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Nurses' Emotional and Mental Health: Nursing Implications and Resources

Introduction: The North Carolina Board of Nursing (NCBON) is authorized by state lawmakers to "protect the public by regulating the practice of nursing" which includes addressing impairment on duty and impairment due to mental health conditions. A nurse experiencing a mental health crisis may not be able to safely practice nursing, placing the patient at risk. Impairment on duty may be caused by a range of factors including sleep deprivation, substance use, or mental health conditions. In this article, emotional and mental health issues that may result in an impaired ability to safely practice nursing will be reviewed.

Objective: The intent of this article is to discuss the nurse's responsibility to ensure their practice is not impaired by a physical or mental disorder; to increase awareness of the warning signs of a mental health crisis in self or others; to identify factors which impede a nurse from reaching out for mental health care; and to provide resources for nurses who may be experiencing emotional or mental health difficulties.

Scenarios are provided to encourage readers to consider their own emotional and mental health status and the best action if they believe a colleague may be experiencing a mental health challenge affecting their ability to practice safely. Reflection questions are included to facilitate understanding of the material.

Disclaimer: The content of this article is not healthcare advice and does not replace guidance from a licensed healthcare provider.

Background: The NCBON's authority to investigate mental health impairment allegations is found in the North Carolina Nursing Practice Act (NPA) §90-171.37 (a) (3) [when a nurse] "Is unable to practice nursing with reasonable skill and safety to patients by reason of illness, excessive use of alcohol, drugs, chemicals, or any other type of material, or by reason of any physical or mental abnormality; and in 21 NCAC 36 .0217 (21) "accepting responsibility for client care while impaired by sleep deprivation, physical or psychological conditions, or by alcohol or other agents, prescribed or not."

The World Health Organization defines mental health as "a state of well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community" (WHO, 2022). Phrases such as "burnout" or "compassion fatigue" in nursing are often utilized. What do these terms mean and is there a difference between the two?

Maslach & Leiter (2016, p. 103) define "burnout" as a "psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job. Three key dimensions of this response are an overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment."

Compassion fatigue (CF) has been described as "the convergence of secondary trauma stress and cumulative burnout.....a state of physical and mental exhaustion caused by a depleted ability to cope with one's everyday environment." Healthcare workers are susceptible to CF and it can "impact standards of patient care, relationships with colleagues, or lead to more serious mental health conditions such as post-traumatic stress disorder (PTSD), anxiety or depression" (Cocker & Joss, 2016, p.1).

Data Regarding Nurse Mental Health: The American Nurses Foundation and Joslin Marketing conducted a survey of 9,572 nurses between August and September 2021. Nurses were asked to respond to 17 questions rating how much they were bothered by responses to stressful experiences in the past 30 days. Questions addressed physical symptoms, sleep disturbances, memory issues, emotional distress, avoidance, and concentration difficulties, among others. The survey revealed that 34% of nurses reported "they were not" or were "not at all" emotionally healthy (American Nurses Foundation, 2021).

The United States Department of Health and Human Services, Centers for Disease Control and Prevention concluded workers in health occupations reported a large decline in overall mental health when compared with other workers (Nigam et al., 2023). Moreover, a national longitudinal study published by researchers with the University of California San Diego School of Medicine and University of California San Diego Department of Nursing reported "nurses have a higher risk of suicide when compared with the general population" (Davidson et. al, 2020, p. 266). Lascelles et al., (2023, p. 1667) identified potential stressors contributing to this increased risk including "physically and emotionally demanding experiences in the workplace, long, irregular hours in often understaffed and at times unsafe environments, exposure to pain, death, trauma, workplace bullying, verbal, physical and sexual harassment, and work-related injuries".

The NCBON regularly receives complaints related to allegations of impairment while on duty. In 2024, seventy (70) complaints with a primary allegation of impairment while on duty were received by the NCBON. Often the nurse at the center of an impairment allegation will report mental health challenges were a contributing factor to their actions and behaviors. The National Alliance on Mental Illness (2020) reports individuals experiencing mental illness or burnout are also at risk for substance use and abuse. Due to the increased risk of mental health challenges for nurses, it is imperative nurses self-assess their mental health. Nurses who find they are experiencing symptoms should make appropriate changes to improve well-being and obtain help from a licensed healthcare professional, if needed. The Well Being Initiative (2024, Table 1) provided a list of physical, cognitive, and social impacts of excessive stress shown on the next page.

