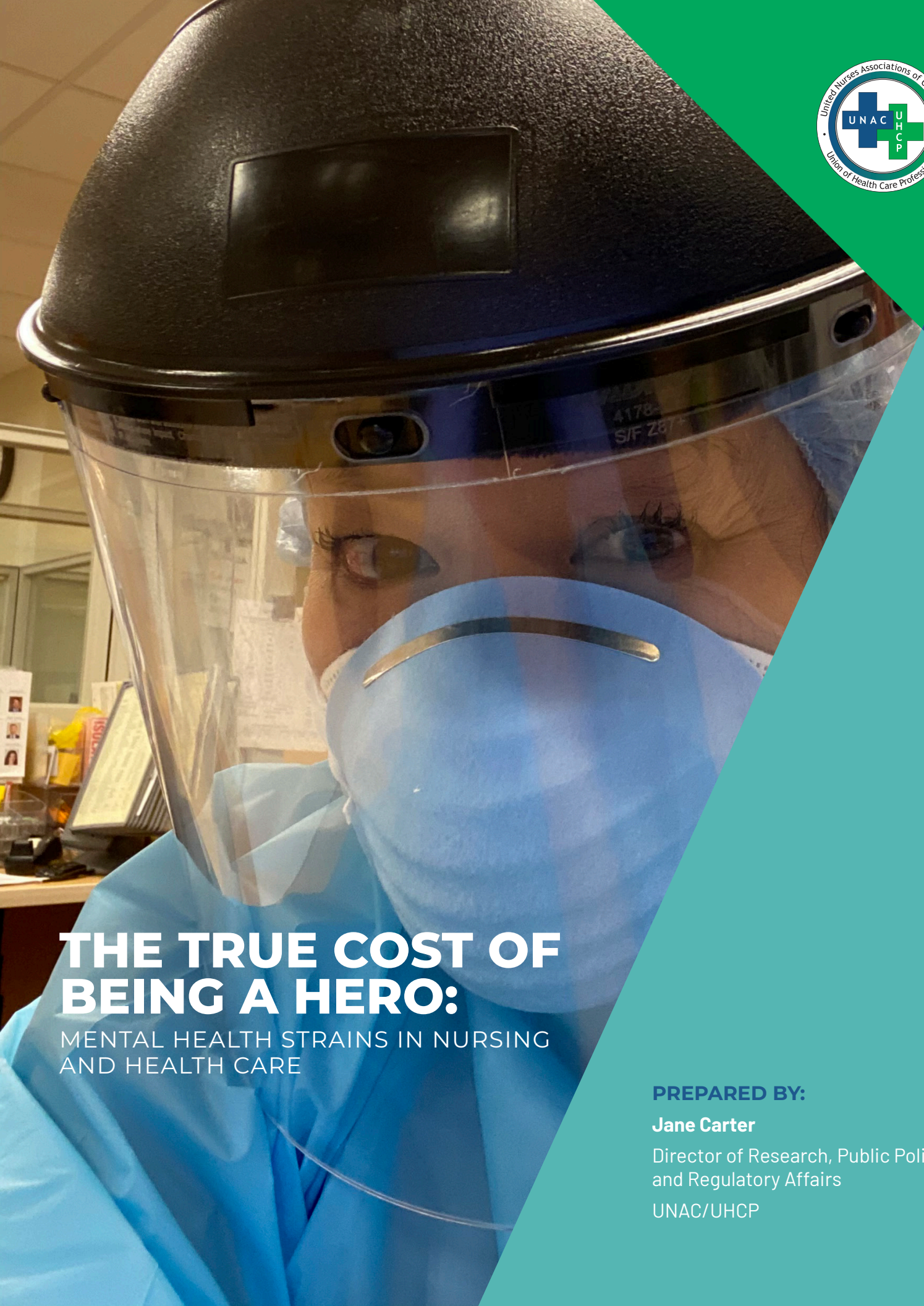

THE TRUE COST OF BEING A HERO:

MENTAL HEALTH STRAINS IN NURSING AND HEALTH CARE

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SUMMARY

Who Will Care for the Caregivers?

