

Beyond Burnout:

Addressing the
Mental Health Crisis
in Healthcare

Making a more resilient healthcare
workforce in the wake of a pandemic.

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A Message from the CEO

Why did Medical Solutions produce a white paper on mental health? Because people we care about are hurting. When people you care about are hurting, you'll do everything you can to help. We see it and hear it firsthand from our traveling professionals. On a national scale, the profession is facing nothing short of a mental health crisis. It's beyond burnout.

The pandemic revealed a lot about our healthcare system, from decisions and processes to equipment and staffing. It left behind a mental health crisis among frontline healthcare workers as the diagnosed cases of PTSD, depression, and anxiety have spiked among nurses and other clinicians. The mental health crisis has caused valuable and necessary nurses to leave the profession, making an already critical labor shortage worse.

While our area of expertise is not mental health, our purpose remains to connect care. This is a serious issue we feel compelled to address. We see the difficulties created by mental illness in family members, friends, co-workers, and yes, in our traveling nurses and other clinicians.

Beyond what we see with our own eyes, there is more than enough evidence to

illustrate the mental healthcare crisis facing our industry. Healthcare is a stressful environment, even in the best of times. During the pandemic, ultimately, people had to endure and deal with the trauma of a catastrophic situation. Frontline care providers have gone through previously unimaginable scenarios in recent years.

So, what can be done to turn the tide? This paper will examine the scope of mental health issues among healthcare workers, illustrate how it affects both the units and the patients they serve, and outline ways hospitals and health systems can build healthier and more resilient workforces.

Together, we can help nurses and other clinicians recover, feel better, and care for patients.



Craig Meier
CEO, Medical Solutions

Abstract

Maybe more than any other sector of the economy, healthcare has people at its center. It relies completely on people caring for other people.

But what happens when a significant percentage of the caregiving population is suffering?

Who cares for the caregiver?

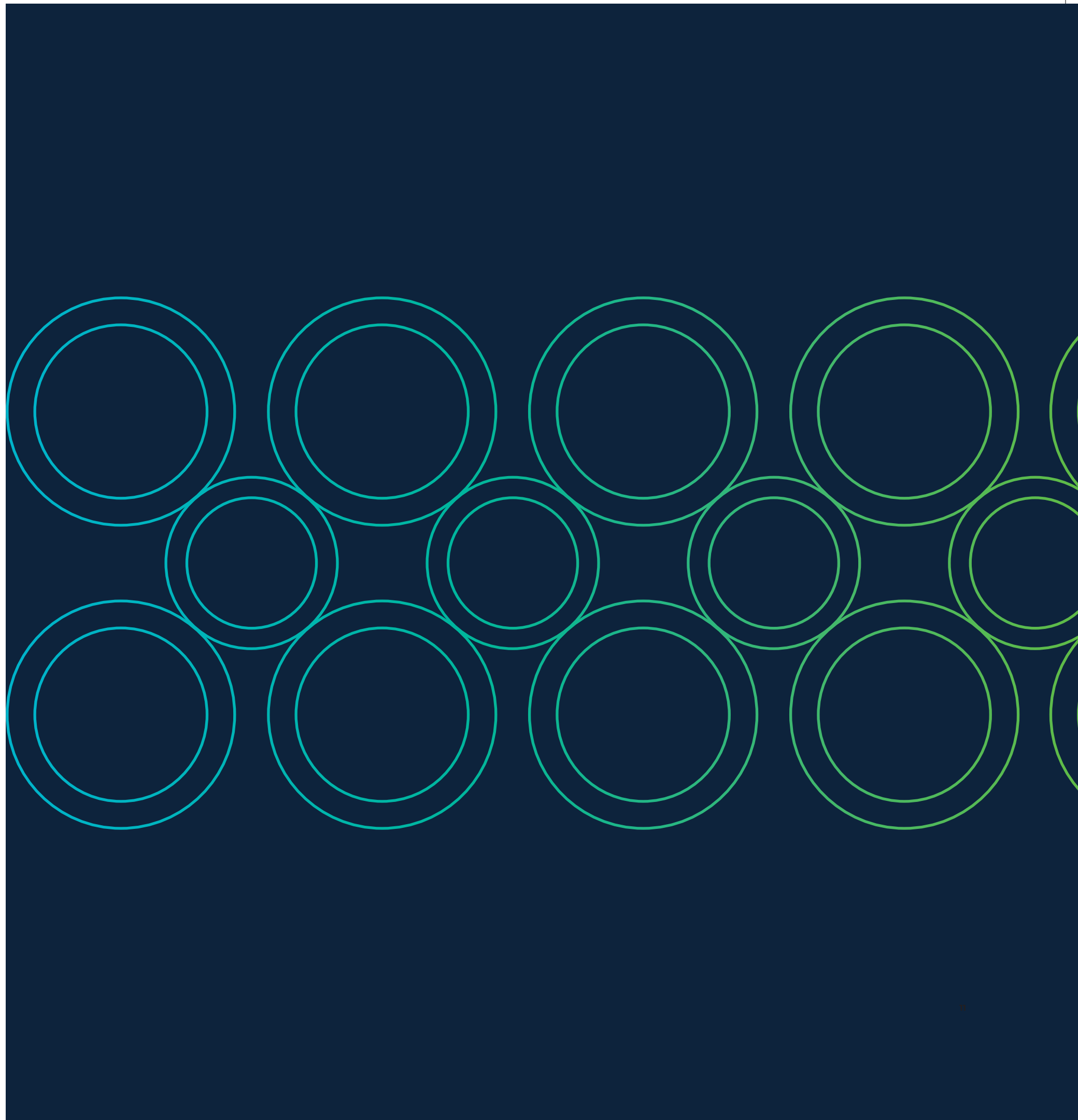
Nurses and other frontline clinicians absorbed the brunt of the pandemic's strain and were left with the resulting consequences of that trauma – anxiety, depression, and post-traumatic stress disorder. Without adequate support to address these mental health issues, they may struggle to care for patients, leave the profession altogether, or worse, harm themselves.

