Impact of COVID-19 on the nursing profession: managing repercussions, enabling opportunities

KEY STATEMENT

The Australian College of Nursing (ACN) is committed to ensuring nurses are supported, skilled, and equipped to work to their full scope of practice through professional development opportunities, enablement, and supportive practice. As the pandemic has progressed, it is imperative that attention now turns from its immediate effects to the broader, long-term impacts on the workforce. Nurses have demonstrated significant resilience and professionalism during the pandemic response.

Healthcare organisations instigated new initiatives, altered models of care delivery and changes to practice during the pandemic to address the increased volume, demand, acuity, and complexity of patients requiring care. However, these changes placed a considerable burden on nurses. COVID-19 has impacted all care settings, including aged, acute, subacute, and primary health care. It is now vital for governments and peak professional nursing organisations to collaboratively identify strategies and further enhancements to support nurses in the currently stretched and overburdened healthcare system. Health and aged care require sustainable whole-of-system transition, retention, and support frameworks to sustain the healthcare workforce.

BACKGROUND

There are over 450,000 nurses currently working across Australia's disparate geographical areas (Department of Health and Aged Care, 2021). Working across all health sectors, they comprise more than 50% of the total health workforce (AIHW, 2022). The challenges nurses face in all areas of health are well established.

The effects of COVID-19 on health and wellbeing have been well documented. Particular attention has been given to patients who attended health services and the rapid development and implementation of innovative technologies, including QR code registrations, e-scripts, and telehealth (Jedwab et al., 2022; Labrague & de Los Santos, 2021; Simonetti et al., 2021). In addition to COVID-19 and its associated challenges to the profession, nurses in all areas of health are managing patients with complex health and social issues. Nurses are ideally placed to deliver person-centred and cost-effective solutions to tackle the complex and growing problems related to multimorbidity (ACN, 2021a). However, nurses must also have access to education, support, and governance to ensure best practice, safe care, and quality patient outcomes (NMBA, 2017). This will enable professional development, personal satisfaction, career enhancement, retention, and recruitment. (Gensimore et al., 2020).

In 2019, a joint position statement titled *Clinical supervision for nurses* was developed in a collaborative partnership between ACN, the Australian College of Midwives (ACM), and the Australian College of Mental Health Nurses (ACMHN). The statement, published pre-pandemic, outlined the need for clinical reflective supervision in all practice settings. This need is now even more urgent given the enormous and ongoing impost of COVID-19 on the nursing workforce, healthcare services, and the community.

KEY ISSUES

Short- and long-term health impacts of COVID-19 on the nursing profession

The nursing workforce has experienced higher than average incidence of infections, illness, and mortality, resulting in reduced nurse retention rates, burnout, and fatigue. Nurses' psychological distress, depression, and anxiety rates have also risen significantly (Dobson et al., 2021; Serrano et al., 2020; Sharour & Dardas, 2020). While these immediate effects of COVID-19 are now well known, there are significant secondary effects (e.g., repeated illness, extended absence from work because of 'rolling' family illnesses, etc.). Additionally, there is growing evidence of the phenomenon of long COVID, with early suggestions that younger women are particularly vulnerable (Sudre et al., 2021). There is considerable evidence to support the increased fatigue of the existing workforce (Lopez et al., 2022), and anecdotally, there have been significant increases in new graduate recruitment numbers to assist in meeting workforce demands. Growing reports of unregulated healthcare worker positions and employment of undergraduate nursing students have also emerged (Willetts et al., 2022; Kenny et al., 2021). While all nurses' efforts have been invaluable, this increase in an inexperienced workforce has had associated effects on the post-COVID workforce (Duffield et al., 2020).

Support mechanisms for nurses are needed, e.g. clinical reflective supervision, access to psychosocial tools, peer support, mentorship, health and wellness initiatives, and professional development opportunities to support career growth and foster leadership within the workforce. The strategies required to enable this need to be implemented quickly to ensure the retention of the current nursing workforce and recruitment of the future nursing workforce.

Dehumanisation, distress, and disenfranchisement of nurses

Rapidly shifting protocols and standards of care exacerbated novice nurses' lack of professional confidence when first entering the workforce during COVID-19. Research identifies a lack of education and support to deal with the experience (Naylor et al., 2021). The added pandemic-related stresses increased nervousness, anxiety, and other psychological stresses experienced by new nurses. Yet, many felt a positive sense of achievement with their contribution to patient care. For those new nurses working within a COVID-19 environment, there was a sense of pride, even when experiencing new and sometimes distressing situations. Significantly, most still believed they had chosen the right profession for themselves (Gómez-Ibáñez et al., 2020). From the experiences of new nurses during COVID-19, there is a need to incorporate stress and crisis management strategies into education programs. For new nurses, debriefing sessions post-shift should also be encouraged (Naylor et al., 2021).