After nearly two years of battling the COVID-19 pandemic, an overwhelming majority of registered nurses (RNs) and other crucial health care professionals (HCPs) are stressed out, burned out, anxious, exhausted, depressed, traumatized, and unable to get a good night's sleep. Despite years of investments in education and certification, many caregivers have found themselves forced to think about leaving the professions they love for their self-preservation.

Just at the time when we all need them most.

Between February and April 2021 — more than a year into the pandemic — UNAC/UHCP surveyed our members to assess the impact on their mental health. Respondents were mostly registered nurses but also included physical therapists, pharmacists, certified nurse midwives and other health care professionals.

More than 70% of members surveyed reported experiencing anxiety and burnout. Nearly half were currently suffering from insomnia and depression. Since that time, the Delta surge hit full force.

The two chief causes of mental health strain:

- 79.11% reported: "Worried about bringing the virus home"
- 74.41% cited: "Staffing."

Worries about bringing the virus home are specific to the pandemic, but the latter, short staffing, has been a long-standing problem made worse by the pandemic.

Personal statements of trauma included:

"I'm short tempered. I don't sleep and I cry on my days off for no reason."

"It has been one of the heaviest loads to carry in my career and maybe even life. It weighs me down even on days off. My heart breaks for the patients and families."

This report outlines the UNAC/UHCP survey's findings, including personal statements, and puts them into the larger context of academic research and journalistic investigations into these issues in the United States and elsewhere.

Many of the mental strains and underlying causes such as short staffing were already pressing problems among our nation's health care workforce before the pandemic, as this report shows.

The pandemic has served to simultaneously bring these difficulties to light and make them worse. The pandemic has shown how desperately we need a large, stable force of dedicated, well-trained, experienced caregivers to care for us and our families in the crucial, intimate moments of life and death that we all face.

Moving Forward: Ask the Caregivers

Many of the causes of problems outlined here are systemic and entrenched, but there are solutions, both short-and long-term. Experts on trauma tell us that situations trigger our human responses of fight, flight, or freeze. But trauma can be relieved when the people placed into these heightened states have a sense of control over their own fates.

Year after year, polls show that the public considers nurses to be the most trusted profession. Hospital administrators and the nation's legislators should look in the same direction and seek to partner with RNs and HCPs to give them what they need now, to tackle the deeper systemic issues, which must be addressed long-term, and to help them forge a path through their trauma, so they will be there for us when we need them most.

THE TRUE COST OF BEING A HERO:

MENTAL HEALTH STRAINS IN NURSING AND HEALTH CARE

With low levels of staffing, an aging population in need of specialized care and an industry laser-focused on cost containment, health care providers faced a demanding workload even in the years leading up to the pandemic. A recent study from researchers at Ohio State University College of Nursing appropriately noted that **nurses were physically and mentally "fried" far before the country's hospitals and health care system were crippled by the pandemic.[1] In 2016, burnout among critical care nursing was shown to be as high as 70%.[2]**

When COVID-19 swept across the country and the U.S. health care system became so overloaded that personal protective gear was in dire supply and emergency care units spilled into parking lots, fatigue, depression and anxiety among nursing staff and other health care providers accelerated at warp speed.

The Cost of Being A Hero

Since the beginning of the pandemic, more than 3,300 nurses, doctors, social workers, and physical therapists have died from Covid-19, according to a tally by Kaiser Health News.[3] Experts say the death toll is most likely far higher.

- A number[4] of studies[5] suggest that medical professionals made up 10 percent to 20 percent of all coronavirus cases in the early months of the pandemic though they comprise roughly 4 percent of the population.
- A survey of more than 1,000 RNs in March reported that nearly 60% of participants knew a nurse in their unit or hospital who was exposed to COVID-19 on the job and became seriously ill. About 20% said they knew a fellow nurse who died from the virus.

"The suffering and death under COVID was a different magnitude. There's an emotional toll — a lot of nurses having sleepless nights, intrusive thoughts, replaying scenarios with a patient."

