



QUESTIONS & ANSWERS

MENTAL DISORDER SYMPTOMS AMONG NURSES IN CANADA

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QUESTIONS AND ANSWERS

WHY WAS THE STUDY CONDUCTED?

- The study aimed to provide a picture of the prevalence of nurses' mental disorder symptoms across Canada as there was no national validated data available.
- Nurses are required to respond to high-stress situations as a regular part of their work. Some of the high-stress situations may occur repeatedly and can be traumatic. These types of stressors can have a cumulative effect, wearing down nurses' abilities to cope. There is evidence that exposure to traumatic events may be linked to mental health disorders. Nurses are more likely to experience frequent potentially traumatizing situations than the general public.
- Exposure to trauma can result in mental disorder symptoms consistent with PTSD, depression, generalized anxiety, panic disorder, and alcohol use disorder. Exposure to trauma may also contribute to the risk of suicide.
- The current study identifies the prevalence rates of post-traumatic stress injuries (PTSIs) (i.e., PTSD, Major Depressive Disorder, General Anxiety Disorder, Panic Disorder, and Alcohol Use Disorder), potential risk factors, nurses' responses to PTSIs, and the various interventions taken including mental health training, and help-seeking behaviour.

HOW WAS THE STUDY DONE?

- Data were collected using a web-based self-report survey of nurses. The survey was consistent with a previous pan-Canadian study of public safety personnel with nursing specific additions.
- The survey, in French and English, was distributed and promoted by the CFNU and asked questions about on-the-job and other trauma experiences, as well as symptoms of PTSD, depression, anxiety, and potentially harmful alcohol use. Burnout and nurse stressors were also measured in the survey.
- 7,358 regulated nurses (RNs, RPNs, LPNs, NPs) participated in the study.
- The majority of participants were Registered Nurses (RNs) and worked in hospitals. Most participants were female, were at least 10 years into their careers, worked full-time, and had an average age of 42.
- The study compares nurse data to the results of a parallel survey undertaken with public safety personnel (PSP) in 2016-2017, as well as to the general population.

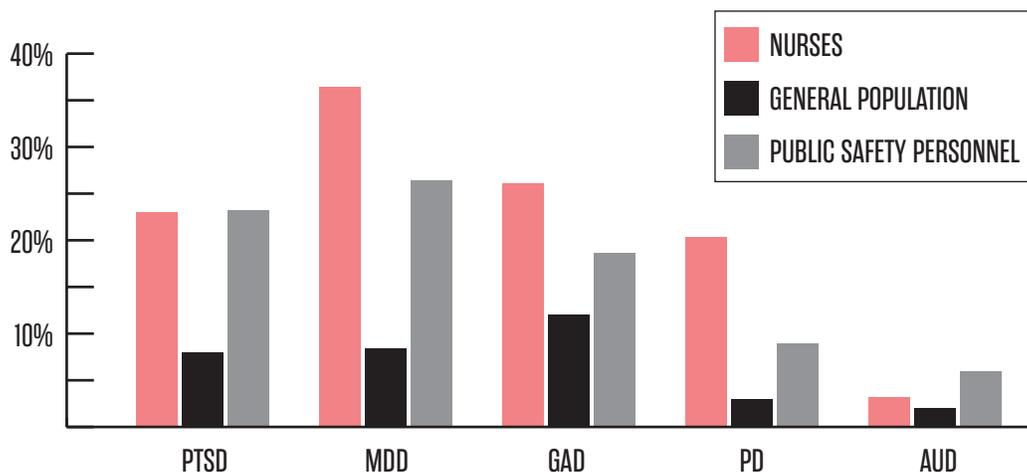
WHAT DID WE FIND OUT?

