



On Nurses, Mental Health and Caring for our Carers

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Abstract

The COVID-19 pandemic has stretched the resources of healthcare systems across the world, as professionals work to treat the public with the scant evidence available. This has resulted in the loss of many essential workers' lives, with the loss of over 119 healthcare workers' lives in the UK as of April of this year. Adding the loss of colleagues to the many difficulties associated with working in healthcare, and the increased risk to their lives and the lives of their loved ones will undoubtedly compound the burnout already felt by nurses on a daily basis. The author uses her own personal experiences to explore the themes brought up in current research, as well as looking at suggestions of how to support nurses and allied health professionals both in the immediacy and in the long term.

Keywords

Covid-19, healthcare professionals, pandemic, nurses

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Full Text

Compartmentalising is a wonderful thing. Outside of helping people, one of my favourite things about nursing is having the capacity to leave work things at work and home things at home. Some patients will stay with you even as you take off your uniform for the night, but there is a strange comfort in knowing that there's nothing you can do at home about the patient at work. You depend on the strength and training on the colleague you handed over to, and you trust that when you get to work the next day your patient will have had the same standard of care you gave them the shift prior. Doing what's best for your patient on shift and going home knowing you've done what you could is a big part of the pride of being a nurse. Now that I'm a research nurse, things look a little different but that pride in doing the best that you can for your patients is still there.

At first when the pandemic hit, nothing changed in my nursing care. It felt like we were all holding

our breath, watching as the wave slowly travelled west towards us. We heard about our colleagues overseas handling the immense pressure their healthcare services were under and we braced for impact. Everyone I know began to prepare. We kissed our friends and family goodbye, we started looking at other accommodation. People with underlying health problems had long discussions with their managers about working safely... or not at all. Those of us who had hung up our uniforms began to take them down again. We watched. And we waited.

And then the tidal wave hit and we were pulled out to sea. Fighting to save lives the best way we could. In my department's case it meant rushing out protocols to look for a cure, a treatment, some kind of medicine, some magic pill, some sort of poultice to put on the wound that COVID-19 had created. My background is in paediatrics; many of the people I trained with were upskilled to Adult intensive care so that we could be uprooted



and sent to the wards, to work with medicines we had never used in doses we had never had to calculate before. My adult-trained friends were already in the fray – we were there to bolster numbers. My friends in the community went from home care to swabbing would-be patients. We were all uprooted, we were all asked to swim. So we paddled with all our might.

This is already difficult to compartmentalise. It is hard to escape a pandemic. At work we were surrounded by it on all sides, but the outside world was no better. Hourly updates on the pandemic, headlines being shared on social media, family and friends asking for our opinions because they were scared, so, so scared. But what happens when your closest ones are affected? My father died of COVID-19 on April 5th of this year.

He was one of many. So many in fact, that there was a backlog when we wanted to register the death and we had to wait for 5 days while the hospital tried to deal with the constant influx of patients. Suddenly the pandemic wasn't just at work, and wasn't just on social media and the news. Suddenly it was in my home, in my family.

I was no longer swimming, I was drowning. The pandemic was in my nose, mouth and lungs and all around me. I couldn't see past it, because there was nothing beyond it. I suddenly had intimate knowledge of both sides of the situation – as the staff member and the family member. I went from giving out the bereavement pamphlets to receiving them. Despite not being able to spend time with my dad in his final hours, I knew what they would look like. He would have been made comfortable, the difficult decision to DNAR (Do Not Attempt Resuscitation) having been made months ago during his last health scare. A nurse would have been with him, and also a doctor, making sure he wasn't suffering to the best of their abilities. He may have been scared or in pain, or he may have been confused and unaware. This I do not know, for I could not be at his side myself. I can only hope that his passing was peaceful.

Death, like this pandemic is all-consuming. Your world is rocked, your identity is questioned. I am a nurse and yet I could not heal my father. I am grateful for the time I spent with him, grateful for the little things. But I couldn't help but think that

I should have done more. The reality is of course, that I couldn't.

