



Preparing for Practice

A Handbook for Final Year Nursing & Midwifery Students

Psychological Considerations during the COVID-19 Pandemic



This handbook was initially developed by Dr Ciaran Mulholland, Dr Julie Anderson and Dr Melanie Macpherson, Psychiatry, Centre for Medical Education, QUB and NHSCT for final year medical students. They have made this handbook available and it has been adapted by Siobhan Rogan, Department of Health for final year nursing and midwifery students. Geraldine Hamilton, Regional Trauma Network, HSCB has also contributed to this work.

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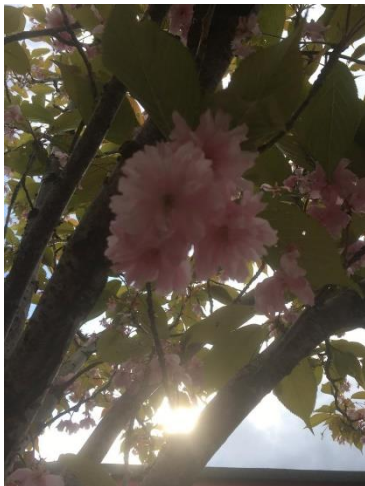
A Handbook for Final Year Nursing & Midwifery Students

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Foreword by Chief Nursing Officer Professor Charlotte Mc Ardle

2020 is Florence Nightingale's bicentennial year, and has been designated by World Health Organisation as the first ever global Year of the Nurse and Midwife. It is also the year that you will join me and colleagues across Northern Ireland as a registered nurse or midwife.



You are joining the nursing and midwifery workforce much earlier than you expected. Your plans for how you would spend the last months as a student will have changed. You may not be able to take the well-earned break you expected between completing your degree and commencing work as a registrant. It is likely that when you first heard about the plan to adjust the final months of your time at university that you were disappointed. That is entirely understandable. By now you will be focused on the weeks and months ahead.

Locally, the class of 1969 were only just finding their feet when Northern Ireland exploded in violence. Many from that cohort went on to make a real difference not just for their local community but across the globe. Northern Ireland can claim that clinical advances which originated here, have informed practice and saved tens of thousands of lives in conflict zones internationally.



In more recent decades nurses and midwives had to continue working when the population of Northern Ireland was effectively in a “lockdown”. In the 1990s each summer saw intense conflict on the streets, and widespread road blocks meant that everyone stayed at home when they could. Nurses and midwives could not stay at home and had to make their way to work in tense and difficult times.



The decision to ask you to join the workforce early was a direct response to emerging public health evidence from around the world about a pandemic that threatened to overwhelm our health and social care service. Responding to that evidence – through strategy, policy and practice changes has saved lives. Throughout your career, you will need to always be informed by the evidence and be prepared to lead and change.



No previous situation is directly comparable to the one in which you find yourself of course. The global nature of this crisis, and the near certainty that it will continue for several months, make it very different.

Only your cohort will have this specific experience, and it will define your entire career. While hearing stories of kindness and compassion you will also have your own hopes and fears. This is why it is so important for you to consider the psychological impact of the pandemic on the entire population, on the patients you will treat in the coming months and years, on your family and friends, and on you.



“The foundations of our profession are built on humanitarian values which stretch back to Florence Nightingale. We have a very proud history of providing and improving care in times of conflict, as well as securing advancement in science, sanitation and health equality²”

Professor Charlotte McArdle, Chief Nursing Officer for Northern Ireland



Introduction

It is self-evident that psychological distress accompanies any emergency situation.¹ This guide focuses on the potential psychological effects of this crisis for the public, patients and ourselves. As nurses and midwives, looking after each other and caring for ourselves are much more important than ever at this difficult time. If we are not well ourselves, how can we care for others?

In the words of Andrea Sutcliffe CBE, Chief Executive & Registrar, NMC²,

“I want acknowledge the personal impact of this on us all . . . we’ll all have our own worries . . . those worries take a personal toll when our professional lives are demanding so much. Let’s not forget that and make sure we take the time to be kind to ourselves and everyone we’re working with.”²

How true these words are for each and every one of us. At the best of times **uncertainty** can be a defining feature of our work, but never before has this been more prominent. Having control over our lives gives us a sense of security. By its very nature a pandemic strips away this sense of control and we feel uncertainty, anxiety and fear. To feel otherwise would not be human. As much as possible we need to anticipate this and try to **mitigate** feelings of **helplessness** and **loss of control**.

