

Reflections on a webinar approach to support nurses during the COVID-19 pandemic

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The coronavirus disease 2019 (COVID-19) resulted in over 54 000 deaths in South Africa. The healthcare system, specifically nurses, was stretched in providing care for critically ill patients who tested positive for COVID-19. As the disease burden increased, the frontline nurses experienced physical and emotional exhaustion. The Psychiatric Nursing Association (PNA) was tasked with providing emotional support to frontline nurses amid the pandemic, and online webinars were presented to generate a platform for support. This article provides reflections on the webinar approach followed by the PNA in supporting frontline nurses during the pandemic. Reflections refer to lessons learned and planning for the future.

Keywords: COVID-19, nurses, support, webinar approach

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Introduction

The coronavirus disease 2019 (COVID-19) resulted in healthcare challenges and additional demands on healthcare workers (HCWs), especially nurses. Nurses play a vital role in the COVID-19 pandemic and continue to experience significant distress in the struggle to care for those infected with the disease. The highly contagious nature of COVID-19 has severe and negative effects on healthcare professionals' health, survival, emotional state, and coping strategies.¹ According to Kitson et al. nursing staff emphasised the relentlessness of COVID-19, the waves of sick patients, the significant death toll that was previously unexperienced by many in their career, and the physical, mental, and emotional exhaustion.² Nurses are expected to cope with their private grief and trauma and then find the strength and resilience to care for others. Nurses have consistently led with innovations and reforms to prepare for, overcome, and recover from the devastation of this pandemic.³ However, the stress of supporting patients and families severely impacted nurses' resilience and mental health.^{4,5} The challenges experienced by the nurses during the COVID-19 pandemic resulted in chronic fatigue, stress, and burnout.

The COVID-19 pandemic left a global imprint on the mental health of nurses due to the constant physical and emotional demands placed on them. These demands resulted in psychosocial distress that was displayed in physical and emotional symptoms. In India and Singapore, the most

reported stress-related symptom was headaches (32.3%).⁶ It has been demonstrated by a study done in India⁶ that there is a significant association between the prevalence of physical symptoms and psychological outcomes among HCWs during the COVID-19 outbreak.⁶

A survey conducted with neonatal nurses in the United States (US) reported that COVID-19 continues to harm the mental health of nurses, with the survey signalling that significant numbers of nurses are suffering moral distress and injury.⁷ In a study conducted in Germany, the prevalence of clinically significant levels of depressive and anxiety symptoms was 21.6% and 19.0% for nurses. Higher levels of depressive symptoms were associated with insufficient recovery during leisure time, increased alcohol consumption, and less trust in colleagues in difficult work situations. Elevated anxiety scores were also related to increased fear of becoming infected with COVID-19.⁸

In India, anxiety disorders and depression were the highest among HCWs with frontline COVID-19 responsibilities. Healthcare workers with anxiety disorders were more likely to be doctors and nurses who were older, female, unmarried, without a leisure activity, with reported increased alcohol use and suicidal thoughts after the pandemic's onset and a history of mental health treatment. Mental health issues are common among HCWs, and interventions need to ensure HCWs are protected from the mental health consequences of working in COVID-19 treatment settings.⁹

In Australia, HCWs showed significant symptoms of moderate-severe levels of depression (21%), anxiety (20%) and posttraumatic stress disorder (29%), associated with burnout, prior psychiatric history, profession and resilience.¹⁰ Even with low levels of COVID-19 contact, moderate to high levels of psychological distress were reported.¹⁰

The high percentage of HCWs who demonstrate psychosocial distress illustrate a need for regular mental health screening and prevention programmes.⁸ Timely psychological interventions for HCWs with symptoms should thus be considered,⁶ and continued monitoring and support for HCWs' mental wellbeing are warranted as the COVID-19 pandemic develops.¹⁰ Amongst other supportive measures, a review of 96 studies indicated that during pandemics, HCWs need resilience and stress reduction training and involvement in mental health support programmes.¹¹

Evidently, the COVID-19 pandemic affected the mental health of frontline nurses globally. It became evident to the authors of this article that South African nurses needed psychological support to enhance their mental wellbeing during the COVID-19 pandemic.

Identifying the need to support nurses during COVID-19

A global survey evidenced that only a few countries have published specific psychological support intervention protocols for HCWs. All programmes were developed in university-associated hospitals and highlighted the importance of multidisciplinary collaboration. The programmes focused on managing HCWs' psychosocial challenges during the pandemic in order to prevent long term mental health problems. The need for further research was identified to ensure effective ways to generate resilience and support the mental wellbeing of HCWs.¹²

Concerns for the increased demands on nurses due to COVID-19 and the effect on their mental health was highlighted during a meeting of the Forum for Professional Nursing Societies (FPNS) in South Africa during May 2020. The Psychiatric Nursing Association (PNA) was asked as an outcome of the meeting to generate psychological support for nurses during the COVID-19 pandemic.

How was support generated by the PNA?

