

THE IMPACT OF THE COVID-19 PANDEMIC ON THE MENTAL HEALTH OF
NURSES IN CANADA

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Abstract

Mental health stress and conditions have become key health issues, particularly for nurses working in Canada. Nurses for years have experienced psychological distress from their work environments, which have worsened since the onset of the Covid-19 pandemic. The consequences nurses are facing are dire and have placed them in vulnerable positions within the Canadian healthcare system. The vulnerability of nurses in society is associated with systemic factors including power relations within the political economy that undervalues this healthcare profession. This political and stereotypical view of nurses is problematic in promoting nurses' wellness and mental health even in crises like Covid-19. Moreover, there is a lack of focus given by health organizations and the Canadian government on mental health and its associated symptoms on a long-term basis. This paper utilizes a feminist political economic and an intersectional framework to examine policymaking to understand how systematic factors influence the mental health state of nurses in Canada. Analyzing their experiences and the effects of the system at multiple dimensions offers insights on the need for more services and supports for nurses' mental health for a robust health workforce now and under crises like the Covid-19 pandemic.

Table of Contents

| | |
|--|-----------|
| Statement of Problem..... | 1 |
| Setting the Stage..... | 4 |
| <i>The Canadian Healthcare System and Shortage of Nurses.....</i> | <i>4</i> |
| <i>The Impact of the Pandemic on Working Conditions.....</i> | <i>7</i> |
| <i>The Mental Health Impacts of Working Conditions Pre- and Post-Pandemic.....</i> | <i>11</i> |
| <i>Strategies to Retain Nurses.....</i> | <i>14</i> |
| Scope of Research..... | 17 |
| Statement of Key Questions..... | 18 |
| Methodology and Methods..... | 19 |
| <i>Research Paradigm.....</i> | <i>21</i> |
| <i>Scoping Review Method.....</i> | <i>23</i> |
| Search Strategy..... | 24 |
| Inclusion and Exclusion Criteria..... | 25 |
| Data Extraction and Analysis..... | 25 |
| Findings..... | 26 |
| <i>Theme 1: PTSD Symptoms with Rates of Anxiety, Depression, and Stress.....</i> | <i>28</i> |
| <i>Theme 2: Disrespect and Disloyalty from Organizations, Government, and Policy Makers.....</i> | <i>31</i> |
| <i>Theme 3: Shortages of Human and Material Resources.....</i> | <i>35</i> |
| <i>Theme 4: Burnout and Re-evaluating Career Choice.....</i> | <i>37</i> |

| | |
|--|-----------|
| <i>Theme 5: Sustaining Mental Health for the Future.....</i> | <i>40</i> |
| Discussion..... | 44 |
| Strengths and Limitations..... | 51 |
| Implications and Conclusion..... | 53 |
| <i>Moving Forward.....</i> | <i>55</i> |
| Acknowledgments..... | 57 |
| References..... | 58 |
| Appendix A – Search Term Table..... | 66 |
| Appendix B – Flow Chart..... | 67 |
| Appendix C – Charting Summary..... | 68 |

Statement of Problem

Mental health is an important element contributing to the welfare of individuals. Mental health is defined as the state of one's emotional and psychological well-being and is a necessary element to living a healthy life (Government of Canada, 2020). Vulnerable individuals are overlooked in society when it comes to ensuring their quality of life and the way their living and working conditions significantly impact their mental health. Populations recognized to be vulnerable are defined to be groups and communities that are at higher risk for poor health, and this can result from the barriers they experience to live an optimal life. These barriers include economic, political, environmental, and social resources, along with limitations due to disability or their health or mental health conditions (National Collaborating Centre for Determinants of Health, 2023). This was illustrated in the Coronavirus (Covid-19) pandemic where the poor mental health of frontline healthcare workers, especially nurses, was exacerbated by low wages, increased workload pressure, adverse patient outcomes, and low access to social support services.