Symptoms and Impact of Mental Health Distress

Physical Symptoms of Mental Health Distress	Cognitive Symptoms of Mental Health Distress	Social Impacts of Mental Health Distress
• Rapid Heart Rate • Muscle Tension • Headaches • Chronic Exhaustion • Nightmares or Flashbacks • Sleep Disturbances • High Startle Response • GI Distress	• Anger • Fear • Frustration • Anxiety • Sadness • Guilt • Irritability • Difficulty thinking clearly • Difficulty problem solving • Difficulty remembering instructions	• Unnecessary risk-taking • Substance misuse • Blaming others • Conflicts • Withdrawal and isolation • Becoming clingy or needy

Table 1. The Well Being Initiative: Symptoms and Impact of Mental Health Distress [Nurses Guide PDF](#)

Preventing Patient Harm (Nursing implications): Nursing is a complex profession requiring a unique blend of clinical competence, resolve, listening skills, advocacy, and problem-solving skills. When a nurse is experiencing mental health challenges it may diminish these crucial skills (Nicole et al., 2024). Researchers with the Ohio State University College of Nursing, Partners in Health, the University of Michigan, and SSM Health Saint Louis University Hospital completed a systematic review regarding nurse burnout and patient care as well as organizational outcomes. The study found self-reported burnout among nurses was linked with decreased quality and safety of patient care and patient satisfaction (Jun et al., 2021). Researchers with the University of British Columbia completed a survey of 5,512 Canadian nurses in December of 2019 and a survey of 4,523 Canadian nurses in June of 2020. The findings demonstrated that when nurses reported having increased mental health symptoms, they also reported lower ratings of quality of care and patient safety (Havaei et al., 2022). The association between burnout of healthcare workers and patient safety was examined prior to the impacts of the COVID-19 pandemic. In a systematic review of the existing data on burnout conducted jointly by researchers in Brazil and Ireland, it was found burnout of healthcare workers had a stronger association with patient safety than patient demographics or organizational characteristics (Garcia, et al., 2019). In a 2015-2016 cross-sectional study of hospital nurses, researchers found characteristics of burnout and symptoms of depression affected perceptions of patient safety (Johnson et al., 2017).

There are numerous personal factors which may contribute to mental health challenges. These may include the death of a parent or other loved one, divorce, caring for an aging or ill parent,

physical health issues, parenting children, and financial stressors (Rink et al., 2023). There are also occupational issues which may contribute to mental health challenges, including burnout. These factors may include excessive turnover, insufficient staffing levels, high workloads, and unclear or contradictory directions or orders regarding policies and procedures (Maslach & Leiter, 2016). Regardless of the sources of mental health challenges, clinical errors, omissions, or reckless behavior negatively affecting patient care may occur. These errors, omissions, and reckless behavior issues may also violate the North Carolina NPA. Examples of violations of the NPA which may be in part caused by mental health issues, include, but are not limited to:

- **Neglect of a patient;**
- **Documentation errors or omissions;**
- **Falsification of documentation such as documenting rounds or checks when they were not done;**
- **Medication administration errors;**
- **Inappropriate verbal or physical interaction with a patient;**
- **Diversion of controlled substances;**
- **Use of impairing substances while on duty, whether prescribed or illicit;**
- **A positive drug or alcohol screen due to substance use; and**
- **Delegating inappropriately to unlicensed staff duties, such as medication administration.**

The nurse is responsible for ensuring they are safe and competent to care for patients. Mental health issues may impact the nurse's ability to provide safe and competent care. Therefore, each nurse must be aware of their mental health and obtain professional help when needed.

Special Consideration for Nurses in Leadership Roles: It is important for leadership staff to be aware of the cognitive, physical, and social symptoms of mental distress as discussed in this article. Nurse Leaders such as Nurse Supervisors, Directors of Nursing, Nurse Managers, and Charge Nurses are responsible for ensuring competent staff are assigned to care for patients. If a leadership staff member has reason to believe a nurse may not be able to safely practice due to potential impairment, it is imperative they follow facility policy and take appropriate action.

