Nurses and
Nurse Practitioners
of British Columbia

Nursing Attrition During COVID-19

July 2021

Background

It has long been known that the number of nurses retiring and leaving the profession across Canada and globally has outweighed the number of students graduating from nursing programs. This problem has been documented by the International Council of Nurses (ICN)/World Health Organization (WHO) *State of the World's Nursing 2020* report, which outlines factors such as an older demographic of workforce approaching retirement, jurisdictions investing less in health care employment, and deteriorating quality of work life due to understaffing as primary causes.[i] It is uncertain at this time how the COVID-19 pandemic will affect the Canadian nursing shortage moving forward, but it is likely to cause further strain on the system. Job vacancies in the health care and social assistance sectors risen drastically over the latter part of 2020, increasing by approximately 36,400 jobs (~56.9%), and now totalling more than 100,000 vacancies.[ii] The majority of these vacancies have occurred in hospitals, with 15,700 more vacancies in 2020 than in 2019, followed by nursing and residential care facilities, with approximately 10,800 more vacancies at the end of 2020 compared to 2019.[iii] Anecdotal reports from nurses in direct care facilities confirm the impact the increased vacancy level is having on their work. Recent studies conducted in British Columbia and Ontario demonstrate that nurses are feeling particularly 'burned out' as a result of the pandemic, and there is an alarmingly high trend in early career nurses who plan to leave the profession immediately following the pandemic.[iv] These statistics are concerning and reflect the increase in stressors and mental health challenges that nurses have had to face during the COVID-19 pandemic.

There are many factors that lead to workforce attrition, such as workforce demographics (e.g., if a larger number of nurses are at or nearing retirement age than the number of new graduates entering the profession), and the values of the present government, including how much it chooses to invest in health care employment. The predominant factors leading to attrition taking place during the COVID-19 pandemic are the perceived deterioration in workplace conditions primarily due to insufficient funding, understaffing, and a lack of access to personal protective equipment (PPE). In a recent Ontario report, emergency medical staff reported that their units were consistently understaffed, causing some nurses to have to oversee the care of many severely ill patients at one time, whereas before the pandemic they would have monitored fewer.[v] As well, due to these staffing shortages, many newly graduated nurses and nurses with less experience are being placed in emergency, triage and more high acuity positions.[vi] Placing employees with less experience in these challenging positions without adequate guidance and oversight accentuates transition shock, leads to stressful conditions, and can trigger moral distress. Additionally, nurses have reported that there are inadequate resources to support their mental health and wellness and the stresses they experience in their work life. Others have reported cancelled vacation time and extreme overtime hours, all to help with pandemic response.[vii]

In summer 2020, University of British Columbia (UBC) researchers in consultation with the BC Nurses Union (BCNU) conducted a follow-up survey of more than 3600 BC nurses in which they asked about their psychological wellbeing and ability to provide safe care to patients and clients during the COVID-19 pandemic. The original survey was administered in December 2019, shortly before the declaration of the COVID-19 pandemic in March 2020. Some questions remained the same in the follow-up to show how nurses' opinions and feedback may have changed in that timeframe, and there were some new additions to include questions concerning the pandemic. The survey demonstrated that nurses across all sectors experienced greater strain on their mental health since the onset of COVID-19, with more nurses reporting that they faced moderate to severe anxiety (28% in 2019, 38% in 2020), moderate to severe depression (31% in 2019, 41% in 2020), and high emotional exhaustion (56% in 2019, 60% in 2020).[viii] The survey also included questions about suicidal ideation, which distressingly highlighted that approximately 30% of respondents reported that they had experienced suicidal thoughts at some point in their lifetime compared to just under 12% in the general population, and 8% of respondents reported that they had thoughts about committing suicide within the previous 12 months, compared to 2.5% of the general population.[ix] Overall, this study demonstrated the

soaring prevalence of nurses at risk for severe mental health conditions, specifically post-traumatic stress disorder (46%), anxiety (38%), depression (41%), and emotional exhaustion (60%) since the COVID-19 pandemic.[x]

The situation for BC nurses is not exceptional. Nurses across Canada are reporting a similar decline in their mental health. In early 2021, the Registered Nurses Association of Ontario (RNAO) conducted a survey, which included approximately 2000 nurse respondents, to determine how nurses have been coping throughout the pandemic. Of the respondents, nearly 95% stated that the pandemic significantly affected their work, and they exhibited very high stress levels because of this.[xi] One-third of those planning to leave nursing after the pandemic currently work in an advanced practice, education, and senior nurse leadership roles.[xii] Approximately 13% of the respondents aged 26 to 35 stated that they were very likely to leave the nursing profession after the end of the pandemic because of the unmanageable conditions and stress levels.[xiii]

