

## **Mental Health in Nursing: An Urgent Cry for Help**

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The pandemic has had multiple effects in different spheres of life, which has implied modifications from the cultural, economic, social, and health points of view, as well as in how human beings relate to each other. <sup>(1)</sup> In this sense, the COVID-19 pandemic, declared by the WHO on January 30, 2020, has posed a great challenge for health workers and has significantly impacted health policies. Not only because of the impact on personal well-being and mental health but also because of the reduced capacity to deal effectively with the health emergency. <sup>(2, 3)</sup>

The nursing profession has been under significant stress with the responsibility of providing quality care, considering elements of efficiency and efficacy that are fundamental for adequate health care. This scenario includes a dissatisfying health care workforce, resulting in a decline in the quality of care provided. This situation could generate an increase in the abandonment of the nursing profession and a decrease in the number of students in universities since those who must provide care do not feel cared for by the management of the different health systems. The further increase in the deficit of health personnel worldwide would be a severe blow to the policies advocated by the WHO. <sup>(4, 5)</sup>

This scenario is compounded by caregiving responsibilities, given that approximately 70% of health personnel are women, who have historically assumed the role of caregivers for children, the elderly, and the disabled, which increases the overload even more. <sup>(6)</sup> It has been described that being a woman is a risk factor for mental health problems, and women have a higher prevalence of such conditions but also more severe symptoms. Women are three times more likely to suffer from depression and twice as likely to suffer from anxiety than men. Seventy percent of women with mental health problems are unemployed, and 80% of those who have lived with a partner have suffered gender violence. <sup>(7)</sup>

Research conducted in Portugal reports that among the vulnerable groups that would benefit from mental health care are mental health nurses, psychologists, psychiatrists, and other mental health professionals. <sup>(8)</sup> During the pandemic period, nursing professionals have suffered an increase in the presence of depression and anxiety, with the abandonment of the profession, resignations, and changes of workplace. Burnout in this group has also been linked to increased mental health problems, decreased indicators of care excellence, and work performance. <sup>(9)</sup>

The background mentioned above allows linking the nursing situation to the “*cuidatoriado*”, a Spanish concept derived from “care” (*cuidado*) and “proletariat” (*proletariado*). This notion alludes to the historical imposition on women of caring, and the idea of the proletariat with strenuous work shifts, without vacations, without the right to get sick or resign, since care in the case of women is associated with a moral imperative, naturalized, and related to the guilt that perpetuates this role in the female gender. In this sense, nurses care with exhausting shifts, without

social recognition and low salaries, and continue to care at home without labor rights or breaks. <sup>(10)</sup> These continuous work and personal demands lead to mental health and interpersonal relationship problems, with the presence of harassment, workplace violence, and abuse, which, although they have worsened with the pandemic, have existed since before without being evidenced.

According to Serafin, the prevalence of bullying and burnout is significantly higher among nursing professionals who worked during COVID-19 versus those who did not. The pandemic increased bullying and burnout among recent nursing graduates; however, this has been hidden, but the repercussions will undoubtedly become evident soon. <sup>(11)</sup> Homayuni refers that one of the causes of mobbing is the lack of a clear definition of the roles attributed to the different jobs in nursing; therefore, an adequate job description and personnel selection can reduce this risk. <sup>(12)</sup> Nursing professionals who suffer workplace bullying are exposed to a significant emotional burden, with high-stress levels, headaches, and insomnia. This situation also affects bystanders without a substantial role in the harassment. <sup>(13)</sup>

A relevant aspect of the mental health of nurses is related to the abuse of drugs and narcotics. In a study carried out in the United States, when comparing suicides between nurses and the general population, it was observed that professionals were more likely to show positive drug results at the time of death. On the other hand, the same study indicates that both nurses are more likely to present mental health problems. Among nursing professionals, occupational issues are more frequent than non-nurses, and finally, it also showed that these professionals are more likely to have physical health problems. <sup>(14)</sup>

One aspect that complicates the approach to mental health problems is the frequent negative perceptions of mental disorders and the people who suffer from them. People with mental health disorders report a lack of societal understanding, rejection, and discrimination, <sup>(15)</sup> which leads to public stigma.

Davidson and cols. state that suicide rates for nurses are significantly higher (10 per 100,000) than for the general female population (7 per 100,000). Similarly, the suicide rates of nurses (33 per 100,000) were higher than those of the general male population (27 per 100,000) in the same period. They also observed that before suicide, nurses presented licit and illicit drug abuse, mental health problems, chronic pain, or dismissal from their job. The authors conclude that nurses who lose their jobs or leave the profession because of substance abuse, mental health problems, or chronic pain risk suicide. <sup>(16, 17)</sup>

Risk factors for suicide are chronic pain, depression, drug use, fear of harming a patient, feeling out of place, feeling unprepared for the role, feeling unsupported and unsupported in their work activities, financial problems, inadequate self-care, isolation from family and friends, job loss, loneliness, prolonged and consecutive shifts, unit management conflicts, extra shifts, role conflict between work and home, workplace violence, unkind behavior and bullying. <sup>(18)</sup>

Among health challenges, policies promote mental health in health professionals, which implies working conditions that are non-negotiable, taking actions about mental health in nursing, carrying out promotion, prevention, referral to treatment, and rehabilitation as appropriate. On the other hand, educating the population and nursing professionals is necessary to become aware that mental health problems can occur in any person and that their treatment and care should be like any other chronic condition. Hence the importance of empathy, understanding, and peer support.

