

# An Exploration of the Wellbeing of Nurses and Midwives in Ireland:

A Research Project to Inform the 'Let's Talk About It' Mental Health Collective for INMO Members



## Let's talk about it

A mental health collective for INMO members



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## Abstract

The wellbeing of Nurses and Midwives is paramount to effective healthcare; poor wellbeing is linked to negative outcomes for the healthcare system and patients alike. To inform the 'Let's Talk About it' mental health initiative, this research project was undertaken to investigate the factors affecting the wellbeing of Irish Nurses and Midwives. A review of the literature identified a number of key workplace stressors and the consequences they can have on the physical and mental health of Nurses and Midwives. The literature also highlighted the potential negative impacts of the Covid-19 pandemic on the wellbeing of Nurses and Midwives, both globally and in Ireland. To further understand how this relates to Irish nurses and midwives, this project employed a mixed methods approach with primary data gathered through semi-structured interviews with eight female Nurses and Midwives working in Ireland and secondary data from the INMO's Covid-19 Mental Health Survey. The findings of have highlighted a number of key sources of stress, protective factors and the physical and mental health consequences of these stressors. Importantly, these findings pointed out the role the Covid-19 pandemic has played in removing protective factors, exacerbating existing stressors and creating new ones. Despite the need and want for support, this project identified a concerning lack of awareness of the mental health supports available to nurses and Midwives in Ireland. A number of recommendations to address some of the identified issues have been outlined based on the findings of this research project and suggestions made by Nurses and Midwives.

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# Literature Review

The wellbeing of healthcare professionals has received increased interest from researchers over the past 20 years as the dynamics of healthcare systems have evolved. Positive health outcomes for this population are now understood to be paramount to the provision of optimal healthcare. Due to the need for 24-hour care, there are often intense strains on practitioners' time and energy which concurrently impacts their overall wellbeing. Practicing healthcare workers operate in high-stress environments that are psychologically and physically demanding, particularly those working on the front lines in acute general hospitals and emergency departments (Healy & Tyrrell, 2011). General workplace literature has identified many common work-related risk-factors that can impact employee wellbeing, such as working conditions, social environment, issues with personal worth and threats to career development (Fairbrother & Warn, 2003). Healthcare professionals work in challenging environments where they are practicing under the duty of care to others, and many commonplace occupational stressors are exacerbated or compounded by the nature of their work. Among healthcare practitioners, nurses are a population that have been highlighted in the literature as high-risk as working under high levels of pressure is an accepted aspect of their occupational culture. Hospital administrators have consistently struggled to find methods to relieve nurses' work-related stress (Meng et al., 2015).

This paper will explore the current literature surrounding nurse welfare and outline the risk and protective factors that have been identified in the research. The literature review will begin with a brief overview of the importance of nurse wellbeing followed by a detailed examination of the occupational, psychosocial, and psychosomatic variables that impact their health. The literature review will conclude with a section outlining the new research surrounding nurse wellbeing during the COVID-19 pandemic. The review contains a combination of both national and international research to achieve a broad scope while ensuring the results are applicable in an Irish context.

## 1. Nurse Wellbeing: Pivotal to Optimal Healthcare

As the literature has progressed, a crucial understanding that has developed in healthcare research is that to provide a comprehensive healthcare package, addressing the needs of staff to ensure their safety and wellbeing should be a key organisational principle. The importance of meeting staff needs is widely acknowledged in workplace literature and many models of occupational wellbeing have adopted frameworks such as Maslow's Hierarchy of Needs (Ganta, 2014) to target the basic requirements of the workforce. However, in an occupation where positive patient outcomes are the primary concern for both the organisation and its personnel, continuous attentive care in hospitals often compromises organisational and personal efforts to cater for staff wellbeing. This is a common issue for nurses, who generally enter the profession due to compassionate traits and the innate desire to help others (Kinman & Leggetter, 2016). Selfless personal values coupled



with long workdays of high stress often lead to the neglect of personal care during working hours and beyond.

There are several social and organisational barriers that potentially contribute to reduced wellbeing in nurses, and these factors will be highlighted throughout this review. Nurse welfare is of critical importance to the Irish healthcare system, as one of the key findings in the literature is that nurse wellbeing directly impacts patient outcomes (Watts et al., 2013; McMullan et al., 2015). A systematic review by Hall et al., (2016) examined the literature surrounding this connection, and most studies identified a significant correlation between poor staff wellbeing and poor patient safety. In cases of poor nurse wellbeing, reduced patient safety is attributable to incidents such as medical errors, absenteeism, and a higher risk of miscommunication between staff (Hall et al., 2016). Although crucially important, sustaining a working environment in healthcare that is conducive to prime job performance is acknowledged as a growing challenge. Due to the rigorous and unpredictable regimes of healthcare workers, nurses frequently experience excessive levels of occupational stress (Meng et al., 2015).

The effects of stress on physical and mental health are well-documented, and incessant occupational stress is associated with high levels of job dissatisfaction, self-doubt, and sleep disorders (Meng et al., 2015). Job dissatisfaction in nursing is particularly harmful to the workforce, as intention-to-leave in nursing is highly correlated with subsequent departure (Dow et al., 2019). Work-related stress is cited as a contributing factor to the difficulty in recruitment and retention of nurses in Ireland (Donnelly 2014), and turnover rates worldwide are at unprecedented levels amidst the COVID-19 pandemic (McConnell, 2020).

Patient safety yields a higher risk of negative outcomes when the nursing staff in an acute hospital setting is spread thinly across a high workload, which illustrates one of the indirect consequences of reduced nurse wellbeing (Dow et al., 2019). Understanding the connection between nurse wellbeing, overall job satisfaction and patient outcomes is crucial as nurses occupy the largest percentage of workers in the healthcare profession, vastly contributing to the overall output of quality care (Aiken et al., 2012).

## **2. Risk and Protective Factors for Nurse Wellbeing: An Overview**

With increased recognition of the importance of nurse wellbeing and its implications for both nurse and patient outcomes, there has been an increased national effort to understand the risk and protective factors for Irish nurses and their positive health through staff surveys and brief commentaries. Empirical research covering the wellbeing of nurses in Ireland is still relatively sparse, however. A study by Donnelly (2014) examined stress among nurses working in an acute hospital in Ireland, using quantitative survey methods to identify perceived stressors for qualified nurses in critical and non-critical care settings. This paper is significant as it not only examines nurse wellbeing in an Irish context, but it also acknowledges the possible



differences between nursing roles and occupations. However, it was found that perceived stressors were generally the same for nurses in both critical and non-critical care positions. High-scoring stressors as reported by nurses in Donnelly's (2014) study included redeployment to work in unfamiliar areas, staffing levels, administrative duties, interpersonal relationships, work-life balance and dealing with death.