Managing Mental Health: Much like a physical ailment left untreated, mental health issues can affect every aspect of one's life and are reflected in one's behaviors.

Experts in psychiatry and mental health recommend various individual strategies for dealing with burnout and stress. Recommendations include:

- **Adjustment of work patterns, which includes taking breaks when possible and balancing work with other life activities.**
- **Actively engaging with others for social support. This includes talking with a trusted family member or friend about worries and/or accessing support through an organized support group or spiritual/religious community.**
- **Development of coping skills. This may include accessing a therapist or counselor to assist with exploring areas of struggle and developing resilience.**

- **Actively planning and engaging in relaxation. Schedule time to relax. Relaxation may look different for everyone. For some, meditation or reading may be calming whereas others may find tranquility hiking or walking outside (Maslach & Leiter, 2016).**

"The physical health of American nurses is often worse than that of the general population, especially with regard to nutrition, sleep, and physical activity" (Gould et al., 2019). The American Nurses Association (ANA); American Association of Critical-Care Nurses (ACCN); American Psychiatric Nurses Association (APNA); and Emergency Nurses Association (ENA) developed the following tips on sleep (Table 2):

Well-Being Initiative Recommendations	
Prioritize Sleep - Maintain a regular sleep schedule on days working and days off. Aim for 7-9 hours sleep in a 24-hour period. - Create a comfortable, cool, and dark sleeping environment.	**Keep Track of Sleep** - Use a wearable fitness tracker to monitor sleep and wake activity. - Use a phone app to track your sleep. - Keep a sleep diary.
Before Bed Wind Down - Turn off technology. - Unwind by reading, doing gentle stretches, meditating, or practicing progressive relaxation.	**Monitor Caffeine** - Limit caffeine intake to 400 mg per day (about two medium 16 oz cups of coffee). - Try to avoid caffeine 6 hours prior to sleep. - Decrease caffeine use gradually. Mix caffeine & decaf.
Manage Your Worries - Talk with someone you trust about your worries. - Control the amount of news and social media you watch. - Make a to-do list or journal about your concerns.	**Take Naps** - Take a 20-minute power nap to restore energy. - Take a longer nap to catch up on sleep.
Other Tips - Maintain a healthy diet. - Utilize religious community or spiritual direction. - Practice and receive expressions of gratitude. - Engage in regular exercise. - Engage in mindfulness or meditative practices.	**Invest in Sleep** - Sleep longer than you normally would on days off to try to catch up. - Bank sleep ahead of time to prepare for long periods without sleep.

Table 2. Well-Being Initiative: Guide to Sleeping Better and Restoring Energy, 2020

Stigma regarding mental health treatment is a barrier to nurses accessing the help they may need. Nurses have reported hesitation in utilizing mental health services as they fear their ability to perform their job duties may be questioned (Weston et al., 2022).

It is imperative for a nurse experiencing symptoms of mental health distress to seek assistance before a mental health challenge becomes a crisis that affects the ability to safely practice nursing (Bergman & Rushton, 2023).

When to Seek Medical Treatment	
If you experience: - Confused thinking - Prolonged depression - Feelings of extreme highs and lows - Excessive fears, worries, and anxieties - Social withdrawal - Dramatic changes in eating or sleeping habits - Strong feelings of anger - Delusions or hallucinations - Growing inability to cope with daily problems and activities - Suicidal thoughts - Denial of obvious problems - Numerous unexplained physician ailments - Substance abuse	**If your stress reactions:** - Interfere with your daily functioning - Persist for several weeks - Continue to worsen - Are overwhelming

Table 3. Well-Being Initiative: When to Seek Mental Health Treatment. 2020. [Nurses Guide PDF]).

SCENARIOS

The following scenarios depict some examples of potential mental health-related situations you or your nurse colleagues may experience.

Scenario #1

Phoebe is an RN in her mid-20s. She has worked at the same hospital since 2021 and has worked in ICU since 2022. She is driven and wants a future in nursing leadership. She is a perfectionist and can be counted on to work extra shifts if needed.

Phoebe reports to work in jeans and a T-shirt. She is very talkative and has difficulty focusing when others try to talk with her. You are scheduled to work with Phoebe. Several co-workers state this is not her typical behavior.

