



Supporting the Mental and Emotional Health of Nurses within the Hospital Setting

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Introduction

Unlike many historic crises in the United States (U.S.), the coronavirus pandemic has persisted for over two years. Protuberant levels of physical, emotional, and psychological stressors coupled with the lingering duration and persistence of this pandemic have raised concerns about the impact of this pandemic on U.S. health care workers. For example, when examining the specific impact of this pandemic on our frontline health care workers, Fennigold et al. (2021) study found that approximately 40% reported symptoms of depression, anxiety, and post-traumatic stress disorder. Further, in a study examining the COVID-19 acceleration phase and its impact on healthcare workers, Rodriguez et al. (2021) also noted the existence of anxiety, depression, and sleep disorders in many healthcare workers.

Specifically, nurses with symptoms of burnout show greater rates of absenteeism and declining work performance which can negatively impact patient care (Sinsky et al., 2021). While it may be difficult to pinpoint exact causes for burnout within the nursing field, there can be little argument that the onset of COVID-19 exacerbated levels of burnout within the nursing profession, especially for those involved with direct patient care in the last few years. Not only has burnout in the nursing field led to physical, mental, and emotional health issues, but it is also a key risk factor for attrition in nursing (Adams et al, 2019).

The Toll of the Coronavirus Pandemic

Maslach and Jackson (1981) define burnout as the continuous exposure to work-related stress and is often observed through cynicism, emotional and physical exhaustion, and feelings of hopelessness (Hunsaker et al., 2015). Nurses were experiencing burnout long before the onset of the COVID-19 pandemic. They also noted long-standing, persevering issues of insufficient staffing, inadequate pay, insufficient communication and support, and emotional stress as

negative drivers within the nursing workforce (Adams et al., 2019). Further, stressful working environments and burnout are among the top reasons nurses give when leaving their jobs (Shah et al., 2021).

A study of healthcare workers during the COVID-19 pandemic found that nurses were at the greatest risk of COVID-19 exposures and mortality and were found to suffer from post-traumatic stress disorder, anxiety, depression, and exhaustion (Havaei et al., 2021). Short staffing and perceived risk of COVID-19 infection has increased work-related burnout and nurses reporting their intention to quit their job, which were associated with lower resilience scores (Alameddine et al., 2021). Resilience is a protective mechanism for nurses to maintain their mental and psychological health during crises, such as the COVID-19 pandemic. Lower levels of resilience lead to nurse burnout and further impacting patient safety (Alameddine et al., 2021; Garcia, et al., 2019). Further, a study by Melnyk et al. (2022) concluded more than 50% of nurses had worsening mental/physical health relating to the pandemic; they worked longer shift hours and experienced poorer mental/physical health outcomes. More beneficial were healthcare settings where nurses had shorter work shift hours and support systems to improve mental and physical health. Improved mental and physical health included support in the areas of mindfulness, health coaching, and cognitive-behavioral therapy/skills building which improved the nurses' professional quality of life (Melnyk et al., 2022).

Mental Health, Emotional Health, and Career Decisions

“The Great Resignation” is a term coined by organizational psychologist, Anthony Klotz, who posited that the Covid-19 pandemic would have an impact on the workforce that would include mass resignations and retirements due to many American workers using this time to reevaluate their lives and making career defining changes (Cohen, 2021). Following this early

2021 prediction, millions of American workers made career changes at record highs. According to the 2022 Career Optimism Index®, over 50% of employers say turnover is higher than in previous years and 28% of employees note they would consider quitting their careers, even without having another career or position lined up. Almost half of employees note the pandemic continues to negatively impact their careers (University of Phoenix, 2022).

The field of nursing is not immune to the impact of the mass exodus in the U.S. workforce, as current and future decisions by nurses are heightening the persistent challenge of adequate staffing within the nursing area of health care. Efforts to address the historic shortage of nurses experienced a major setback, following the onset of the recent pandemic, due to many nurses dying from the COVID-19 infection and others making career-changing decisions to leave the profession (Masson, 2021). Pre-pandemic, the employment projections of registered nurses from 2019 to 2029 was projected to grow more than seven percent and to have an increase of 175,900 openings available each year through 2029 (American Association of Colleges of Nursing [AACN], 2020). However, a post-pandemic re-evaluation of the registered nurses supply and demand found that there would be a nursing shortage of more than 500,000 nurses by 2030. Further, the shortage of registered nurses will be much higher in the South and West regions of the U.S. than in the Northeast and Midwest regions (Zhang et al., 2018).