Irish findings are consistent with international findings as many comparable stressors were identified for nurses in other countries. Meng et al. (2015) conducted a quantitative analysis of factors that contribute to positive nurse wellbeing and argued that an organisational focus on positive health outcomes for nurses will assist in building nurse resiliency, sustaining efficiency in medical settings. The study reported that personal health, friendly working relationships, self-worth and work/life satisfaction were some of the key contributors to positive wellbeing in nurses. Zao et al., (2015) examined stress within the nursing profession via qualitative methods, utilising semi-structured interviews with eight experienced nurses to explore their experience of stress in their profession. Five themes were generated, as follows: recognition and value from patients (external recognition), internal expectations of work and fulfilment, positive communication and social connections, family support, and occupational planning/payment. These themes address concepts that are consistent and recurring in nurse wellbeing literature, and therefore, this review will provide a more in-depth exploration of how nurses are impacted by these variables.

Evidently, there are numerous emotional, support, and stress factors than can impact nurse wellbeing, both positively and negatively. Many of the health outcomes outlined in international literature coincide with the Irish study by Donnelly (2014). These findings are further reinforced by Gavin et al., (2020), who reported on the protective factors for Irish healthcare professionals and how they are impacted as they face the ongoing COVID-19 pandemic. Overall, these studies demonstrate that a reduction of these protective factors increases the risk of heavy work-related stress. One notable absence from the international literature, and an omission that is acknowledged by Donnelly in the 2014 study, is the stressful impact of potential redeployment. This was highlighted as a significant perceived stressor for nurses in Ireland, but this is not reflected in research worldwide. It is therefore a recommended direction for future research trends in this country, as unfamiliarity with working conditions is a perpetual concern for Irish nurses (Donnelly, 2014).

The literature has identified nursing stress as a risk factor that has a multifaceted impact on their wellbeing, with psychosocial, organisational, and psychosomatic outcomes.

### **3. A Review of Considerable Risk Factors to the Wellbeing of Irish Nurses**

Currently, general nurses working in Ireland can be employed in the private sector in private clinics and hospitals, or the public sector offered by the Health



Service Executive. These environments can vary in terms of staffing levels, pay and workload. However, both are understood to be high-stress environments due to the classification of the nursing role as a care provider and other associated duties. This section of the review will further investigate the prevalent stressors for nurses in the literature and the associated outcomes. Many of the identified impact factors are compounding variables that add to the already stressful working environment. Backe et al., (2012) proposed the allostatic load model of stress, which suggests that persistent and prolonged exposure to elevated stress levels will result in psychological and physical health problems, especially if the individual lacks the skills or facilities to adapt.

The Irish Nursing and Midwives Organisation (2019) reported that the HSE nursing turnover rate, at the staff nurse grade, is currently 7.3%. This figure has risen from 2.9% in 2014, and there were a total of 3,343 leavers from nursing in 2017. 73% of these leavers resigned from their posts, indicating that high turnover rates and issues with nurse retention are a consequence of poor workforce planning, high occupational stress, low job satisfaction and ultimately poor wellbeing. Understanding causation behind the high turnover rates is critical to the development of wellbeing interventions and retention planning.

### **3.1 Impact of Occupational Stress**

The concept of high workload or being overworked was a common trend in nursing literature. Low-to-moderate levels of stress can contribute to increased performance and motivation in the workplace (Topf, 2000), but the general nature of the nursing profession is conducive to elevated stress levels (Zao et al., 2015; GU et al., 2019). In the absence of effective administrative management, many organisational and structural components of the healthcare system can lead to poor health outcomes for nurses. Occupational stress can impact nurses' psychosomatic wellbeing with outcomes such as anxiety, sleep disorders and deprivation, depression, and other somatic issues such as chronic back pain (Gu et al., 2019). As a protective factor, organisational support for nurses is pivotal for sustaining positive wellbeing. In this context, organisational support refers to how a hospital or other medical workplace provides effective communication, resources, and reinforcement to nurses as they perform their duties (Eisenberger et al., 2002). Findings by Turner (2015) coincide with this as it is reported that personal resilience and organisational support act as protective factors against poor wellbeing.

Nurses in Ireland experience long working days that require prolonged and intense concentration as they provide attentive care to patients and carry out administrative paperwork (Scott et al., 2011 as cited by INMO, 2019; O'Mahony, 2011). Workload for nurses can generally be conceptualised with working hours and patient-nurse ratio (Baumann, 2007; Liu et al., 2017). Donnelly (2014) highlighted administrative work as a significant source of stress for Irish nurses, with expectations and deadlines to complete their administrative duties contributing to persistent occupational stress. Given the high rates of nurse turnover in Ireland (O'Mahony, 2011; INMO, 2019), high nurse workload is spread across a staff force



that is generally depleted. Scott et al., (2011, as cited by INMO, 2019) report that Irish nurses are under immense strain, reporting low levels of job satisfaction and a deterioration of personal care. Evidently, occupational planning (Zao et al., 2015) is a significant issue for nurses in Ireland, and this is exacerbated by the fact that many cost-control strategies adopted by the healthcare system focus on reducing nursing staff numbers or introducing pay cuts (Liu et al., 2017). Consequently, nurses experience a higher workload and higher patient-nurse ratio for less pay.

Healthcare systems have also seen vast changes to their structure in the past 20 years with the introduction of 8-12-hour shifts and overtime for healthcare workers. Banakhar (2017) examined the impact of long working hours on nurse wellbeing and found that severe fatigue and low personal satisfaction were prevalent outcomes of highly demanding work over a long working day. Fatigue in the nursing workforce has significant implications for nurse-sensitive patient outcomes, as Banakhar (2017) reported evidence of increased medical errors by nursing staff and an increase in patient falls. A subsequent outcome of these errors was an increase in patient family complaints, further contributing to decreased wellbeing in nurses. These findings are reinforced by Liu et al., (2017), who found that excessive working hours and nurse overtime were positively correlated with nurse-sensitive patient safety outcomes: patient falls, near errors in medication and errors in medication (Liu et al., 2017).

