

NURSES IN

A MENTAL HEALTH PANDEMIC

Perspectives from an
RCC who also works
as a Registered
Nurse and Registered
Psychiatric Nurse

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CRISIS

The morning alarm sounds off, and once again, another busy shift is waiting for the nurse. “Sue” checks her phone and sees numerous notifications from the hospital, alerts for anyone to come to fill yet another vacant shift. Managing her frustration, she takes a deep breath, kisses her kids goodbye, and heads off to work.

An ICU nurse’s work uniform is now layered with the addition of personal protective equipment. Despite her years of experience, the surge of COVID-19 patients instills a fresh sense of anxiety and urgency in her to manage the patient’s complex needs while avoiding infection. She is used to managing complicated medical equipment, but today she must consider a new piece of equipment: a personal iPad that her patient’s family has delivered.

She eventually accomplishes the setup after fumbling with Wi-Fi connectivity troubles. She elevates her patient so he can view the photographs of his loved ones on the small screen. This isn’t a typical visit; no outsiders are allowed, but since the patient’s condition is deemed terminal, this is the only way for them all to share a goodbye.

The nurse tries to move out of the screen to allow the private virtual meeting. The patient attempts to hold the device himself, but his body is weak and trembling. The nurse has

no option but to witness and inject herself into this very private meeting and manage the intrusive feelings that wash over her. She holds her patient and the iPad as the messages of love and grief are shared over a small screen. With the absence of much-needed physical contact from his loved ones, she tries to enhance these goodbyes by gently stroking the patient’s skin, trying to translate the love of his family physically.

The nurse struggles to compose her own emotions and remain the steadfast caregiver he deserves and requires. There is no time to process what the nurse is experiencing as there

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is much more to do. She is mentally, emotionally, spiritually, and physically exhausted when the shift is over. She has a brief opportunity to share her experience with arriving colleagues. Still, she is halted by the awareness that she must not burden the nurses who are just starting their shift. She must also try to leave the day’s events behind as she heads home, peels off her uniform in the garage, and slips into the shower before greeting her family with what little “care” she has left to give.

MENTAL HEALTH CHALLENGES AMONG NURSES

The COVID-19 pandemic has moved from months to years. Health care professionals, the frontline warriors in this pandemic, await the opportunity to exhale. The feeling is described as waiting for a building fire to burn out, a car accident to come to a stop, an earthquake to find its completion, but the end has not come with the pandemic. The largest group of health care professionals impacted are nurses, including registered nurses, registered psychiatric nurses, and licensed practical nurses. Psychological and physical work-related concerns are not

new, and the added pressure of caring for those impacted by the virus is now further contaminating the mental health of many nurses.^{1,2}

Nurses are first and foremost people with the same likelihood as anyone else of having challenges with their mental health. The profession can increase the risk of these challenges occurring with routine exposure to trauma, violence, and suffering. In 2019, WorkSafeBC amended the *Workers Compensation Act* acknowledging mental illness as a

work-related injury. This Presumptive Legislation for Work-Related Mental Health Injuries now includes nurses regulated by the British Columbia College of Nursing Professionals (RNs, RPNs, LPNs, and NPs).

A variety of circumstances influences nurses' stress levels. Heavy workloads, lengthy shifts, fast pace, lack of physical or psychological safety, chronicity of care, moral conflicts, perceived job security, workplace bullying, and lack of social support are just a few examples. Burnout, depression, anxiety disorders, sleep difficulties, and other ailments might occur from the associated psychological anguish.^{3,4} Professionalism, quality of care delivery, efficiency, and general quality of life can all be harmed by work-related stress.^{5,6} While it is vital to identify and minimize these work-related risk factors to preserve mental health and well-being, progress is slow

to non-existent. It is then up to the nurses to take care of themselves.