The moment of transition from student to nurse or midwife is a defining time in one’s career and is accompanied by mixed emotions. It is a significant **challenge**, and will be even more so now. No one could possibly wish for the scenario that faces us at present but, historically speaking, rising to the challenge in seemingly impossible situations has been the hallmark of the nursing and midwifery profession. It is a profession which prides itself on **giving** and **caring selflessly** for others and it is already evident that this is our approach at the present time. The attitude of 750,000 members of the public who have volunteered to help the NHS gives us further encouragement and moral support.³ The worst of times brings out the best in people. In the most difficult of circumstances we can and will rise to the challenges that face us as individuals and as nurses and midwives. Adopting a positive mindset, taking control of situations, learning as quickly as possible and adapting to evolving situations will all be of paramount importance. Being **tolerant** and **forgiving** of our own failings and weaknesses will also be a key aspect of our coping strategy.

While we would never have wished you to embark on your career in such circumstances, your skills, resourcefulness and support to the existing nursing and midwifery profession will be invaluable at this critical time. Words cannot express adequately our and the public’s heartfelt thanks to you for the significance of the contribution you will undoubtedly make. What you, the youngest generation of nurses and midwives learn during this pandemic will unquestionably inform responses in similar situations and shape future nursing and midwifery practice and the nature of the NHS.



Effects of a Public Health Crisis



Psychological distress manifesting itself in sadness, anxiety, hopelessness and anger accompany any emergency and are experienced by most people.¹ “The prevalence of common mental disorders such as depression and anxiety is expected to more than double in a humanitarian crisis.”¹ They tend to improve over time for the majority but for some the effects will be long term.¹

Almost everyone is facing quarantine. “Quarantine is the separation and restriction of movement of people who have potentially been exposed to a contagious disease.”⁴ For the most part, this feels unnatural and unpleasant. A review in the *Lancet*⁴ identified a number of negative psychological effects associated with mandated mass quarantine including “post-traumatic stress symptoms, confusion and anger.”⁴



Factors contributing to increased psychological distress include; a longer duration of quarantine, fears of infection either through infecting loved ones or fear that physical symptoms may be perceived as signs of the disease, confinement, isolation, inadequate supplies or inadequate information including a lack of clarity from public health authorities or the government. Financial loss may lead to longer term anger or anxiety with those on a lower income more likely to be adversely affected. Stigma, due to a perception of risk of infection, may be a relevant factor particularly for healthcare workers perpetuating the trauma and distress already experienced.^{4,10}



In order to mitigate some of the psychological effects of mass mandated quarantine, emphasising the altruism and sacrifice of others in order to keep vulnerable members of society safe is important. It is often easier to bear suffering if we feel our effort is benefiting someone else.⁴ Clear information about procedures, duration of isolation and how to access help if one becomes unwell, along with adequate supplies and financial assistance are crucial. Providing people with practical advice on coping with stress and uncertainty, including encouraging the use of technology to improve social networking and support groups are simple interventions we can all do which can be of benefit. Support of colleagues quarantined and managerial assistance are essential in order to reduce stigma and feelings of guilt among healthcare workers.⁴





Mental Health Problems

Practicing as a nurse or midwife does not offer immunity to psychological distress or mental illness. In 2017 The Institute for Healthcare Improvement highlighted unprecedented levels of work place stress and burnout within the healthcare profession. They linked this to increasing demands on time, resources, and energy, in addition to poorly designed systems of daily work.⁵

This survey was conducted over a year before the Coronavirus pandemic. Pre-existing concerns regarding our wellbeing, the pressures we face and our mental health, are likely to pale in comparison to the magnitude of the crisis we now face.



The challenges are likely to be numerous. Moral dilemmas relating to inadequate resources, fears about our lack of knowledge or experience which could place others at risk, an inability to balance the needs of our patients against our own physical and psychological health or those of our loved ones and the traumatic experiences we may face will sometimes dominate our thinking and perhaps our conscience.⁶



Mild and normally manageable psychological difficulties or traits are common and can be exacerbated in a pandemic such as this. Mild obsessional thoughts, for example, related to cleanliness could develop into significant fears regarding contamination and compulsive hand washing in excess of recommendations.⁷ Similarly, an awareness of or caring for patients or colleagues who may not recover may lead to significant personal anxiety related to our own health and mortality. While the risk to our individual personal health for most people is likely to be low,⁸ anxiety surrounding this is natural, understandable and common.



