The impact of the Covid-19 pandemic on the delivery of health-care has been challenging, putting a significant strain on the NHS, particularly in critical care and respiratory services. During the first wave of the pandemic, there was an increased rate of sickness absence among health professionals (West, 2020), which could be attributed to factors including increased infection among staff (Bird et al, 2020) and the psychological impact of the pandemic (Lai et al, 2020). A recent UK survey on nurses’ mental health during the pandemic (Ford, 2020) found that >80% of participants experienced increased levels of stress and a third described their mental health and wellbeing as bad or very bad.

In this article, we summarise our programme of work to date on the experiences of nurses working in respiratory clinical areas during the pandemic, outlining two published studies, on:

- Levels of resilience, anxiety and depression (Roberts et al, 2021a);
- Experiences of nurses during the first wave (Roberts et al, 2021b).

Our survey was conducted online and was promoted using professional respiratory societies.

The survey received 255 responses, mostly from women (89%) and those aged >35 years (79%, mean age 45 years). In all, 58% usually worked in an acute setting, 57.3% had changed their role due to the pandemic, and 48.6% were undertaking aerosol-generating procedures – for example, spirometry or non-invasive ventilation – which carry a higher Covid-19 infection risk than non-aerosol-generating procedures.

The impact of the Covid-19 pandemic on the delivery of health-care has been challenging, putting a significant strain on the NHS, particularly in critical care and respiratory services.
Nearly 29% experienced mild anxiety and 20.9% moderately severe to severe anxiety. Scores were similar for depression, with 17.2% experiencing moderate-to-severe symptoms. The survey found that 65% had a moderate or moderately high resilience score; this suggests that individuals may possess some of the characteristics of resilience but these need strengthening (Wagnild, 2009).

Some reported that family members were worried about them working in a “dangerous environment” (ID 79) and one respondent reported her daughter asking “if I will die or if she will die” (ID 48). A few respondents (n=12) reported changes in their working pattern or role potentially causing “social isolation from family” (ID 103), and increased working “impacting on family life” (ID 172).

**Mental health services and support**

Many participants stated that they had been provided with access to mental health services – such as self-referral to services, email support or signposting services, telephone support, counselling services, chaplaincy, huddles/hubs, occupational support and webinars – but had not necessarily used that support.

Respondents also reported that they had received:
- Some management support including flexible working patterns (32.5%);
- Emotional support (29.4%);
- Clear leadership (28.6%).

A minority (n=17) reported little or no support.

**Anxiety, depression and resilience**

Resilience is an individual’s ability to ‘bounce back’ in difficult circumstances (Tugade and Fredrickson, 2004). It has been shown to be important in the ability to cope in crisis situations.

Resilience levels we found were comparable to those of other studies – such as Callegari et al (2016) and Wagnild (2009) – with just under half (46.7%) having a moderate or a lower resilience score. Resilience is influenced by some personal characteristics as well as environmental factors (Alkaissi et al, 2019). Several studies have shown that resilience increases with age and work experience (Purvis and Saylor, 2019; Ang et al, 2018; Sull et al, 2015). Personal characteristics can help build resilience; these include:
- Hope;
- Self-efficacy;

Around a fifth of the participants experienced moderate-to-severe depression (17%) or anxiety (20.9%) – higher than levels reported in the general population and general medical practice (Spitzer et al, 2006; Martin et al, 2006). The regression analysis identified the following factors as important factors for predicting depression and anxiety:
- Age;
- Experience;
- Ability to provide support to their household.

**Discussion**

Nearly 29% experienced mild anxiety and 20.9% moderately severe to severe anxiety. Scores were similar for depression, with 17.2% experiencing moderate-to-severe symptoms. The survey found that 65% had a moderate or moderately high resilience score; this suggests that individuals may possess some of the characteristics of resilience but these need strengthening (Wagnild, 2009).

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Around half of participants felt adequately prepared for the pandemic, although many still had concerns about catching the virus themselves. Studies have shown increased risk for healthcare workers (Mutambudzi et al, 2021) and nurses in respiratory wards (Bird et al, 2020).

Participants expressed concerns about their own mental health and it is worth noting that one study by Havaei et al (2020) has reported a higher prevalence of suicidal thoughts in nurses during the pandemic compared to national suicide statistics. In our study, the majority of respondents were aware of available mental health services but did not report accessing them; this could be due to issues such as those highlighted by Missel et al (2020), including:
- Stigma;
- Lack of access;
- Not recognising symptoms.

Participants set up their own informal networks to get and provide peer support, which has been highlighted by others as crucial for self-care (Hu and Chen, 2020; Teoh and Kimnan, 2020).

Covid-19 psychological support is a key component to staff recovery in the wake of the pandemic. This needs to be available to all members of staff in a format that works for them (Tracy et al, 2020). Fewer than a third of the nurses surveyed felt they had additional support from their management team – management visibility has been highlighted as a problem elsewhere (O’Halloran, 2020).

Accessible strategies that individuals can use to manage psychological distress have been recommended (Heath et al, 2020). The World Health Organization (2020) also provides guidance for healthcare workers and team leaders to minimise the impact on mental health.

Support for staff is essential, both throughout the pandemic and afterwards. Building resilience and reducing anxiety and depression among staff should be
prioritised through organisations, NHS management and professional bodies (Aiello et al, 2011). Psychological support needs to be available and tailored to the individual (Lai et al, 2020; Huang et al, 2020; Smith et al, 2020). Some interventions have been implemented as part of the response to Covid-19 but, as expected, NHS mental health services are already overwhelmed before we continue to recover from the pandemic.

Conclusions

The findings from this programme of work so far have highlighted the experiences of nurses who were caring for patients in respiratory units/areas during the first wave of the Covid-19 pandemic. The nurses who responded were, overall, fairly resilient and had considerable nursing experience. However, a proportion of respondents experienced considerable symptoms of anxiety or depression, and some had difficulties providing support to their households.

Concerns were raised over the working environment, the supply and availability of adequate personal protective equipment, and the quality of care that individuals were able to deliver. An overwhelming fear was related to the spread of infection to families and friends, and the impact of adjusting working patterns to respond to demand from clinical responsibilities.

Participants acknowledged having concerns about their own mental health but, although both formal and informal support was available, provision appeared to be inconsistent. This highlights the importance of social support mechanisms, and the organisational and management signposting to resources and support on self-care that can be used by healthcare staff and their families if necessary.

Key findings of the survey and the implications for practice that were subsequently ascertained are summarised in Box 1.

Box 1. Survey results and implications for practice

Results

- A significant proportion of nurses experienced moderate-to-high levels of anxiety and depression during the first wave of the pandemic
- Younger nurses and those with less experience were more likely to report anxiety and depression
- Most participants did not report accessing organisational support for mental health but many had set up informal support groups in their teams

Implications

- Tailored psychological support is needed for all staff, and should particularly be aimed at those at higher risk of mental ill health (ie, younger/less-experienced staff)
- A multipronged approach is needed to support staff at individual, team, departmental and organisational levels to make sure that all employees feel supported, and that resilience and wellbeing is improved

References

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