Throughout the COVID-19 pandemic, the nursing workforce has been concerned over the apparent dehumanising of care for patients. Strict protocols and using PPE (personal protective equipment) have created barriers to compassionate and ethical patient care. Nurses' contribution to enabling a dignified death for a patient has been denied (Farfán-Zúñiga et al., 2022). Nurses have been unable to learn who their patients were, what lives they had led, and their likes and dislikes, as PPE has prevented communication. Meanwhile, many friends and relatives of the sick were not enabled to attend hospital visits. Furthermore, nurses have felt a drop in their level of compassion for patients; they have been unable to develop relationships and have felt a need to protect themselves from the inevitability of death and loss (Ness et al., 2021). From a nursing standpoint, patients were dehumanised through the lack of contact and the limited knowledge nurses gained about their patients (Bergman et al., 2021).

The nursing workforce has felt dehumanised by the inability to debrief with co-workers, talk to colleagues in the tearoom, and socialise after a long shift (Bismark et al., 2022). The demand for nurses to cope and be resilient throughout the disruptive events of 2019-22 has been unrelenting (ACN and HPB, 2022). There are concerns about moral injury in circumstances where nurses witnessed or had to make ethically challenging decisions. Nurses have experienced various professional challenges throughout the pandemic, including an initial shortage of PPE and the subsequent continued need to don full PPE for the entirety of a shift (Sharif et al., 2021; Villar et al., 2021). This hampered effective communication and resulted in physical and mental exhaustion (Zipf et al., 2022; Dobson et al., 2021). Nurses have been redeployed to different nursing contexts (Villar et al., 2021), creating a subsequent 'dilution' of skill mix in areas such as intensive care units (ICU) (Wynne et al., 2021, p.3), resulting in anxiety and concern. Many nurses have experienced increased workloads (Akkus et al., 2021; Sharif Nia et al., 2021), with staff-to-patient ratios stretched (Maben & Bridges, 2020), leaving nurses unable to provide an appropriate level of holistic care to their patients. Akkus et al. (2021, p. 1254) reported nurses were subjected to a double standard compared to other health workers when they were applauded for all they did. Yet, working conditions and workloads left them feeling undervalued.

Conversely, for some nurses in primary health care and operating theatres, the COVID-19 pandemic has reduced hours (ACN, 2021b; Halcomb et al., 2020) due to various factors, including the suspension of elective surgery.

Nurses have experienced the physical toll of spending hours with their faces covered in masks, suffering from fatigue and anxiety about the patients in their care or their own and their family's health and wellbeing (ACN & HPB, 2022). It must be noted that nurses appear to feel more distressed about not being able to communicate with their patients than the patients think about being tended to by nurses wearing masks. Vitale et al. (2021) revealed that although nurses viewed wearing face masks as a barrier to effective communication with their patients, patients reported 'no significant difference… in the perception of the quality of communication' received (2021, p. 6).

These experiences cannot be ignored as they foster a disenfranchised workforce in need of ongoing support. The nursing workforce at the system level must be valued, while individual nurses are supported to remain in the profession. Beyond this, nurses must be provided opportunities for greater career progression and satisfaction rather than merely working from a sense of obligation. An engaged nursing workforce meaningfully embraces and works to its full scope of practice, leading to better patient outcomes in all care contexts. Any support mechanisms must include clinical reflective supervision for those working in areas with relatively small numbers, such as community and primary health care.

RECOMMENDATIONS

That state and federal governments:

- Ensure proportionate nursing representation on key advisory boards and expert committees charged with responding to the COVID-19 pandemic and the resultant effect on workforce sustainability, care models, service delivery, and treatment modalities for the future
- Investigate nurse-led models of care and consider rolling out nationally where shown to be successful. These can provide excellence in care provision and enable ownership, sustainability, and role satisfaction for highly skilled and educated professionals
- Allocate funds to appropriately resource the nursing workforce to optimise clinical reflective supervision, psychosocial support models, and other innovative approaches to workforce development across all practice settings
- Review current clinical placement models to sustain the existing workforce and meet evolving demands of the future workforce. This must include alignment with current industry requirements and the tertiary education sector to enable curricula that meet the needs of healthcare providers and consumers across the healthcare continuum.

That ACN:

- Advocates for proportional nursing representation on key advisory boards and expert committees charged with responding to the challenges post-COVID, including workforce planning and models of care
- Collaborates with tertiary institutions to ensure nurses are equipped to provide effective clinical reflective supervision
- Advocates for and provides mentoring opportunities for members to support professional and personal growth as healthcare leaders
- Joins healthcare industry stakeholders in efforts to ensure flexible career pathways are available to nurses, whether clinical or outside of direct care, including education, research, policy and administration.

CONCLUSION

The COVID-19 pandemic has devasted the nursing workforce, with high attrition and exodus over the pandemic period. Nurses have been hampered in their ability to provide person-centred care in challenging environments. Inexperienced nurses are stepping into leadership roles with little preparation or support. The sustainability of the nursing workforce requires state and federal government investment in supportive professional development programs and workforce models that optimise the full scope of practice for all nurses. Through formal mentoring, reflective supervision and other system-level support, nurses will gain the emotional and psychological support to stay in the profession and continue to be resilient health professionals.

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