Ethical dilemmas encountered in both our personal and professional lives can lead to additional stress. Balancing our duty of care towards our patients along with anxieties about protecting our families and loved ones can cause a sense of helplessness due to a feeling of being unable to balance these seemingly competing factors. Simple steps such as adhering to the latest infection prevention guidance⁹ and appropriate use of personal protective equipment will not only help ensure we minimise the risk of infection and further transmission but also give us a sense of control which may mitigate anxiety.



Resilience and Psychological Growth

For some, this crisis may lead to psychological injury and predispose us to experience a worsening of pre-existing mental illness or lead to the development of a new condition.⁶ For others, as highlighted in a paper in the BMJ, “Managing mental health challenges faced by healthcare workers during COVID-19 pandemic”⁶ they may “experience a degree of post-traumatic growth, a term used to describe a bolstering of psychological resilience, esteem, outlook, and values after exposure to highly challenging situations. Whether someone develops a psychological injury or experiences psychological growth is likely to be influenced by the way that they are supported before, during, and after a challenging incident.”⁶



It is crucial that we acknowledge and understand the threat this crisis poses, not only to our physical health, but to the psychological health of our community, our patients and ourselves.¹⁰ If we understand and acknowledge the inherent psychological risk, we can try and take steps to protect our mental health, act quickly if we do become unwell and minimise the risk of long lasting damage to healthcare staff.

The NMC highlights our responsibility with regards to our health in; Guidance on Health & Character (January 2019)¹¹

“Nurses and Midwives are asked to tell the NMC about any health condition which has affected or could affect the safety of the people and patients they may care for and/or those they work with and/or their ability to practise safely and effectively. They are also asked to confirm that where appropriate that they have sought medical advice and treatment from Occupational Health, a GP or other medical professional/specialist”¹¹

Key points with regards to mental health and mental illness



- Prioritise your mental health as well as your physical health¹⁰
- Seek appropriate and timely help if you feel you may be suffering from a mental illness or psychological distress. Do not be afraid to seek help or look on it as a sign of weakness
- Communicate with your GP, supervisor and occupational health department as appropriate
- Take advice offered including making any necessary changes to your practice and informing the NMC if required
- Be kind and try and support colleagues as much as possible

Recognise that many nurses and midwives already suffer from mental illness⁵ and no one is invulnerable to the development of a mental illness or burnout - if this affects you, remember you are far from alone



Looking After Yourself

The following is not intended to negate or eliminate the distress we will all experience during this time. Emotions, both positive and negative, are a natural and normal response to the situations in which we find ourselves.

The following suggestions, with some additions, are taken from the WHO document, “Mental Health and Psychosocial Considerations during Covid-19 Outbreak”¹⁰, in recognition of the stress generated by this crisis in the population. These suggestions may help support mental and psychosocial wellbeing for ourselves, our communities and our patients to minimise, albeit not eliminate, the distress experienced

“Managing your mental health and psychosocial wellbeing during this time are as important as managing your physical health”¹⁰

“For health workers, feeling under pressure is a likely experience for you and many of your health worker colleagues. It is quite normal to be feeling this way in the current situation”¹⁰

“Some people may find maintaining individual religious or spiritual beliefs provides comfort and benefit for them”¹⁰



“Stress and the feelings associated with it are by no means a reflection that you cannot do your job or that you are weak”¹⁰

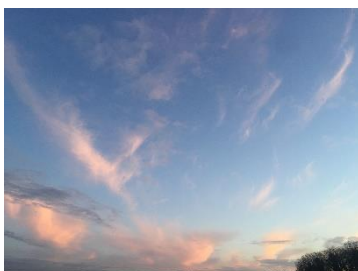
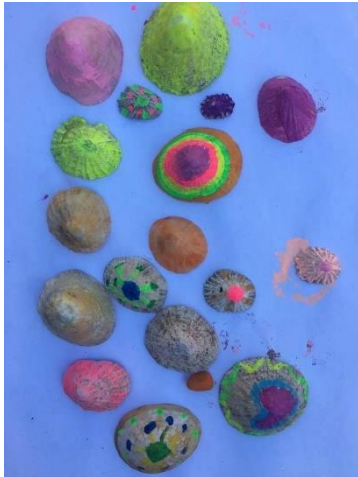
“You should not be hesitant in keeping yourself psychologically well. This is not a sprint; it’s a marathon”¹⁰

“Find opportunities to amplify positive and hopeful stories”¹⁰

“Minimise watching, reading or listening to news that causes you to feel anxious or distressed; seek information only from trusted sources”¹⁰

