

## A Mini Literature Review for Nurses Working in an Acute Care Facility: Reducing the Negative Psychological Impacts of COVID-19 and Promoting Positive Mental Health

Abigail Mitchell\* and Hamdeep Hehar

Department Son, University Dyouville, USA

\*Corresponding Author: Abigail Mitchell, Department Son, University Dyouville, USA.

Received: March 30, 2022; Published: May 24, 2022

### Abstract

The sudden onset of the coronavirus pandemic impacted nursing staff in various ways causing organizations to reevaluate policies, procedures, and interventions to effectively care for patient populations. In doing so, additional stressors and obstacles have been added to daily tasks causing an increase in negative psychological symptoms experienced by nursing staff. Without adequate support and coping mechanisms for nurses, there is an increased risk for errors and reduced quality patient care. This is a mini review of the literature and Betty Neuman's System Model was utilized as a guide.

**Keywords:** Coronavirus; COVID-19; Mental Health; Psychological Health

### Introduction

Working in acute care facilities during the coronavirus pandemic has been a challenging time for all healthcare providers. Through the initial stress of contracting and transmitting the virus, complications from the infection, lack of personal protective equipment (PPE), constantly changing policies and procedures; as well as, increased workloads and burn out in providers, it is evident that the pandemic has taken a toll on the mental health of nursing staff. As well as other healthcare professionals. As a result, this project will focus on exploring the relationship between the coronavirus (COVID-19) pandemic and its impacts on the mental health of front-line nurses.

While there is much research done on the impacts of COVID-19 and the mental health of populations, there is few focused on the well-being of nursing staff. A study conducted by Young, *et al.* found that of 1685 healthcare workers, more than 50% of the participants experienced serious psychiatric symptoms including anxiety, depression, suicidal ideation, and post-traumatic stress disorder (PTSD). This is concerning as, an increase in negative psychiatric symptoms has been noted to be linked with an increase in psychological burnout and overall negative health outcomes. Therefore, it is important to examine literature available on pandemics to effectively prepare nurses to work in high acuity and high stress environments; in order to, develop and sustain healthy coping mechanisms to promote positive mental health.

### **Theoretical framework**

The theoretical framework utilized for this mini literature review was Betty Neuman's Systems Model (2011). This open systems model examines the patient's continuous relationship to various environmental stressors which can cause symptomatic reactions; and, the patient's ability to reach system stability with regards to the stress factors present. Neuman's model refers to the patient as a distinctive, dynamic open system with constant exchange of energy with the environment; and, explores the patient's ability to achieve optimal wellness by attaining, maintaining, or retaining the maximal degree of system stability. Neuman's model explores internal lines of resistance which aim to stabilize the patients to their normal wellness level or optimal level of stability in response to environmental stressors [1].

### **Mini literature review**

A review of nursing and health related literature was conducted to explore the mental health of nursing providers during the COVID-19 pandemic using the following search terms both singularly and in various combinations: coronavirus or COVID-19, mental health, nursing, healthcare workers, stress, anxiety, depression, burnout, trauma, hospital, acute care, support or resources and coping strategies. These terms will be used as they are able to provide a search result focused on examining the impacts of the coronavirus on the mental health of nursing providers working in acute care facilities. Additionally, the search will then be narrowed down to include the United States of America and Canada to obtain results pertaining to North America. The databases searched will include AMED, CINAHL Plus with Full Text, and EBSCO host. As the coronavirus pandemic is a current issue, the search results will be limited to the years 2019-2022. Through conducting a review of literature using the following search terms and modifiers, the most current evidence-based literature was reviewed and summarized for the literature search.

### **Stress provoking factors in the workplace**

Burnout is the state of mental, physical, and emotional exhaustion caused by long hours, fast decision making, and the anxiety for caring for sick patients who many have poor outcomes.