The general working conditions for nurses before the pandemic were already complex because of the female dominance in the profession and the historical devaluing many women encounter at workplaces. Racialized female nurses are even more vulnerable when it comes to protecting their mental health and this is often due to the continuous systemic racism they are exposed to (Adewale, 2021). These factors have placed nurses in difficult working conditions and challenge the way the Canadian healthcare system is structured to meet their mental health needs. During the Covid-19 pandemic, nurses were identified as healthcare frontline workers with a need to be

prioritized when it came to sustaining their mental health in the working conditions they were exposed to. Nurses working under pressure during the pandemic experienced numerous negative feelings, affecting their mental health and further impacting their ability to function normally within their personal and work lives (Murphy et al., 2022). During a crisis like the Covid-19 virus, nurses who suffered from mental health symptoms probably had adverse consequences which could have also impacted patient care provision. A Statistics Canada survey of 18,000 healthcare workers across Canada during the pandemic revealed that nurses reported a decline in their mental health, with thirty-seven percent saying they had poor mental health, compared to twenty-seven percent of physicians (College of Nurses of Ontario, 2021). The pandemic multiplied nurses' work challenges when they had already, regularly experienced stressful situations in their workplaces, risking their mental health. During the pandemic, many nurses had their roles changed and took on more hours while working in different healthcare settings. The drastic changes and lockdown measures meant that nurses had to fulfill more responsibilities, which they were unprepared for (Murphy et al., 2022). This lack of preparedness is what impacted their mental health because it pressured nurses to do tasks without considering their health first, and they were left to cope with it by themselves. This not only impacted nurses but also affected the entire healthcare system, which was unable to handle the mental health strain the pandemic put on its workers and the patients they cared for.

The future growth of this profession is unpredictable because nurses have endured challenges for many years. They are fighting for their rights, and recently some of their

voices are being heard when it comes to receiving support services and equal pay for the work they are performing in crises like the Covid-19 pandemic. However, the current policies set in place by the federal government and healthcare officials have not been sufficient because of the overall minimal attention given to nurses and their working conditions. It's not just about hiring more nurses because the salaries nurses earn do not reflect the work they are fulfilling in care units. The situation has become further complicated because of the very little support and services to sustain the mental health of nurses who have been frontline healthcare workers in public health emergencies.

In this Major Research Paper (MRP), I conducted a scoping review of the literature to critically unpack contextual factors leading to nurses' experiences and mental health challenges, especially in the context of Covid-19 pandemic. The nurses are viewed as a vulnerable group in this research as the overall well-being of nurses has been disproportionately impacted by declining work conditions for years up to the onset of the pandemic. For instance, low staffing and poor resource funding are concerns at multiple levels – individual, cultural, organizational, and political (Murphy et al., 2022). Knowing these factors and the exacerbation of challenges nurses have gone through during the pandemic has led to multiple calls for urgent action for their well-being. Following the scoping review on the mental health of nurses in relation to the Covid-19 context, this research also looked at the way the Canadian healthcare system responded to the Covid-19 pandemic, and how the negative consequences of such a pandemic could be prevented in the future.

Setting the Stage

To unpack and discuss the impact of Covid-19 on the mental health of Canadian nurses, it is important for us to first understand how this issue came to be. This will involve examining the structure of Canada's healthcare system and the role of nurses within it. The role of nurses is crucial in delivering care and driving the efficiency of the healthcare system to ensure the promotion of health, prevention of illness, and provision of care to all individuals (World Health Organization, 2023). In global health emergencies like Covid-19, nurses have been identified to be frontline healthcare workers, and despite their significance in public health outbreaks, they have been unfairly treated when it comes to sustaining their own health and overall well-being. This has been an ongoing issue for nurses, who have long been advocating for their concerns to be heard by the governmental system in Canada. The healthcare system needs to be examined first to know how labour conditions impact nurses' mental health and how this worsened during the Covid-19 pandemic.

The Canadian Healthcare System and Shortage of Nurses

The healthcare system in Canada is organized by the Canadian Constitution, and over the years, roles have been divided across three levels of government: federal, provincial, and territorial (Government of Canada, 2019). Each government is responsible for delivering care and health-related services to the population and vulnerable groups in the country. The federal government transfers monies to the provinces and territories for healthcare. The responsibility for public health is collectively shared by the three orders of government and is identified by the Canada Health Act

(Government of Canada, 2019). The Canada Health Act, as we know, has established criteria and outlined principles by which the provincial and territorial governments must abide in their plans for providing care to individuals. Since the Canadian healthcare system became publicly funded, drastic changes have taken place to the way it is administered and delivered across different care settings (Government of Canada, 2019). This has affected health expenditures, as they vary across territories and provinces, along with the Canadian health workforce. Most nurses practice in acute healthcare settings such as hospitals, community and home care, and some public health services. However, the proportion of nurses relative to the aging population is inadequate, especially with the increased rate of chronic diseases and virus outbreaks (Government of Canada, 2019). These changing health trends have emphasized the need for the healthcare system to maintain and improve the capacity required to respond to the altering needs of Canadians.