The sudden and near-constant stream of news reports about an outbreak can cause anyone to feel worried”¹⁰

“Protect yourself and be supportive to others”¹⁰



Signposts

The following may provide additional sources of support or guidance which you may find of use or benefit;

- [COVID-19: Guidance for the public on mental health and wellbeing](https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-wellbeing-aspects-of-coronavirus-covid-19) - <https://www.gov.uk/government/publications/covid-19-guidance-for-the-public-on-mental-health-and-wellbeing/guidance-for-the-public-on-the-mental-health-and-wellbeing-aspects-of-coronavirus-covid-19>
- [MIND Coronavirus and your wellbeing](https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/) - <https://www.mind.org.uk/information-support/coronavirus-and-your-wellbeing/>
- [Public Health Agency staff health and wellbeing resources](https://www.publichealth.hscni.net/covid-19-coronavirus/guidance-hsc-staff-healthcare-workers-and-care-providers/staff-health-and-0) - <https://www.publichealth.hscni.net/covid-19-coronavirus/guidance-hsc-staff-healthcare-workers-and-care-providers/staff-health-and-0>
- [HSC Regional Staff Wellbeing Framework](https://www.publichealth.hscni.net/sites/default/files/2020-04/HSC_Regional%20Staff%20Wellbeing%20Framework.pdf) - https://www.publichealth.hscni.net/sites/default/files/2020-04/HSC_Regional%20Staff%20Wellbeing%20Framework.pdf
- [PHA Take 5 Steps to Wellbeing COVID](https://www.publichealth.hscni.net/publications/take-5-steps-wellbeing-looking-after-your-mental-health-while-you-stay-home) - <https://www.publichealth.hscni.net/publications/take-5-steps-wellbeing-looking-after-your-mental-health-while-you-stay-home>
- [Psychological helplines](#) - Psychology Helplines are open to staff from within each Trust, local GP practices, and Independent Care Providers.

Northern HSC Trust - 028 9441 3644	Monday to Friday - 9am to 9pm; Saturday and Sunday - 2pm to 6pm
South Eastern HSC Trust - 02892 501 332	Monday to Friday - 9am to 9pm; Saturday and Sunday - 2pm to 6pm
Southern HSC Trust - 028 3756 2600	Monday to Friday - 9am to 9pm; Saturday and Sunday - 2pm to 6pm
Western HSC Trust - 028 7161 1281	Monday to Friday - 9am to 9pm; Saturday and Sunday - 2pm to 6pm
Belfast HSC Trust - 028 9615 1888	Monday to Friday - 9am to 9pm; Saturday and Sunday - 2pm to 6pm

- Any staff working in a HSC organisation with access to the [Inspire Employee Assistant Programme](#) can contact Inspire 24/7 via their Helpline on 0808 800 0002 for telephone support or referral into structured telephone video e-counselling.
- Anyone who is in crisis and experiencing distress or despair can call the [Northern Ireland crisis response helpline, Lifeline](#), on 0808 808 8000.

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Department of Health website, <https://www.health-ni.gov.uk/news/blog-by-chief-nursing-officer-following-launch-nursing-now-ni-campaign> (Accessed 07/04/20)
3. NHS England, <https://www.england.nhs.uk/participation/get-involved/volunteering/nhs-volunteer-responders/> (Accessed 30/03/20)
4. S. Brooks, R Webster et al, The psychological impact of quarantine and how to reduce it: rapid review of the evidence, *The Lancet*, 2020; 395: 912–20
5. Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. *IHI Framework for Improving Joy in Work*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017. (Available at ihi.org)
6. N. Greenberg, M. Docherty et al, Managing mental health challenges faced by healthcare workers during covid-19 pandemic, *BMJ* 2020;368:m1211
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8. Government publication, Coronavirus Action plan a guide to what you can expect across the UK, <https://www.gov.uk/government/publications/coronavirus-action-plan/coronavirus-action-plan-a-guide-to-what-you-can-expect-across-the-uk>, (Accessed 27/03/2020)
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10. WHO publication, 12th March 2020, Mental Health and Psychosocial Considerations During COVID-19 Outbreak, <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>, (Accessed 30/03/2020)
11. NMC Guidance on Health & Character, <https://www.nmc.org.uk/globalassets/sitedocuments/registration/guidance-on-health-and-character.pdf>, (Accessed 05/05/2020)
12. All photographs used in this booklet are personal photographs. Consent has been obtained for use of photographs in this document.