Additionally, the Registered Practical Nurses Association of Ontario (RPNAO) conducted a similar study of stress levels and working conditions for practical nurses since the pandemic. Nearly all respondents (96%) reported that their daily work has become 'exponentially' more stressful and challenging since the onset of the pandemic, 83% reported significant mental health challenges since COVID-19, and 83% reported that they intentionally reduced spending time at home with their families because they were seriously worried about transmitting COVID-19 to their loved ones.[xiv]

Other international studies have shown similar patterns.[xv,xvi] Analysis of health care workers' mental health in China shows how nurses involved in the diagnosis, treatment and care of COVID-19 patients experience a disproportionately higher degree of psychological burden and mental health symptoms compared to other health care workers.[xvii]

These study results are alarming as they demonstrate that many nurses are experiencing mental health traumas associated with COVID-19 and are planning to leave the profession during a time when we are already experiencing a nursing shortage. Research over the years has indicated how emotional exhaustion and low sense of personal accomplishment are factors leading to burnout.[xviii] Burnout, and related experiences such as compassion fatigue and moral and ethical distress, are known to be associated with poor work performance, an increase in mistakes and high staff turnover, which in turn contributes in a cyclical manner to further reductions in mental health and nurses leaving the profession because of their low self-esteem in how they feel about their work performance.[xix]

It is imperative that significant changes be made in order to promote retention of nursing professionals in the health care sector. One obvious conclusion is that effective organizational support is necessary in order to help nurses manage their stress and anxiety levels due to COVID-19. It is also known that excellent organizational support can help nurses to feel more resilient, even during such difficult times.[xx] Such organizational supports could include focusing on raising minimum staffing requirements, ensuring adequate administrative mentorship and support, providing mental health support services to nurses that can be accessed in different ways (virtual, asynchronous, etc.), and promoting stress management programs and services.[xxi] *The State of the World's Nursing 2020* report states that jurisdictions need to 'explicitly and proactively anticipate challenges in the retention of nurses and put in place relevant policies.'[xxii] The report highlights a number of evidence-based approaches that can be implemented across jurisdictions to better support nurses through the COVID-19 pandemic, including peer mentorship, flexible scheduling, and non-monetary employee incentives.[xxiii] Implementing a Chief Nursing Officer for Canada, and for each province, as well as a strong and transparent system of nursing leadership throughout our health authorities is another integral step in the right direction. Without nursing leadership embedded at the federal level, it will be difficult for these issues to be properly addressed. However, with the right person leading a coordinated nationwide effort, nursing leaders and policymakers can begin to affect real change in how our provinces and systems work together to ensure the sustainability of a strong nursing workforce into the future.[xxiv]

NNPBC supports the further development and implementation of expanded nursing scope of practice in all areas of health care. All designations of nurses are highly knowledgeable, skilled individuals who can work in a variety of settings. With these changes in place, health authorities, hospitals and other clinical settings are encouraged to update their policies and practices in order to deploy nursing staff in roles in which they can be

most effective. Additionally, NNPBC supports mentorship and lifelong learning programs, where nurses can share their knowledge and expertise with each other across designations. This type of knowledge transfer is critical to providing support to other nurses during times of staffing shortage and provides great value for nurses looking for peer support through this pandemic.

As nurses are highly skilled health professionals who work in all domains of practice and in all sectors, they bring unique perspectives to health system planning that may otherwise be overlooked. As such, NNPBC strongly supports the inclusion of nurses at health policy and decision-making tables. Nursing leadership is foundational across all levels to ensure that the needs of nurses are understood and addressed moving forward. NNPBC also supports the role of a Chief Nursing Officer to coordinate and lead the nursing policy effort across the country. By working together across all nursing designations and settings, nurses can help one another through these challenging times.

Key Messages

- Job vacancies in the health care sector have increased significantly since the onset of the COVID-19 pandemic.

- Understaffing and challenging workplace conditions affect nurses' mental health, leading to exhaustion, burnout and potentially higher attrition.

- BC nurses have experienced worsening mental health since the COVID-19 pandemic and report disproportionate rates of suicidal ideation compared to the general population.

- A 2020 UBC and BCNU survey of BC nurses found that 38% reported moderate to severe anxiety, 41% reported moderate to severe depression, 46% reported experiencing post-traumatic stress disorder, and 60% reported emotional exhaustion.

- Increasing minimum staffing requirements, providing additional mental health and wellness support services, implementing peer mentorship programs, and promoting stress management are all methods to improve conditions for nurses and to help ease and prevent further stress and anxiety associated with the pandemic.