This paper examines the extent of the mental health crisis among healthcare staff. It also explores the impact it can have on staffing levels and how a worsening labor shortage could impact patient care. It also offers guidance on how health system leaders can support the mental health of their staff to create a more emotionally healthy and resilient workforce.



Section 1: Assessing Conditions

The COVID-19 pandemic has placed a measurable strain on providers and has created a negative impact on the mental health of nurses and healthcare clinicians. It's been a relentlessly stressful and traumatic few years for frontline healthcare workers. The effects have become clear, as various studies have quantified the degree of negative impact the pandemic strain has made on providers' mental health.



Reported symptoms of mental health have skyrocketed.

Prior to the pandemic, nearly 20% of Americans experienced a mental illness, but according to the Centers for Disease Control and Prevention (CDC), the percentage of the population reporting that they felt depressed has quadrupled in the last year.

For healthcare workers, it's worse.

A recent study showed that a majority of healthcare workers, **more than 70%**, in the U.S. have symptoms of anxiety and depression.

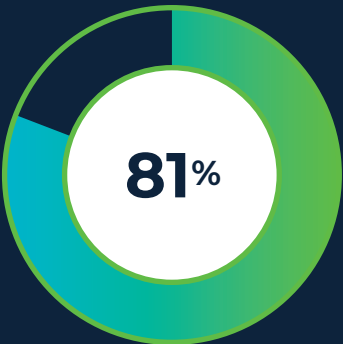
15% have had recent thoughts of suicide or self-harm. **38%** have symptoms of post-traumatic stress disorder.

A study conducted and published in the fall of 2020 found:

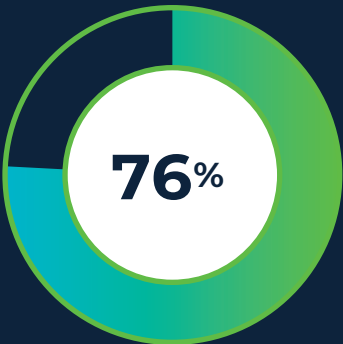
43% of nurses reported moderate or severe anxiety. **26%** of nurses reported depression.