The image of the Canadian healthcare system is truly shaped by economic realities. The term power is considered when economic or political structures are addressed because it is influenced by beliefs, values, cultures, and experiences that are personal (Ann & Sookdeo, 2012). The control of power by the governments and health policymakers in Canada has revealed weakness in the healthcare system in being unable to provide high-quality care to its populations. This has been a growing concern because there have been reported to be long wait times to receive care due to the shortage of staff in healthcare settings (Government of Canada, 2019). This has impacted the overall reputation of Canada, which claims itself to be a developed nation promoting diversity and inclusion for individuals seeking care. Healthcare workers are not fully recognized

for the number of responsibilities they uphold when it comes to keeping the healthcare system up to date. In Canada, some care is publicly funded and provided, while some is publicly funded but privately delivered. For the purposes of this paper, nurses working in publicly funded healthcare settings in Canada will be analyzed.

As the Canadian population is aging, health needs are becoming chronic, and the health workforce remains stagnant. A 2018 analysis predicted there to be a shortage of over 117,000 nurses in Canada by the end of 2030 (Canadian Federation of Nurses Unions, 2022). The reason for the nursing shortage can be attributed to several factors. Since the 1990s, there have been cutbacks to the healthcare sector that have impacted the system's ability to keep up with the nursing demand. An aging nursing population and changes in educational requirements to enter the nursing profession have also had an impact, as has the increase in unregulated health staff positions (Malley, 2023). The recession made both the federal and provincial governments decrease the cost of public funding, and this declined the number of practicing registered nurses because no full-time jobs were available for new graduates. Instead, the number of unregulated healthcare professionals started to increase at this time in the country because it was more cost-effective to employ them and replace roles that had been dominated by nurses (Malley, 2023). This forced new nursing graduates to seek employment elsewhere than Canada, and many decided to continue their professions in the United States where they would be earning pay equal to the amount of work they were doing, either in overtime or their normal schedules.

Another contributing factor to the shortage of nurses in Canada can be witnessed in the province of Ontario. Bill 124, passed in November 2019 by Premier Doug Ford and lasting until 2022, capped wage increases for nurses and other workers in the public sector at one percent for three years (Malley, 2023). This one percent wage increase cap made nurses feel undervalued in the work tasks they performed and underpaid for the work that was demanded of them, both physically and mentally. The shocking comparison to this was, while nurses saw a one percent increase, there was a seven percent increase in expenses in the country (Malley, 2023). There was no incentive for nurses to work in environments of high stress with greater risks. Bill 124 shows how Canadian governments fail to show their appreciation for nurses because they were not entitled to receive a full raise from before the start of the pandemic until the current phase of it. The system is unwilling and compromising when it comes to providing appropriate resources and funding for staff positions and safe working conditions for nurses (Malley, 2023). These actions by the government of Ontario explain the feelings nurses express of how they are unsupported while being overworked and inadequately compensated. Nurses are being defeated when it comes to being forced to look for an appropriate earning of income (Malley, 2023). The government has failed to consider the needs of nurses and persistently places them in a hopeless position, left with only the option to leave their work and opt for other plans for their unpredictable futures.

The Impact of the Pandemic on Working Conditions

The Covid-19 pandemic has showcased horrific and long-lasting consequences in countries worldwide and revealed the unpreparedness of their health, economic, and

political systems to respond rapidly (McMahon et al., 2020). For Canada, the focus has been on how to control and distribute resources to provide effective Covid-19 care, while at the same time being able to re-organize non-Covid-19 care safely. Typically, the top priority for the Canadian government in such a crisis is to protect the health of Canadians by keeping them safe and ensuring their health and mental needs are being met (McMahon et al., 2020). However, this was not the case when Covid-19 hit the country and put healthcare workers' well-being at severe risk. Previous virus outbreaks like the 2003, Severe Acute Respiratory Syndrome (SARS) epidemic, as well as the 2009, H1N1 pandemic, gave experiences for Canada to learn from and opportunities to revise its response plans for future pandemics (Allin et al., 2022). Changes and improvements were made in the response to Covid-19, but reinforcement was weak by provinces from the start until mid-pandemic.