Burnout has been an important topic prior to the pandemic with many unanswered questions[2], and currently is a hot topic. Shah and colleagues in 2021 conducted a study exploring the psychological symptoms experienced by nurses during a pandemic and provided recommendations to promote positive psychological wellbeing. The study found various contributors to psychological distress among providers including, lack of access to PPE, fear of contracting and transmitting the virus, lack of access to testing, uncertainty for available supports for those infected, lack of access to child care supports, inability to work from home, lack of access to timely and consistent information, and feelings of lonesomeness and frustration [3]. Iheduru-Anderson conducted a phenomenological study exploring the lived experiences of nurses working with limited access to PPE during the pandemic and found, participants reported their emotions to be like a roller coaster ranging from feeling scared, isolated, betrayed and overwhelmed to helplessness and denial.

Arnetz and colleagues also conducted a cross-sectional survey in 2020 where it was found that nursing staff lacking access to adequate PPE reported increased rates of depression, anxiety, and post-traumatic stress disorder while working during the COVID-19 pandemic. Other sources of psychological distress included maintaining social distancing rules, uncertainty regarding the COVID-19 status of co-workers, lack of consistent guidelines regarding treatment for COVID-19, lack of consistent discharge instructions for COVID-19 positive patients, and insomnia or disturbed sleep patterns [4]. Additionally, studies found that nurses are at a greater risk for additional symptoms including burnout, emotional exhaustion, PTSD, depersonalization, and work impairment during a crisis [5]. This highlights the importance of organizations and providers to be able to recognize signs and stressors of psychological distress, provide staff with supports and resources; as well as, support early interventions.

### **Adverse effects of the pandemic on the psychological health of nurses**

Current literature indicates that stress, anxiety, and burnout among nurses remains highly prevalent in organizations today. Burnout is associated with negative feelings of hopelessness and inefficiency in the workplace which results in decreased physical and mental well-being [6]. Additionally, burnout has been associated with increased rates of anxiety, depression, substance use disorders, and suicidality among providers [7]. This is concerning as it can impact patient safety, communication and interactions with colleagues; and, ultimately decreased quality of patient care. Moreover, in a study examining emotional distress among nurses working in an intensive care unit during the pandemic, many nurse-specific traumas were described [8]. This included themes related to insufficient resources, workplace violence, trauma from disasters (e.g. rationing equipment), secondary traumas (e.g. tremendous grief and loss), system induced traumas (e.g. isolated ventilated patients), second-victim traumas (e.g. medical errors), and historical trauma [8]. Therefore, it is important for individuals and organizations to recognize signs of mental distress in nurses to provide staff with opportunities to promote their mental health and wellbeing, which will result in better patient outcomes.

In a mixed methods study conducted by LoGiudice and Batros it was found that nurses working during the coronavirus pandemic demonstrated medium resilience scores on the brief resilience coping scale. Nurses demonstrating high resiliency were associated with themes of being proud of one's profession and working during a pandemic; however, scored low due to the stress and fear for contracting or transmitting the virus, constantly changing policies, and lack of research present on how to adequately care for positive COVID-19 patients [9]. Moreover, in a qualitative study exploring the experiences of critical care nurses working during the pandemic, it was found that nurses are at increased risk of experiencing negative psychological and physical effects. This includes, anxiety, depression, fear, sleep disturbances, isolation, exhaustion, shortness of breath, and migraines [10]. By understanding the lived experiences of nurses, organizations and providers are able to gain a better understanding of obstacles and points of concern; and, work towards ensuring safeguards are implemented to protect the wellbeing of nurses [9].