With occupational stress, there are several potential factors that contribute to lower wellbeing. Long working hours do not solely contribute to a deterioration in nurse welfare, but prolonged exposure to a high workload in each shift can have a devastating psychological or physical impact on nurses. The implications are clear, as job performance decreases with a higher risk of intention-to-leave. To protect against excessive occupational stress, Jetha et al., (2017) found that increasing job control and decreasing job demands led to a decline in workplace stress. Applying a theoretical model to this concept, the job demands-control model presents a framework in which high workload and time pressure contribute to job strain and reduced wellbeing in employees (Karasek, 1979 as cited by Santos et al., 2020). Providing nurses with a sense of control over their tasks has positive outcomes for wellbeing, job performance and motivation.

## **3.2 Impact of Social Stress**

### **Work Colleagues**

The nursing profession is comprised of relational job components as practitioners are in constant contact with patients, families, and work colleagues. As nurses work through highly demanding days (Healy & Tyrrell, 2011), social support has been identified as a strong protective factor for nurse wellbeing that mitigates against workplace stress (Leiter & Maslach, 2009; Gu et al., 2019). These social dimensions act as sources of meaning and value, which enhance intrinsic motivation, personal fulfilment, and wellbeing (Santos et al., 2020). Conversely, the social dimensions of the healthcare system have also been identified as one of the most prevalent risk factors for nurse wellbeing as social aggression and nurse bullying is a recurring trend (Vessey et al., 2011; Hartin et al., 2018). Strong social aggression among the nurse workforce



has been reported in the literature for over 30 years (Meissner, 1986 as cited by Sauer & McCoy, 2016), with little evidence of a decrease over time. In a recent study, Edmonson & Zelonka (2019) described nurse bullying as an epidemic and a systemic problem that begins in earnest at training level and continues throughout a nurse's career. Long-term experiences of bullying in the workplace have serious implications for staff turnover, physical and mental health and results in many nurses leaving their first jobs. The nursing workplace can be a fearful environment when considering the prevalence of bullying, where aggression and mistreatment can originate from fellow nurses, administrators, and other health professionals.

Currently, there are no empirical research articles in Ireland that address workplace bullying in Irish hospital settings. However, the concept is frequently reported in news reports and articles, and surveys and brief commentaries published by the Irish Nurses and Midwives Organisation (INMO). The INMO conducted a survey in 2014 with approximately 2,400 Irish nurses, and found that there had been a 13.4% increase in reports of bullying between 2010 and 2014. Considering this upwards trend there is potential for future research updates to examine this concept. Many Irish organisations are equipped with an anti-bullying policy, but there is a significant lack of policy implementation. Hartin et al. (2018) conducted a systematic review of studies examining the status of workplace bullying in nursing settings and found that nurse bullying tends to be fuelled by displaced social aggression, inflated personalities and hierarchy issues within health departments.

Bullying leads to the deterioration of personal welfare and is associated with high levels of absenteeism (Sauer & McCoy, 2016). A study conducted by Sauer and McCoy in 2016 investigated nurses' experiences of bullying, and 40% of their sample disclosed experiences of being bullied by work colleagues, while almost two thirds of participants stated that they had witnessed bullying occur in the workplace. This study acknowledged that nurses work different shifts on a 24-hour clock and in different departments. However, these findings were consistent across all participants. It is widely acknowledged that bullying generally goes unrecognised in the workplace as it has become ingrained and normalised within nurse culture. The managerial imperatives in nursing tend to be what facilitate bullying culture, as nursing activities are constantly monitored, reported, and are often micromanaged and scrutinised more than other roles in healthcare (Hutchinson et al., 2006). A common example provided in the literature is of senior nurses targeting or bullying intern nurses, and this being passed as reinforcing the rules of the healthcare organisation. Hutchinson et al., (2006) report that bullying may occur due to the theory of oppressed group behaviour where abusive social aggression is directed towards others due to issues with self-esteem, as depersonalisation is a frequent psychological outcome of high nurse stress (Awa et al, 2010).

The outcomes of nurse bullying are consistent across the literature. Bullying can result in lowered self-esteem, depression, anxiety and in extreme cases can lead to post-traumatic stress disorder (Hutchinson et al., 2006; Sauer & McCoy, 2016). Physically, nurses who are bullied report lower physical functioning with decreased abilities to fulfil their roles, increased bodily pain and reduced general health (Sauer



& McCoy, 2016; Karatza et al., 2016). Nurses also reported gastrointestinal distress, insomnia, bodily pain, and increased blood pressure (Hutchinson et al., 2006; Sauer & McCoy, 2016). Oppression and intimidation are defining examples of nurse bullying, and communication of critical information between essential parties is often impeded. In medical settings, accurate communication is crucial to the provision of healthcare and errors pose a strong risk to patient safety (Sauer & McCoy, 2016; Hartin et al., 2018). Evidently, workforce bullying has negative implications for both nurses and patients alike.

### **Patients**

A key component involved in maintaining high-quality, multi-faceted care is becoming familiar with patients and their families. Zao et al., (2015) outlined external job recognition as a protective factor for nurse wellbeing, where fulfilment is key outcome of caring for patient needs as patients and their families acknowledge nurse efforts. Nurses who report higher levels of perceived positive impact on client's lives, and attribute high value to their own efforts, report greater levels of overall wellbeing (Santos et al., 2020). Nurses in general tend to be compassionate and experience great fulfilment as a positive outcome of their work. As with work colleagues however, interactions with patients may also present as a risk factor for nurse wellbeing if not monitored effectively. Dealing with death was outlined as a significant stressor for Irish nurses (Donnelly, 2014), and it is imperative that a support policy is in place where nurses can be debriefed and assessed for psychological impact. From a social perspective, emotionally demanding conversations with patients and their families can lead to further psychological difficulties. This is a growing concern for the nurse workforce, as contradictions between nursing care and patient expectations have increased (Gu et al., 2019). This concurrently affects a nurse's internal expectations of their professional output (Zao et al., 2015), resulting in a reduced sense of fulfilment in their role and lowered self-esteem. Using personal and organisational tools to define nurse roles and expectations is considered a strong protective factor for nurse wellbeing in this context (Neville & Cole, 2013; Sacco & Copel, 2018), coinciding with the applicability of the job demands-control model (Karasek, 1979 as cited by Santos et al., 2020).

