**Royal College of Nursing Submission to the Health Foundation COVID-19 Impact Inquiry Call for Evidence**

**Aims and questions covered**

This submission aims to present an overview of the impact COVID-19 has had on the mental health of the RCN's nursing staff members (i.e. Registered Nurses, Nursing Associates) based on internal member data. We focused especially on cases of our members reporting developing or exacerbated feelings of anxiety, depression and stress due to working conditions or personal circumstances impacted by those conditions.

The testimony submitted to this call for evidence aims to address the question of the impact of people's current health status (in this case, mental health) on their experience of COVID-19., in this case of nursing staff.

The evidence coverage is the whole of the UK.

**Methods**

The data we analysed were collected by the RCN Direct Advice line (RCND), which is the first point of contact for members seeking advice on a wide range of issues, such as legal, employment relations and nursing practice. Data was collected between March and October 2020. It reports on exchanges between RCN members and RCND advisers via calls, emails, web enquiries and web chats about issues directly related to the COVID-19 pandemic.

In total, there were 17,841 enquiries to RCND Advice from members seeking support on work-related and personal issues as a result of the pandemic. From these, we isolated those enquiries that related to members seeking help for mental health issues. To do this, we interrogated the data on a number of different word combinations, such as COVID-19 -anxiety, COVID-19-depression, COVID-19-stress, and COVID-PPE. This helped us to further isolate those cases of members reporting changes in their mental wellbeing as a result of their work as healthcare professionals.

Focusing on these individuals, we interrogated the nature of their contact and identified three key areas of concern for our members. These are PPE, guidance, pre-existing health conditions and caring for relatives classified as clinically extremely vulnerable to COVID-19.

**Findings**

Several reports have highlighted the impact that working during the pandemic has had on the mental health of healthcare workers.

Our analysis of the enquiries made to RCND Advice shows that a high number of nursing staff developed or experienced exacerbating mental health conditions that are having a serious impact on their wellbeing. In addition, the RCN has delivered over a 1,000 more counselling sessions to our members in 2020 since the pandemic started than in 2019.

The overall number of contacts to RCND from members seeking advice on a wide range of COVID-19 related issues between 3 March and 26 November 2020 was 17,842; this is 25% of the total number of contacts to RCND Advice during the same period. Between March and November, there was a 69% reduction in the number of COVID- related issues recorded by RCND. However, as of 26 November, there were still 1,102 members seeking advice on COVID-related issues.

Overall, 54% of the COVID-related contacts to RCND were from members working in NHS hospitals, 15% were made by RCN members working in the care sector (i.e. care homes) and 6% from those working in the independent sector. 90% of contacts were carried out by women and 18% by BAME members (excluding members who identified as other white background and white Irish).

81% of the contacts originated in England, followed by Scotland (9%), Wales, (7%) and Northern Ireland (3%).

Over half of COVID-related calls (56%) from members used language that relates to mental wellbeing concerns[[1]](#footnote-2). The reasons given were as diverse as they were compelling. For instance, we found a considerable number of nursing staff with pre-existing conditions or who were responsible for the care of vulnerable family members whose frontline work has exacerbated the complexity of their conditions. The following are examples of the type of concerns members have experienced:

"*Member lives in a small annexe with her partner, who is in a high-risk category: respiratory problems. Member has to find alternative accommodation. Member told the manager they cannot return as her partner is high risk and neither of them has anywhere else to go. Member is very upset. Member wants to work, but cannot put their partner at risk" (RCND transcript of Member's enquiry, March 2020)*

*"Member is three weeks into placement, and their ward has become a COVID ward. Member is very anxious as their child and parent are high risks. Member is worried this will trigger their PTSD. (RCND transcript of Member's enquiry, October 2020)*

We interrogated the data for the reasons behind our members impacted mental health. We found that, overall, a third (32%) linked to issues related to PPE (mainly lack of PPE, faulty/expired PPE and inefficient use of PPE), a quarter related to isolating (24%), shielding (20%), redeployment (16%) and being furloughed (8%).

