

Issues Facing the Post-Pandemic Nursing Workforce in Oregon – Stress and Emotional Health

Introduction

On February 28, 2020, the first confirmed case of COVID-19 was reported in Oregon, and less than a month later, the World Health Organization declared the COVID-19 outbreak a global pandemic. Early in the pandemic, much concern was focused on an adequate supply of COVID-19 testing supplies, inventories of personal protective equipment (PPE), and the disruption of the nursing education pipeline as clinical education sites restricted access. Many nurse leaders worried about stress and burnout among nurses related to the shortages of PPE and the potential of hospitals being overwhelmed with COVID-19 patients. However, as the pandemic continued, and the number of cases rose across Oregon, more long-term impacts on front-line nurses' emotional health and well-being emerged. While many of the short-term issues causing stress and anxiety (e.g., adequate supplies of PPE and testing materials) were resolved or reduced, concerns about the long-term emotional health and burnout among Oregon's nursing workforce remain. Unfortunately, there is a lack of state-specific data and most of what we know about the stressors affecting nurses in Oregon is anecdotal. Many of the studies in the published literature are based on national or international samples of healthcare workers.

Stress and Personal Safety

A longitudinal survey conducted in July 2020 and again in February 2021 examined nurse leaders' concerns due to the pandemic, and how those fears changed over time.¹ In July 2020, about half of nurse leaders considered the lack of PPE as a significant challenge for the nursing workforce. Slightly more than half also considered surge staffing, training, reallocation of staff and communication about changes in policy and procedures to be significant challenges. Also,

about half of nurse leaders considered staff's emotional health and well-being a concern.

As the pandemic progressed, the challenges faced by the nursing workforce shifted away from PPE access, and more toward individual nurse well-being. By February 2021, nurse leaders noted more concern about the emotional health and well-being of staff (17% point increase since July 2020), and surge staffing and training (11% point increase), while worries about the lack of PPE fell by 24 percent.

“Healthcare workers showed about five times higher rate of symptoms than the estimated prevalence of PTSD in the general population.”

Nurses working with COVID-19 patients reported elevated levels of stress because of risks associated with their workplace. One study, which surveyed a large sample of front-line healthcare workers and included nurses, found healthcare workers were taking extraordinary steps to reduce infecting themselves, members of their families and friends². The authors reported about 57 percent of respondents were taking all the necessary precautions at home, 41 percent were isolating themselves from family members, 12 percent moved into a different residence temporarily, and about seven percent sent household members to live elsewhere. However, those who isolated themselves from family reported an associated increase in burnout.

Anxiety, Emotional Health and Well-Being

Several studies shed light on the impact of the pandemic on nurses and healthcare workers mental health.³ One study found the prevalence of anxiety, depression, and insomnia increased in healthcare workers during the pandemic. It found an increase in the prevalence in mild depression, moderate depression and severe depression among healthcare workers during the pandemic compared to prevalence estimates of depression prior to the beginning of the pandemic.

Similarly, others found the level of stress, depression, and anxiety of nurses during the pandemic were higher than for a comparable sample of the general population as measured by the Depression Anxiety Stress Scales (DASS-21).⁴ Taken together, these analyses indicate **the level of stress, anxiety, depression was higher for nurses than for the general population during the pandemic and was increased from the level observed prior to onset of the COVID-19 pandemic.**

Another large meta-analysis found similar increases in the prevalence of depression and anxiety, but also found increases in post-traumatic stress disorder (PTSD).⁵ This analysis showed about 21 percent of healthcare workers exhibited at least moderate symptomology, which was about five times higher than the estimated prevalence of PTSD among the general population. However, the evidence of increases of healthcare workers suffering from PTSD was based on very few published reports. It is likely with the passage of time, the prevalence of PTSD among healthcare workers will increase, as there is evidence of a substantial proportion of individuals experiencing traumatic events will show delayed symptomology.⁶

It is clear from the published literature that nurses and healthcare workers are experiencing increased level of stress and mental health issues due to the COVID-19 pandemic. While many nurses expressed high levels of altruism in the desire to treat COVID-19 patients, the significant burden placed on nurses and healthcare workers likely contributes to increased job burnout and increased thoughts about resigning for their jobs.⁷

Interventions

Due to ongoing concerns about staff's emotional well-being and burnout, many organizations implemented policies directly aimed at the safety, well-being, and support of the nursing workforce.⁸ These efforts include implementing new PPE policies and practices (92% of organizations), flexible schedules (54%), COVID-19 hazard pay (39%), paid leave (36%), mental health services (35%), and on-site child care (9%).

Others have suggested many of the interventions implemented by organizations focus on individual symptoms rather than on organizational factors or collegial factors and focused on providing mental health services for staff.³ However, they cite several examples where the provision of adequate PPE was deemed more important by staff on reducing stress and anxiety than access to professional mental health services. They conclude **proactive organizational approaches, such as the availability of PPE, adequate training on how to properly utilize PPE, and work scheduling to enable adequate rest, may be more effective and less stigmatizing to staff.** In short, organizations should focus on systemic changes within their organizations and be based on direct feedback from affected staff, rather than focusing on the treatment of individual symptomology. It is likely the most effective interventions will focus on the individual symptomology, as well as organizational factors and supports.

Since these data around interventions are national in scope or encompass multiple healthcare professions, the lack of state-level data creates challenges for developing effective interventions to support nurses' emotional health and burnout. This is especially relevant given the differences between how states experienced the pandemic, and a true understanding of how the pandemic has affected Oregon's nursing workforce is critical for any interventions to be effective. Thus, a systematic needs assessment should be conducted among nurses from various practice settings across Oregon with insights from nurses on what strategies should be employed to mitigate the deleterious effects of the pandemic on nurses' mental health and wellbeing.

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