Pre-pandemic, those figures were between **8% and 6%** respectively. These statistics are cause for alarm.

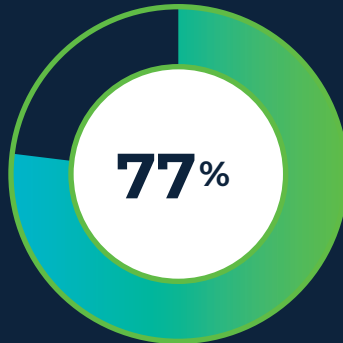
Further, a study by the American Nurses Association shows that the pandemic toll on mental health is even higher among younger nurses. Every respondent in their survey expressed higher levels of frustration, exhaustion, or feeling overwhelmed, but nurses aged 34 and younger reported these feelings more.



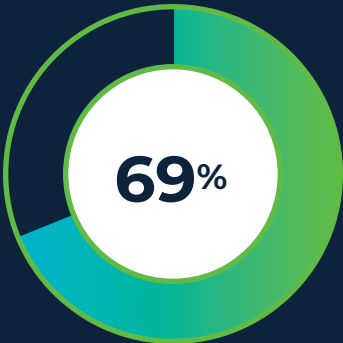
of nurses said they were stressed.



of nurses said they were frustrated.



of nurses said they felt exhausted.



of nurses said they felt overwhelmed.

Nearly half (46%) of younger nurses described themselves as not or not at all emotionally healthy, compared to 18% of nurses aged 55 and older who said the same thing.



Support in the Workplace

Anyone suffering from mental health challenges will need to find help and support in a variety of areas, from professional providers to caring friends and family. The workplace is also an important part of a personal and professional support network, as more and more people bring their whole selves to work.

A challenging indictment for hospital leaders showed up in a recent study, in which 56% of nurses said they were sacrificing their mental health for their job. Further, more than three in 10 (37%) said they don't feel their employer supports their mental health. There's work to be done in caring for caregivers.

From Celebrating "Healthcare Heroes" to the Need for Protection

The opinion and behavior of the public has shifted and changed dramatically from the early days and weeks of the pandemic through the last two years. Very few were impacted as directly by shifting public opinion of the disease, its prevention, and treatment as frontline healthcare providers.

The spring of 2020 included heroic tributes to healthcare workers, from end-of-shift clap-outs to gifts and support from individuals and organizations. But the adulation and media attention lessened as the pandemic wore on. It left clinicians still working exhausting shifts and dealing with abnormal amounts of grief.

As a segment of the population became skeptical of the disease and emotional about its treatment, confused and grief-stricken families took their anger out on providers.

