

## The Limits of Resilience as an Approach to Addressing the Mental Health Impacts of COVID-19 on Nurses

November 2021\*

NNPBC wishes to thank Angela Wignall RN, BSN, BA, MA for her work in developing this document.

### Background

We are living through the most significant global health event in several generations. Not since the onset of a world war has an event impacted every corner of the world in the way that the COVID-19 global pandemic has. Roughly five million people around the world have died over the past 20 months and many more have been infected and are now transitioning into life with long COVID. We have shut our borders, closed our front doors, stayed home from school and from work, foregone seeing family members, said final goodbyes via iPads, lost jobs, ended relationships, developed new ways of connecting, adapted to masks and mass immunization, and moved from one wave to the next asking, "when will this end?" No part of our lives and our world has been spared by this virus. COVID-19 has been all-encompassing and incredibly difficult.

In the midst of this challenge like no other, we have also lived through a collective period of kindness with many beautiful moments of humanity and empathy. In British Columbia, people have stayed home to keep each other safe, essential workers have been celebrated with evening cheers, parades around hospitals honking support, roadside signs, hand delivered meals, and expressions of gratitude from strangers. We have also seen over four million people in our province roll up their sleeves for the COVID-19 vaccine, protecting themselves, their communities and those most vulnerable. Despite the enormity of the challenge, we are still here, and we are learning to live with COVID-19 as an endemic illness.

The impact of COVID-19 on health care and other essential workers has been particularly significant. While many workers moved into working-from-home, most health care and other essential workers did not have that choice. Instead, we have stayed in our workplaces, caring for patients, leading the pandemic response, and establishing the critical infrastructure that has enabled a resilient, intact health care system through a trial like no other. We have balanced increasing demands and stress at work while juggling transformed home and family lives, and we have lived with the knowledge that while breakthrough infections are rare, our own health and wellness may be impacted by caring for others. COVID-19 exposed the cracks already present in the health care system, including the estimated six million short gap in nurses worldwide predating the COVID-19 pandemic.<sup>i</sup> As the pandemic persists, the strain and stress on the system and on health care workers is only increasing.

In a February 2, 2021 Statistics Canada report, surveys indicated that as a result of COVID-19 stresses, one-third of health care workers surveyed reported fair to poor mental health and that when in contact with confirmed COVID-19 cases, mental health worsened markedly.<sup>ii</sup> As each wave of COVID-19 has progressed, those at the forefront of care have been consistently dealing with increasing challenges including working short-staffed (as noted), with complex patients some of whom are 'long-haulers', and recently while navigating anti-vaccine mandate demonstrations inexplicably targeting hospitals. The challenge is not limited to mental health alone. Over one hundred thousand health care workers have died from COVID-19 worldwide.<sup>iii</sup> Indeed, in January 2021, the International Council of Nurses (ICN) named COVID-19 a "mass trauma among the world's nurses"<sup>iv</sup> with multi-generational implications.

In this challenging context, nurses continue to be critical to every aspect of our COVID-19 response. We are bedside in ICUs caring for our most vulnerable citizens, on COVID-19 units caring increasingly for those who refuse COVID-19 immunization, coordinating and leading mass immunization response, working call lines like 811 to connect British Columbians to scientific information, leading contact tracing, testing, case management, as well as designing systems-level responses as executive leaders. Nurses do this and so much more, all while continuing to maintain the public trust by providing safe, competent, ethical, and evidence-based care. The burdens and stress of answering the call during the COVID-19 pandemic are intense and unrelenting. As organizations work to provide nurses with support to help us not only stay at work but stay well at work, fostering resilience is often named as a key intervention.

