



# Sick and Tired: ONA Members Shine a Spotlight on Mental Health

**T**he word “hero” has been tossed around a lot to describe the personal sacrifices nurses and health-care professionals have made during the pandemic and the toll that has taken on their mental health, but ONA member Annie Mazmanian, an intensive care unit (ICU) nurse, is having none of it.

“I really dislike that hero persona because heroes are fictional characters that live forever, and don’t bleed or shed tears,” she said. “Heroes aren’t the kings and queens; they’re the soldiers who are replaceable at the bottom of the barrel, the ones that the kings and queens send to war, who are wounded and then replaced. So if you think about what a hero really is, it’s very dehumanizing and devaluing.”

Heroes also don’t face Post-traumatic Stress Disorder (PTSD), which is something that Mazmanian, along with her ICU colleagues Jules Morosin and Brigitte Alcide, believe they and many other nurses and health-care professionals have due to the anxiety, isolation, physical burnout and mental exhaustion they have experienced during all four waves in a province ill-prepared for a pandemic.

And it’s the reason why they wanted to speak out in their local media about this serious issue – they have been featured in two very candid stories in prominent newspapers – and decided to launch a private Facebook group, called the *Nervous Nurse*, that anyone can join.

“It started as nurses helping nurses, but it’s grown,” said Mazmanian, also a part-time student whose Master’s paper tackles nurses and burnout. “It’s strictly about mental health and wellness, and a lot of nurses have shared their own personal struggles. It’s amazing reading their stories, which have encouraged and empowered other nurses to open up. Even non-nurses who have read these stories are reaching out because everybody can relate to mental health, but nobody talks about it.”

### “On a Battleground”

But many did respond to ONA’s recent survey asking that very question. That survey of 3,300 members who worked in long-term care during the first wave of the pandemic found that 60 per cent reported symptoms of PTSD due to the horrors they witnessed inside the worst-hit homes, where a lack of personal protective equipment (PPE) and staff shortages – along with a myriad of other issues – were the norm. Not surprisingly, the survey also showed that homes with no outbreaks, generally not-for-profit, had a better supply of PPE, improved staffing levels, and acted swiftly to isolate and cohort residents to contain the spread.

“Many members told me they felt they were on a battleground every single day, which greatly affected their physical and mental wellbeing,” said ONA President Vicki McKenna. “And that first wave was just the beginning for these dedicated nurses and health-care professionals, who are now facing the fourth wave and are just beyond the breaking point. There has been no time for them to process, grieve or recover from what they have experienced.”

These three ICU members couldn’t agree more.

“With the first wave, we had no concept that there was going to be a second and third wave, and that’s when we saw all these other countries on the news putting bodies in freezer trucks,” stated Morosin, who added she faced no issues with adequate PPE. “That was tough. We experienced so much anxiety on each shift wondering what are we walking into? Is today the day that it’s going to explode? How many staff are we going to have? How many deaths will there be? People weren’t able to sleep they were so worried. It was really bad.”

### “Disturbing Rates”

But it got so much worse, with their ICU, like so many others in the province, doubling in size to deal with the influx of COVID-19 patients and functioning at well over 100 per cent of its usual capacity by the time the third wave hit. As many ICUs moved to a team-based nursing model, with nurses deployed from other areas of the hospital without the normal amount of critical care training due to the government’s

« We’re three very strong personalities and for us to say, ‘yes, the pandemic affected us and we’re not right but we’re making it through’ opened up that conversation. »

– Jules Morosin, RN

emergency orders (Bill 195), many ICU nurses were also faced with the added responsibility of teaching and leading the new staff on top of trying to care for more and more patients, who were ventilated, in induced comas with multiple drips, proned, and often dying.

“I talk a lot about Bill 195 and Bill 124 [which limits wage increases for some public sector workers to one per cent total compensation for each of three years], but not everyone can relate to that,” said Mazmanian, a mental health advocate long before the pandemic. “But once I started talking about how those bills affected my mental health, people really started listening. Employers across Ontario had the opportunity to pick people up from here and pop them there. Can you imagine the struggle for those nurses? And Bill 124 is not just about the money. It’s the principle of the matter and how government decisions like that affect us emotionally, physically and mentally. There is definitely a major connection between mental health and those bills.”