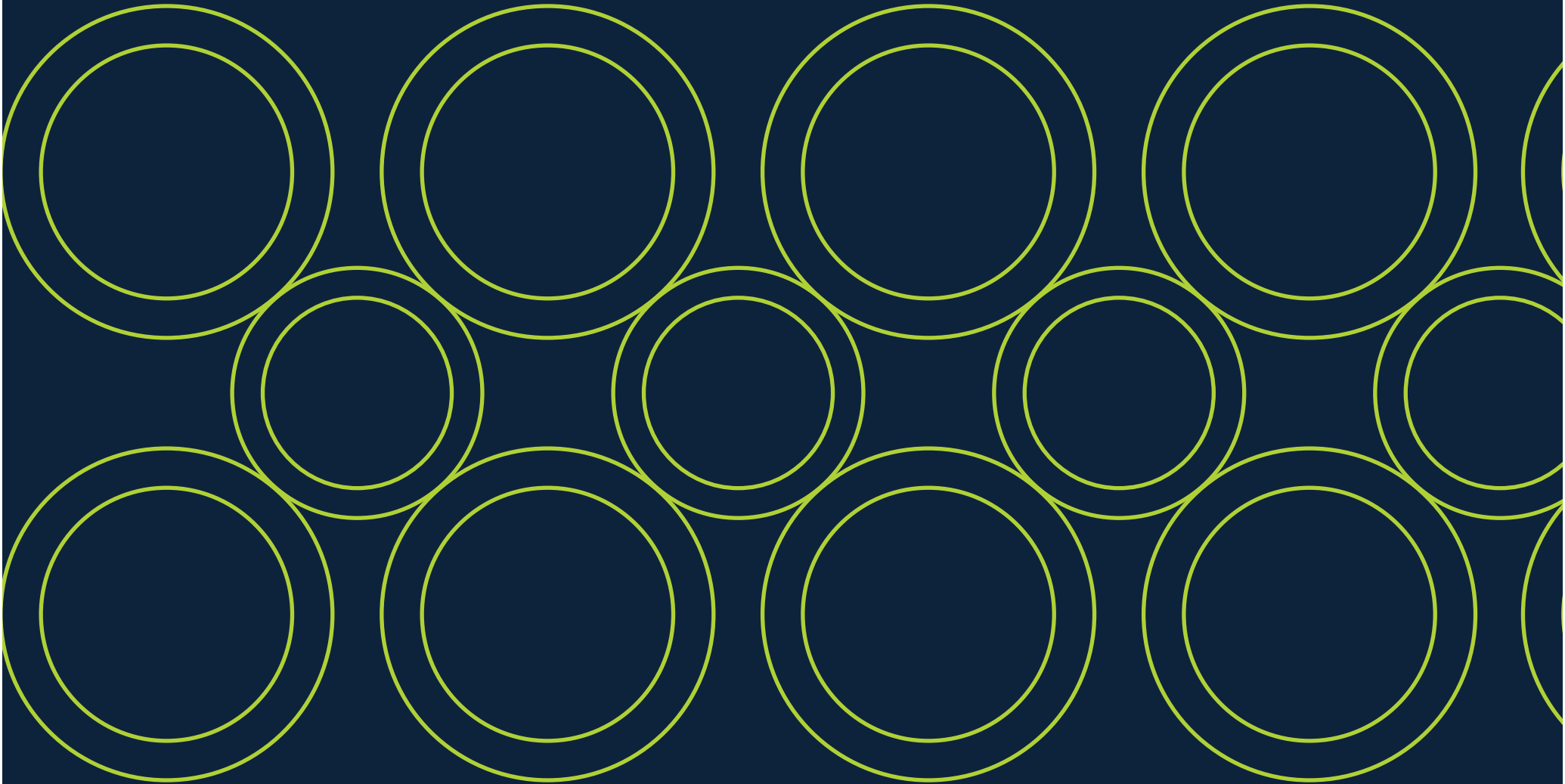
Stories of abusive verbal and physical altercations at hospitals filled headlines in 2021, taking the mental and emotional trauma to nurses and clinicians a step further.

Today, legislation plans to further support clinicians include protection from patient abuse, prioritization of mental health, and safer working conditions. The U.S. House of Representatives has passed HR 1195, the Workplace Violence Prevention for Health Care and Social Service Workers Act, by a margin of 254-166.

This working environment was abnormal to say the least. The massive strain on clinicians' mental health has created unprecedented challenges and uncertainties regarding their ability to provide the highest level of patient care. The following section will examine the impact the mental health crisis has on patient care and the future supply of professional nurses and other clinicians.

Section 2: Worsening Nursing Shortage Impacts Patient Care

In hindsight, of course, there were signs that an event like the pandemic would negatively affect provider mental health and impact healthcare labor markets.



Consider:

Clinicians have commonly dealt with emotionally charged moments while providing care. Many of them developed an ability to disassociate, compartmentalize, and move on. This led to deprioritizing their own well-being for the sake of their patients.

The increasing age of the overall population, driving greater numbers in need for clinical care, juxtaposed with a rise in clinicians retiring and removing themselves from this profession, and combined with the decrease in nursing school applicants and acceptance, meant staffing shortages were inevitably going to impact the industry this decade.

In addition to these preexisting strains on healthcare and the lack of prioritizing self-care, the sometimes-taboo nature of discussing mental health challenges at work also has contributed to the problem.