### **Interventions to promote psychological wellbeing**

In a study conducted by Cho, Sagherian and Steege it was found that of 360 participants only 3% reported access to mental health resources provided by their organization. This is concerning as, nurses are at a greater risk for developing negative coping mechanisms and adverse psychological health symptoms due to the short and long-term psychological effects of the COVID-19 pandemic [11]. The psychological wellbeing of nurses should be considered by organizations and administrators in order to support and maintain the mental health and wellbeing of providers during the pandemic. Lesley [12] explored measures such as administrators adequately preparing nurses for the moral dilemmas they may encounter while working in a pandemic, providing safe spaces allowing for discussion about social and emotional challenges one may face when caring for patients, and encouraging staff to participate in discussion of their feelings which can all help alleviate anxiety and stress while working during the pandemic. Additionally, Brophy, Keith [13] found that there is need for an increase in staffing levels in acute care facilities to not only improve healthcare for communities but also relieve stress experienced by nursing providers related to challenging workloads. This study also reported a need for change in workplace culture which encourages and supports the nursing staff's concerns, increased management support and involvement to help reduce mental distress; and, indicates a strong need for psychiatric supports for providers to mitigate the negative effects on one's mental health [13].

Furthermore, by ensuring a culture of collaborative practice, encouraging communication, accountability and shared decision-making, organizations will be able to foster healthy working environments and support the wellbeing of their staff [14]. The need to support nurses psychological and physical wellbeing was further explored by Robinson and Stinson as they conducted semi-structured interviews with nurses working in acute care hospitals in the United States of America. They reported the need for psychiatric supports for providers around the world working during the pandemic as, nurses require mental and physical stability if they are to care for the health of others;

including, time off of work, rest, and accessibility to resources for counselling [15]. In another study conducted by Richardson and colleagues in 2020, researchers explored the use of asynchronous virtual mental health resources in Canada among a group of participants experiencing adverse psychiatric symptoms due to the coronavirus pandemic. They reported a positive response to their program in supporting the mental health of individual’s impacted by the COVID-19 pandemic, by coping with stressors and reducing negative mental health symptoms [16]. Overall, the literature indicates the need for organizations and providers to improve the overall well-being and job satisfaction for nursing staff as it is essential for nursing providers own self-care; and, in return better patient outcomes [17].

**Discussion**

Findings from the literature review revealed that a lack of knowledge exists surrounding supports and interventions available for nurses to strengthen resilience and promote psychological well-being. In a study conducted in 2021 by Crowe and colleagues, nurses providing patient care during the coronavirus pandemic reported, “clinical concern for (23%), probable (13%) and significant (38%) symptoms of post-traumatic stress disorder, as well as mild to severe depression (57%), anxiety (67%) and stress (54%)” (p.1). This is important as a considerable amount of nursing providers experienced psychological symptoms while working during the pandemic; and, highlights the insufficiency of self-care methods and resources available to providers. Additionally, studies found that nursing staff with an inadequate social support system were associated with an increased risk for major depression, post-traumatic stress disorder, generalized anxiety disorder, and alcohol use disorder while working during the COVID-19 pandemic [18].

Concerns regarding the rapid transmission of the coronavirus, shortages of personal protective equipment, and fear for one’s personal safety and that of their family have been noted as major themes in various literature; thus, adding to the negative psychiatric symptoms experienced by nurses [19]. Psychological symptoms experienced by healthcare providers working during the COVID-19 pandemic are presented in table 1. Therefore, nurses experience greater levels of stress and psychiatric symptoms which ultimately negatively impacts the delivery of quality patient care.

Study	Young., et al. [23]	Crowe., et al. [19]	Arnetz., et al. [24]	Shechter., et al. [4]	Hennein., et al. [18]
Health Care Provider Count	1685	109	695	657	1092
Depression	46%	57%	59.5%	48%	13.9%
Anxiety	64%	67%	54.9%	33%	15.6%
Post-traumatic stress disorder	14%	38%	29.1%	-	22.8%
Stress		54%		57%	

