

Nurses respond to COVID-19 pandemic: Mental health support for frontline nurses*

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We are nursing educators. Collectively we have taught from undergraduate to doctoral levels of nursing students across topics and class sizes. The last month has been nothing like we have experienced before in our personal and professional lives. During the past month our face-to-face courses rapidly transitioned to online, our online courses were adjusted as needed, and we moved from working in a university environment to home offices. During the last month COVID-19 was recognized as a global pandemic, and Canada was not spared.

Despite the rapid changes in our educators' place of work, we recognize that it is the frontline nurses whose day-to-day work that has changed dramatically. They are the ones most impacted by the reality of working in a contagious pandemic era, with new directives as health systems try to adjust to increasing COVID-19 related morbidities and mortalities, to keep ahead. Nurses have demonstrated remarkable resilience and professionalism while each day the number of identified cases and those who fall increase. But as the pandemic weeks turn into months, perhaps seasons, and we pray not years, the toll on their mental health cannot be ignored.

From the past, we have learned how to care for patients with polio, bubonic plagues, HIV, small-pox, SARS, H5N1, H1N1, influenza, tuberculosis, MERS, Ebola and measles. Our federal and provincial governments are planning for financial relief, more testing kits, PPE (personal protective equipment) and ventilators. In Ontario, nurses are now working under the emergency measures act, which means to deploy any human resource to wherever the need maybe, like during war times. Public health departments are

setting up recruits from retirement to not-yet-licensed doctors and nurses to help out, create testing centers, callcenters, and hot tents. Nursing unions and associations are regularly advocating for the well-being of the health care workforce, sounding alarms on safety in the workplace, and lobbying the government.

Nursing is different now and COVID-19 is different. Nurses would not be expected to care for patients without the adequate availability of PPE. But the reality is there is a global shortage of adequate PPE to keep nurses and other health care professionals safe. Reports of nurses feeling scared, unprotected and vulnerable are heard throughout nursing circles. Media reports of nurses and doctors in China, Italy, New York and Spain, indicate that their ICUs were overflowing with most patients being proned (flipped onto their stomachs in a drastic measure to oxygenate the lungs), they ran out of Vascaths (which are inserted for dialysis as so many patients were in renal failure), and were short on the drug Propofol (used to sedate the critically ill on ventilators). Hundreds of patients were dying each day despite interventions.

The human pain cannot be hidden amongst daily COVID-19 related counts. How would you offer support to nurses who just intubated a young man of 26 years of age and asked to live as he was a father, to a baby, yet the nurses know he will not survive despite all aggressive interventions? This high stress situation not only causes moral distress, but may potentially result in post-traumatic stress disorder (PTSD) when repeated and over time.

Already emerging collaborations are taking place to support the mental wellbeing of community members during COVID-19 pandemic. For example, the City of Toronto, Ontario, has partnered with mental health service providers to provide mental health support for its residents (City of Toronto, 2020). The Mental Health Commission of Canada (2020) has created a Mental Health First COVID-19 Self-Care & Resilience Guide and provided a list of its COVID-19 related resources¹. Professional specific initiatives are also emerging to help support the mental wellbeing of frontline health care providers and first responders. Webinars and social media are forums through which rapid information sharing is taking place. For example, the Registered Nurses' Association of Ontario (RNAO) through its Peer-to-Peer Facebook groups moderates discussions during COVID-19 to support its members.

The World Health Organization (WHO) recognizes 2020 as the International Year of the Nurse and the Midwife and identifies their central role in:

... meeting everyday essential health needs. They are often, the first and only point of care in their communities. The world needs 9 million more nurses and midwives if it is to achieve universal health coverage by 2030. (WHO, 2020).

The goals of this special designated year are to celebrate nurses' and midwives' work, draw attention to their often difficult conditions, and encourage more investments in nursing and midwifery workforce (WHO, 2020).

Given the current and unexpected COVID-19 pandemic in 2020 we propose that this designated year needs to highlight nurses' resilience but not forget to support their mental wellbeing on an immediate and longterm basis. This has to take place within a dedicated national Public Mental Health System (Khanlou, 2020), that is tailored to each nation's unique nursing workforce's strengths and challenges during crisis points (such as epidemics and pandemics), but also beyond, when things are as per usual.

In all corners of the world we have heard the WHO creed that without mental health there is no health. Without immediately addressing the mental health needs of our frontline nursing workforce in the COVID-19 era, we place the health of our nurses at risk. We would add to the creed that without mentally healthy nurses, the health of our society is at risk. Nursing practitioners, educators, researchers, students and leaders are ready to engage in a dialogue with their provincial and federal policy counterparts for rapid design and implementation of mental health supports for nurses. The time to act is now. Our nurses need it. The health of our nation needs it.

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