### **3.3 Burnout**

The concept of burnout has seen an increase in attention in the past 20 years as the field of positive health psychology has garnered interest among researchers in medicine and the social sciences. The most common and widely accepted definition of burnout in the literature was reported by Maslach et al. (1997), who defined burnout as a combination of emotional exhaustion, depersonalisation and reduced personal accomplishment (Awa et al, 2010; Maslach et al, 1997; Shanafelt et al, 2009). These outcomes are a significant risk for nurses as outlined in the literature, and burnout is therefore understood to be a serious threat for human service professionals. Prolonged exposure to one or many of the occupational or social stressors outlined in this review can lead to burnout, and nurse burnout rates in Ireland are trending upwards with little evidence to suggest current interventions



are alleviating this increase (O'Mahony, 2011; INMO, 2019). Burnout is acknowledged and included in the ICD-11, but there is no diagnostic reference to burnout in the DSM-V (Schonfeld, & Bianchi, 2016).

Nurses are in a unique position where their own wellbeing is paramount to the upkeep of patient care, yet this responsibility carries an emotional toll that can be psychologically taxing. When this is compounded by a variety of occupational and social stressors, nurses may eventually experience burnout which has severe outcomes for the workforce such as increased and prolonged absenteeism, decreased productivity, severe staff turnover and lower quality job performance/patient care (Shanafelt et al., 2009). Overall job productivity reduces at an astoundingly damaging rate, which is of huge concern in healthcare (Golembiewski et al, 1998), and particularly so during a health crisis. Burnout has been identified as a strong contributor to poor wellbeing in nurses with a higher risk of prolonged mental health difficulties, both in international healthcare (Gu et al., 2019; Santos et al., 2020) and Irish healthcare settings (O'Mahony, 2011; Donnelly, 2014). Building resilience in nurses has been identified as a strong protective factor against burnout, compassion fatigue, anxiety, depression, and psychological distress (Shanafelt et al., 2009).

Hooper et al., (2010) conducted a study on burnout in nurses and reported that 82% of nurses in the emergency department demonstrated moderate to high levels of burnout and compassion fatigue. The study also examined cases of burnout in oncology, nephrology, and intensive care nurses, but found no significant differences between groups, illustrating burnout as high-risk for all nurses. O'Mahony (2011) studied the concept of burnout in nurses in an Irish context and found that 52% of nurses reported burnout with depersonalisation and emotional exhaustion. However, since this study was published, increasing burnout rates have been reported. From a biopsychosocial perspective, the workplace acts as the environmental stressor (O'Mahony, 2011) while high blood pressure and other physical symptoms are common biological outcomes (Shanafelt et al., 2002). Essential social communication also deteriorates as willingness to work decreases, yielding many stress-related psychological outcomes for staff (Shanafelt et al., 2002). From an organisational perspective, burnout is counterproductive to the healthcare system, and up to 50% of workplace absence is attributable to burnout (Healy & Tyrell, 2011).

#### **4. The Impact of COVID-19**

The onset of a worldwide health crisis has created new and unanticipated challenges for nurses in healthcare. The COVID-19 pandemic has given rise to unprecedented difficulties and strains on the Irish healthcare system. Pressures to treat influenza patients are exacerbated by the need to continue routine medical care while maintaining strict hygiene standards (Gavin et al., 2020). Staff shortages are now at an all-time high with many healthcare workers opting not to work due to concerns for their family (McConnell, 2020). Earlier in this paper, reduced job performance was highlighted as an outcome associated with poor wellbeing. As we face an ongoing pandemic, optimal job performance is crucial and investigating



the risk factors posed by the pandemic to nurses is of critical importance. COVID-19 has impacted the work/life balance for healthcare providers as the difficulty in finding a balance between duty of care and duty to family is now a considerable challenge (McConnell, 2020). Currently, there are no published studies that specifically examine the impact of this pandemic in an Irish context, so this section will examine the literature in two ways:

- A study by McMullan et al. (2015) that examines feelings of preparedness among Irish nurses should an influenza outbreak occur.
- The growing body of international evidence exploring the impact of the COVID-19 pandemic on nurse wellbeing.

McMullan et al. (2015) surveyed 91 Irish nurses working in an acute general hospital setting, exploring their feelings of preparedness for the occurrence of an influenza outbreak and the perceived impact on their wellbeing. Most nurses (87%) openly acknowledged that their job would place them at an increased risk of influenza exposure, while 48% admitted to being fearful of contracting any illness. Fear originated from insecurities surrounding the ability of their workplace to take care of staff needs, as under half (42%) of respondents predicted that their workplace would be able to adequately care for the workforce. Staff also predicted an increase in negative health outcomes due to an increase in stress and conflict in the workplace during a pandemic (McMullan et al., 2015).

These findings are informative in retrospect, however there is a clear requirement for updated literature surrounding the true impact of the 2020 pandemic on Irish nurses and its implications for wellbeing. Understandably, research exploring the impact of COVID-19 on healthcare workers and, more specifically, nurses is still a growing body of evidence. On an international level, there has been an increase in effort to understand the implications of the COVID-19 pandemic for healthcare providers. Among healthcare workers, research has identified nurses as the population who have experienced the highest prevalence of anxiety during this time (Alwani et al., 2020; Labrague & de los Santos, 2020).

Key sources of stress for nurses identified in recent literature include a fear of becoming infected due to their vulnerability on the front lines and unknowingly infecting others (Labrague & de los Santos, 2020). Further concerns expressed by nurses include a lack of personal protective equipment, limited access to testing, and fear that their organisation would not support them in the event of infection (Blake et al., 2020; Shanafelt et al., 2020). Nurses and other healthcare professionals also expressed the importance of managers and administrators acknowledging human limitations in an environment with intense working hours and stress. Many of these concerns correlate with the perceived concerns of Irish nurses in the 2015 study by McMullan et al., where many nurses expressed concern over being adequately supported by the healthcare system. McConnell (2020) reported that nurses have threatened to leave their jobs due to a lack of appropriate protective equipment that should have been provided by organisations.



Social interaction with friends and family has been identified as a protective factor for nurse wellbeing, but Gavin et al., (2020) outline how this has changed during the pandemic. Now, this protective factor is a source of psychological distress as the risk of infecting others becomes a perpetual concern, especially for nurses as they spend prolonged hours on the frontlines. McConnell (2020) highlighted this difficulty in balancing duty of care with the duty of family protection, coinciding with other studies which demonstrate that the fear of infecting others is a key concern for nurses, with chronic stress and fatigue as potential health outcomes (Labrague & de los Santos, 2020; Shanafelt et al., 2020). This leads to increased feelings of isolation with little available coping strategies as excessive working hours and nationwide lockdown limitations restrict time for leisure activities. The quality of clinical and managerial leadership was identified as crucial for nurse wellbeing during this time (Blake et al., 2020; Gavin et al., 2020).

