

The Impact of Covid on Nurses (ICON) study: “You can’t walk through water without getting wet”- Covid trauma, support and recovery

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The Impact of Covid-19 on Nurses: supporting nurses' psychological well- being during the pandemic



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Nurses' wellbeing pre-Covid-19



The Mental Health and Wellbeing of Nurses and Midwives in the United Kingdom

Professor Gail Kinman, Dr Kevin Teoh and Professor Anne Harris

July 2020

- Pre-pandemic nurses were under intense pressure experienced by many nurses and midwives
- 'even the most resilient will be unlikely to thrive'
- At high risk of work-related stress, burnout, depression and anxiety.
- The rates of suicide among female nurses was also found to be greater than that of the general working population
- Link between staff experiences of work and their psychological wellbeing and patient experiences of care
(Maben et al 2012)

Impact of Covid on Nurses (ICON) three time point survey (April, May and August 2020)



- 7840 eligible responses (T1- 2040; T2- 3638; T3- 2162)
- Almost 30% of nurses and midwives reported experiences indicative of PTSD three-months after the first pandemic peak.
- Key factors associated with adverse psychological effects were:
 - redeployment to other clinical areas without adequate training and inadequate infection control training
 - A lack of confidence in infection prevention and control training was associated with increased PTSD at all three time-points
- Few had accessed support for health/ psychological wellbeing
 - 12% reported using NHS wellbeing apps (e.g. Unmind, Headspace)
 - 17% reported having access to time out rooms had used them
 - 1% had accessed Silvercloud (digital mental health platform).

Impact of Covid on Nurses (ICON) Longitudinal Qualitative Study



- Examine the effects of the Covid-19 pandemic on frontline nursing staff's psychological health
- 27 nurses interviewed June 2020 and 25 interviewed again December 2020, Autumn 2021
- Broad range of nurses sampled including community nurses, mental health and learning disability nurses.
- 18 nurses had been redeployed 7 to ICU.
- New second sample of 22 nurses





Nurses' experienced:



- a rollercoaster of experience that is still ongoing with the pandemic not yet 'over' and new ways of working needing to be adapted to (remote consultations; backlog of work; post-Covid-19 service reconfiguration; fewer face-to-face interactions/more digital experiences; recently issues of anti-vaxxers and covid deniers and public demand rather than gratitude).
- **Deathscapes and impoverished care:** care delivery challenges e.g. increase in patient deaths, lack of visiting by friends and relatives, impoverished care (which did not meet their normal high standards of care) and work left undone (when services were scaled back and redeployment occurred with minimal notice) caused moral distress.
- Wellbeing impacted by **organisational challenges** such as insufficient staff, less visible or ineffectual leadership, lack of training & Personal Protective Equipment (PPE) and silencing / lack of ability to speak up / be heard.
- **Emotional exhaustion** prevalent and a great need for **support** with intention to leave/ leaving profession increasing





Deathscapes and impoverished care





Within one week we'd had nine deaths, and it was just so traumatic. Not only did we have nine deaths but the deaths happened in a way that we'd never planned.

Amie, care home manager, int1

Three of my patients died [one night], and one of them was younger than my mum and only eight years older than me, it was just horrible. And you go back the next day and you're just like, "What fresh hell am I in for now?"

Laura Redeployed to ITU interview 1



Impoverished Care & moral distress



I think that I was definitely having signs of trauma (...) because I would go home and I really couldn't, you know there's still people now, and I think about their names every day, even now, and I think about them, and it just makes me so sad (...) I think everybody there, we want to just look after people, and you feel that you've not looked after them.

Gaby, redeployed to rehabilitation centre, int1



That worry about how many people were suffering that we just didn't know about. A kind of unknown, really. Because we just knew is that our mental health units were decanted really quickly. I had nurses telling me who worked in the community that they were told to cleanse, and they used that word, cleanse their caseload of people. And it was, it was always that underlying fear of what are we going to find when this is over?

Catherine, mental health nurse, int 1



Intention to leave



Life's too short, and Covid could destroy your family, and why am I putting myself through all this for hardly any money, when I can go and work at an office.
Camila, redeployed to ICU, int1

This is about the fatigue that I was talking about earlier. I feel like I don't want to be a nurse anymore.
Sophie, community nurse, int2





- Nurses found the second wave harder; ongoing levels of exhaustion, and shift in public opinion, from nurses as heroes to be shown gratitude, back towards nurses not fulfilling patient needs due to cancelled operations and long waiting times.
- Nurses are leaving in their droves....
- Nurses didn't always access support in the ways anticipated/ expected:
 - Stigma, not trusting confidentiality and time pressures meant nurses did not always access the resources available under the 'national offer' (access to Silvercloud and other Apps and helplines).
 - Nurses often preferred to share their experiences with colleagues who had 'been through the same thing' e.g. WhatsApp.

Conclusions



‘Potential for long-term scarring’ (British Academy, 2021: 43)

Emotional states conveyed fall under the terms moral distress, compassion fatigue, burnout and PTSD

Potential workforce crisis in nursing with retention challenges



Thank you

