

Overview & Summary: COVID-19: Addressing Ongoing Pandemic Mental Health Concerns for Providers

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Overview

The COVID-19 pandemic has had a profound impact on the mental and emotional wellbeing of healthcare providers. Post-Traumatic Stress Disorder (PTSD) is commonly associated with experiencing a significant threat to the self, or witnessing one, bringing forth feelings of sadness, fear, flashbacks, or memory repression of the event(s) ([Sadock & Sadock, 2015](#)). As an expert in the field of Psychiatric-Mental Nursing for almost two decades, I have frequently found depression and anxiety prevalent across various populations exposed to traumatic events, including persons with chronic and persistent mental health conditions; children, and adolescents with similar manifestations; those with military backgrounds; and most especially nurses who have cared for patients throughout the COVID-19 Pandemic.

Throughout my experience in practice, it became evident that the COVID-19 pandemic has further exacerbated pre-existing individual mental health conditions. Persons with conditions during, and even after COVID-19, have demonstrated more symptoms of anxiety, panic, depression, labile mood, and irritability, to name a few. In treating healthcare workers, specifically nurses, and other frontline healthcare providers, I have seen them go through these struggles, encompassing the hallmarks of trauma sustained because of the pandemic. Nurses are now afraid when working at the bedside. They find themselves crying, unable to perform to their capacity, hesitant to get to work and provide the level of care they could very well do before the COVID-19 pandemic, all attributed to what they witnessed during the pandemic. Of note, nurses relate not being able to get certain scenes out of their mind and carrying guilt due to adverse patient outcomes. Such debilitating feelings require not just empathy but therapeutic treatment, to avert its devastating effects on the wellbeing and function of the healthcare team at large. In addition, nurses who practice across patient settings worldwide also have experienced the spectrum of social, cultural, and racial biases as they combat prior and current stressors.

Trauma Informed Care (TIC) fits into the formed principles of organizational empathy, providing a structure for caring, and decreasing vulnerabilities through resilience. Through these principles, individuals can express their level of distress and trauma knowing that other people have experienced it, which can then be brought to forefront to promote change. This concept includes trauma and other previously underrecognized mental health conditions on which further research can be done to help mitigate the nursing shortage in US and worldwide.

Since treatments provided for trauma spectrum disorders have proven efficacious, it is imperative that we emphasize the need for early recognition of symptoms in the lives of nurses experiencing PTSD and related trauma by introducing help at the time that help is needed. These nurses require mental health first aid, to let them know there is support, through the structure provided by Trauma Informed Care. When nurses are educated in TIC, they can partake in peer symptom recognition, and open support opportunities with something as simple as: "I see that you are struggling a little bit today, please talk to me" and refer them accordingly.

We know that people need to be healthy themselves so they can help others. By empowering the nursing body with education and support, from the beginning in their academic education to health work settings, nurses can see telltale signs of trauma, depression, and anxiety, and recognize PTSD and other trauma related symptoms early. With this early recognition by peer nurses and/or themselves, nurses can then receive prompt treatment.

Initiatives have been put in place to support nurses' wellbeing. One example of this is Schwartz rounds ([NJNEWI, 2023](#)). As a facilitator of these rounds supported by New Jersey Nursing Emotional Wellbeing Institute (NJNEW), I have found that it creates a platform for nurses to share their stories and know that they are not alone as well as provide resources for their emotional wellbeing.

The following introductory articles in this OJIN topic describe specific mental health paradigms associated with the COVID-19 pandemic, improving resilience, and overcoming barriers to the implementation of TIC across educational and healthcare settings.

In "[Using a Trauma-informed Approach to Address Burnout in Nursing: What Can the Organization Accomplish](#)," Dawson-Rose and colleagues describe the facets of vicarious and secondary trauma. They describe the specific processes for the implementation of a physical and mentally safe workplace health setting and reduce the risk of re-traumatization.

In introducing the practice of TIC in nursing academic settings, the article by Nadine M. Aktan and colleagues, "[Trauma Informed Educational Practices: An Educational Innovation for Graduate Nursing Students](#)," describes methods to address the mental health challenges of graduate nursing students. The students are often challenged by increasing demands of academic rigor in addition to their already burdened responsibilities in their work settings.

Baumgartner and colleagues further address the implementation of TIC in real time in their article, "[Evaluating 'Take 5': Virtual Learning Sessions On Trauma Informed Care For Health Care Staff During COVID-19](#)." They describe a TIC initiative to support nursing staff during the unprecedented reality of the pandemic, resulting in enhanced knowledge and utilization of new skills with clients and themselves.

Should there be a learning curve involved in experience of trauma? Mazanec and colleagues address this important element, and discuss incorporating TIC into nursing competencies prior to and in consideration of workload assignment in their article, "[Stress, Anxiety, and Growth in Nurses During the COVID-19 Pandemic](#)."

In the article, "[Improving Resilience in Nurses Affected by PTSD](#)," author Bauer and colleagues expand on precipitating factors to PTSD and present tools for improving resilience. In addition, they discuss administrative strategies to create a healthy workplace during times of pandemic stress.

As an added perspective, in the article, "[Accessibility and Financial Barriers in the Utilization of Alternative to Discipline Programs in the United States](#)" by Choflet and colleagues exemplify the experiences of nurses experiencing chemical dependency as a result of trauma or underlying mental health conditions. These authors investigated current treatment options in lieu of barriers to privacy, licensure holds, and subsequent loss of income and healthcare staffing, and call for transitions from punitive to a supportive treatment approach to securing staff and patient wellbeing.

Additional barriers such as lack of resources and disproportionate death tolls encountered by nurses in the international front, along with proposed changes are discussed in the article "[The Post Pandemic Future: Nursing in the Region of the Americas and Mental Health](#)" by Cassiani and colleagues. They consider the best strategies to support a positive relationship that features resilience, adequate working conditions, and investments in the nursing profession for a post-COVID-19 future that protects workers' mental health.

The authors and journal editors collectively invite readers to respond to the topics by means of letters to the editor, and submission of manuscripts to expand on these important mental health issues affecting healthcare providers during and after COVID-19 pandemic.

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