Resilience is loosely defined as an ability to face adverse circumstances while being able to remain focused and optimistic about the future.<sup>v</sup> The nursing [Code of Ethics](#) outlines 'ethical' (or moral) resilience as the "capacity of an individual to sustain or restore their integrity in response to moral complexity, confusion, distress or setbacks" within their practice.<sup>vi</sup> While resilience is a term that has been used to descriptively name a characteristic that may be found in nurses, the term is increasingly being used to describe an attitude or way of being that individuals can cultivate to protect against the mental health impacts of living and working through a mass trauma like a global pandemic.<sup>vii</sup> In short, resilience is turned into an instrument to solve problems.

Those critical of this approach note that this instrumentalization of resilience is used to shift responsibility for systems failures or issues from the systems on to individuals who are, in this case, nurses. The challenges nurses are facing are not addressed by calls for resilience. Instead, nurses are encouraged to dig deeper and cultivate practices for individual resilience so that they are better able to tolerate and survive intolerable circumstances.<sup>viii</sup> This is often done with good intentions by organizations and leaders keen to help colleagues who are suffering. However, evidence suggests that when nurses are asked to be more resilient, they feel less safe expressing when they are feeling overwhelmed or are facing a critical barrier to wellness. Instead, pressure to be more resilient increases the mental health burden.<sup>ix</sup>

Resilience is still an important concept. However, the way in which we use the concept and design interventions around resilience matters. Without a doubt, providing nurses with the tools to be well at work by cultivating personal resilience including access to mental health supports and safe practice environments that encourage open discussion of the impacts of this pandemic are important interventions at an individual and team level. In addition to this, we must turn the concept of resilience on systems level challenges, including building the idea of resilience into decision making around health care system sustainability, health human resources and the growing nursing shortage, the structure of our health care services during times of growing uncertainty and complexity, and the ways in which we lead in a trauma-informed way.<sup>x</sup> From bedside to community to emergency operations, our system and those of us who make up the system must recognize and work with the very real personal and social toll that we are experiencing collectively and individually. This includes ensuring systems level challenges and failures are not reframed as individual shortcomings that could be solved by people just being more resilient. We must ensure that our systems are set up in such a way as to deliver solutions that are as complex as the challenges themselves.<sup>xi</sup> This must include:

- Supporting nurses in leadership roles to contribute the unique nursing knowledge that can make a difference in pandemic response
- Advocating for top of scope or full scope practice for all nurses across the health care system
- Ensuring that the nursing perspective meaningfully informs health and social policy decisions
- Ensuring access to safe work environments including physical safety measures such as adequate PPE as well as mental health measures such as counselling, peer debriefing, mental health breaks, and scheduling flexibility
- Meaningful nursing participation in designing interventions aimed at improving and retaining nurses
- Ensuring that wherever health care decisions are made, nurse leaders are at the table

### Key Messages

- The COVID-19 global pandemic has precipitated an unprecedented increase in mental health distress at a population level with a unique mental health burden shouldered by those in health care such as nurses.
- No matter how difficult the challenge, nurses continue to maintain the public trust by providing safe, competent, ethical, and evidence-based care not only as care providers working with patients, residents, families, and communities but also as leaders shaping and stewarding the pandemic response
- NNPBC recognizes that nursing resilience is critical in a complex health care environment, particularly in BC, where we are focused on dual public health emergencies (COVID-19 and the Overdose Crisis).



- Resilience is increasingly being referenced as a tool for mitigating the mental health challenges nurses are experiencing as a direct result of working through the mass trauma of a global pandemic.
- While NNPBC applauds all supports aimed at addressing mental health for nurses, resilience must not be used to shift responsibility for systems level challenges and failures on to individuals.
- NNPBC supports and advocates for the application of resilience to the kinds of system wide transformation that the challenges we are facing requires.
- Nurses must be included in designing and leading health system decisions, including decision on how to support the mental wellbeing of nurses.

## Tools

### Telus Health MyCare

Offered free of charge through NNPBC, the Telus Health MyCare app allows people to access free and confidential mental and physical health services at home via a secure and private app.

### Wellness Together Canada

A joint initiative by Stepped Care Solutions, Kids Help Phone, and Homewood Health, Wellness Together provides free mental health and substance use resources, a community of support, and counselling with a mental health professional.

