Wuhan, Hubei Province, China, was eventually identified as a severe acute respiratory syndrome (SARS-CoV-2), the novel coronavirus now known as COVID-19. Rapidly spreading across 113 countries, COVID-19 was officially declared a pandemic on March 11, 2020. Despite the growing vaccine options rapidly becoming available, the pandemic's multifaceted effects will impact nurses and other HCPs worldwide for years to come.

The COVID-19 crisis is an unprecedented event, wreaking havoc on HCPs and systems worldwide. Pandemics impact the healthcare workforce's emotional well-being through traumatic and moral distress on a scale second only to military conflict or war. At the onset, HCPs faced chaos and confusion, misinformation, equipment shortage, staffing shortages, rationing of care, fear of contracting the virus, fear of bringing it home to families and loved-ones, physical isolation, and cumulative guilt and grief of caring for vast numbers of dying patients. The world seemed to rally around HCPs as 'heroes,' yet with the pandemic's protracted nature, lack of an identifiable endpoint due to identification of variants of the virus, and the elevated personal risk of infection all compound the mental health burden.

The mental health toll on nurses and other HCPs, specifically from COVID-19, is still unclear. Early findings suggest increased use of alcohol, substances, somatic symptoms, depression, anxiety, even suicides. Nearly 33% of providers identified mental health symptoms meeting diagnostic criteria, which is higher than the general population. Healthcare providers caring for patients with COVID-19 in Italy, an early epicenter of the pandemic, endorsed higher levels of depressive and posttraumatic stress symptoms (Di Tella, Romeo, Benfante, & Castelli, 2020). More than half of healthcare workers in China reported significant depression and anxiety (58% and 54%, respectively) (Xiao et al., 2020). In New York City, another early COVID-19 epicenter, a cross-sectional study during a period of peak COVID-19-related admissions found of 657 nurses, 57% reported acute stress symptoms, 48% depressive symptoms, and 33% generalized anxiety symptoms (Shechter et al., 2020).

Pre-pandemic, the healthcare workforce was already stressed, with over one-third of nurses providing direct patient care experiencing job dissatisfaction and burnout (McHugh, Kutney-Lee, Cimiotti, Sloan, Aiken, 2011) and mental health difficulties including PTSD and risk for suicide.

The added psychological burden shouldered by nurses and other HCPs can further deplete emotional reserves and place them at heightened risk for burnout. The hospital environment has become fraught with unimaginable, morally distressing situations, such as choosing between quality patient care and personal safety. The healthcare system will reach a breaking point as the volume of patients and infected providers grow while the availability of equipment and supplies dwindles. The acute care hospital setting is unpredictable, stressful, and consistently challenging, but the demands of a disaster-related event could challenge a provider's coping mechanisms beyond capacity.

Provider emotional well-being has been raised as an essential issue many times, but the discussion stops short of creating any substantive change. Listening to healthcare workers' needs is critical to quality care delivery and a healthy workforce. Health care professionals ask leaders to hear their concerns, protect them from COVID-19, communicate with them transparently, provide basic needs (food assistance, flexible work hours, rest at work, emotional support). "Hear me, protect me, prepare me, support me, care for me" should be a banner that guides all future policy work (Shanafelt, Ripp & Trockel, 2020). Psychological recovery post-disaster strongly correlates with access to social supports, but pandemics force a redesign of social interactions.

Conclusions

The precarious impact of COVID-19 on nurses and other HCPs continues as we enter the second year of the pandemic. It is essential to maintain nurses and other HCPs to have a viable functioning workforce that can deliver quality patient care. Critical to the following recommendations will be building competencies through education and retraining/upskilling in the management of COVID-19, exploring innovative approaches to provide accelerated training for overloaded nurses and other HCPs, and introducing policy enablers for mental health workforce management in the context of COVID-19 response.

Recommendations

System-wide responses are needed to support nurses’ and HCP’s well-being in future pandemic/disaster readiness. The healthcare workforce requires strategic planning and actions to meet future pandemics and disasters' mental health challenges.

For Organizations and Governmental Bodies

- Ensure occupational safety for nurses and other HCPs. Review the division of labor and reassign those with high risk.
- Perform regular risk assessments of health workers and establish protocols to assure self-isolation and the safe return of health workers to work.
- Provide training for health workers on infection control and use of safety equipment (PPE).
- Plan services and interventions in such a way as to and limit health worker exposure.
- Develop mechanisms and protocols to monitor illness, stress, and burnout among nurses and other HCPs.

- Reduce work-related burden on nurses and HCPs, ensuring a manageable workload including rotations, compulsory breaks, and monitoring working hours.
- Provide psychosocial/mental health support to nurses, HCPs, and their families, including Hot Line Services and childcare.
- Ensure financial resources and incentives for nurses and other HCPs care and innovative contractual modalities.
- Provide data collection of the existing health workforce and identify shortages, mortality and morbidity rates.
- Provide security and take broader measures that prevent social discrimination, violence, attacks, harassment, stigma, and abuse against nurses and other HCPs.
- Organize care delivery pathways to optimize roles and encourage team-based care.

For Policy/Public Health Entities

The US Department of Health and Human Services and other appropriate governmental agencies should examine existing federal preparedness and response strategies to identify the priority of health and wellness of nurses and HCPs during a pandemic/disaster. Experts in nursing and HCP pandemic response can develop plans to train and execute these roles during a pandemic/disaster.

- Earmark resources for maintaining mental as well as the physical well-being of nurses and HCPs.
- Expand investment in public health infrastructure and safety measures for nurses and HCPs.
- Fund research for impacts on and prevention of mental hardships and damage on nurses and other HCPs.
- Implement metrics that measure whether a facility has the plans, procedures, and human resources needed to surge the nursing workforce during a pandemic and psychological disaster readiness for post influence.
- Include education and training for nurses on pandemic preparedness and mental health impact as a specific accreditation requirement.
- Identify each federal agency's capacity for advancing the emergency preparedness and response knowledge base in the nursing workforce and integrate this information into their subsequent strategic plans. Use lessons learned for preparation.
- Develop and maintain workforce data about COVID-19 positive rates, burnout, and illness in nursing and HCPs, and precipitous leaving the profession. Document prevalence of mental health illness, substance use, and suicide rates of nurses and other HCPs.

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