A cross-sectional study by Labrague and de los Santos (2020) examined anxiety prevalence in nurses in the Philippines during the COVID-19 pandemic. Resilience, social support and organisational support have all been identified as protective factors for positive nurse wellbeing (Leiter & Maslach, 2009; Gu et al., 2019), and in this study increased levels of each were associated with decreased levels COVID-19-related anxiety in nurses. De Brier et al. (2020) state that strengthening resilience and reducing pandemic-related anxiety in nurses during the COVID-19 crisis is vital to safeguarding their positive health and productivity in the workplace. More than 90% of frontline nurses reported that they were not fully prepared to manage COVID-19 patients, and only 20.3% reported being willing to work under current conditions, a stark contrast to perceived willingness in the Irish nurse study (McMullan et al., 2015). Garrett et al., (2009) state that willingness to work is one of the most important factors in staff availability, and the ability of the healthcare system to cope and adapt during the pandemic is also highly dependent on the availability of workers (McMullan et al., 2015). The quality management and care of nursing staff needs is critically important to the output of quality care for patients.

## 5. Conclusion

Overall, nursing literature suggests that there are several psychological, physical, and psychosomatic outcomes for nurses due to various work-related stressors. Prolonged exposure to excessive work stress can lead to depression, anxiety, chronic fatigue, physical pain and eventually burnout. Reduced nurse wellbeing has a concurrent effect on organisational prosperity, as lowered job performance and higher rates of turnover and absenteeism are consequential of nurse burnout. This is a significant concern, as we are currently facing a worldwide health crisis that has presented new and severe challenges to the nursing workforce.

# Method

## **Purpose of Research**

The purpose of this scoping project was to gain insight from nurses working in healthcare settings in Ireland to inform an evidence-based foundation for the development of a mental health and wellbeing campaign for nurses with Commarket Group Financial Services in conjunction with the Irish Nurses and Midwives Organisation (INMO). The aim of this project was to acquire nurse's testimony regarding the types of stressors that are prevalent in their workplace, the attitudes towards and uptake of support services and what supports are needed and what kind of wellbeing and mental health services they think could be effective.

## **Research Approach**

This is a mixed methods approach using primary and secondary data. Primary data was collected by way of interview and secondary data analysis was completed using data gathered in a wellbeing survey by the INMO in October 2020. Interview questions were guided by the results of the INMO survey data and the literature review completed for this project.

### **(i) Survey Analysis**

2642 nurses and midwives working in the Irish healthcare system completed the online survey in August and September 2020. 2535 (96%) of the respondents were female, while 107 (4%) were male.

The survey contained five sections; a demographic section, an experience of Covid-19 questionnaire, the Burnout Assessment Test, the Impacts of Events Scale and the Professional Quality of Life questionnaire.

### **(ii) Interviews**

Semi-structured interviews were employed to elicit qualitative data from nurses working in Irish healthcare settings. While these types of interviews provide a good structured base to ensure the questions relevant to this study are answered, it also provides flexibility and an opportunity for the individuals to elaborate, provide meaningful insights into areas they believe relevant and to contribute valuable information outside the scope of the questionnaire that would not necessarily have been considered by the researchers. Similarly, it also permits the interviewer to explore answers in more detail if significant points of interest are raised.

## **Participants**

Eight nurses working in Irish healthcare settings were recruited for this study. All eight were female, while seven were Irish and one was non-Irish. Participants worked in a number of different roles: Registered General Nurse, Registered Nurse of Intellectual Disability, Registered Nurse Intensive Care Unit, Nurse Manager and Operating Theatre Nurse. Organisations of work also varied, including acute city centre and community hospitals.



## Data Collection

Data collection took place in November 2020. All interviews were conducted over the phone. A voice recorder was used to record the interviews, which were then transcribed, fully anonymised with any identifying information removed, and the voice recordings deleted. Each interview was conducted with the same set of open-ended questions (see below), with the participant given licence to elaborate and discuss points they deemed relevant, and gave the interviewer scope to probe topics of note in more detail. The interview structure was as follows:

- The main workplace stressors in the role
- Impact these stressors have on physical health
- Impact of these stressors on mental health
- Experience with instances of poor mental health in the workplace
- The impact of the Covid-19 pandemic
- What could improve the situation (the attitudes towards, knowledge of and use of mental health supports/ Employer EAP)
- What the positives are about the role

## Ethical considerations

Due to the sensitive nature of the topics under scrutiny, protection of participant information was a primary concern. Verbal consent was sought before engaging in the interviews. Prior to beginning the recording, participants were informed of the rationale and background of the project, along with what the information would be used for. They were offered a choice of voice recording the interview, or handwritten notes during the interview instead of recording. Participants who agreed to record the interview were then informed that the recording would be transcribed immediately after the interview, anonymised and identifying information removed, and the recording deleted. Once the recording began, this information was explained again and consent was confirmed again for the recording. A draft of the report was circulated to participants for comment and feedback, and to provide an opportunity for them to remove their testimony or quotes should they have wanted to do so.

# Data Analysis

Stage one of the process involved a review of survey data collected by the INMO. This facilitated a gathering of large-scale data that was used to design the interview aspect of the project and also to guide recommendations for the development of a wellness programme. The main findings are summarised here:

## Secondary Data Analysis

### 1. Mental health impacts of the Covid-19 pandemic:

- 52.17% had a patient they cared for die as a result of Covid-19
- 82.72% reported their experience of Covid-19 had a negative psychological impact on them as an individual
- 95.47% indicated they believed the Covid-19 pandemic had a negative impact on their nursing and midwife colleagues.
- 91.47% of respondents stated they had experienced mental exhaustion while off duty.
- 39% reported trouble concentrating
- 35.5% reported forgetfulness
- 61% considered leaving the profession.