- NNPBC supports the implementation of nursing leaders at government and policy tables to ensure that the nursing perspective is included in decision-making and planning processes across all care settings.

Further Reading/Resources

- Resources to Support Nurses' Mental Health During COVID-19
  A Tale of Two Pandemics, by Sally Thorne, RN

- State of the World's Nursing 2020: Investing in education, jobs and leadership

- Wellness Together Canada – Free Mental Health Resources

- Care for Caregivers – Care to Speak

- Nurse Journal: Top Tips From Nurses on Dealing With Burnout

- Nursing Policy Secretariat News: Nursing Resilience During COVID-19

- CAMH: Mental Health and COVID-19 – Resources for health care workers during COVID-19

- Statistics Canada: Mental health among health care workers in Canada during the COVID-19 pandemic
  Public Health Nursing & COVID-19 Vaccine Delivery

- Canadian Nurses Association (CNA): Nursing Statistics

- Canadian Institute for Health Information (CIHI): Nursing in Canada, 2019

[i] World Health Organization (WHO). WHO, International Council of Nurses (ICN) and Nursing Now. 2020. State of the World's Nursing 2020: Investing in education, jobs and leadership.

[ii] Besadoun E. Global News. March 24, 2021. Health care job vacancies in Canada are soaring despite COVID-19 demand. Here's Why.

[iii] Varner C. CMAJ News. April 19, 2021. Hospitals grappling with nurse exodus.

[iv] Registered Nurses Association of Ontario (RNAO). April 1, 2021. Results of nursing survey point to an alarming exodus from the profession following the pandemic.

[v] Varner C. CMAJ News. March 31, 2021. Hospitals grappling with nurse exodus.

[vi] Ibid

[vii] Ibid

[viii] Havaei F, MacPhee M, Ma A, Gear A, Sorensen C. UBC and BCNU. 2020. A Provincial Study of Nurses' COVID-19 Experiences and Psychological Health and Safety in British Columbia, Canada: Final Report.

[ix] Havaei F, MacPhee M, Ma A, Gear A, Sorensen C. UBC and BCNU. 2020. A Provincial Study of Nurses' COVID-19 Experiences and Psychological Health and Safety in British Columbia, Canada: Final Report.

[x] Havaei E, Ma A, Staempfli S, MacPhee M. Healthcare Journal. 9(84). January 16, 2021. Nurses' Workplace Conditions Impacting Their Mental Health during COVID-19: A Cross-Sectional Survey Study.

[xi] Registered Nurses Association of Ontario (RNAO). March 31, 2021. Work and Wellbeing Survey Results.

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[xiii] Registered Nurses Association of Ontario (RNAO). March 31, 2021. Work and Wellbeing Survey Results.

[xiv] Registered Practical Nurses Association of Ontario (RPNAO). WeRPN Publications. 2021. How RPNs are Personally Coping During the Pandemic.

[xv] Labrague L, De Los Santos J. Journal of Nursing Management. 28(7). October 2020. COVID-19 anxiety among front-line nurses: Predictive role of organizational support, personal resilience and social support.

[xvi] Zhu Z, Xu S, Wang H, Liu Z, et al. MedRxiv. March 16, 2020. COVID-19 in Wuhan: Immediate Psychological Impact on 5062 Health Workers.

[xvii] Lai J, Ma S, Wang Y et al. JAMA Network Open. 3(3)ed203976. March 23, 2020. Factors Associated With Mental Health Outcomes Among Health Care Workers Exposed to Coronavirus Disease 2019.

[xviii] Havaei F, MacPhee M, Ma A, Gear A, Sorensen C. UBC and BCNU. 2020. A Provincial Study of Nurses' COVID-19 Experiences and Psychological Health and Safety in British Columbia, Canada: Final Report.

[xix] Kaple T. Nurse Journal. February 8, 2021. Top Tips from Nurses on Dealing With Burnout.

[xx] Labrague L, De Los Santos J. Journal of Nursing Management. 28(7). October 2020. COVID-19 anxiety among front-line nurses: Predictive role of organizational support, personal resilience and social support.

[xxi] Labrague L, De Los Santos J. Journal of Nursing Management. 28(7). October 2020. COVID-19 anxiety among front-line nurses: Predictive role of organizational support, personal resilience and social support.

[xxii] World Health Organization (WHO). 2020. State of the World's Nursing 2020: Investing in education, jobs and leadership.

[xxiii] Ibid

[xxiv] Thorne S. Nursing Inquiry 28(1). February 1, 2021. Time to get loud.