UK survey shows nurses' mental health is at its lowest point in the pandemic

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In the fourth year of the COVID-19 pandemic, the psychological state of a significant section of the health care workforce is at its lowest point. In a survey conducted by *Nursing Times,* 40 percent of nurses reported that their mental health is "worse" or "much worse" now than it was in 2020 or 2021. Participants also characterized their colleagues' morale as "poor" or "very poor."

These stark findings reflect the heavy personal toll that the crisis in health care is taking on workers. *Nursing Times* is published in the United Kingdom, but nurses and other health care workers in every country face the same conditions. Surveys conducted around the world would doubtless yield similar results.

Illness, burnout and retirements have increased sharply during the pandemic, and all these factors have contributed to understaffing. Unable to cope with increased workloads, higher patient acuity and a lack of workplace support, many nurses are leaving the profession entirely. The problem of understaffing afflicts not only NHS nurses, but health care workers around the world. Nurses and other health care workers in the United States, Turkey, Sri Lanka and other countries have conducted major strikes in recent months.

One of the almost 1,000 nurses who responded to the survey told *Nursing Times* that he or she had "never felt so lonely and anxious" as now. "We are all different people from who we were before the pandemic," said the third-year student nurse.

A nurse with 26 years' experience called 2022 the hardest year of his or her career. "Recent years have required sustained high levels of resilience. I cannot sustain that level much longer—it is exhausting."

About 61 percent of survey respondents said that their mental health had worsened since the beginning of the pandemic, and 20 percent reported symptoms of post-traumatic stress disorder. One community nurse reported having flashbacks to a previous redeployment to critical care. Another respondent reported frequent work-related nightmares. Anxiety and a tendency to cry if reminded of a painful moment were also mentioned.

Most alarming are nurses' reports of suicidal thoughts. "I have recently had a period of time of feeling suicidal," said a hospital nurse. "I believe as a result of PTSD combined with the current staffing pressures, and not being able to do my job to a decent standard because of this."

The survey also revealed that most hospitals are doing nothing to alleviate nurses' mental suffering. While 29 percent of respondents said that workplace mental health support had improved since the pandemic began, almost half (49 percent) said that it had not changed. Moreover, 21 percent said that workplace mental health support had worsened.

About 79 percent of nurses cited understaffing as the primary factor worsening their mental health. The increased burden that this situation places on the workers who remain is causing anxiety. "I worry about making mistakes or omissions due to the heavy workload," a National Health Service (NHS) nurse told *Nursing Times.* "We are unable to care for our patients properly, putting lives at risk," said another.

Other factors taking a toll on nurses' mental health include the increasing cost of living (which was cited by 65 percent of respondents) and insufficient pay (56 percent). "I am not making enough money to meet utility bills once other essentials are covered," one NHS nurse told *Nursing Times.* In addition, 45 percent of nurses said that their mental health was affected by their inability to take all their breaks, and 39 percent

cited ongoing challenges related to COVID-19. Insufficient supplies of personal protective equipment (PPE) are also a source of stress.

Respondents pointed to one major change that would vastly improve their psychological state. "If I came in to work on a fully staffed and safe ward, and was able to do my job fully and leave feeling that I had done everything I needed to do for my patients and colleagues, my mental health would not be as bad as it is," said an NHS nurse.

Fundamental political and economic processes underlie the health care staffing crisis. In the UK, the NHS has been underfunded deliberately for years by both Labour and Conservative governments and can no longer provide the level of care that patients need. Labour leader Sir Keir Starmer, a declared opponent of strikes, has denounced NHS workers' pay demands as unrealistic and is committed to an austerity agenda in government.

The pandemic has been used as an excuse to funnel NHS funds to private companies (many of which have ties to members of Parliament) to purchase faulty PPE and other supplies. In addition to enriching well-connected companies, the government aims to privatize the most lucrative sectors of the NHS and reduce the rest to an empty husk. This agenda jeopardizes the very existence of the NHS as a public service.

In the US and elsewhere, the major hospital corporations have maintained inadequate staffing levels to cut costs and increase their profits. This policy was in place even before the pandemic, which has only exacerbated the problem. Last year, major health systems laid off employees to maintain profits amid rising supply costs. Layoffs have taken place at Ascension St. Vincent Dunn in Indiana, Blessing Health System in Iowa, Shriners Hospital for Children in Florida, Sparrow Health System in Michigan and Trinity Health in Massachusetts and Pennsylvania.

Health systems are being deprived of staff and resources at a time when public health is facing unprecedented threats. The needs of patients and health care workers are being sacrificed in the interests of the major hospital corporations' profits. These developments illustrate the fundamental irrationality of for-profit medicine, which is incapable of providing a high standard of care.

Rather than fighting against austerity on behalf of nurses and their patients, the trade unions are striving to suppress workers' rebellions and enforce the agendas of governments and hospital management. In the UK, Pat Cullen, general secretary of the Royal College of Nursing, has been limiting NHS workers' strikes to one or two days instead of waging an indefinite struggle. She also has announced her willingness to accept a contract that includes a raise of 7.5 percent, when inflation is greater than 13 percent. In the US, the New York Nurses Association recently divided striking workers at several hospitals and stampeded them into accepting contracts that neither ensure safe staffing nor provide acceptable wages.

If nurses are to fight for safe staffing that eases their stress and enables better patient care, they cannot do so through the trade unions. The struggle will require nurses to take the power into their own hands by forming rank-and-file committees at each workplace. These committees must be independent not only of the unions, but also of all political parties that defend the for-profit health system. To address the international health crisis, the committees must link nurses' struggles throughout the world in a fight for socialism, which alone can ensure the best medical care for all as a human right.

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