### 2. Work-related Concerns during the Covid-19 pandemic:

- 82.72% agreed with the statement "I feel my personal health has been put at risk"
- 90% of respondents had experienced stress about the risk of spreading the infection to family or housemates.
- 40% reported they did not have confidence in the employer's ability to keep them safe.
- 25% disagreed with the statement "PPE was always available in my workplace"
- 90% believed that routine Covid-19 testing of staff should take place at their workplace
- 33% reported stress in relation to difficulty accessing childcare

### 3. Covid-19 related physical health implications:

- 12.13% had contracted the Covid-19 virus
- 25% of these were on sick leave for 14 days or less; 28% had to take additional sick leave.
- 73.2% of those who contracted the virus reported long term health effects

A very high number of respondents (83% approx.) reported that the current pandemic had impacted on their wellbeing and 95% reported it had impacted on their colleagues, symptoms of the impact were reported as trouble concentrating and memory difficulties. Over 60% had considered leaving their roles due to the impact of the pandemic on wellbeing.

## Primary Data Analysis

Eight nurses working in Irish healthcare settings were interviewed for this project, the average duration of interviews was approx. 40 minutes. Participant recruitment was difficult as many nurses are experiencing fatigue and thus scheduling was difficult. A decision was made when data saturation occurred, and no new themes

were emerging, that it would be inappropriate and unnecessary to source more participants. Data was coded and analysed using deductive thematic analysis. A total of 7 overarching themes emerged with each containing a number of subthemes (Table 1) -

Table 1: Themes and subthemes

Workplace Stressors	Organisational Stressors	Covid-19 Related Stressors	Physical Impact of Stressors	Mental health impact of stressors	Knowledge of support services	Attitude towards support services
Understaffing	Lack of organisational support	Fear for personal health	Illness/ absenteeism	Mental exhaustion/ burnout	No knowledge of services	Positive – actively seeking help or would use services
Time management	Scheduling /time off	Concern for family/fear of infecting family	Fatigue/ exhaustion	Job dissatisfaction/ leave the profession	Awareness of services but no knowledge about how to access/use	Negative attitude/ distrust toward organisational services
Workload	Assigned to a role outside scope of training	Removal of informal coping strategies	insomnia	Dealing with patient outcome/ death	Lack of clarity and information	Stigma
Traumatic experiences/ patient outcome			Pain/physical condition			Culture of “getting on with it”

## Workplace Stressors

Participants reported four primary workplace stressors (see Table 2) other topics (e.g. bullying, interpersonal relationships) were noted to a lesser extent and thus were not included in the analysis. Almost all of the participants noted that **workplace understaffing** placed considerable stress on their physical and mental wellbeing. This has always been an issue but has been exacerbated by COVID-19, as colleagues take time off due to contracting the virus or due to being a close contact.

*“We are severely, severely, understaffed. I feel like I am working twice as much, like I am covering for other people every time I am at work”*

*“It’s crazy in the hospital I work in. Staffing levels are horrendous. Really horrendous... The work has to be covered, if there is no staff there the staff that are on are expected to cover it and do the work. That’s where the stress comes in.”*

**Time management** was indicated as a major stressor; this is linked with understaffing. Nurses were concerned about the impact on their sense of their identity in a caring role.

*“You’re told, basically, time management is to be prioritised...allow a specific amount of time for each patient. Now that’s not always possible, you have arguments with managers saying you get x number of minutes per patient to take bloods. You have to change your gloves, wash your hands, and do the whole process which is not possible”.*

*"Like if I didn't know if a patient didn't like one or two sugars in their tea or if they liked a drop of milk; that would nearly upset me at the end of the day because I know I haven't been there with them and I haven't been able to care for them 110%."*

A common stressor identified in previous nursing literature also indicated as a major stressor was the high workload. Nurses reported the **high workload** they experience in their roles as having serious implications for their physical and mental health.

*"Workload is one of the biggest stressors in my role...Some days the workload is greater and you don't have a great amount of time to get the work done... We are never, we are never free. If you are finished, there is always one of the colleagues who is under pressure."*

Another major stressor reported by the nurses was **traumatic experiences** in the workplace and dealing with **patient outcomes or death**.

*"We deal with a lot of things that people not in our line of work don't have to deal with"*

*"In an emergency department you work flat out all the time and you seeing all kinds of things, trying to cope with people coming in like stabbings or whatever, and you're expected to go home and carry on as normal"*

*"I saw a woman on the floor today malnourished, it could have been my mother and I can't get her out of my head."*

*"And I found that dying patients impacted nurses here a lot more. You go home, and come in the next day and nothing is really said about it...Some of the nurses I would talk to in work, some of them are still traumatised."*

**Table 2: Workplace Stressors**

<b>Theme: Workplace Stressors</b>	<b>Subtheme</b>	<b>Number of times mentioned (out of 8 interviews)</b>
	Understaffing	7/8
	Time management	4/8
	Workload	4/8
	Traumatic experiences/ Patient outcome	3/8

## Organisational Stressors

Table 3 contains the theme of organisational stressors; these stressors were beyond the day to day aspects of the nursing role and were issues considered to be more systematic within organisations.

**Table 3: Organisational Stressors**

Theme Organisational Stressors	Subtheme	Number of times mentioned
	Lack of organisational support	5/8
	Scheduling/Leave	4/8
	Assigned to a role outside scope of training/skills	4/8

The **lack of organisational support** was identified as a source of considerable stress. This was reported in numerous different forms, such as a distinct lack of support or empathy from superiors or a disbelief and a lack of support or resources when a nurse contracted Covid-19 or became ill.

*"They lack a bit of empathy. I think to them we are only numbers, not even faces. The top branch doesn't know any of our names or what we've been going through the last few months. They don't address any of our problems. They haven't been visible at all during Covid"*

*"The worst thing about Covid was the hospital I worked in wouldn't believe me when I got it. I was made feel like a hypochondriac, like I was (A drama queen) yes. Psychologically affected me more than anything else."*

*"I was so disillusioned, upset, disappointed; almost betrayed as an employee. I never thought I would say that about the service I work in.... to feel let down by people who don't protect you, you're not important... this Covid stuff has been very different. The one time you expect the people who employ you to care was the one time they didn't. That was a real let down."*

Linked to workload and understaffing, Nurses also identified **scheduling** and **time off** as a major source of stress in their role, which also had a knock-on effect as being a considerable influencer of high staff turnover rates.

*"Management don't entertain flexibility in the schedule so a lot of my colleagues who have families are opting to move somewhere else that offers a more flexible schedule"*

Reflective of other research, Nurses also reported being redeployed to an area outside the scope of their training or to an area where they do not have the appropriate skills was a considerable source of stress. As a population who place a heavy priority on patient outcome, being unprepared for a role and not being capable of providing optimal or adequate care to their patients was a major stressor.