What would you do in this situation?

1. Do nothing. Phoebe may be having an off day.
2. Take Phoebe aside and ask her if she is okay.
3. Call the Nursing Supervisor or Charge Nurse to report your concerns.
4. Discuss with your co-workers to see what should be done.

Discussion: The correct answer is #3 Call the Nursing Supervisor or Charge Nurse to report your concerns. Let them assess the situation and determine if Nurse Phoebe is safe to care for patients.

Scenario #2

You have been working in the ED since 2023. It is a fast-paced environment and you recognize you are struggling to keep up with demands. When others ask if you are okay or if you need something, you feel very uncomfortable. You know you have not been yourself lately and have been struggling with sadness and fatigue, but you are concerned about disclosing this to your supervisor. You feel you must continue to come to work, day after day, with no relief.

What should you do?

1. Seek the help of a therapist or other professional.
2. Enlist the services of an Employee Assistance Program (EAP).
3. Ask for time off.

Discussion: There is no one right answer. Consider available resources including your Primary Care Provider, Employee Assistance Program, or other mental health and wellness options.

Scenario #3

Anna is an RN staff nurse on the Med/Surg Unit. She has been a nurse for over 30 years and employed at the facility for about six months. Anna works night shift and is giving shift report to you, the oncoming nurse. Anna is noticeably disheveled with hair which appears unbrushed and makeup smeared on her face. She does not look like she typically looks. She begins loudly cursing and speaking negatively about several of her patients in front of other staff and patients.

What would you do as the oncoming nurse who observed Anna's behavior?

1. Do nothing. Anna may have had a rough shift, and she needs to go home and rest.
2. Immediately notify Anna her language and tone are inappropriate and remind her there are patients and other staff present on the unit.
3. Immediately notify the Nurse Supervisor or Manager about Anna's behavior.

Discussion: The answer is 2 and 3. Anna needs to be reminded her behavior is inappropriate. The nurse supervisor or manager should also be informed of her behavior. The leadership team will intervene and follow facility policies which may include drug screening, fitness for duty exams, or referrals to EAP.

Kayla is a home health nurse for a pediatric patient. She arrives at the patient's home and begins to assess her patient as the patient's mother leaves for work. Kayla finds herself crying and thinking of her mother, who passed away the week prior. Kayla fails to start the patient's 4:00 p.m. tube feeding, fails to administer several scheduled medications, and fails to change the patient's diaper during the shift. Furthermore, she fails to document her assessment. The patient's mother returns home, and notes Kayla is sitting on the couch, crying; the patient's diaper is soiled, the tube feeding has not been started, and medications were not given.

The patient's mother calls the Clinical Supervisor, who comes to the patient's home. When confronted by the Clinical Supervisor, Kayla explains she recently lost her mother and is dealing with a lot of personal issues. Kayla states she thought she was able to safely care for the patient. Kayla explains she did not call out sick because she did not want to leave the patient's mother without care for the patient, as the patient's mother had to go to work.

True or False?

Kayla going to work while experiencing mental distress created the risk of patient harm and violated the Nursing Practice Act.

Discussion: The answer is True. Kayla failed to complete patient care, including administration of the patient's tube feeding, and medication administration, thus neglecting the patient. She also failed to document her assessment.

Reflective Questions

What should you do if you suspect a colleague is experiencing mental health distress or any type of impairment which is affecting their ability to practice safely?

If you are experiencing mental health distress prior to a shift, what should you do?

List cognitive symptoms of mental distress and the potential effects on patient safety.

List examples of physical symptoms of mental distress and the potential impact these may have on patient safety.

If a nurse accepts a patient assignment when the nurse knows or has reason to believe they are not competent to perform, what may happen?

What resources are available for nurses experiencing mental distress?

Resources

The Emotional PPE Project: Dial or text 988, website 988lifeline.org. Referral to volunteer therapists for any healthcare worker in need at no cost, confidential emotional support.
APNA-Nurses-Guide-to-Locating-Mental-Health-Support-and-Services.pdf

The American Nurses Foundation Well-Being Initiative
https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/the-well-being-initiative/

for Help

The American Nurses Association Nurse Suicide Prevention/Resilience:
https://www.nursingworld.org/practice-policy/nurse-suicide-prevention/

American Nurses Foundation — Happy Frictionless Mental Health For the Frontlines: Text FRONTLINE to 741741: Free crisis counseling for healthcare professionals to help deal with fear, isolation, anxiety, stress, and other challenging emotions.