**Table 1:** Psychological symptoms experienced by healthcare providers working during the COVID-19 pandemic.

Moreover, inadequate leadership support, staffing shortages, and feeling unsupported by the health care team were also recognized as healthcare system failures which contributed to the negative mental health symptoms experienced by nursing providers working in acute care facilities [20]. Additionally, lack of reliable communication from authorities and organizations was also identified as a barrier to providing safe and competent patient care; as well as, contributing to nursing provider stress [21]. Communication surrounding changing government and institutional policies, policy implementation, and policy evaluation throughout the pandemic also influenced clinical practice and nursing provider experiences [22]. The constant changing policies and poor communication between decision makers and nursing providers highlights opportunity for improvement in the implementation of policies and enhanced pandemic planning. Furthermore, organizations must implement changes in workplace culture which allow for communication between nursing providers

and leaders in a safe environment; as well as, support increased management involvement in clinical settings to reduce mental distress and promote a culture of collaborative practice. For this reason, acute care facilities must develop means to support the wellness of their staffs emotional and mental health; and, provide nursing professionals with timely information and appropriate resources to effectively manage their psychological needs to provide safe patient care. In doing so, organizations will support the mental health of nursing providers, promote resiliency, and ultimately improve patient outcomes.

## **Conclusion**

The COVID-19 pandemic has been a challenging period for nursing providers across the globe. Due to its sudden onset, organizations constantly reevaluated policies and procedures to accommodate for the unexpected complications and barriers arising in providing effective patient care. As a result of these obstacles, nursing staff experienced an increase in negative psychological symptoms including anxiety, depression, burnout, stress, and PTSD. By conducting this mini literature review, the need for organizations to reevaluate their pandemic planning strategies to account for the mental health and wellbeing of their staff; and, adequately prepare nursing providers for what to expect during a pandemic was highlighted. This also emphasized the need for facilities to increase awareness of the mental health resources available to nursing providers in order to support early intervention. Future projects and research should focus on exploring and examining the long-term impacts of the coronavirus pandemic on the mental health of nursing providers. Additionally, future researchers should collaborate with nursing staff at different facilities to create programs and supports that would be of the utmost benefit to them; as well as, resources which would be applicable and available to all nurses. Therefore, acute care organizations must develop means to support the wellness of nursing providers; as well as, provide nursing professionals with the tools and resources they need to effectively manage their psychological needs both within and outside of the organization.

## **Funding**

None.

## **Competing Interests**

The authors declare that they have no competing interests.

## **Ethical Approval**

Not required.

## **Bibliography**

1. Neuman BM and J Fawcett. "The Neuman systems model. 5 edition (2011).
2. Mitchell A and K Buran. "Are Registered Nurses Working in an Acute Care Environment Facing Burnout during the Covid-19 Pandemic?" *Journal of Quality in Health Care and Economics* 4.5 (2021).
3. Shah M., et al. "Mental Health and COVID-19: The psychological implications of a pandemic for nurses". *Clinical Journal of Oncology Nursing* 25.1 (2021): 69-75.
4. Shechter A., et al. "Psychological distress, coping behaviors, and preferences for support among New York healthcare workers during the COVID-19 pandemic". *General Hospital Psychiatry* 66 (2020): 1-8.