### Psychological First Aid

The BC Psychological Association, in partnership with NNPBC, is providing health care providers with Psychological First Aid – “a brief (up to 30 minute) telephone consultation to provide you with information and strategies to help you cope with the stress associated with the COVID-19 pandemic.”

### Care for Caregivers

The Canadian Mental Health Association and SafeCare BC have partnered to provide excellent resources especially for healthcare workers. “Whether you’re looking for up to date credible information to ease your mind, a free workshop to learn about resiliency, or quick daily coping tips, it’s here. This site provides a diverse collection of quick and easy resources to support your mental health.”

### Virtual Mental Health Supports for Healthcare Workers

A number of virtual services including phone and text-based peer support.

### Here to Help

Here to Help provides mental-health and substance-use information, including self-screening tools and referral information.

### BC Crisis Centre

If you are in crisis, distress, or having thoughts of suicide, help is available – 24 hours a day, 7 days a week. If you or someone you know is having thoughts of suicide, call 1-800-784-2433 (1-800-SUICIDE), or call your local crisis centre.

Anywhere in BC 1-800-SUICIDE: **1-800-784-2433**

Mental Health Support Line: 310-6789

Vancouver Coastal Regional Distress Line: 604-872-3311 Sunshine Coast/Sea to Sky: 1-866-661-3311

Online Chat Service for Youth: [www.YouthInBC.com](http://www.YouthInBC.com) (Noon to 1am) Online Chat Service for Adults:

[www.CrisisCentreChat.ca](http://www.CrisisCentreChat.ca) (Noon to 1am)



### Apps to support mental health & wellbeing

- [MindShift CBT](#)
- [Breathr Mindful Moments](#)
- [Ten Percent Happier Coronavirus Sanity](#)

### Websites for more information about managing mental health during COVID-19

- [Anxiety Canada](#)
- [CMHA](#)
- [CAMH mental health for health professionals](#)

### Further Reading/Resources

- Canadian Nurses Association, [Code of Ethics for Registered Nurses](#)
- Canadian Nurse Magazine. ["Building Moral Resilience Into Nursing Practice"](#)
- [Building moral resilience to neutralize moral distress](#) by Cynda Rushton.
- RNAO: ["Preventing and Mitigating Nurse Fatigue in Health Care"](#)
- NNPBC Issues Summary: ["COVID-19 – Dealing with the Complexities of Ethical Decision Making & Moral Distress"](#)
- BCCDC: ["COVID-19 Ethics Analysis: What is the Ethical Duty of Health Care Workers to Provide Care During COVID-19 Pandemic?"](#)
- Stats Canada. [Mental health among health care workers in Canada during the COVID-19 pandemic.](#)

Please feel free to direct questions and additional comments to [info@nnpbc.com](mailto:info@nnpbc.com).

\*Originally posted in November 2020 and updated in February 2021 and again in November 2021.

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<sup>i</sup> V Drennan and F Ross. *British Medical Bulletin* 130(1). 'Global nurse shortages – the facts, the impact and action for change.' June 2019. <https://academic.oup.com/bmb/article/130/1/25/5487611>

<sup>ii</sup> Statistics Canada. The Daily. 'Mental health among health care workers in Canada during the COVID-19 pandemic.' February 2, 2021. <https://www150.statcan.gc.ca/n1/en/daily-quotidien/210202/dq210202a-eng.pdf?st=89if05jw>

<sup>iii</sup> International Council of Nurses (ICN). 'ICN says 115,000 health care worker deaths from COVID-19 exposes collective failure of leaders to protect global workforce.' October 21, 2021. <https://www.icn.ch/news/icn-says-115000-healthcare-worker-deaths-covid-19-exposes-collective-failure-leaders-protect>