When the pandemic hit, it strained systems and providers to the limit and directly impacted patient care.

Patients were impacted by hospitals having to cancel surgeries and procedures, and by their choice to delay preventative or routine care during the pandemic. But hidden within these care concerns was the mental health impact on nurses and how it affected the care they provide.

A study from Fraser Health and the University of British Columbia sheds light on the issue. Survey participants reported clinical concern for probable and significant symptoms of post-traumatic stress disorder, as well as depression, anxiety, and stress.

In the interviews, respondents said the psychological distress (anxiety, worry, and stress) was related to rapidly changing policies and information, overwhelming and unclear communication, and meeting patient care needs in new ways while still trying to stay safe.

The Looming Retirement Wave Worsens

Retirements, both planned and unexpected, will accelerate the nurse shortage. The U.S. Bureau of Labor Statistics projects the need for 1.1 million new RNs in 2022, with more than 500,000 expected to retire in 2022. That's planned retirement.

A 2021 survey by Vivian showed that

43%

of respondents were considering leaving healthcare.

When asked the same question a year before, just

20%

said they were considering leaving.

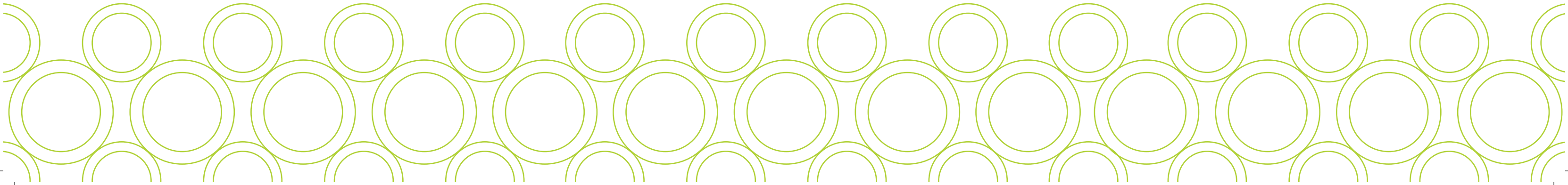
Why? Their mental health. The Washington Post found that

29%

of healthcare workers are considering leaving the field because of COVID-related burnout.

6 in 10

say stress from the pandemic has harmed their mental health.



Strike Concerns Percolate

Patient care becomes far more difficult and problematic if staff walks out. The state of mental health among clinicians and nurses is now so dire that labor relations are being impacted.

Hundreds of union contracts are expected to expire in 2022 at hospitals and healthcare facilities nationwide. Experts conservatively estimate as many as 400 expiring contracts will cover at least 200,000 healthcare workers. At issue are the common topics in most labor negotiations – pay and staffing levels. But the mental health toll of the pandemic has been mentioned publicly by negotiators as a significant factor too.

Hours, shifts, wages, and rates – items on which reasonable people may find some middle ground – are figures to be negotiated. But when a person or group feels work may make them unsafe or unwell, it becomes personal and emotional. Seeing and knowing their colleagues are suffering from the effects of trauma makes for a much different course of negotiation from a labor group.

Addressing mental health concerns earnestly and systematically can go a long way toward improved credibility for system leadership.



Use of Contingent Labor can Provide a Remedy

With the existing labor shortage and the increase in cases, more health systems turned to travel nurses and contingent labor partners during the pandemic. Travelers augmented the staff in many COVID units and relieved exhausted and traumatized staff.

However, staffing partnerships are most effective when a comprehensive solution is provided and delivered. Needs assessment, agreed-upon success metrics, and nationwide reach, as well as nimble, flexible technology solutions, operate much better than short-term fixes reacting to urgent shortages. As systems anticipate nurses leaving the profession or needing more time away from work to heal, they can have a plan for filling their open roles in a competitive market.

Understaffing can lead to other implications. Specifically, lower occupancy can occur due to increased Centers for Medicare & Medicaid Services (CMS) scrutiny on minimum staffing ratios.

