

New COVID-19 study links nurses' mental health to quality of care

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Stories of stress and burnout among healthcare workers, particularly nurses, continue to make news during the COVID-19 pandemic.

Now, new research shows these [mental health problems](#) could be contributing to decreased quality of patient care.

The study, published recently in the journal *Healthcare*, found that the more severe the mental [health](#) symptoms reported by nurses, the more likely they will rate the [quality of care](#) in their work units in hospitals, long-term care homes and community health centers as poor.

We spoke to lead author Dr. Farinaz Havaei, an assistant professor of nursing at UBC, about these findings and what they mean for nursing care during COVID-19 and beyond.

How did you come up with your conclusions?

My colleagues and I relied on data from two surveys of nurses working in B.C. conducted in a partnership between UBC nursing researchers and the B.C. Nurses Union. The first survey was completed in December 2019 and involved 5,512 nurses, and the second survey was done in June 2020 and attracted 4,523 nurses.

Nurses were asked to assess their anxiety, depression, PTSD and burnout, ranging from none to mild, moderate or severe. They were also asked to rate the overall safety of their primary unit, on a scale ranging from "failing" to "excellent," to rate the general quality of nursing care they delivered to patients with options ranging from "poor" to "excellent," and to state how likely they would recommend their unit to friends and family for care, on a scale ranging from "definitely no" to "definitely yes."

What trends and patterns did you find most striking?

Nurses rated quality of care during the pandemic lower compared to the pre-pandemic period—something that likely reflects their heavier

workloads during the pandemic. In fact, one study of Canadian nurses showed that nurses reported walking longer distances to work during COVID-19, as well as increased mental workloads, and more instances of missed patient care.

What's even more troubling is that the more significant their mental health symptoms, the lower their ratings of quality and safety—both before and during the pandemic. For example, when nurses reported high emotional exhaustion, their ratings of quality and safety of patient care delivery dropped eightfold.

For us, this highlights how closely linked nurses' health and patients' health really is.

What are your recommendations in light of these results?

Our findings show that lower mental health among nurses is associated with lower ratings of quality of care and safety, and vice versa. These findings also support longstanding issues in the nursing workforce that have been reported for decades and worsened by the pandemic.

Providing safe, quality patient [care](#) is impossible without a healthy nursing workforce. We should pay close attention to work environment factors such as heavy workloads and inadequate staffing that are known risk factors to nurses' mental health.

We also recommend that nurses' mental health should be included as part of a comprehensive set of quality indicators in hospitals, tracked over time and publicly reported in an aggregated format. Patients and members of the public can then use the information to identify high-performing healthcare organizations.

Nurses have been on the front lines of our COVID-19 response for more

than two years now. We urgently need to protect their mental health for their wellbeing and that of the communities that they serve.

More information: Farinaz Havaei et al, The Association between Mental Health Symptoms and Quality and Safety of Patient Care before and during COVID-19 among Canadian Nurses, *Healthcare* (2022).

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