Over 100 NHS workers have died during this pandemic as of writing ⁽¹⁾. I find myself wondering about their co-workers, those who are working during the pandemic, whose lives have been infiltrated until every crack has been filled with coronavirus. Their work life, their social media feeds and now their friendships. I wonder how many of my colleagues have lost a family member like I have, who no longer can call home a place of solitude where they can control the intake of grief this situation has caused. It must feel like survivor's guilt, for this is how it feels to me. Research papers have already been released looking into the mental health of staff following the pandemic ⁽²⁾. As countries begin to heal, resurface from being underwater, they are reporting on those who have had to work through the storm. China, who was first hit (and for a long time, worst hit) ⁽³⁾ highlighted how more vulnerable HCWs to anxiety and depression. Research into the effects of stress has also come from Germany, who are looking to relax their travel rules ⁽⁴⁾. Here in the UK, our chief medical officer has warned about burnout in hospital staff ⁽⁵⁾. But what can we do? What lifeboats can we send to rescue the drowning, those without life vests who must swim nevertheless? How do we save our lifeguards?

In 2018 the Office for National Statistics reported on concerning rates of suicide amongst nurses ⁽⁶⁾. Between 2011 and 2017, over 300 nurses have taken their lives, making them 23% more likely to do so than the rest of the population. A Health Education England report has highlighted that nurses, particularly female nurses, are most at risk of committing suicide when compared to other healthcare professions ⁽⁷⁾. Dame Donna Kinnair, the Chief Executive of the RCN, has pointed out the increasing pressures on nursing staff, and that many employers are ignoring nurses' cry for help ⁽⁸⁾. But all of this is of course information prior to the pandemic. How much worse will the next set of statistics be? What will this pandemic leave behind?

I am choosing to use my pain as a call to action. The nursing force will need to heal after this, physically, emotionally, mentally, spiritually. The compassion fatigue we will suffer from may overwhelm a lot of us; it is not enough to expect resilience. We must do more to protect our



colleagues, or else they will leave the profession altogether.

At present, the RCN is offering counselling services (9), and every trust has access to counselling via occupational health. The wait times may be shorter than asking staff to access mental health support through the community services. One suggestion would be to deal with some of the challenges early through immediate care, with a long-term strategy down the line (10). To that end, the British Psychological Society has released guidelines on the psychological needs of healthcare staff, and includes principles to be used during the 'active phase', such as visible leadership and normalising the psychological response to the situation, as well as during the 'recovery phase', in which staff have time to reflect and may need support processing the situation (11). Many trusts have psychological teams that manage debriefing sessions with ITU teams; perhaps this is something that should be conducted with all nurses that have to work through the pandemic, particularly nurses who are working in areas of high exposure (12). I am personally curious and concerned about the mental health of those who have had to graduate early, come out of retirement or work in fields they had not trained in before, such as in intensive care or with adult patients. In fact, more research into the effects of being uprooted in this situation would point us in the right direction as to what we as a nursing body will need to heal from this experience. Usually, nurses experience a period of preceptorship, where one is eased into the profession. How can you ease into a new job when we're all have had to jump into a situation where we do not know how deep the deep end truly is... or will be? Research on those voices will amplify them, and can better prepare us for the next time, if and when there is one of course.

Who cares for the carers? Who saves a lifeguard when they are drowning? I think a cultural shift towards viewing nurses not just as heroes or sacrifices, but as people who have hopes and dreams and fears and concerns who need real, tangible support not just today but every day would really move the conversation around nurse health forward. When the water level is high already, and a tsunami hits, it feels like there is no escape. We need lifeboats. We need to care.

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Conflict of Interest
None declared

Peer Review

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This is a very thought-provoking and heartfelt article. I am sorry for your loss. This experience and story need to be told because carers do need to be cared for and treated as human - not dehumanised by being made "heroes". A very well thought out, written and researched article which delivers to the objective specified in the abstract.

The only thing I would change is "Facebook" to "social media" and "BBC" to "the news"