Almost all nursing staff are feeling more stressed and anxious than usual, with a third describing the state of their mental health as bad during the coronavirus pandemic, reveals a survey by Nursing Times.

Half of nursing staff who responded to the survey considered the current level of support being provided to health and social care staff on mental health and wellbeing as inadequate. But a third told Nursing Times they had needed support and felt unable to ask for it.

The survey of 3,500 nurses provides a snapshot of the current state of nurse mental health during the coronavirus pandemic, indicating that it is having a hugely negative impact on the wellbeing of many health and social care staff.

The findings will inform a new Nursing Times campaign called Covid-19: Are You OK?, which aims to ensure that nurse mental health is firmly on the radar of employers and the government (see p8). Launched in April, the campaign will highlight the mental health pressures and needs of nurses during and after the coronavirus pandemic, and act as a platform from which to lobby for immediate and long-lasting support.

When asked to rate their overall mental health and wellbeing right now, 33% described it as “bad” or “very bad”. Worse still, 87% of respondents rated themselves as either “a lot” or “a little” more stressed at work than usual, while 90% said they were “a lot” or “a little” more anxious than before the outbreak. Over 50% described themselves as “a lot” more anxious or stressed than usual.

Concerns about contracting the virus and the health of family and friends, as well as lack of sufficient supplies of personal protective equipment (PPE) were the most common reasons respondents cited for being more stressed or anxious. Concern about catching the virus was considered a contributing factor to their increased stress or anxiety levels by 79% of respondents and lack of PPE by 53%.

At the time of writing, more than 120 health and social care workers were reported to have died in the UK after a confirmed or suspected Covid-19 diagnosis, including at least 30 registered nurses and midwives.

Meanwhile, the ongoing shortages of PPE have attracted widespread media attention.

Dealing with the death of patients who were alone due to social distancing, failing to look after themselves by missing breaks or not eating properly, and failing to provide effective care because of time or staffing pressures were the other most common reasons cited for higher stress or anxiety.

One respondent working on a Covid-19 ward said: “The deaths are very hard, mainly because we rarely had deaths before; but now they happen quite frequently. Sometimes no family members have been able to come either.”

Meanwhile, a respondent who was being redeployed said: “My stress levels are sky high, but I don’t feel I can talk to other staff members, as I don’t want to feel like I am incapable of doing my job.”

“If we had the reassurance of testing for the virus and proper protocol in place regarding how to deal with this, then this would help the mental wellbeing of staff. PPE is a real issue,” said another.

Nursing Times also asked nurses for their views on the current level of support being provided to health and social care staff on mental health and wellbeing, at both national and local levels, and whether they had personally sought help.

At national level, 54% rated support as “inadequate” or “very inadequate”, while 20% said it was “adequate” and 11% said it was “good” or “very good”. The picture at local level was slightly better, with 50% rating support as “inadequate” or “very inadequate”, 22% thinking it was “adequate” and 13% that it was “good” or “very good”. One respondent stated: “Nationally, I do not feel the health and wellbeing of health care workers has been taken seriously.”

Another respondent said: “Far more support is needed for everyone involved in this situation, not only now while it is happening but into the future when it may continue to affect staff.”

Calling for preparations for after the pandemic, one person said: “Now more than ever staff must be protected in the aftermath from burnout, which affects our
most earnest, dedicated and caring members.”

In addition, Nursing Times asked nurses if they had received support from their line manager or other team members about their work during the pandemic and whether it had helped. Most of those who received support said it had helped but, concerningly, more than a third of respondents said they needed support but did not feel able to ask for it.

A helpline, run with charity input, is at the centre of current efforts to provide mental health support to frontline NHS staff in England, with similar initiatives in place or planned for the rest of the UK.

However, only 35% of survey respondents named telephone support via a dedicated helpline or video call as their preferred method of support. More popular was informal peer support from colleagues, chosen by 50%, and individual face-to-face support with a mental health professional, which was favoured by 36%.

Meanwhile, we asked nurses whether their levels of alcohol intake had changed to help them cope with work during the pandemic. Around 35% said they were drinking more than usual but 10% said they were drinking less and 32% noted that they did not drink alcohol.

The survey also gives an indication of the level of redeployment and role change experienced by nursing staff as services attempt to cope with the demands of the coronavirus pandemic.

When asked how the work they were doing now compared with before the start of the coronavirus outbreak, 66% of respondents said it had changed either “completely” or “significantly”.

The survey findings used in this article were collected between 17 and 24 April. Nursing Times intends to repeat the survey at a later date, as well as setting up a smaller group of nurses to act as a detailed barometer of mental health and wellbeing in the workforce.