— JENNY WONG-SWANSON, RN, WOODLAND HILLS, CALIFORNIA

1 Johnson, Steven Ross. "Critical-care nurses were physically and mentally fried before the pandemic struck." Modern Healthcare, May 1, 2021.

2 "Burnout Among Health Professionals and Its Effect on Patient Safety." Agency for Healthcare Research and Quality (US). 2016

3 "12 Months of Trauma: More Than 3,600 US Health Workers Died in Covid's First Year." KHN, April 8, 2021.

4 Allen Jeremias, MD, MSc; James Nguyen, MD; Joseph Levine, MD; et al. Prevalence of SARS-CoV-2 Infection Among Health Care Workers in a Tertiary Community Hospital. JAMA Internal Medicine. Published online August 11, 2020. doi:10.1001/jamainternmed.2020.4214

5 Long H. Nguyen, MD; David A. Drew, PhD; Mark S. Graham, PhD; Amit D. Joshi, PhD; Chuan-Guo Guo, MS; Wenjie Ma, ScD; et al. Risk of COVID-19 among front-line health-care workers and the general community: a prospective cohort study. The Lancet Public Health. Published: July 1, 2020. doi:10.1016/S2468-2667(20)30164-X

Health care workers are experiencing post-traumatic stress disorder, depression, anxiety, substance abuse or thoughts of suicide. Research from the Kaiser Family Foundation and the Washington Post specifically notes that:[6]

- More than 60% of frontline health care workers say the pandemic has negatively impacted their mental health.
  - More than 69% of respondents younger than 30 years old said they feel burned out at work. Among that younger cohort, 13% said they had at least 10 patients in their direct care who died as a result of the virus.
- Pandemic-related stress led roughly half of respondents to report problems sleeping, while 31% reported frequent headaches or stomach aches.
  - Close to half of the respondents stated that they have experienced at least one of those three issues.
- 16% reported that they've increased their drug or alcohol use.
- About 13% of those surveyed reported accessing mental health services or medications while 18% said they needed such services but didn't get them.
- Among those working in hospitals, 56% said their intensive-care units were over capacity at some point during the pandemic and 34% said they ran out of personal protective equipment at some point.

More than seventy percent of UNAC/UHCP members reported experiencing anxiety and burnout.

Nearly half of our members are currently suffering from insomnia and depression.

*Internal membership survey conducted between February 18, 2021 and April 4, 2021.

As a recent poll noted, the strain of pandemic stress has rippled across the health care field. Dealing with similar pressures faced by their colleagues on the front lines, pharmacists have played a vital role in administering COVID-19 tests and vaccines. "Of the more than 2,000 pharmacists who responded to the American Pharmacists Association's well-being index, 30% are at risk of 'high distress,' meaning they're more likely to experience burnout,[7] make an error and want to leave their jobs, among other risk factors."[8]

Researchers predict the pandemic's toll on the nation's health care work force will play out long after the coronavirus is tamed.[9] According to a recent study[10] published by the American Medical Association, female nurses are about twice as likely as the general female population to take their own lives and 70% more likely than female physicians to do so.[11] The fallout from the trauma will be extraordinary. Without immediate relief, it is highly likely most nurses will question their role in nursing and possibly their career path.

6 "Frontline Health Care Workers Survey." KFF/The Washington Post, April 6, 2021.

7 "Treating burnout in the COVID ward." Crain's Chicago Business. September 3, 2021.

8 "Add pharmacists to the list of burned-out healthcare workers." Crain's Chicago Business. September 24, 2021.

9 NurseGrid. "A Pandemic's Toll on Nurses." January 2021.

10 Davis MA, Cher BAY, Friese CR, Bynum JPW. Association of US Nurse and Physician Occupation With Risk of Suicide. JAMA Psychiatry. Published online April 14, 2021. doi:10.1001/jamapsychiatry.2021.0154

11 Researchers analyzed mortality data from the Centers for Disease Control from 2007-18, identifying 2,400 suicides among nurses.