Overall results

- Top-3 most frequent trauma exposures [directly exposed to, witnessed or learned about a specific type of event]: Physical assault (92.7%); Death of an individual after extraordinary efforts were made to save their life (88.9%); Death of someone who reminded you of friends or family (86.0%).
- Positive Screens for Mental Disorders: PTSD (23.0%); Major Depressive Disorder (MDD) (36.4%); Generalized Anxiety Disorder (GAD) (26.1%); Panic Disorder (20.3%)
- Suicidal Behaviour (Lifetime): Suicidal ideation (33.0); Plans (17.0%); Attempts (8.0%)
- Experienced Critical Incident Stress during Career: (81.7%)
- Burnout Symptom Severity: Clinically Significant Levels 29.3%; Some symptoms of burnout 63.2%.
- Sources of Stress Identified as Extremely Stressful (Top 2): Not enough staff to adequately cover the unit (49.8%); Unpredictable staffing and scheduling (45.9%)
- Institution regularly over capacity (73.2%)
- The regular core health staff was insufficient to meet patient needs (83.4%)

Comparison of mental disorder symptoms reports from nurses and public safety personnel

- PTSD rates consistent between nurses and PSP overall;
- Nurses screened positively more often than PSP overall for MDD, GAD and PD.
- Nurses reported slightly higher rates of lifetime suicidal ideation, planning and attempts than PSP (differences were not statistically analyzed).





Event exposure and mental disorder symptoms in nurses by years of working in nursing

- Nurses with more than ten years into their nursing career reported the highest rates of positive screens for PTSD, MDD and PD.
- Early-career nurses (i.e., 1-5 years of practice) reported the highest rates of positive screens for GAD.
- Suicidal ideation (lifetime and past year prevalence) and suicidal planning (lifetime and past-year) were more common in nurses with less work experience.

Event exposure and mental disorder symptoms in nurses by place of work

- Participants working in health/urgent care centres/clinics and long-term care had the highest rates of positive screens for PTSD, GAD and PD.

WHERE DO WE GO FROM HERE?

CFNU SUMMARY OF RECOMMENDATIONS FOR EMPLOYERS

Early intervention and support:

- Increase the level of support that nurses receive following a critical incident;
- Establish and implement evidence-based return-to-work programs.

Training:

- Increase access to mental health training for all nurses and enhance coping strategies for nurses health regularly throughout nurses' careers; include both informal and formal training and 'train the trainer' programs;
- Establish policies and protocols to require that mental health training programs' effectiveness be regularly reviewed and evaluated so they meet their stated objectives.

Education:

- Provide ready access to validated mental health screening tools to help educate nurses about the early signs of mental health disorders;
- Offer education programs focused on stigma reduction and the early signs of mental health disorders throughout the organization, including managers and all employees.

Proactive Strategies and Activities:

- Undertake a psychosocial risk assessment of the work environment using validated tools;
- Put in place policies that address staffing shortages and inappropriate staff mix;
- Ensure workplace violence risk assessments are regularly performed and prevention programs are in place, along with security, procedures for reporting incidents and investigation;
- Reduce the administrative burden on nurses, including providing appropriate staffing, to reduce the requirement for non-nursing duties.

CFNU SUMMARY OF RECOMMENDATIONS FOR GOVERNMENTS

Provincial governments to provide funding for:

- Mental health screening tools focused on health care workplaces;
- Evidence-based mental health training, resources and supports;
- Online resources, including interactive webinars, to offer accessible anytime/anywhere resources;
- Coordinate provincial knowledge sharing, bringing together experts on workplace mental health from diverse domains to share, develop and build on best practices.

Federal government to provide funding for:

- Follow-up conference on a national PTSD strategy to help build on the national framework on PTSD;
- National research on nurses to produce more reliable assessments and to allow for comparisons;
- A Canadian Institutes of Health Research (CIHR) national research program;
- As recommended by the HESA Committee Report on Violence Facing Health Care Workers in Canada: a) update the Pan-Canadian Health Human Resources Strategy
b).develop a pan-Canadian framework to prevent violence in health care settings.