Likewise, it is necessary to emphasize that nursing mental health should be considered a fundamental part of the organization due to its direct relationship with patients' care and the institutions' management.

### Bibliographical references

1. Ramírez-Pereira M, Pérez Abarca R, Machuca-Contreras F. Políticas Públicas de Promoción de Salud en el contexto de la covid-19, en Chile, Una aproximación desde el análisis situacional. *Global Health Promotion*. 2020;28(1):127-36.
2. Pereira da Silva Reichert A, Alves Guedes, AT, Rodrigues Soares A, Holanda Brito PK, Carlli da Silva Bezerra I, Lino da Silva LC et al. Repercussões da pandemia da Covid-19 no cuidado de lactentes nascidos prematuros. *Esc. Anna Nery Rev Enferm*. 2022; 26(spe):e20210179.
3. Hidalgo-Martinola DR, Gonzalez-Jover MV, Sarmiento-Nápoles ME, Baez-Rodriguez KF, Hernandez-Medina TA, Gutierrez-Alvarez AK. Vulnerability in the mental health of health personnel to COVID-19. *Rev. bras. psicoter*. 2021;23(2):79-88.
4. Okechukwu Ech, Tibaldi L, La Torre G. The impact of COVID-19 pandemic on mental health of nurses. *Clin Ter*. 2020;171(5):e399-e400.
5. Shah M, Roggenkamp M, Ferrer L, Burger V, Brassil KJ. Mental health and COVID-19: The psychological implications of a pandemic for nurses. *Clin J Oncol Nurs*. 2021;25(1):69-75.
6. Llanes Díaz, Nathaly, & Pacheco Gómez Muñoz, Edith. (2021). Maternidad y trabajo no remunerado en el contexto del Covid-19. *Revista mexicana de sociología*, 83(spe),61-92. Epub 18 de junio de 2021. <https://doi.org/10.22201/iis.01882503p.2021.0.60069>
7. Alonso Maza M, Corral Liria I. La Salud mental con perspectiva de género, un reto en los cuidados de enfermería. *Revista de Enfermería y Salud Mental*. 2021;(19):3-5.
8. Teixeira S, Ferré-Grau C, Canut TL, Pires R, Carvalho JC, Ribeiro I, Sequeira C, Rodrigues T, Sampaio F, Costa T, Sequeira CA. Positive Mental Health in University Students and Its Relations with Psychological Vulnerability, Mental Health Literacy, and Sociodemographic Characteristics: A Descriptive Correlational Study. *Int J Environ Res Public Health*. 2022 Mar 8;19(6):3185.
9. Simón Melchor Alba, Jiménez Sesma María Luísa, Solano Castán Javier, Simón Melchor Lucía, Gaya Sancho Benjamín, Bordonaba Bosque Daniel. Análisis del impacto psicoemocional de la pandemia del COVID-19 entre los profesionales de enfermería. *Enferm. glob*. [Internet]. 2022 [cited 2022 Jul 05];21(66):184-234. Available from: [http://scielo.isciii.es/scielo.php?script=sci\\_arttext&pid=S1695-1412022000200184&lng=es](http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S1695-1412022000200184&lng=es). Epub 05-Mayo-2022. <https://dx.doi.org/10.6018/eglobal.489911>.
10. Durán MÁ. *La Riqueza Invisible Del Cuidado*. Universitat de València;2018.
11. Serafin L, Kusiak A, Czarkowska-Pączek B. The COVID-19 pandemic increased burnout and bullying among newly graduated nurses but did not impact the relationship between burnout and bullying and self-labelled subjective feeling of being bullied: A cross-sectional, comparative study. *International Journal of Environmental Research and Public Health*. 2022;19(3):1730.

12. Homyuni A, Hosseini Z, Aghamolaei T, Shahini S. Which nurses are victims of bullying: The role of negative affect, core self-evaluations, role conflict and bullying in the nursing staff. *BMC Nursing*. 2021;20(1).
13. Václavíková K, Kozáková R. Mobbing and its impact on health of nurses – a pilot study. *Pielęgniarstwo XXI wieku / Nursing in the 21st Century*. 2021;20(3):155-159. <https://doi.org/10.2478/pielxxiw-2021-0022>
14. Choflet A, Davidson J, Lee KC, Ye G, Barnes A, Zisook S. A comparative analysis of the substance use and mental health characteristics of nurses who complete suicide. *Journal of Clinical Nursing*. 2021;30(13-14):1963-72.
15. Vedana KGG, Silva DRA, Miasso AI, Zanetti ACG, Borges TL. El significado del estigma para las personas con trastornos mentales en Brasil. *Cuestiones Ment Health Enfermeras*. 2017;38(12):1022-1029.
16. Davidson JE, Ye G, Parra MC, Choflet A, Lee K, Barnes A, et al. Job-related problems prior to nurse suicide, 2003-2017: A mixed methods analysis using natural language processing and thematic analysis. *Journal of Nursing Regulation*. 2021;12(1):28-39.
17. Davidson JE, Proudfoot J, Lee K, Terterian G, Zisook S. A longitudinal analysis of nurse suicide in the United States (2005–2016) with recommendations for action. *Worldviews on Evidence-Based Nursing*. 2020;17(1):6-15.
18. Davidson J. Nurse suicide prevention starts with crisis intervention. *American Nurse Journal*. 2021;16(2):14-18.