

# Better mental health supports for nurses needed, study finds

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Working in the highly charged environment of COVID-19 has had a huge impact on the mental health of nurses, according to a new survey by researchers at the University of British Columbia and the Institute for Work & Health in Toronto.

The findings, described recently in the *Annals of Epidemiology*, is the first to compare Canadian nurses' [mental health](#) prior to and during the [pandemic](#).

"Whether they worked in acute care settings, in community care or in long-term care homes, nurses experienced high rates of depression and anxiety as the pandemic accelerated," says lead researcher Dr. Farinaz Havaei, a professor of nursing at UBC who studies [health systems](#) and workplace psychological health and safety.

Prior to the pandemic, two out of 10 nurses reported that they felt depressed. By April 2020, this had increased, with three out of 10 nurses reporting they felt depressed.

And prior to the pandemic, three out of 10 nurses

said they were feeling anxious, whereas during the COVID-19 outbreak, four out of 10 now reported they felt anxious.

"Heavy workloads, inadequate staffing and the mental and [emotional stress](#) of dealing with human suffering and death—these factors contributed to the decline in nurses' well-being," she added.

The survey was conducted in September 2019 and again in April and June the following year, drawing more than 10,000 respondents.

## Long-term care nurses affected the most

While the pandemic affected many nurses, those in the long-term care (LTC) sector felt the greatest strain, with six out of 10 reporting anxiety in April, compared to four out of every 10 nurses in the acute care and [community care](#) sectors.

However, when surveyed two months later, LTC nurses reported their outlook had improved. In that survey, four out of 10 (37 percent) reported they felt anxiety and three out of 10 (27 percent) said they felt depressed.

Havaei says the disproportionate impact of the pandemic on LTC nurses isn't surprising given that COVID-19 hit the long-term care sector the hardest, adding that the apparent improvement in late spring could be related to some nurses leaving their jobs due to poor mental health.

"By the time we conducted the third survey round, many of the LTC nurses—likely burnt out by the strain of caring for ill patients—had quit their jobs, reducing the amount of reported mental health problems."

## Mental health supports

Although the research draws on data from a single province—British Columbia—the findings highlight the

need to critically examine the supports available for nurses across Canada, says study co-author Dr. Peter Smith, a senior scientist at the Institute for Work & Health in Toronto.

"Healthcare workers have been on the front lines of the COVID-19 response," says Dr. Smith. "Studies have shown that, when workers feel protected through adequate and effective infection control practices and personal protective equipment, rates of anxiety and depression are lower."

Dr. Smith added: "We need to ensure for the remainder of the COVID-19 pandemic, and for pandemics in the future, that we have adequate systems and resources to quickly and effectively protect workers on the frontline. We also need to understand the effect that the prolonged period of high anxiety and stress has already had on frontline workers who didn't feel protected."

Dr. Havaei explains, poor [nurse](#) mental health has devastating costs for healthcare organizations and patients through increased nurse absenteeism, "presenteeism"—and turnover.

"Preliminary analysis from our other research shows that poor nurse mental health decreases the quality and safety of patient care delivery by as much as 10-fold. There is an urgent need for better mental [health](#) supports and resources for nurses, especially those who work in long-term care," adds Dr. Havaei.

**More information:** Farinaz Havaei et al, The impact of the COVID-19 pandemic on mental health of nurses in British Columbia, Canada using trends analysis across three time points, *Annals of Epidemiology* (2021). DOI: [10.1016/j.annepidem.2021.05.004](https://doi.org/10.1016/j.annepidem.2021.05.004)

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