But even prior to the pandemic, nurses and health-care professionals were already grappling with psychological distress. The Canadian Federation of Nurses’ Unions’ (CFNU) report, *Mental Disorder Symptoms Among Nurses in Canada*, a first-of-its-kind study, revealed that one in three nurses (36.4 per cent) screened positive for Major Depressive Disorder, and more than one in four screened positive for Generalized Anxiety Disorder (26.1 per cent) and clinical burnout (29.3 per cent). One in three reported having suicidal ideation (33 per cent), with 17 per cent having planned suicide and eight per cent attempting suicide during their lifetime. Many also screened positive for PTSD (23 per cent) and Panic Disorder (20.3 per cent).

“Experts tell us these numbers are higher than those for the general population and, in many cases, higher than the rates reported from a parallel survey of public safety personnel such as correctional workers, firefighters and paramedics,”

60%

ONA LTC nurses  
who reported PTSD  
due to the horrors  
of the first wave

noted CFNU President Linda Silas. “The disturbing rates of mental illness revealed by this study were recorded among thousands of nurses before the pandemic hit – we can only imagine how much more severe they would be now as nurses continue to shoulder the stress of fighting COVID-19.”

### “Part of our Souls”

Added to that stress was that at the height of the pandemic, it was common for nurses to perform non-nursing jobs such as cleaning the garbage and laundry bins and passing out meal trays to minimize the amount of staff in COVID-19 areas. The constant fear of bringing the virus home to their loved ones or catching it themselves only added to their anxiety and kept nurses like Morosin confined to her basement for the first few months of the pandemic and many others in trailers and hotels. Many told us about stripping off their work clothes and thoroughly washing themselves in their garages before entering their homes.

Others still moved to other sectors or left the nursing profession altogether, with undoubtedly more to come. In fact, in a recent Registered Nurses’ Association of Ontario (RNAO) survey, 9.3 per cent of respondents said they were “very likely” to leave nursing for another career after the pandemic – early career nurses, age 26 to 35 were particularly likely to say that – with 7.1 noting they’re “likely” to leave.

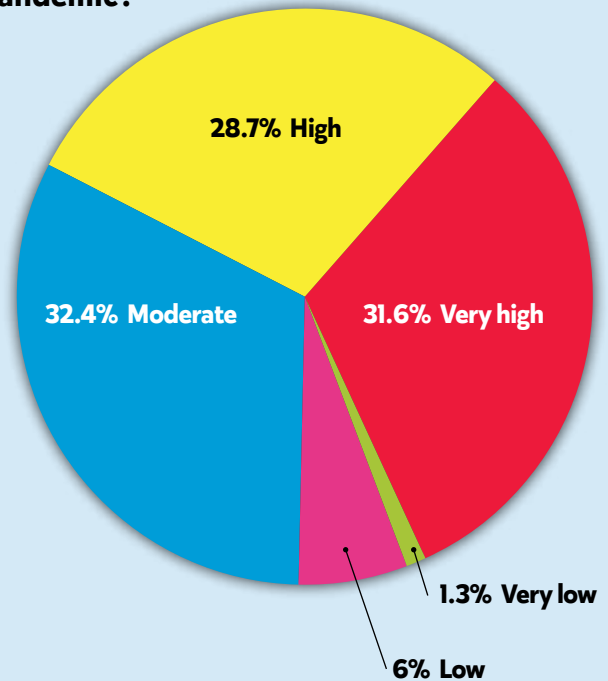
With figures from the Canadian Institute for Health Information showing that Ontario’s ratio of RNs per capita was the lowest in the country at just 690 per 100,000 people

## LET’S TALK

Are you struggling with a mental health issue? Help is available.

- ▶ Reach out to your family, friends and colleagues. Don’t internalize it.
- ▶ Talk to your physician or other health-care provider. There is no shame in seeking help.
- ▶ Learn what, if any, mental health programs your employer offers.
- ▶ Join support groups, such as the *Nervous Nurse* on Facebook.
- ▶ Take time off if you need it.
- ▶ Access the CFNU’s Mindwell programs at [wellnesstogether.ca](http://wellnesstogether.ca).
- ▶ Check out other resources at [ona.org/mentalhealth](http://ona.org/mentalhealth).
- ▶ Most importantly, remember you are not alone.