In the Covid-19 pandemic, medical infrastructure became the focus of the health system response in order to place new patients in acute care health facilities without running out of equipment and resources for them. This also meant that healthcare professionals needed to be available to staff the resources in healthcare settings. Nurses, along with physicians, from different departments were unexpectedly trained to care for acutely ill patients given the rapid spread and rising harm of the Covid-19 virus. Networks were developed to provide quick intensive care unit training for Covid-19 that acted like guides for nurses and other healthcare professionals who were not accustomed to working in this type of care unit but were required to do so during the pandemic (Urrutia et al., 2021). Canada adopted various public health measures to try to contain the

spread of Covid-19, like providing guiding resources for nurses to prepare themselves for patient care provision. Unfortunately, there was very little support given to nurses for coping with their mental health while being needed to work in different healthcare areas than their previous training and experience. The work-related risks the Canadian healthcare system created for nurses have put them in a state of personal and workplace vulnerabilities (Registered Nurses' Association of Ontario, 2022). This is mainly due to the lack of pre-pandemic planning by the Canadian federal and provincial governments and their failure to implement effective measures to consider the mental health of their largest group of health professionals.

Covid-19 is identified to be a novel virus where the remedial response in each country was different, and more studies are required to fully evaluate the experiences of nurses working with Covid-19 (Arasli et al., 2020). Nurses worldwide have also shared their working and personal concerns about the pandemic through various social media platforms. This showcasing through social media allowed nurses to have their voices heard and made them feel as if they were getting some recognition for the hard work they were fulfilling as frontline healthcare workers. The International Code of Ethics has stated that within the nursing profession there ought to be respect for human rights including cultural rights, the right to life and choice, and the right to be treated with dignity and respect (Turale et al., 2020). However, several of these rights were compromised during Covid-19 working conditions. Aspects of the pandemic caused abnormal levels of distress, along with challenges due to an unprepared health system that impacted the ethical values nurses hold in healthcare settings. Nurses tried to balance

their obligations of beneficence in delivering care to patients with the duties and rights to protect their loved ones and themselves (Morley et al., 2020). Nursing ethics has foregrounded the dimension of human activities, specifically caring activities, and recognizes that the personal and professional lives of nurses are set in interdependent relationships with care responsibilities. This type of relational account of care to the current realities of practices can assist policymakers and the entire healthcare system to evaluate the additional risks in the nursing profession, along with the practical and emotional implications that are associated with the risks (Morley et al., 2020).

Understanding the experiences of nurses working in the Covid-19 outbreak is important to ensure that support given is appropriate and that clinical practice is provided at the high quality it should be. Still, additional research is needed involving the experiences of nurses during Covid-19 to integrate their concerns and perceptions into the dominant concepts around policymaking in the healthcare system. Several opportunities to learn have been noted in this pandemic to be able to understand the ethical rights of nurses and the way their mental and physical health should be treated by their work organizations in such public health emergencies (Turale et al., 2020). The ethical challenges for nurses require a multi-disciplinary approach to strategies and policies that can guide the future practice and education of these healthcare professionals. Strong moral courage and leadership are called for in nurses, who need to have their mental health sustained while being at the center of care in public health disasters.

The Mental Health Impacts of Working Conditions Pre- and Post-Pandemic

The mental health resilience of nurses has always been a significant part of their occupational responsibilities, since they are supposed to cope with high-stress conditions (Stelnicki & Carleton, 2020). In this area of research, the lenses of feminist political economy and intersectionality are particularly useful for understanding the concerns of nurses at structural and system levels. Before the onset of the pandemic, the mental health of nurses was already impacted by underlying system-based problems, and these came to the forefront when the Covid-19 pandemic started and have continued post-pandemic. Some of these underlying system-based problems include systems' varying responses to social factors (race, class, and gender); effects of systematic discrimination, classism, and sexism; and structural conditions related to nursing work like wage gaps and heavy workloads related to patient care.

Gender inequalities continue in Canada as nursing, the largest group of healthcare providers, remains a female-dominated profession, while medicine is a male-dominated profession (Ann & Sookdeo, 2012). The nursing profession shows how gender in its intersections with class and race impacts mental health. Sexism and racism make female nurses vulnerable in their positions and lengthen the time for them to gain opportunities for achievement. There is a lack of interprofessional respect for female nurses practicing in Canada's healthcare system because of the way they are recognized to be structurally and formally performing for it. This is a concern of serious intensity for racialized female nurses who are enduring an extra toll on their mental health because of their societal identity, and they are delegated the most difficult roles in the least healthy working

conditions because of systemic inequities in the political and economic systems (Ann & Sookdeo, 2012). The system places racialized female nurses in a cycle of ongoing mental trauma and leaves them to perceive themselves as being worthless in contributing to the healthcare system.

