

# Nursing crisis: Challenges and opportunities for our profession after COVID-19

As the world begins to emerge from the COVID-19 pandemic—still fearing that maybe this is not yet the end—we must embrace a still unclear future and act to shape it. Whatever lies ahead, recovery and reconstruction will require much energy, creativity and determination.

COVID-19 was declared a pandemic by the director-general of the World Health Organization (WHO) on 11 March 2020. By 14 May 2022—just over 2 years later—it had resulted in 6.2 million deaths around the world, including tens of thousands of health and care workers (WHO, 2021). Nurses have been on the front lines, confronting a world turned upside down, and have faced each viral wave and continue to face new surges with courage, expertise and compassion.

First, we faced an unknown pathogen with limited knowledge, personal protective equipment and tools to diagnose and treat COVID-19. Healthcare workers had more than sevenfold higher risk of severe COVID-19 compared with other occupations (Mutambudzi et al., 2020). Then came waves of grave illness and incessant deaths. Nurses across all sectors have shown unimaginable resilience. However, there are limits to endurance. Recent studies show very high rates of depression, anxiety, post-traumatic stress disorder, burnout and exhaustion among nurses, and many are considering changing positions or leaving the profession altogether (Chen et al., 2020; Hong et al., 2020; Li et al., 2021; Magnavita et al., 2021; Moll et al., 2022; Sahebi et al., 2021; Sinsky et al., 2021).

How can we rebuild a strong profession as we move beyond this taxing pandemic? What are the key challenges and possible solutions?

*Nursing faces great instability:* Nursing has emerged from the pandemic in a state of restlessness, which is leading to a potential crisis. Recent data indicate 69% of Canadian nurses plan to leave their position within the next 5 years; of these, 42% are contemplating leaving the profession altogether (Registered Nurses' Association of Ontario [RNAO], 2022a). Similar difficulties are being experienced elsewhere, and several factors help explain these numbing statistics.

- *Workplace vulnerabilities:* Nurses worldwide report feeling vulnerable during the pandemic. A key factor is the fear of contracting the virus. In addition, many nurses report pre-existing health conditions and being concerned about work-related risks to personal health. Lack of pre-pandemic planning and insufficient or inadequate personal protective equipment has compounded this (Grinspun, 2021; RNAO, 2021, 2022b).

- *Potential solutions:* Vaccination and masking should be continued when indicated as appropriate by following local case counts and surveillance data. Personal protective equipment must always be available for frontline clinicians. Ongoing institutional planning, education and resourcing must remain engaged and poised to act quickly to changed situations. Annual measurements of burnout should also be implemented to ensure that wellness programming, staffing and other instituted measures are improving the working environment (Kelly et al., 2020).
- *Unsustainable workloads and inadequate staffing:* Nurses everywhere have experienced very heavy workloads driven by staff shortages and inadequate skills mix. For example, more than half the nurses participating in Canadian and international surveys reported their organizations limited their vacation time to cope with demand (RNAO, 2022b).
  - *Solutions:* Hospitals must not cut nursing staffing levels to save money. Poor staffing ratios are related to negative nurse outcomes and higher hospital mortality (Aiken et al., 2014; Shin et al., 2018). Sensitive and reliable patient and workload acuity scoring systems should be used to plan staffing ratios, and skill acquisition must be considered with 24/7 staffing as newer nurses enter the workforce and require support. System issues, such as burdensome electronic health record documentation requirements, need to be streamlined so that nurses can focus on providing care to patients and their families.
- *Ongoing work-life stress:* The impact of COVID-19 on nurses has been around the clock, at work and at home, making it extremely challenging for nurses to bounce back from stress. In addition to their work overload, nurses struggled to respond to the needs of their own families. In combination, these pressures have led to persistent stress and work-life challenges. Notably, however, work stress was reported as higher than non-work stress, and 'work overload' was the greatest stressor among nurses (Healthy Professional Worker Partnership (HPWP), 2021).
  - *Solutions:* Work-life balance has always been difficult to achieve, but even more so now with disrupted childcare, schooling and work requests. Facilities must build cultures of wellness and must provide evidence-based wellness and support programming for the whole nurse (Adelson et al., 2021; Melnyk et al., 2021). Other recommended practices include instituting tenets of a healthy work environment, including meaningful recognition and effective decision making (Kelly et al., 2021).

*Nurses are suffering health effects:* The health results of the pandemic for nurses indicate severe burnout and mental health challenges.

- Burnout: Canadian and American studies show the majority of respondents with symptoms of burnout as expressed by being exhausted and disengaged (American Nurses Foundation [ANF], 2021; RNAO, 2021, 2022b). Burnout is worse among younger nurses.
- Mental health challenges: Globally, the pandemic has negatively impacted nurses' mental health and well-being (Al Maqbali et al., 2021; Chan et al., 2021; Ching et al., 2021; Koontalay et al., 2021; Sanghera et al., 2020). According to the HPWP (2021) report, most workers across the seven professions surveyed—nursing, midwifery, teaching, medicine, dentistry, academia and accounting—reported experiencing a mental health issue due to the pandemic. However, women in the female-dominated professions—nursing, midwifery and teaching—were more likely than men to experience a mental health issue (HPWP, 2021). Younger nurses with less working experience and work in the frontline reported a higher prevalence of anxiety, depression, stress and insomnia (Chan et al., 2021).
- Nurse migration affecting developing countries: Nurse migration from developing countries to pursue better work conditions in richer countries has created a more dramatic situation for nurses in countries with limited resources (Shaffer et al., 2020).

**What are the opportunities?** The way forward involves multiple concurrent approaches. Old solutions to health services—those driven by cost-cutting priorities ahead of person-centred care and healthy work environments—will no longer work. Nurses' restlessness and departures demand urgent and sustained actions to recruit and retain talent. A focus on values-based healthcare and human resource practices that offers meaningful work environments for staff is the way out of this deep crisis. These environments must encourage staff to engage in solution and decision making, evidence-based practices and courageous conversations. The wake-up call of a nursing crisis is loud and universal. Governments, employers, educators and nursing associations must respond swiftly investing in nursing, building careers for nurses and tackling ongoing barriers such as systemic racism (Arabi et al., 2021; Cooper Brathwaite, Versailles, Juüdi-Hope, Coppin, Jefferies, Bradley, Campbell, Garraway, Obewu, Laronde-Ogilvie, Sinclair, Groom, & Grinspun, 2022; Cooper Brathwaite, Versailles, Juüdi-Hope, Coppin, Jefferies, Bradley, Campbell, Garraway, Obewu, Laronde-Ogilvie, Sinclair, Groom, Punia, & Grinspun, 2022; RNAO, 2021, 2022a, 2022b; Tomblin-Murphy et al., 2022). Educators, managers and policymakers must also heed the significant influence of health for retention of staff and consider what strategies may mitigate health risks for this workforce (Perry et al., 2016). Lastly, psychological interventions need to be addressed in the planning stage for future crisis, including a pandemic (El-Monshed et al., 2021).

Given the central role of nursing for the health of all nations, solutions for post-COVID challenges are essential, not optional, for

governments, policymakers, managers and leaders of nursing, locally, nationally and internationally.

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