Substance Abuse and Mental Health Services Administration Disaster Distress Helpline: 1-800-985-5990: The SAMHSA national hotline provides support 24/7 to people who have experienced a natural or human disaster and provides referrals to local crisis support centers for follow-up care.

SAMHSA National Helpline: 1-800-662-HELP (4357): This is a free treatment and information referral service provided in English and Spanish for people facing mental health or substance use challenges. Referrals may be made to local treatment centers, support groups, and community-based organizations.

National Alliance on Mental Illness (NAMI): 1-800-950-6264: The national organization offers a range of resources for healthcare professionals facing symptoms of trauma or stress. Nurses can access the NAMI Helpline available Mon-Fri 10 a.m. to 10 p.m. and a list of confidential support resources. The list includes resources for peer support, building resilience, and family support.

Safe Call Now: 206-459-3020: This is a 24-hour crisis referral service for emergency services personnel and was established with the idea that no first responder should face a crisis alone. They work with a variety of groups to provide support and a safe place to turn for first responders.

Happy: Nurses can call 858-367-3001 to reach a support giver. Recommended by the American Nurses Association. Cost: Free for nursing professionals. Happy is available as an app to employers and insurers to create frictionless access to mental health services. The organization operates as a proactive, peer-based mental health service to change how the delivery of services is executed. The company hopes to remove barriers that prevent people from receiving adequate services and support.

Heroes Health: Available at https://www.heroeshealth.care/ Cost: Free version for individual nurses, but you may get more specific resources if your employer signed up as an organization leader. This online app measures and tracks your mental health by asking a 5-minute set of weekly questions that empower nurses to identify changes in their mental health and seek help early. Users can access a list of vetted crisis counseling agencies and wellness tools, which enables them to speak to a mental health counselor, get support by text, or receive support for opioid dependence. Within the app, users also have access to search engines that help find free or reduced-cost services in their local area. Heroes Health, originally developed by the University of North Carolina Chapel Hill, has transitioned to Marvin Online Teletherapy, which is continuing to offer free personalized outreach for mental health services.

Moodfit: Available at https://www.getmoodfit.com/ Recommended by the American Nurses Foundation. Cost: Free for nurses through the American Nurses Association. Thanks to a grant from the American Nurses Foundation, nurses across the U.S. have access to the full version of Moodfit without charge. This app was voted the best overall mental health app in 2020, 2021, and 2022. Nurses have access to tools, insights, and education that recognizes there is no one-size-fits-all solution to good mental health. The app helps nurses to reduce stress and build resilience by learning what affects their mental health, beating procrastination, and helping nurses to respond rather than react to situations. There are also tools to help nurses rewire their thinking, so it no longer negatively impacts their behavior. Examples include breath work, mindfulness, cognitive behavioral therapy, and more.

The Schwartz Center for Compassionate Healthcare: https://www.theschwartzcenter.org/mentalhealthresources/ Cost: Free resources and additional support if you become a Schwartz Center healthcare member. The Schwartz Center for Compassionate Healthcare maintains a list of resources to support mental health and well-being for healthcare workers. These resources address preventing and managing stress and resources specific to the COVID pandemic. Included are ways to deal with workplace violence, resources for healthcare leaders, and guides for families of healthcare workers.

NurseGroups: https://www.nursegroups.org/ Cost: Free. This is a volunteer-led initiative created in response to the COVID pandemic. The group does not offer licensed mental health services and recommends nurses who are in crisis should seek care immediately. The online video conference service was created for nurses to develop greater resilience and reduce stress. They offer no-cost, confidential groups for nurses to interact at a variety of times and days throughout the week. The groups run for about one hour and are facilitated by 1-2 people; typically, between 4-12 nurses participate.

988 National Suicide Prevention Lifeline: Available 24 hours day/7 days per week. Crisis Text Line - Text HOME to 741741. Trained counselors are on staff to assist.

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