The PNA provided psychological support for nurses by facilitating three online webinars on the topic 'Facing the COVID-19 giant' from August to October 2020.

The goal of this article was to reflect on the webinar approach followed by the PNA to support nurses during the COVID-19 pandemic.

The objectives were twofold.

First, to reflect on challenges and opportunities related to the webinars titled:

- 'Resilience during COVID-19', presented in August 2020
- 'Emotional intelligence during COVID-19', presented at the end of August 2020
- 'Mindfulness during COVID-19', presented in September 2020

Second, to reflect on

- recommendations based on the gaps identified to enhance psychological support for nurses during the COVID-19 pandemic in 2021.

Reflecting on the webinar approach

The Executive Committee (EXCO) of the PNA planned the webinars for frontline nurses as literature highlighted their need for support during COVID-19.⁵ However, the three webinars were not only attended by frontline nurses, but also by nurse educators and nurse managers. The participants were all female and represented public and private sectors at a national level. Provinces that were represented included Gauteng, the Western Cape and KwaZulu-Natal. Initially, the EXCO of the PNA focused on professional support for nurses during the pandemic. However, it became clear from the first online webinar that the nurses also required personal support since COVID-19 created challenges in their professional and personal lives that affected their mental wellbeing.

The first webinar was on the topic 'Resilience during COVID-19'. The concept of resilience was explored, the 'ability to bounce back' after hardships and a time limit to challenges ("Tough times do not last, tough people do"¹³) was highlighted. The following five key aspects¹³⁻¹⁷ were discussed during the webinar:

- Accepting that suffering is part of life
- Choosing your attitude
- Asking yourself: 'Is this helping or hurting me?'
- Creating a sense of purpose
- Developing a strong support system.

The presenter of the first webinar reflected on the process as follows:

"I was surprised about the number of nurse educators that attended the webinar. It became clear that even though they are not frontline workers they play a key role in supporting frontline workers that included their students during the pandemic. The increased need for support from their students placed an additional burden on them, increasing their workload. As the nurse educator's workload increased it also influenced their mental health. The online work context did not respect the normal working hours between 8h00 and 16h00. Online meetings consumed most of the workday and were scheduled after hours as well. This resulted in work being done at night and left the participants suffering from insomnia as they were not able to shut down from work. Participants indicated that work and worry about loved ones invaded their thoughts constantly, even when they were relaxing. There was no escaping COVID."

"Participants also reflected on the impact of COVID-19 on their personal lives. Many had loved ones diagnosed with COVID-19. Some had lost loved ones due to the pandemic. They regretted not being present in the hospital to provide support to their loved ones as they were not allowed hospital visits due to COVID regulations. Many felt guilty about not 'being there' for their loved one when they needed them the most."

"Some of the participants attended all the sessions and voiced a need for continuous support. It was clear that the uncertainty and invisible presence of COVID-19 had an impact on different levels and required support and guidance during a lonely and frightening journey."

The second webinar was on the topic 'Emotional intelligence during COVID-19'. Components of emotional intelligence were discussed, namely, self-awareness, social awareness, self-management, and relationship management. Strategies of managing emotions focused on awareness, being mindful of emotions, and 'listening' to emotional cues. Participants expressed a need during the first webinar to talk about guilt and bereavement, so these experiences were clarified by highlighting the grief process, ways of grieving, and managing feelings of guilt. Moreover, empathy was explored as a way of understanding and supporting others.¹⁸⁻²⁰

Reflective notes from the presenters revealed the need for mental health interventions and support, as illustrated in this reflection from the presenter of the second webinar:

"I was touched by the attendees' needs to share their experiences. Even though they did not know us, they discussed experiences of loss and pain and how they struggled to support the student nurses as well as their own family members. I could detect the pain and despair in their voices as they shared experiences of personal loss and sadness. Attendees also shared feelings of guilt of being powerless, for example, not able to see students in person and not able to be with relatives in hospital or attend funeral services. Attendees also shared ways of relieving their own hurt, for example keeping a diary and contemplating in silence, being present in the moment and thinking about their pain, but also what others are going through."

The third webinar was on the topic 'Mindfulness during COVID-19'. The concept 'mindfulness' was unpacked on a practical level in this webinar as a holistic, integrative approach in facing the COVID-19 giant. The main themes in the webinar explored what mindfulness entailed, the way it worked, research supporting the efficacy of mindfulness in promoting mental health, and techniques to enhance mindfulness to improve work performance and deal with the emotional demands in managing the COVID-19 pandemic in the workplace. A number of resources for further reading were made available to participants.²¹⁻²⁴

Reflective notes from the presenter revealed a need among nurse clinicians, managers and nurse educators to manage anxiety and a stressful work environment:

"The participants reflected on a sense of calmness they experienced after the session and a need for time out to experience time for calm reflection. Participants reflected on personal experiences with mindfulness in the past and how this was a helpful technique to promote wellbeing and mental health. The presenter experienced the Webinar approach which was held in the evenings as helpful for those who could only attend such sessions after work. Participants said that this was a needed discussion and further enquiries were made after the session, which indicated a need to further considering ways of implementation in the workplace."