Underlying Factors of Burnout

Close to eighty percent of nurses identified unsafe staff ratios as a major challenge to providing quality care and a primary factor contributing to burnout. Lack of ventilators and PPE (which exacerbated fears of exposure to themselves and their families) was mentioned by 46.7% of nurses surveyed in January.[12]

UNSAFE STAFFING

A survey from the American Association of International Healthcare Recruitment found that nearly 80% of registered nurses said the pandemic strained staffing in their unit to unsafe levels.[13]

- When asked if nurse-to-patient ratios have risen due to the pandemic, 60 percent reported an increase in the patient load per nurse.
  - Of those reporting an increase, 83 percent — or fully 50 percent of all survey respondents — reported a workload increase of two or more patients. Thirty-nine percent of all survey respondents reported a patient workload increase of three or more.

"We've seen more than I could ever imagine of sorrow, pain, hurt. I've always been a solid rock, but I'm tired. These conditions are not sustainable. We need support."

— LIZ MARLOW, RN, ER, FONTANA, CALIFORNIA

Members of UNAC/UHCP are facing similar concerns that add to the stress of their ability to provide quality care.

When we asked our members what aspect of their work contributed to the most stress, nearly **seventy-five percent reported staffing as a contributing factor to their strained mental health**. Close to eighty percent report worrying about infecting their family members. Forty-four percent noted that witnessing so many patient deaths added even more strain and a quarter of those polled reported concerns over possible licensure issues.

More than half of our members reported that they did not feel they were receiving the necessary mental health support during the surges nor the aftermath of the pandemic.

See page 10 for full survey results ›

[12] NurseGrid. "A Pandemic's Toll on Nurses." January 2021.

[13] "One Year Into COVID-19, One-Third of Nurses are Considering Leaving the Bedside." April 2021.

LACK OF FEDERAL SAFETY STANDARDS

The shortage of qualified professionals needed to provide quality care during the pandemic, and the strain on those nurses on the front lines, was further exacerbated by the lack of proper protective gear. Health care workers were forced to reuse masks, gowns, and equipment and health systems were left scrambling for supplies as the pandemic surged. The lack of proper protection added to the anxiety of health care providers. Fear of exposure and bringing the virus home to family members was reportedly the hardest part of working through the pandemic for about 21% of the KFF/Washington Post respondents.[14]

According to government reports, at least 43,000 front-line health care workers have gotten sick, many infected, while caring for COVID-19 patients in facilities where personal protective equipment was being rationed.[15] At the end of 2020, the Strategic National Stockpile (SNS) was in dire straits as well, with only 1% of the target number of gloves, 32% of gowns, 55% of N95s, and 50% of surgical and procedural masks.[16] In January, more than half of nurses reported using their own PPE and 52.6% said their facility was reusing PPE.[17]

The horrific PPE shortage could have been avoided if a federal infectious disease regulatory standard had been in place prior to the pandemic. In fact, one was in the works. After six years of research and input from an array of providers and executives in the health care industry, the Occupational Safety and Health Agency (OSHA) released a draft version of a new regulation that identified specific standards for planning and training after lessons learned from the H1N1 crisis. The regulation would have also forced health care facilities to stockpile personal protective equipment to handle "surges" of sick patients such as the ones seen with COVID-19. The final draft was scheduled to be implemented in 2017; however, the Trump administration formally stripped the airborne infectious disease rule from the regulatory agenda shortly after inauguration. UNAC/UHCP and other organizations successfully filed suit over this move. The Biden administration has implemented Emergency Temporary Standards (ETS) to address these issues. Unfortunately, it is only specific to COVID-19, lacks application for future pandemics, and comes 10 years after the initial research.

"We're exhausted, depressed, all kinds of things, to see so many patients die. We need support. I feel isolated."

— BELINDA REDDING, RN, WOODLAND HILLS, CA

[14] "Frontline Health Care Workers Survey." KFF/The Washington Post, April 6, 2021.

[15] "Trump Team Killed Rule Designed To Protect Health Workers From Pandemic Like COVID-19." NPR, May 26, 2020.

[16] "The Future of the U.S. National Stockpile Isn't a Bigger Stockpile." Bloomberg, December 4, 2020.

