

**BRIEFING NOTE:** Emotional support of nurses  
working in COVID-19 acute care hospital environments – “The little lights in this dark tunnel”

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### **Purpose and Issue**

We conducted research about nurses’ emotional experiences of, and the need for support, working in COVID-19 acute care environments at six hospitals. Our first article is available online at: <https://journals.sagepub.com/doi/10.1177/0844562120982420> and we have two more under review.

The nurse’s sacrifice of working on the frontlines of COVID-19 designated units has resulted in the reward of helping patients and families, but also emotional distress and trauma. As frontline providers, nurses spend sustained periods of time at the bedside with increased workload as they try to stay abreast of the current evidence while working long hours. Oftentimes, they are also working with inadequate personal protective equipment (PPE). These conditions are leading to vicarious trauma, emotional and physical exhaustion, anxiety, depression, insomnia, and burnout.

### **Key Considerations**

It is essential to hear nurses’ voices to truly understand their experience. Therefore, we share key quotes that highlight the emotional distress that they are experiencing and the impact. This research highlights how healthcare leaders can be “*the little lights in this dark tunnel*” of COVID-19 that frontline nurses so desperately need.

The *fear and uncertainty* is overwhelming, and nurses describe feeling like “sacrificial lambs ... there’s not enough masks.” They describe “being let down” because hospital decisions concerning “the mask policy, only having two masks ... was not backed in science.” Although nurses acknowledged government leaders’ expressions of gratitude, nurses state: “talk about the hypocrisy of being called heroes ... people are running out of PPE.” They remark feeling “fed up ... risking my

life and risking the lives of my kids and my husband, the anger I feel is real and exhausting.” Their children ask them “if I was going to die” and are trained to “don’t come near me, don’t hug me” when they return home from work. And on top of all of that they are experiencing “information overload” and find it “confusing” and “unsettling” with “the discrepancies” with information and policies. When PPE is locked up, “they never had the conversation with us to tell us why” and feel like “why do I have to provide a reason to protect myself ... I didn’t sign up to work with less PPE.”

The *emotional and mental impact* was immense. Nurses described “struggling with the idea of leaving nursing.” They described feeling as if they were “losing my mind” and “deep inside me, I’m exploding because of all the emotions that I’m accumulating from everybody.” As one nurse said “I wonder what’s going to be left ... left of us.” They have nightmares of “blood coming off the bed. I could not go back to sleep because I would feel overwhelmed.” They described feeling “angry” all the time and found it “lonely” and “depressing.” The vicarious trauma of watching patients deteriorate and die over and over, with no family present was “emotionally upsetting” and they just wanted at least one patient “to survive.” They described feeling “mentally and emotionally drained” and found it “hard when you are defeated from the battle of trying to support yourself emotionally, and then having to provide that support to the family.”

In terms of *mental health support*, they describe it as “an internal battle, accepting that I’m vulnerable ... so, I ignored it” and “it never seemed it would make a difference” and they didn’t access resources because they “didn’t have time” and they were too “drained”. Nurses comment a trained therapist should be “constantly available on the unit and dedicated for people’s mental health.” They describe that “maybe it's our own reluctance, I don't know anyone who's called. Most of my colleagues are struggling ... a couple have been suicidal.”

In terms of *support*, they describe needing “a recovery period” and “mental health sick days” because they are “mentally struggling” and are experiencing “burnout.” They emphasize the importance of “a resource nurse” and that this has “increased morale ... we feel a little bit more supported” as well as “open forums” with hospital leaders so they can answer questions and “be candid, honest.” It was clear that “visibility of senior leadership to “build up morale” of nurses was helpful. And the impact of not being acknowledged for their dedication felt like “a slap in the face, ... you didn't even thank us, visit us ... and people don't even know now, like it's going to be months from now, people won't even know that *this unit*, and *these nurses* cared for COVID patients.”

**Conclusion and Recommendations**

Strategic steps are needed now to enhance provision of emotional support for nurses. Without these steps, hospital institutions risk: the mental health of nurses, increased sick time, decreases in quality patient care, and ultimately burnout with intentions to leave the profession. With these strategic steps and the support of hospital, nurse, and government leaders, nurses will feel recognized for their commitment during these difficult times and flourish in the face of adversity.

| Recommendations  | Significance   |
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| When safe to do so, hospital and nurse leaders should show visible presence on the units with regular rounding, and make | It is important that nurses feel acknowledged for the work that they are doing considering the gravity of the commitment and emotional toll on physical and mental |

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| <p>explicit efforts to recognize and show gratitude for nurses' commitment. Government leaders can think creatively about how to show presence and thanks with emails and other forms of communication.</p>   | <p>health. This acknowledgement goes a long way in ensuring nurses feel respected as well as supporting their continued dedication to the hospital and plans to stay in the profession despite the difficult times.</p>   |
| <p>Support nurses' emotional health with the following:<br/> a) one-on-one formal check-ins with nurses by trained therapists.<br/> b) on-site access to psychological support.<br/> c) extra resource staff that can cover nurses so they can access support.</p> <p>These efforts require financial contributions by provincial and federal governments.</p>  | <p>Nurses are experiencing profound trauma with psychological effects and many of them will not reach out for help. Therefore, formalizing one-on-one check-ins is needed to open up conversation and potential need for therapy. Resource staff are required to enable nurses' access to timely, on-site support. Otherwise, nurses are too busy and when they go home, they are too exhausted to engage and need time to recover.</p>   |
| <p>Advocate for and support the use of mental health days as sick days.</p>   | <p>There is no evidence to suggest that these types of days would be inappropriately used. Nurses are giving their all during this pandemic and the emotional and physical exhaustion is taking a toll on their mental health, their capacity to care for others, and their plans to stay in the profession. They need mental health recovery days when they are mentally struggling and experiencing compassion fatigue and burnout.</p> |
| <p>Hospital and nurse leaders must advocate and provide appropriate quantities of PPE based on evidence from rigorous research in high quality, peer-reviewed journals. Professional bodies can also continue advocating for PPE and governments must respond with real action.</p>   | <p>Nurses are aware of the evidence and sensitive to inconsistencies when evidence is massaged to fit the situation. This is not fair to nurses who are the ones putting their lives on the line when working with insufficient quantities of PPE.</p>  |
| <p>Provide transparent and readily available information tailored to nurses' needs, via:<br/> a) concise and informative email blasts with evidence-informed practices/policies and regular updates about hospital COVID positive cases and PPE supply.<br/> b) regularly implement virtual townhalls open to staff to ask questions with top hospital leaders, nurse leaders, and infection control experts.</p> | <p>Access to information acted in ways to emotionally support nurses by decreasing feelings of uncertainty and enhancing the feeling of safety as well as acknowledging their need for current information, discussion, and input into decision-making.</p>   |