### How would you rate the level of stress you have experienced in your job due to the pandemic?



RNAO survey of 2,100 RNs, NPs and nursing students working across all health-care sectors between January 29 and February 22, 2021.

in 2019 – Canada’s average was 831 RNs – and the province needing more than 20,000 RNs just to catch up, this exodus only serves to exacerbate an already dire situation. The CFNU study also noted that a source of extreme stress reported by nurses was short-staffing, with 83.4 per cent indicating that the regular core health staff is insufficient to meet the needs of patients.

“Ontario hospitals were already dealing with staff shortages before the pandemic and we saw on the news that nurses were leaving their units or the profession because they were so burned out,” said Alcide. “The public might not have known that there was a nursing shortage, but COVID made it worse, it shone a spotlight on it. I’ve been an ICU nurse for many years, but this was completely different. This was not the type of ICU that we normally worked in. We were overwhelmed and exhausted. We’re used to deaths, but the deaths that we saw? It was difficult. It was horrible.”

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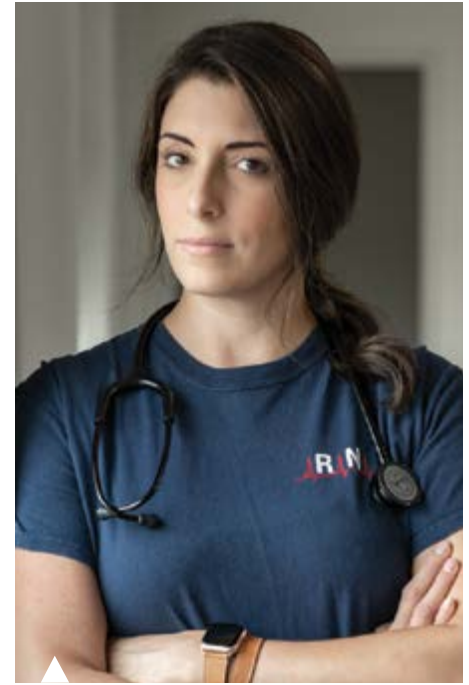
– Annie Mazmanian, RN



Annie Mazmanian, RN



Jules Morosin, RN



Brigitte Alcide, RN

And those deaths took an enormous toll.

“COVID to us means death because that’s all we saw,” added Morosin. “I love, love, love my job in the ICU. We’re all very good at palliating and helping families through that process. But these intimate moments of holding somebody’s hand as they pass away was supposed to be for those families. Suddenly, somebody who has really never met this person is holding their hand between a glove and listening to the family cry, plead and pray through a little cell phone beside their ear. I had a couple families watch through the window. A wholesome death to me means the family is at the bedside. It’s a sad but beautiful experience for them. We’re used to that, but this took a part of our souls.”

### “Not Myself”

In fact, these nurses join the chorus of those who say the pandemic has changed them.

“I got to the point where I had a panic attack and didn’t want to come to work,” stated Alcide. “But I did because I wanted to help my patients first of all and I hated letting my colleagues down. So I hid all my stress at work because nurses are all so put together, right? But then I would fall apart at home. I just wasn’t myself. I was irritable, I was crying all the time. It was affecting my family. And that’s when I knew I needed to talk to my doctor.”

Many nurses and health-care professionals used to sharing the workday’s stresses with their families and friends scaled back, not only because they weren’t physically in their presence as much (or at all), but “because it was so hard for them to comprehend how bad it was for us and

what was happening, and so at some point you just stop,” noted Morosin. But that only served to isolate them more.

“When I’m at work, I’m always in a state of *go, go, go*, as you never know when that Code Blue is going to get called,” added Mazmanian, who had to eventually take off five weeks to focus on her own mental wellbeing. “As nurses, we’ve had mini-traumas build up over many years. But add COVID over a-year-and-a-half and seeing traumas every single day, where before I saw them maybe once or twice a week, and it was too much. It really heightened that PTSD. I’ve never felt more isolated. I could see the defeat in everyone’s eyes. I’m definitely not the same person that I was before, but I’m trying to embrace that and make proactive changes going forward.”