5. Tokac U and S Razon. "Nursing professionals' mental well-being and workplace impairment during the COVID-19 crisis: A Network analysis". *Journal of Nursing Management* 29.6 (2021): 1653.
6. Howell BAM. "Battling Burnout at the Frontlines of Health Care Amid COVID-19". *AACN Advanced Critical Care* 32.2 (2021): 195-203.
7. Teall AM and B Mazurek Melnyk. "An Innovative Wellness Partner Program to Support the Health and Well-being of Nurses During the COVID-19 Pandemic: Implementation and Outcomes". *Nursing Administration Quarterly* 45.2 (2021): 169-174.
8. Foli KJ., et al. "Voices from the COVID-19 frontline: Nurses' trauma and coping". *Journal of Advanced Nursing* 77.9 (2021): 3853-3866.
9. LoGiudice JA and S Bartos. "Experiences of Nurses During the COVID-19 Pandemic: A Mixed-Methods Study". *AACN Advanced Critical Care* 32.1 (2021): 14-26.
10. Gordon JM., et al. "The experiences of critical care nurses caring for patients with COVID-19 during the 2020 pandemic: A qualitative study". *Applied Nursing Research* 59 (2021): 151418-151418.
11. Cho H., et al. "Hospital Nursing Staff Perceptions of Resources Provided by Their Organizations During the COVID-19 Pandemic". *Workplace Health and Safety* 69.4 (2021): 174-181.
12. Lesley M. "Psychoanalytic Perspectives on Moral Injury in Nurses on the Frontlines of the COVID-19 Pandemic". *Journal of the American Psychiatric Nurses Association* 27.1 (2021): 72-76.
13. Brophy JT., et al. "Sacrificed: Ontario Healthcare Workers in the Time of COVID-19". *New Solutions: A Journal of Environmental and Occupational Health Policy* 30.4 (2021): 267-281.
14. Monroe C., et al. "The value of intentional self-care practices: The effects of mindfulness on improving job satisfaction, teamwork, and workplace environments". *Archives of Psychiatric Nursing* 35.2 (2021): 189-194.
15. Robinson R and CK Stinson. "The Lived Experiences of Nurses Working During the COVID-19 Pandemic". *Dimensions in Critical Care Nursing* 40.3 (2021): 156.
16. Richardson CG., et al. "Use of Asynchronous Virtual Mental Health Resources for COVID-19 Pandemic-Related Stress Among the General Population in Canada: Cross-Sectional Survey Study". *Journal of Medical Internet Research* 22.12 (2020): e24868.
17. Benzo RP., et al. "Compassion, Mindfulness, and the Happiness of Healthcare Workers". *Explore: The Journal of Science and Healing* 13.3 (2017): 201-206.
18. Hennein R., et al. "Socio-ecological predictors of mental health outcomes among healthcare workers during the COVID-19 pandemic in the United States". *PLoS ONE* 16.2 (2021): pe0246602.
19. Crowe S., et al. "The effect of COVID-19 pandemic on the mental health of Canadian critical care nurses providing patient care during the early phase pandemic: A mixed method study". *Intensive and Critical Care Nursing* (2021).
20. Guttormson JL., et al. "Critical Care Nurses' Experiences During the COVID-19 Pandemic: A US National Survey". *American Journal of Critical Care* 31.2 (2022): 96-103.
21. Billings J., et al. "Experiences of frontline healthcare workers and their views about support during COVID-19 and previous pandemics: a systematic review and qualitative meta-synthesis". *BMC Health Services Research* 21.1 (2021): 1-17.

22. Limoges J., *et al.* "Effects of the COVID-19 Pandemic on Healthcare Providers: Policy Implications for Pandemic Recovery". *Healthcare Policy* 17.3 (2022): 49-64.
23. Young KP, *et al.* "Health Care Workers' Mental Health and Quality of Life During COVID-19: Results From a Mid-Pandemic, National Survey". *Psychiatric Services* 72.2 (2021): 122-128.
24. Arnetz JE, *et al.* "Personal Protective Equipment and Mental Health Symptoms Among Nurses During the COVID-19 Pandemic". *Journal of Occupational and Environmental Medicine* 62.11 (2020): 892-897.
25. Barzilay R., *et al.* "Resilience, COVID-19-related stress, anxiety and depression during the pandemic in a large population enriched for healthcare providers". *Translational Psychiatry* 10.1 (2020): 291.
26. Iheduru-Anderson K. "Reflections on the lived experience of working with limited personal protective equipment during the COVID-19 crisis". *Nursing Inquiry* 28.1 (2021): e12382.
27. Williams HL, *et al.* "Do Health Promotion Behaviors Affect Levels of Job Satisfaction and Job Stress for Nurses in an Acute Care Hospital?" *JONA: The Journal of Nursing Administration* 48.6 (2018): 342-348.

**Volume 4 Issue 7 July 2022**

**©All rights reserved by Abigail Mitchell and Hamdeep Hehar.**