According to the U.S. Department of Labor, there are approximately three million nurses in the U.S. workforce (2020). However, according to a recent McKinsey study, one in three registered nurses surveyed in the U.S. note, they may leave their current direct care position (Berlin et al., 2022). Further, a recent study by the American Medical Association suggests similar findings, with two in five nurses expressing an intent to leave their current roles within two years, citing higher levels of burnout, stress, workload, fear of infection, anxiety, and

depression as primary reasons to either decrease hours or depart the nursing environment (Sinsky et al., 2021). The pandemic has intensified the existing nurse supply shortfall and has forced healthcare leaders to explore rapid, yet sustainable, responses to alleviate this growing nursing shortage.

Recommended Practices to Support Mental and Emotional Health of Nurses

The amalgamation of the “Great Resignation” and COVID-19 pandemic has led to a wave of challenges across the healthcare industry. The nursing population was already experiencing high nursing shortages, turnover, and burnout; this intensified during the pandemic. High nursing shortages, turnover, and burnout correlate to mental health strains (National Academies of Sciences Engineering and Medicine, 2021). Therefore, it is essential now more than ever to promote possible sustaining practices to support nurses throughout the profession. Previous research suggests that practices supporting mental health and well-being programs can have positive results in providing professional care to nurses (Blake, 2022; Minnie, 2022; Søvdal et al., 2021).

Mental and Emotional Health as an Organizational Priority

Even prior to the pandemic, mental health was a topic of concern among nurses. Research studies reported numerous mental health challenges faced by nurses, including burnout, depression, and suicidal thoughts (Foli et al., 2021; Søvdal et al., 2021). COVID-19 has amplified the issues surrounding mental health both personally and professionally for healthcare workers. In addition to the inevitable stressors of a pandemic, nurses have been frontline healthcare workers resulting in higher stress levels. Healthcare organizations are seeking strategies to support mental health among nurses. There is not a simple solution that aligns with

every healthcare organization. However, building a paradigm with core principles may help organizations build a framework to support nurses' mental health.

Support De-Stigmatization of Emotional and Mental Health Challenges

The stigma surrounding mental health is a key barrier to seeking help, even among healthcare professionals (Søvold et al., 2021). A survey conducted by the American Nurses Foundation revealed that 76% of surveyed nurses did not seek mental health care. However, 51% of the surveyed nurses felt exhausted, and 43% were overwhelmed. Moreover, Søvold et al. 2021 stated that healthcare professionals “are likely to suffer in silence due to the perceived stigma associated with experiencing “stress” and “mental illness,” as well as fear of getting their medical license withdrawn (p. 3). Of special interest, the culture surrounding mental health has to be reframed as one promoting resilience and integrity wherein employers seek to strengthen and support nurses in their role as healthcare providers, not a deficiency.

Leadership Support of Mental and Emotional Health

Foli et al. (2021) noted that nurses expressed mental exhaustion and lack of support from leadership. Leaders now have the opportunity to take action to mitigate the current trend of nursing burnout, mental health exhaustion, and nursing attrition. Leadership has a responsibility to foster a path to improve workplace culture. A culture that recognizes trauma, “transparency, trust, respect, openness, equality, empathy, and support” (Søvold et al., 2021). Nurse leaders have the ability to shape the culture and healthcare organization through developing and implementing effective leadership styles and compassion for employees. The efficiency of nurse leaders contributes to mental health, patient outcomes, eliminating burnout, and enhancing job satisfaction (Foli et al., 2021). Normalizing mental and emotional health discussions and establishing long-term screening and prevention programs contribute to burnout prevention and

improved well-being of nurses (Søvold et al., 2021; Minnie, 2022). Furthermore, leadership attention and re-evaluation of nursing workloads, insufficient staffing, and stressful environments may also help reduce nursing burnout and promote mental health and well-being (Blake, 2022; Folie et al., 2021; Søvold et al., 2021).

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