Discussion

Reflections by the presenters indicated a gap in psychosocial support for nurses during the COVID-19 pandemic. The use of technology in the form of a webinar was very effective in reaching nurses across national borders and sharing similarities and needs. The use of technology to provide support is also highlighted by a study conducted in Spain²⁵ that proposed an App intervention with five modules: emotional skills, lifestyle behaviour, work stress and burnout, social support, and practical tools for frontline COVID-19 HCWs in Spain. Despite the increasing use of mobile health interventions to deliver mental health care, more studies are needed to increase scientific evidence regarding the effectiveness of this type of intervention on this specific population. Mobile-based health interventions are widely implemented because of their low cost and high scalability; research will help health services make informed decisions concerning the development and implementation of these type of interventions and gather empirical data about its benefits.²⁵

Resilience is a process of adapting quickly despite adversity, trauma, and tragedy, and is a mentality to amend challenges and move forward.²⁶ It is a capacity that can be cultivated through various programmes and training. Hospitals can thus prepare nurses through public health emergency and disaster training for catastrophic situations.²⁷ In this context, the nurses' ability to be resilient was affected by the pandemic's impact on their personal lives. Moreover, health care professionals have expressed their own anxieties about the fear of infecting their loved ones.²⁸ Eriş and Ayhan²⁹ state that nurses experienced anxiety and stress due to the transmission of the virus and the risk of carrying the virus to their families because of their working conditions. In another study, nurses' concerns similarly included worries and fear about their safety and the health of their families.³⁰ Nurses made various personal sacrifices while helping patients during the pandemic and found themselves working in triage, isolation rooms and other areas in which they never practised before. The lockdown also resulted in the unemployment of family members, and many nurses had to support their families.³¹ The literature supports the experiences of the nurses as reflected in this paper.

The reflections in this paper suggest that the nurses experienced increased work demands. As the COVID-19 pandemic accelerates, global healthcare systems have become overwhelmed, leading to great psychological pressure on nurses.³² A study conducted in Saudi Arabia, where Sami et al. described the work experiences of nurses working in quarantine sites, concurred with the deliberations in this paper.³³ The nurses experienced increased work demands with additional roles being added to their existing work demands. Sethi et al.³¹ documented that the additional roles resulted from increased working hours, increased patient flow, and shortage of nurses due to COVID-19 infections. With long work hours and frequent shift changes, nurses reported insomnia and poor sleep quality.³⁰

Mindfulness and meditation practices have been proven to improve a person's anxiety, depression and pain scores,^{34,35} and can provide nurses with skills to deal with stressors during COVID-19. Mindfulness meditation offers strategies where overwhelming stressors can be handled by developing a discerning awareness on a moment-to-moment basis.³⁶ It is a practice that aims to provide practitioners with skill and discipline to achieve clarity and calmness during moments of turbulence and agitation.^{37,38} Mindfulness meditation practices and reflective activities enabled the participants in the study³⁹ to become more aware of their inner state without being self-critical, while consciously realigning to restore their wellbeing. Mindfulness cultivates a tendency to explore inwards before reacting.³⁹ Golovey et al.⁴⁰ established that mindfulness practices during crises, such as the COVID-19 pandemic, are often associated with a journey of self-discovery and growth. The literature supports the sense of calmness experienced by the nurses after engaging in mindfulness sessions.

Working in the health arena poses many physical and psychological challenges, influencing HCWs' mental health. This view was supported by a study conducted by Parthasarathy et al.,⁹ which indicated mental health issues are common among HCWs. These authors highlighted the need for interventions to ensure HCWs are protected from mental health consequences, especially while working in COVID-19 treatment settings.⁹

The high percentage of HCWs who demonstrate psychosocial distress illustrate their need for regular mental health screening and prevention programmes.⁸ Timely psychological interventions for HCWs should thus be considered.⁶ Continued monitoring and support for HCWs' mental wellbeing are also warranted as the COVID-19 pandemic develops.¹⁰

Reflections from the presenters highlighted webinars' role in supporting nurses during the pandemic. This approach was deemed effective to reach nurses across provinces to discuss resilience, emotional intelligence and mindfulness. Gaps were identified in emotional support for nurses in the clinical field as well as nurse educators during the

pandemic, emphasising the need to provide an online, flexible approach to create a platform where nurses can reflect and learn from one another. Time slots should be identified that are suitable for nurses to attend after their shifts. The PNA's webinars were presented in the evenings after work shifts and family responsibilities were completed. It is recommended that webinars on topics identified by the nurses continue during COVID-19 and future pandemics or stressful times to provide them support and a safe place to discuss challenges. The platform can also be a safe space for professional and personal disclosure of issues related to the COVID-19 pandemic. Future planning is required to ensure relevant support is provided for nurses during pandemics.

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