*"We were just thrown in there with no training at all with no clue as to what we were supposed to do at all...The areas that we go to, there are no indication of where things are or training. You kind of just try to find your way and hope you don't kill anyone. That's really heavy and stressful"*

Table 4: Covid-19 related stressors

Theme: Covid Specific Stressor	Subtheme	Number of times mentioned
	Fear of infection/for personal safety	4/8
	Concern for family/fear of infecting family	4/8
	Removal of informal coping strategies	4/8

### Covid-19 related stressors

A number of novel stressors emerging from the Covid-19 pandemic were reported. Nurses highlighted fear for their own personal safety as a major concern.

*"The other big stress for everyone during lockdown and the Covid pandemic is protecting themselves. In my role trying to educate staff and patients, wearing your mask, wear your PPE, because we do not want to spread it and we do not want to bring it home"*

Similarly, in light of the ongoing pandemic, nurses reported the concern for family members or fear of bringing the virus home from the workplace and infecting family or friends as a major source of stress. Also concern for nurses who have moved to Ireland but have family members abroad impacted by COVID and no ability to get home to see loved ones.

*"I have a colleague who spent two weeks in hospital with Covid. She thought she was going to die she found it so difficult to breathe. Dying of Covid or having Covid is shocking; nobody wants it. Her (removed to protect anonymity) died; he was brought in for something else but put on a Covid ward and died. She couldn't go home because of Covid. The effect it has had on people like her."*

*"My colleagues they have had family members dying at home. Their families get sick and they can't do anything about it, they can't go home."*

The Covid-19 pandemic has also seen the reduction or removal of informal coping mechanisms that Nurses rely on to deal with the stress that comes with their roles and to ensure a positive work/life balance, such as social support (both with work colleagues during the working day and socialising outside the workplace), sports and exercise and non-working activities. This is also highly relevant for nurses who came from overseas, who left family behind and could not return to visit.

*"Huge stresses at the moment for people, like in my workplace you can't socialise together; you have to sit diagonally across from each other with the masks on. So you can't even have a bit of banter or chat on your break, which sometimes alleviates the stress. Even when you go home then, I am lucky I go home to a family, but a lot of girls go home to empty apartments"*

*"A lot of people don't have that or they might be separated or divorced, the friends are gone, coffee mornings are gone, afternoon chats are gone. The colleagues that don't have that, even their yoga or classes are taken from them that we would normally do"*

*"I work with lots of different nationalities; a lot of the workforce had planned to go home to see their families this year. They can't go home, all of the flights are cancelled. It's very hard."*

### Physical impact of stressors

As a result of the stressors identified above, Nurses also reported experiencing a variety of physical consequences (see Table 5), a consistent example being illness and absenteeism, which has been exacerbated even further due to the presence of Covid-19.

**Table 5: Physical impact of stressors**

Theme	Subtheme	Number of times mentioned
Physical impact of Stressors	Covid-19/illness/absenteeism	3/8
	Fatigue/exhaustion	4/8
	insomnia	3/8
	Pain/physical condition	4/8

*"Now I can't work, I am not physically able to work, even to do housework at home, I will get a pain in my chest and shortness of breath and my palpitations will come back. If I do housework, I might do it today, one room at a time and only at a very slow pace but then I'm laid up for 3 days with aches and pains"*

*"I have been out seven months. I have ongoing headaches and heart palpitations and things like that. Still not fully right...in seven months I haven't had a day pain free. I was very sporty, but not anymore, so I would be on the couch then for the evening after just one walk."*

Another commonly reported issue was **fatigue and exhaustion from the increased demands at work, this was reported by participants who had not contracted COVID.**

*"I literally come home, and I am not fit to cook dinner; literally brain dead, wrecked"*

**Physical conditions and pain**, such as back, leg and feet issues as a result of the nature of the work, long hours on your feet and heavy workloads were commonly reported.

*"I have plantar fasciitis in my feet, I'm taking Nurofen every day."*

Sleep issues or **insomnia** was also a frequently reported consequence among nurses, an important consideration given the nature of the long work hours and shift patterns typical of a Nurse's working week.

*"That was really worrying me, I wasn't sleeping very well. I was worried about getting the infection (Covid), it was a terrible time. I remember some of my colleagues telling me they were thinking of just quitting just to avoid all that."*

## Mental health impact of Stressors

A number of relevant mental health consequences of the stressors identified above were reported, outlined in Table 6.

**Table 6: Mental health impact of stressors**

Theme	Subtheme	Number of interviews mentioned
Mental health impact of stressors	Mental exhaustion/burnout	4/8
	Job dissatisfaction/leave the job	3/8
	Patient outcome/death	4/8

A major concern being that of **mental exhaustion and burnout**.

*"Then staffing leads onto leave and shifts and if the department is stuck you end up taking on more shifts and you end up burned out or exhausted before you even know it. You already suffer. The mental exhaustion you don't even realise until you hit a place where it just comes over you."*

Similarly, an important area of concern is **the high turnover rates and job dissatisfaction** among nurses. This almost results in a vicious cycle, with stress in the workplace influenced by understaffing, which can lead to job dissatisfaction and leaving the profession, resulting in an already strained healthcare system being further understaffed.

*"In our ED alone, over one third of the staff have left since September; left of their own free accord. 6 people are long term out sick; some have Covid and are out long term from complications from that and others are out for exhaustion"*

*"The turnover of people is really high; this month there have been 5 people who handed in their resignation. They are not being replaced immediately and if they are being replaced, the replacements are not skilled enough for the work"*

*Given the person-centred and caring nature of the Nurse population, it is no surprise that **negative patient outcomes, dealing with patient deaths** or level of care for the patient is a significant cause of mental health issues among nurses.*

*"There are no debriefs after hard situations...If a person dies here, the deaths really impact staff. You go home, and come in the next day and nothing is really said about it... Some of the nurses I would talk to in work, some of them are still traumatised"*

## Knowledge of support services or the Employee Assistance Programme (EAP)

A major concern is that the majority of Nurses reported absolutely no awareness whatsoever of the organisations Employee Assistance Programme, or any support services were available to them.

**Table 7: Knowledge of support services or the Employee Assistance Programme (EAP)**

Theme Knowledge of support services/EAP	Subtheme	Number of times mentioned (out of 8 interviews)
	No knowledge	5/8
	Aware of services but no knowledge about how to access/use	3/8
	Lack of clarity/information	4/8

*"No. I don't know where to go, there is no place to go, no facilities available to me... Never heard of it. I am an employee of the HSE and over 30 years in the job I am in now... but I have never been offered it"*

However, of those that had some familiarity with the support services or EAP available to them, there was a distinct lack of knowledge about how to go about accessing or using these services.