Among those members who mentioned PPE in their queries to the RCND, more than two-thirds (70%) did so in the context of its impact on their mental wellbeing, 59% of concerns around PPE came from members working in NHS hospitals across the UK:

*"I am a nurse, and because of the growing numbers of COVID patients, I was sent to two different wards today expected to look after patients. No PPE was available for looking after COVID positive patients. Only regular apron and surgical* masks were available for use in treating confirmed *COVID patients. As much as I want to deliver the best nursing care, how will I do that without access to proper PPE? My anxiety*

*and mental wellbeing are affected by stress at work. Unsafe nursing and unacceptable practice" (RCND transcript of Member's enquiry, April 2020)*

*"Member has had concerns regarding the level and quality of PPE during the second wave - has raised concerns throughout to managers. The team had very few FFP3 masks and now have none despite having a patient with a tracheostomy. PPE is still an issue" (RCND transcript of Member's enquiry, November 2020)*

*"Member is an RN working in a care home where there is a patient with Covid-19, but the regional manager is telling staff that they only need surgical masks, aprons and gloves because the patient is not coughing. The visors have been locked away" (RCND transcript of Member's enquiry, September 2020).*

When discussing being redeployed, most members expressed concern about being transferred to areas of care without the relevant training; for others, the impact on their mental health was due to being exposed to treating patients positive or suspected positive for COVID when they or close relatives have underlying health conditions. We found just under 2,000 records in which redeployment was linked to harming the Member's mental wellbeing:

"*Member has been redeployed with the potential for contact with patients with COVID. Member is a carer for husband with chest problems who requires support. Member is very concerned and stressed and wants to explore options other than being absent from work due to stress" (RCND transcript of Member's enquiry, June 2020)*

*"Just wondering where we stand with regards to redeployment during these difficult times? I'm from an [….] environment have been now many years and they have dumped me on a general medical ward without support. I am way out of my depth & worried about losing my patients. The stress & anxiety has gotten intense that I've had to go on sick leave which is not what I wanted to do but I had no option as my mental health is suffering" (RCND transcript of Member's enquiry, October 2020)*

When discussing issues around shielding, isolating, furlough and redeployment, pay was one of the main issues impacting the mental wellbeing of our members. 1,500 entries where pay was mention along with these words, significantly 65% were contacts from members working on care homes. Members contacted RCN seeking assistance with the financial impact of COVID:

*"Member is 8 weeks pregnant and has been told to stay at home for 12 weeks but won't get any pay" (RCND transcript of Member's enquiry, April 2020).*

*“I’m a nurse in a private nursing home and at very high risk of contracting the coronavirus. I really should self-isolate but we don’t get sick pay, so I wondered how we stood regards getting the 80% of our wages being paid. I cannot afford to live on ssp as mine is the only wage coming in. Our managers have told us we will not get paid if we self isolate which to me is putting us the staff and the people we care for under great risk of becoming ill. (RCND transcript of Member’s enquiry, October 2020)*

Finally, we found over 2,000 records that link lack of clarity or inadequate implementation of the guidance provided by the Government with a negative impact on our members' wellbeing. Examples of this are:

*"Employer was demanding staff attend work. Member had an asthma attack due to stress and is now on antibiotics. Member said [deleted] has emailed HR about this on behalf of colleagues. Member has had a WhatsApp from her manager today to say that Infection Control has assessed the unit and it is ok to return to work. Member not well enough to return anyway but is very concerned Employer not following guidance" (RCND transcript of Member's enquiry, November 2020)*

*"In April member had OH [Occupational health] appointment and it was advised that Member is not to do home contacts or face-to-face until shielding guidelines have been lifted. Member had a meeting with the manager who asked whether she would like to consider a phased* *return to work over four weeks. However, OH has said that the Member should not return to work until the shielding guidelines have been lifted and has advised she should not return to work as it might further compromise her mental health. Manager disagreed and has asked for a further OH meeting" (RCND transcript of Member's enquiry, May 2020)*

*"Member working in general practice asked whether she should self-isolate when someone in the household is displaying COVID symptoms, and her employer said no. and yet the guidance from PHE says people should self-isolate" (RCND transcript of Member's enquiry, June 2020)*

**About the Royal College of Nursing**

With a membership of around 450,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

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1. We examined contacts containing the words anxiety/anxious, depression/depressed, stress/stressed, concern/concerned and worry/worried, as well as different combinations of these words, 10,084 records were returned. [↑](#footnote-ref-2)