<sup>iv</sup> International Council of Nurses (ICN). 'The COVID-19 Effect: World's nurses facing mass trauma, an immediate danger to the profession and future of our health system.' January 13, 2021. <https://www.icn.ch/news/covid-19-effect-worlds-nurses-facing-mass-trauma-immediate-danger-profession-and-future-our>

<sup>v</sup> K Kester and H Wei. *Nursing Management* 49(6). 'Building nursing resilience.' June 2018. [https://journals.lww.com/nursingmanagement/fulltext/2018/06000/building\\_nurse\\_resilience.10.aspx](https://journals.lww.com/nursingmanagement/fulltext/2018/06000/building_nurse_resilience.10.aspx)

<sup>vi</sup> Canadian Nurses Association (CNA). 'Code of Ethics for Registered Nurses.' 2017. <https://www.cna-aiic.ca/en/nursing/regulated-nursing-in-canada/nursing-ethics>

<sup>vii</sup> W Feuer. *CNBC*. 'WHO says pandemic has caused more 'mass trauma' than WWII.' March 5, 2021.

<https://www.cnbc.com/2021/03/05/who-says-pandemic-has-caused-more-mass-trauma-than-wwii-and-will-last-for-years.html>

<sup>viii</sup> A Howell. *Politics: Special Forum Resilience Revisited*, 35(1). 'Resilience as enhancement: Governmentality and political economy beyond 'responsibilisation'.' 67-72. 2015. <https://www.doi.org/10.1111/1467-9256.12080>; S Schwarz. *Theory & Psychology*, 28(4), 528-41. 'Resilience in psychology: A critical analysis of the concept.' 2018.

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<sup>ix</sup> C Dall'ora. *Nursing Standard*. 'Nurse burnout: Why the term 'resilience' may do more harm than good.' 2021.

<https://rcni.com/nursing-standard/opinion/comment/nurse-burnout-why-term-resilience-may-do-more-harm-good-174916>; M Traynor. The limits of resilience: Introducing 'critical resilience'. In M. Traynor (Ed.), *Critical resilience for nurses: An evidence-based guide to survival and change in the modern NHS*. 2017.; A Howell. *Resilience as enhancement: Governmentality and political economy beyond 'responsibilisation'*. 2015.

<sup>x</sup> A Wignall. *Canadian Journal of Nursing Leadership*, 34(3). 'Trauma-informed nursing leadership: Definitions, considerations, and practices in the context of the 21<sup>st</sup> century.' 2021. <https://www.doi.org/10.12927/cjnl.2021.26596>

<sup>xi</sup> L Rodgers. *International Journal of Discrimination and the Law*, 21(3). 'Reimaging state responsibility for workers following COVID-19: A vulnerability approach.' 2021. <https://www.doi.org/10.1177/13582291211031377>; M Assumpta Nalwoga Kiwanuka. *International Journal of Discrimination and the Law*, 21(3). 'Institutional vulnerabilities, COVID-19, resilience mechanisms and societal relationships in developing countries.' 2021. <https://www.doi.org/10.1177/13582291211031381>; D Chakraborty, W Biswas & G Dash. *Conflict Resolution Quarterly*, 39(1), 7-27. 'Marching toward "heart work": Connecting in new ways to thrive amidst COVID-19 crisis.' 2021. <https://doi.org/10.1002/crq.21313>; LJ Thompson. *Mind & Society*, 20(2), 215-219. 'The adaptive moral challenge of COVID-19.' 2021. <https://www.doi.org/10.1007/s11299-020-00271-z>; C Barratt. *Nursing Standard*, 33(7), 43-49. 'Developing resilience: the roles of nurses, healthcare teams and organizations.' 2018. <https://www.doi.org/10.7748/ns.2018.e11231>; C Delgado, D Upton, K Ranse, T Furness & K Foster. *International Journal of Nursing Studies*, 70, 71-88. 'Nurses' resilience and the emotional labour of nursing work: an integrative review of empirical literature.' 2017. <https://www.doi.org/10.1016/j.ijnurstu.2017.02.008>