*"But we weren't really informed on how the process works. So it's like, I know there is something about support but I don't know how it works"*

Mirroring the lack of knowledge of how to access these services, it became clear that there was a severe **lack of clarity and information about mental health support services**, such as what exactly the support services are, who they are for or what would be involved.

*"They don't know about it. They did not know it's available. They also don't realise it's free, they might think they have to pay for the sessions."*

### **Attitudes towards mental health support services**

The majority of Nurses reported personally having a positive **attitude towards** using mental health services or were actively seeking some form of mental health support at the time of interview.

*"I want support services but the support services I would have to pay for privately. It's not that I want to be treated any differently, but I feel if I had the proper resources, the proper treatment I might get better quicker and could go back to work quicker"*

Yes, I would. If it was readily available and I could access it and talk to someone about my experiences during Covid-19... I think people would use them if they were made aware they could avail of the services"

However, a common theme that emerged from the Nurse interviews was a **negative attitude and distrust towards the services** offered by the organisation, leading to the sense that Nurses would be hesitant, or even refuse, to access services through the organisation.

*"One of the first things told to me by the occupational health was "if you are a burden on the service, we have the right to fire you... So going to occupational*

health and saying "I'm struggling and need a bit of support". I wouldn't do it; I know a lot of girls who wouldn't either"

*"The employer offers different things, like trying mindfulness and a few other things. There is an emphasis on it now since maybe last year, before Covid. But there is a level of distrust, if the employer says there is a help line you can call or whatever they tend not to take it; there is just a level of distrust"*

Another common response was the perception of the presence of **stigma** among nurses toward discussing mental health issues and the usage of mental health services or employee assistance programmes.

*"You said it would be normal for you to ring up someone asking for help, to me that would be the most foreign thing to most nurses because..., I don't know why"*

*"Yes, there is a stigma. I've never heard of anyone seeking help. Ever. I have been working as a nurse since the 1980s and I have never heard of anyone seeking help in relation to work."*

An interesting theme that emerged was a **culture of "just get on with it"** among nurses.

*"But you do it, you just go in and put on the face and I think we've learned to put that face on when we go home, because we can't talk to our families a lot of the time. You've learned to put on this face and just get on with it. I don't think in our training or in our internships; I don't think we've ever been taught to care for ourselves. Even though we have been taught so much on how to care for other people."*

*"I get the sense there is a culture. Having been a nurse a long time myself, my family depends on me. You have to be able to cope. I am the first port of call; they will ring you. Like 'oh she's the nurse in the family, the best person to cope'... That culture has always been there, having been a nurse a long time; you just have to cope and get on with it."*

**Table 8: Attitudes towards mental health support services**

Theme	Subtheme	Number of times mentioned in interviews
Attitude towards support/EAP	Positive/actively seeking	5/8
	Negative attitude/Distrust towards organisational services	3/8
	Stigma	3/8
	"Get on with it" culture in nurses	4/8

## Discussion and Recommendations

A review of national and international literature suggests that there are several psychological, physical, and psychosomatic outcomes for nurses due to various work-related stressors. These stressors included prolonged exposure to excessive



work stress leading to depression, anxiety, chronic fatigue, physical pain and eventually burnout. The findings from the current project were in line with the findings of international research, with both primary and secondary data indicating high levels of work-related stress. This has been exacerbated by the current pandemic, and while there is some research on the impact of pandemics on nurse wellbeing, much of this research is only emerging and it will take some time before the true scale of the impact of COVID-19 will be known. The research literature states that poor wellbeing ultimately has an impact on the organizational structures, absenteeism and high turnover can be an impact of a workforce under considerable stress, it is therefore imperative that the well-being of staff is prioritized. This is a significant concern, as we are currently in a worldwide health crisis which continues to present severe challenges to the nursing workforce and wider health care services.

The current project involved a review of the national and international research, secondary data analysis of survey results provided by the INMO, and primary data collection by way of interviews. The results of this project have indicated that nurses are currently experiencing very high levels of stress and this is impacting on physical and mental health. A very large percentage of nurses have reported that their psychological wellbeing has been disrupted and over 60% have considered leaving the profession over the course of the pandemic. Interviews were conducted and findings reveal that there are organizational stressors and COVID-19 specific stressors impacting on physical and mental health. Additionally, it was identified that there is a culture of poor help seeking behaviour and a lack of awareness of supports available coupled with a mistrust of supports that are provided by employers. It was noted that some staff may be disproportionately affected by the current crisis such as younger nurses living alone and nurses from overseas; it was reported that these groups are impacted by the lack of social supports previously available due to social distancing and other public health measures. The participants in this project suggested a number of recommendations about how these issues can be addressed, and the following recommendations also include suggestions generated from the literature review, the survey results and the interview findings.

## Recommendations:

- a) Establish specific and bespoke support groups and information talks that meet the needs of a range of issues as identified in the project. These include targeted and separate interventions for the following groups; nurses who had COVID, young nurses, non-Irish nurses, dealing with death, managing stress and burnout.
- b) Webinar for nursing managers to talk about the impact of the current crisis on the mental health of their staff and ways that they, as managers, can encourage their staff to use the services. Participants in this project suggested the following; dedicated space and time in working hours for checking in on mental well-being, routine reminders and signposting to independent supports. Managers should be informed of these.
- c) It is recommended that the normalization of nurse testimony and experience of stress and coping could help nurses realize many of their colleagues are also experiencing difficulties. There was a clear indication that a culture of reluctance in help seeking behaviour existed, it was noted by participants that an acknowledgement of this could reduce the barriers and create a sense of common shared experience thus increasing the likelihood of help seeking.
- d) There is a need for targeted and increased circulation of information with respect to the supports available, consider using direct quotes from this project on material such as brochures targeting the population, as this may help to reduce the stigma associated with help seeking within the population.
- e) The project highlighted a suspicion of services providers by employers and therefore there should be a highlighting of the independent supports available.
- f) The content of this report should be made available to any company or individual tasked with designing or delivering wellbeing supports for this cohort so as to inform them about the issues raised by nurses on the ground. Particular attention should be given to the results and discussion section.

**"We deal with a lot of things that people not in our line of work don't have to deal with"**

INMO Member, 2020\*

**Let's talk about it**

**A mental health collective for INMO members**

**Launching 29/03/21**

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