[17] NurseGrid. "A Pandemic's Toll on Nurses." January 2021

The High Costs of Burnout

In an industry that puts profits over patients, even in a pandemic, the consequences of burnout ripple across the industry and directly impact patient care, efficiency, and operational finances.

Research shows that nurse burnout has been associated with a poor level of patient care, patient dissatisfaction, an increased number of medical errors, higher infection rates, and higher mortality rates.[18]

- Nurses who reported having poor mental health were 62% more likely to have made medical errors.[19]
- This April, roughly one-in-four nurses reported they could not provide adequate care to their patients today.[20]
- The National Institutes of Health found that increasing a nurse's workload by just one patient **increases the risk of patient mortality by seven percent**.[21]

Burnout also has financial costs for the health care industry. According to one study, factors contributing to burnout are directly related to turnover rates, **costing hospitals $300,000 for every percentage increase in nurse turnover annually**.[22] The cost to recruit and train a new pharmacist averages $90,000 per separation. Replacing one physical or respiratory therapist can be more than $95,000.[23]

More than sixty-six percent of UNAC/UHCP members anticipate their mental health issues will continue after COVID-19 is over.

"I've decided to leave the ER in hopes that this helps my mental health. I don't see myself ever returning to the bedside."

— ANONYMOUS RN

[18] Loera B, Converso D, Viotti S. "Evaluating the psychometric properties of the Maslach Burnout Inventory –Human Services Survey (MBI-HSS) among Italian nurses: how many factors must a researcher consider?" PLoS One. 2014;9(12):e114987.

[19] "Critical Care Nurses' Physical and Mental Health, Worksite Wellness Support, and Medical Errors." Am J Crit Care (2021) 30 (3): 176–184.

[20] "One Year Into COVID-19, One-Third of Nurses are Considering Leaving the Bedside." April 2021.

[21] Ibid.

[22] Hunt S. "Nursing turnover: cost, causes, & solutions." New Mexico legislature. Success Factors for Healthcare. 2009.

[23] The Society for Human Resource Management (SHRM) estimated in 2019 that the average replacement cost of an employee to be six to nine months' salary. Estimates are based on pay rates in UNAC/UHCP collective bargaining agreement.

Critical State: The Impending Shortage of Health Care Professionals

In addition to being the largest profession in the entire U.S. health care workforce,[24] nurses work in virtually all health care and community settings. However, according to the Federal Bureau of Labor Statistics, it was estimated prior to the pandemic that the U.S. health care system will need more than a million new nurses nationwide within the next five years to accommodate rising demand and to make up for retiring nurses — **more than fifty-five percent of current RNs are 50 years or older and expect to retire in the next 5 to 10 years**.[25]

Unfortunately, California is at the top of the list for the greatest shortage across the country.[26] The Nurse Workforce Report Card gave California's RN supply a "D" grade and studies show that California will need nearly 200,000 new nurse professionals in 2030.[27] Furthermore, California is projected to face a shortfall of about 4,700 primary care clinicians in 2025 and will need more than 4,100 additional specialty providers in less than ten years to meet the expected population demand.[28]

The education pipeline isn't expected to keep up with the demand for health care professionals either. Based on current graduation numbers, assuming an average of 11,500 per year, graduating classes through 2030 will add 138,000 nurses to California's workforce.[29] Clearly, those estimates predict a shortfall of 82,000 graduates. To meet the anticipated demand, the number of nursing graduates in California needs to immediately increase by 60 percent.[30] Seven million Californians, the majority of which are Black American, Latino, and Native American, already live in *Health Professional Shortage Areas* — a federal designation for counties experiencing shortfalls of primary care, dental care, or mental health care providers.[31] These shortages are most severe in some of California's largest and fastest-growing regions, including the Inland Empire, Los Angeles, San Joaquin Valley, and in most rural areas.

> *"We are still burned out, anxious, worried, and stressed. We have essentially come out of a figurative war zone and no one is recognizing the lasting effects."*
>
> **— ROBYN SARVIS, RN, SAN DIEGO**

[24] U.S. Bureau of Labor Statistics. [RNs and LPNs are the two largest occupations in this profession].