AFTER THE 7 O'CLOCK CHEERS

A renewed sense of professional honour occurred initially during the pandemic. Recognition of the work frontline health care workers with the global and collective routine of setting aside time to bang pots, blow whistles, and cheer on frontline workers at 7 p.m. each night. Nurses who often felt unseen, unacknowledged, and misunderstood experienced a sort of pride in the call to action to join their coworkers during a time of crisis. But those cheers ended and are now replaced with a sense of helplessness, burnout, and vicarious trauma as the relentless demand continues, perhaps more intensely than before.

Reports aren't looking good. The BC Nurses' Union and researchers from the University of British Columbia School of Nursing worked on a study

during the pandemic that looked at the mental strain associated with working as a nurse in diverse settings. The nurse sample had two to three times the national average of suicidal thoughts and attempts.⁷ According to a member poll conducted by the Canadian Federation of Nursing Union in January 2022, 94 per cent of nurses are experiencing symptoms of burnout, with 45 per cent claiming severe burnout and two-thirds of the nurses saying their mental health has deteriorated in the past year.⁸

UNDERSTANDING THE NURSING CULTURE

Canadian nursing dates back to the 1600s when nuns sacrificed their own lives for the good of others and were expected to do so. This mindset continues as the health care sector is viewed as service-oriented, with secondary importance to those providing that care.

CONSIDERATIONS FOR COUNSELLORS WORKING WITH NURSES

- Become occupationally aware of the nursing culture.
- Embrace a trauma-informed and strength-based approach.
- Normalize using mental health supports.
- Incorporate a biopsychosocial lens for risk and protective factors.
- Explore cultural barriers to enhance understanding and shatter misinformation and faulty assumptions.
- Normalize trauma reactions to extremely abnormal circumstances.
- Communicate that post-traumatic injury can lead to post-traumatic growth.
- Reassure nurses that they are not alone in their struggles and not broken, weak, and damaged beyond repair.
- Provide psychoeducation with neuroscience and brain-based benefits of modalities so nurses can link it to the already familiar emphasis of biological-emphasis training.
- Confidentiality is critical and a familiar concept in health care, but nurses need to be reassured that the therapist prioritizes privacy and discretion.
- Assist with compassion training, so nurses can continue to feel empathy



for others suffering while gaining the ability to feel positive emotions without feeling distressed.

- Assist nurses to identify and explore the double binds they face at work (moral injuries).
- Help nurses understand how compassion and empathy differ neurobiologically.



Nurses can feel that the public expects nurses to care for patients at any cost, including the cost of their well-being and their families. Care is perceived as their calling, mission, and obligation. They perceive their complaints and concerns are unvalued and, at times, in contrast to the symbolic giving nature of nursing as a service. This makes it difficult for nurses to reach out for support, as they often feel handcuffed to the idea of prioritizing others at the expense of themselves.

The nursing culture includes both protective factors and risk factors. The protective features identified by nurses include the advancement of care and healing for patients, continual learning and education, expertise in their chosen field, supportive peers who are often referred to as “work-wives,” “work-husbands,” and “work-family.” Nurses value their contribution to the healing journey or providing symptom management and emotional comfort in the absence of healing.

Risk factors for mental health challenges within the profession have more complexity. Similar to firefighters, nurses are a “band of sisters and

brothers.” Nurses don’t want to be the “weak link” and be doubted by their peers, seen as incompetent or weak. Nurses are also familiar with the “eating their young” ideation which minimizes support and emphasizes the need to “suck it up” and “toe the line” to be accepted. The bullying behaviour, also known as lateral violence, can result in feelings of inadequacy and separation for a nurse. Younger or newer nurses may feel personally inadequate, starting a negative trend early in their careers. This culture of survival leads nurses to feel like they are often under tension, and those who struggle with mental health challenges feel like failures. The silencing only serves to fuel the stigma and shame, and the cycle continues.

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KEEP READING....

Nurses in crisis: Mental health pandemic by Amanda Burns, RCC, RN, RPN continues on BCACC’s blog at <https://bcacc.ca>, where you can learn more about organizational trauma, reframing clinician distress, and reframing self-care. ■

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