Part of that is helping ensure that the mental health needs of nurses and health-care professionals are addressed by employers when a traumatic episode happens to “stop that PTSD from growing,” said Mazmanian, who is working with Alcide and others on resources “based on research articles and programs that have been implemented at other Canadian hospitals, which have been good for nurses, with a nice butterfly effect onto the patients.” If they are implemented,

« If you have a mental health issue, you need to know that it’s OK. It’s important that you recognized it, as long as you ask for help and get the resources you need. »

– Brigitte Alcide, RN

## One in Three

### Canadian nurses who screened positive for Major Depressive Disorder in a CFNU study

these nurses hope to share with other hospitals that currently don't have such programs.

"Nurses aren't often listened to, but we have life experiences and important things to say," she added. "There's so much research out there that shows how much better patient care would be if employers addressed the underlining issue of nurses and burnout, or nurses and their emotional exhaustion, compassion fatigue and depersonalization. There is often nothing out there and these programs would be so beneficial to front-line workers."

#### "Screaming for Help"

That's something that ONA has also been pushing for, noting that free counselling and mental health services provided by some employers are not available for all front-line workers. Through our membership in the CFNU, we launched Mindwell, a four-week program offering training and tools to better manage stress and difficult situations, designed through consultations with mental health experts and nurse leaders from across the country, and have a webpage dedicated to mental health resources, but more needs to be done by our employers and the provincial and federal governments. The RNAO survey found that only 1.1 per cent of respondents called a provincial helpline and 8.6 per cent sought assistance from an employer program.

"Nurses and health-care professionals are literally screaming for help and they're not getting it," said McKenna. "Before you can take care of your patients, you have to take care of yourself, so it's imperative that appropriate resources are readily available. Band aids aren't enough."

During a recent meeting with federal Health Minister Patty Hajdu about the physical and mental health of front-line nurses, ONA and our provincial counterparts – all members of the CFNU – reiterated "that nurses have faced extended days, routinely working 24-hour shifts, unmanageable workloads, cancelled vacation leaves and moral distress," McKenna added. "In addition to high patient-to-staff ratios, nurses are struggling with unpaid and mandatory overtime, increased violence, difficulty accessing any time off, and an overall decline in work satisfaction."

We called for immediate action from the federal government, including targeted funding to the provinces

and territories to address the critical nursing shortage and support retention and recruitment programs to help alleviate burnout.

"What nurses really need is for their employers to come up to them and ask, 'are you OK' instead of congratulating them for working through the first, second and third waves or providing small tokens of appreciation," said Morosin. "That would be more impactful, and it's a shame it didn't happen for so many."

In fact, another nurse who was redeployed to a COVID-19 floor due to Bill 195 and asked to remain anonymous, said, "it didn't matter to my employer about my own feelings, stress or state of mental health throughout the pandemic. For the first time in my entire career, I felt like I didn't matter at all."

#### "You're Not Alone"

But these three ICU nurses want others to know that they do matter.

"You cannot go through something like this and not be affected," said Morosin, who added that dozens of people reached out to her after the newspaper article was published to thank her and let her know it inspired them to seek help. "Sometimes you have to press pause, but the guilt that comes with it can be completely unbearable. This has messed nurses up. But we're saying, 'hey, if we're feeling this, you're definitely feeling it too.' You don't get past a stigma without normalizing it, so why don't we just open the conversation?"

Alcide couldn't agree more, noting that it was Morosin who started that conversation with her. They, along with Mazmanian, have completely opened up to each other about their own struggles with mental health, "which really helped a lot because there is nothing to be ashamed of," she added.

Now Morosin said she makes it a point of regularly checking up on her colleagues just to see how they're doing.

"We should be able to talk about mental health the same way we do physical conditions, but sadly, people are afraid to because the stigma pushes it under the rug," said Alcide. "That's what bothers us the most."

And for anyone struggling with that stigma, these nurses have a powerful message.

"You're not alone, you're OK, you're beautiful, you're perfect, you're amazing," said Mazmanian. "There's nothing wrong with you. Everyone is going through something. Unfortunately, COVID has really brought that out. You have to get past the stigma and take care of yourself. Take time off if you need it. Talk to your peers or anyone you're comfortable with. Or reach out to the three of us through the *Nervous Nurse* Facebook group. We want you to get the resources you need. We're here to listen and help."