[25] Mealer M, Moss M, Good V, Gozal D, Kleinpell R, Sessler C. "What is Burnout Syndrome (BOS)?" *American Journal of Respiratory Critical Care Medicine*. 2016;194:P1–P2.

[26] Ring, Edward. "California's Nursing Schools Need to Up Enrollment by 60 percent to Avoid Shortage." California Policy Center. February 2019.

[27] Using Kaiser Family Foundation data, there are 3.4 million active nurses in the U.S., which equates to 1,030 nurses per 100,000 of population. In California, a state with 40 million residents, there are 338,000 nurses — a ratio of only 844 nurses per 100,000 population. To bring California up to the national average would require another 74,000 nurses. [Ring 2019]

[28] "Supply and Demand Projections of the Nursing Workforce: 2014-2030." U.S. Department of Health and Human Services; Health Resources and Services Administration Bureau of Health Workforce, National Center for Health Workforce Analysis. July 2017.

[29] Joanne Spetz. "Forecasts of the Registered Nurse Workforce in California." Prepared for the California Bureau of Registered Nursing, June 2017.

[30] Ring, Edward. "California's Nursing Schools Need to Up Enrollment by 60 percent to Avoid Shortage." California Policy Center. February 2019.

[31] "Meeting the Demand for Health: Final Report of the California Future Health Workforce Commission." February 2019.

One-Third of Nurses Are Considering Leaving Health Care

Even before the pandemic, emergency and critical care nurses were among the most in-demand in the health care sector. The pre-pandemic nurse shortage has been accelerated by a looming exodus: **thirty-six percent of nurses have or are considering leaving the bedside**.[32] Experts note that the extreme devastation, depression, and burnout caused by the pandemic will not only influence career longevity, but patient care will suffer drastically.[33] The Joint Commission even issued a bulletin encouraging providers[34] to offer more mental health care access to staff along with fostering more open and transparent communication.

Conclusion

Unless the major underlying factors of burnout are addressed, an exodus of epic proportions will cripple our health care system.

"You see a lot of nurses break down. It impacts your family. I don't doubt that in a couple years something will trigger and it will come back to haunt us."

— MARIA NUNEZ, RN, ICU, LYNWOOD, CALIFORNIA

[32] "One Year Into COVID-19, One-Third of Nurses are Considering Leaving the Bedside." April 2021.

[33] NurseGrid. "A Pandemic's Toll on Nurses." January 2021.

[34] "Joint Commission: Burned out healthcare workers need a lifeline." Healthcare Dive. February 3, 2021.

APPENDIX: UNAC/UHCP Survey Results

Do you have the mental health support you need to cope with working during COVID-19?		
No	757	50.84%
Yes	629	42.24%
Other	103	6.92%

Note: Percentages based on 1,489 total suvey responses to above question. Survey conducted between 2/18/201-4/4/2021

Do you anticipate having mental health issues after COVID-19 is over?		
Probably	611	41.03%
Yes	379	25.45%
Unlikely	214	14.37%
No	187	12.56%
Other	98	6.58%

Note: Percentages based on 1,489 total suvey responses to above question. Survey conducted between 2/18/201-4/4/2021

Are you dealing with any of the following mental health issues?		
Anxiety	1,081	72.60%
Burn out	1,079	72.46%
Insomnia	672	45.13%
Depression	629	42.24%
PTSD	327	21.96%
Other	146	9.81%

Note: Percentages based on 1,489 total suvey responses to above question. Survey conducted between 2/18/201-4/4/2021

What part of your job has led to the strain?		
Worried about bringing the virus home	1,178	79.11%
Staffing	1,108	74.41%
Worried about contracting COVID myself	990	66.49%
Seeing so many patients die in our care	656	44.06%
Licensure concerns	393	26.39%
Other	277	18.60%

Note: Percentages based on 1,489 total suvey responses to above question. Survey conducted between 2/18/201-4/4/2021