These lower occupancy rates due to understaffing could lead to an estimated \$19.5 billion in unrealized revenue by the end of 2022 for skilled nursing facilities, according to a labor dynamics report conducted by the Oliver Wyman company.



Section 3: Building a More Emotionally Resilient Healthcare Workplace



Steps can be taken at all levels to make for a more psychologically safe and resilient healthcare workforce. A system-wide understanding and forecast of labor needs can help relieve the burden on existing staff. Deliberate and consistent intervention can help address trauma and counteract the “I’m fine” culture among clinicians. Resources should be developed and promoted that equip unit managers and provide the right level of emotional support to individuals and units.





Care for Caregivers and Reduce Staff Burden

Building stronger emotional and mental health for hospital staff starts by including it in your strategic hiring and retention plan. Better caring for the caregivers can lead to greater retention and reduce spending on hiring. Mental health resources should be given the same weight and importance as compensation and health benefits. If 15-20% of your staff was at high risk for a specific disease, the amount of possible lost days from work would scare any leader. That's the state of mental health in the industry today.

It's not enough for nurses to use their vacation time or paid time off, or even for managers to require it. Because, after all, a labor shortage remains. Who will provide care to patients? Using contingent or contract nurses or clinicians can reduce the workload on permanent full-time staff. The right strategic partnership can create a workforce solution that allows you to see and prevent gaps in the workforce and continue to provide high-quality care to patients.

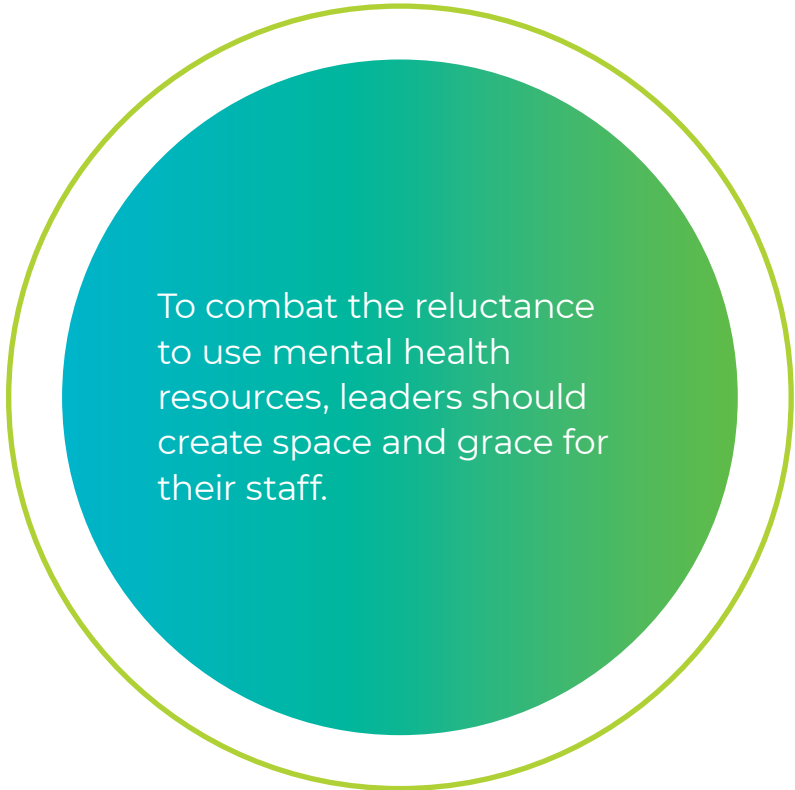
Address the "I'm Fine" Culture

Even with all the progress of the last 20 years, a stigma remains around getting treatment for mental health. The stigma can be strongest within certain professions, nursing among them. Many organizations are making progress on helping their staff with stress that's commonly part of the profession.

But frontline clinicians are a population of people who are generally more apt to want to care for others than to practice appropriate amounts of self-care.

The resource should fit easily within their day and not come with added stigma. The self-care tools should be easy to access and fit into their daily workflow. Staff need to be reminded by managers that there is no weakness in accessing these resources. This is true in the moments, hours, or even days following an especially difficult case or situation. The impact of trauma and grief can be immediate or delayed.

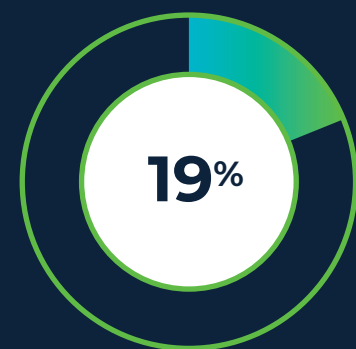
While they may know the importance of maintaining their emotional wellness, they still don't often take the appropriate time to prioritize themselves. When presented with an emotionally challenging case or situation, they manage it in the moment and then move on with the rest of their shift. Many healthcare workers rely on individual coping mechanisms, some healthier than others. This is the "I'm fine" culture. Left unaddressed, the prioritization of patients over themselves can lead to compassion fatigue.



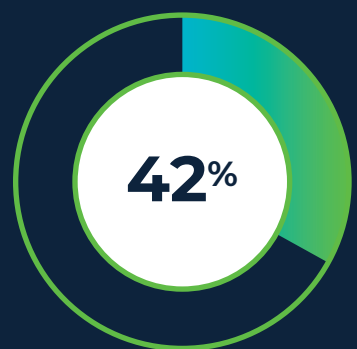


Mentor Younger Nurses

In the next decade, more new clinicians will enter the workplace at a higher rate than ever as their predecessors retire. There's a significant gap regarding the way younger nurses perceive the amount of organizational support they receive.



of healthcare nurses aged 34 and younger said they agreed with the statement "my organization cares about my well-being."



of nurses aged 55 and older agreed with the statement. Supporting younger professionals through mentorship can lead to better care and patient outcomes as well as improved employee retention.

Create Emotional Support Systems

Healthcare organizations have historically provided support to staff following major events that could cause trauma or grief and potentially lead to PTSD. However, immediate support is only part of the solution. The symptoms of PTSD may surface within three months of a traumatic event or may not be evident until years later. More long-term emotional support systems for trauma and grief need to be available as well.

Three practical steps can be taken at the unit level to make these resources more accessible:

1. Create resources to help staff recover following traumatic events:

Emotional support must be timely and focus on staff well-being. This is not a clinical debriefing, but a staff wellness check. Consider identifying and training a qualified internal team in psychological first aid.

2. Identify staff in need of additional emotional support:

Remember, PTSD symptoms can occur years after a traumatic event, so leaders need to be able to recognize symptoms of emotional distress and feel equipped to talk to their staff about it. This may be difficult for leaders to do, so consider creating structures to help them.

3. Promote long-term support:

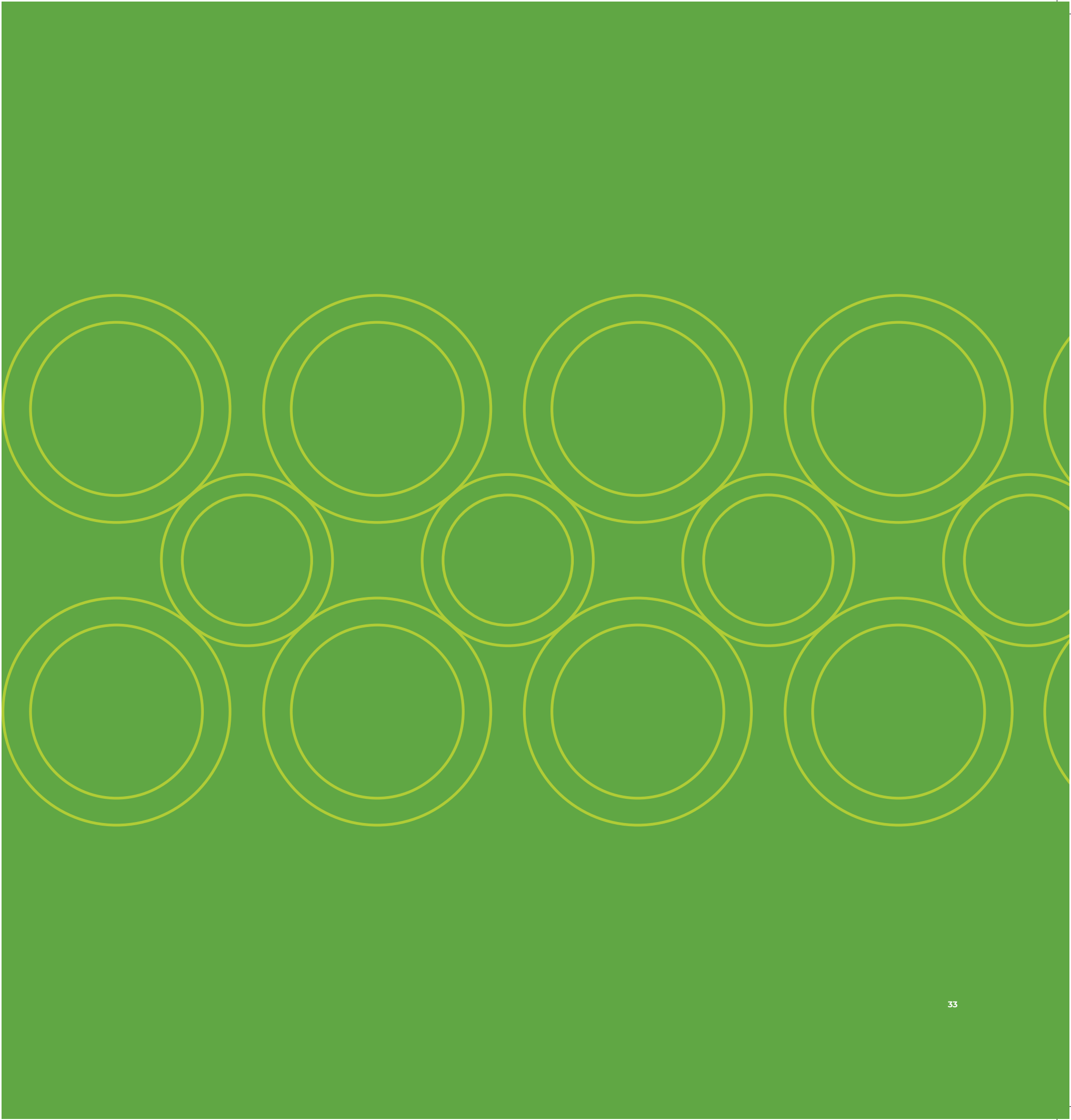
Many organizations already have some resources (such as employee assistance programs) that offer longer-term support to staff. But these resources are often decentralized, and staff do not know how to access them. Compile a list of all emotional resources available to staff and publicize it in multiple ways.

There are many types of emotional support resources that organizations can offer to address routine stress. Some will work well for all staff, while others are more targeted to specific groups. Routine emotional stressors ultimately affect all employees, not just those in patient-facing roles.

It's important to provide resources that reflect the diversity of roles within your organization. Given that one size does not fit all when it comes to emotional support, more is better.



Key Takeaways





In the wake of trauma from the pandemic, there's a full-blown mental health crisis among nurses and other healthcare staff. More staff are reporting symptoms of anxiety and depression, post-traumatic stress disorder, and recent thoughts of suicide or self-harm.



Nurses leaving or planning to leave the profession due to stress worsens the existing nurse shortage and negatively impacts an already tight labor market. Patient care will suffer without adequate staffing.



To better care for and retain staff, health system leaders must address the "I'm fine" culture that exists with nursing when it comes to mental health, provide mentorship to younger nurses, and build comprehensive systems to help staff address mental health in both the short and long term.



A system-wide understanding and forecast of labor needs, combined with a comprehensive staffing strategy that includes contingent labor, could help retain or find nurses and clinicians and relieve the burden on existing staff.



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Let's Connect

We understand how more efficient human-powered healthcare improves quality and creates value. We're here to help answer your questions.

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