Nurses of colour, especially those who are Black, experience racism at an unbearable level and this impacts the future of their careers (Adewale, 2021). Racism and discrimination have lasting effects on the mental health of individuals who are impacted by the emotional pain and physical distress. Racism results in reduced access to training for nurses of colour and promotes job loss because of fewer opportunities to advance in their professions (Adewale, 2021). Racialized women are disproportionately represented in precarious work that is underpaid and non-unionized, with limited benefits and protections to their contracts (Luna, 2021). This disproportionate representation of women who are racialized is significant to the way Canada's immigration policy undervalues women's care work. Precarious work for many racialized women in the nursing field is recognized to be entry-level work for them since they have limited options or resources to allow them to progress in their job fields. Occupational stress is defined as the harmful emotional and physical responses that occur when the requirements of a job do not match the resources, capabilities, or needs of a worker (Abuatiq & Borchardt, 2021). This is what produces strain upon the individual as their physical and psychological resources are being pushed beyond their range of abilities. The management of occupational stress has a significant role in determining the promotion of nurses' well-being (Abuatiq & Borchardt, 2021). During the Covid-19

pandemic, frontline nurses suffered various forms of traumatization because of the way their delivery of care was organized for them.

The stressors experienced by nurses in their workplaces that put them at risk of developing mental health symptoms were elevated during the Covid-19 pandemic. The reported stressors include work-related stress like high job demands, poor supervision, working overtime, and unpreparedness, which has been known to strike nurses the most throughout the pandemic (Stelnicki & Carleton, 2020). The result of these stressors was poor patient outcomes and significant mental breakdown for nurses who were unable to cope with the Covid-19 measures in their workplaces. Nurses were unable to devote extra time to severely ill patients and their caregivers, which led to nurses' compromised psychological health.

Prior to Covid-19, nurses were still able to cope with their mental health symptoms as they were able to socialize with friends and family or be involved in routine exercise and extracurricular activities (Riedel et al., 2021). However, the social distancing protocol limited these types of coping strategies for nurses and deteriorated their mental health, since there were few adequate mental health services for them at the time. Nurses were not provided with adequate mental health support by their employers in the pre-pandemic times either, a fact that probably contributed to the shortage of nurses in the country and their less-than-optimal overall mental health even before the pandemic.

Canada's low funding of resources by the federal government to provincial and territorial governments is one of the many predictors for the development of mental health disorders and illnesses in nurses (Riedel et al., 2021). Mental health awareness has

been discussed more post-pandemic, rather than during the pandemic when it should have been highlighted, and this has had negative impacts on the health of nurses. Early intervention was not considered to treat mental health symptoms, which led nurses working in Canada to be isolated in ways that have made it challenging for the public to comprehend healthcare workers' current situation.

Strategies to Retain Nurses

Without an efficient and resilient health workforce, Canadians are unable to access and receive the quality of care they need, whenever they need it (Government of Canada, 2023). The federal government of Canada has closely worked with provinces and territories to set several policies and practices to retain and recruit nurses, yet there have been no accomplishments reported since their implementation. Budget 2023 has been outlined by the federal government and calls for Canada to invest close to \$200 billion to improve the health of Canadians by supporting a resilient health workforce through planning, retaining, and recruiting (Government of Canada, 2023). With this budget, the healthcare system will be adequately prepared to address the workforce crisis and support more models of care. Specifically for nurses, who are critical to the healthcare system in Canada, the federal Budget 2023 provided \$2.4 million to the Canadian Association of Schools of Nursing to ensure a smooth transition for newly graduated nurses from the classroom to the workplace (Government of Canada, 2023). The government also claims that with this budget there will be better access to quality mental health services for both healthcare workers and patients. While the government is continuing with this initiative for the long run in the country, it is unfortunately not

progressing the way it should, as nurses still have a large burden of work demands placed upon them. Instead, frontline nurses have experienced frustration with this federal budget. This has been expressed through targeting the budget's failure to invest in new pan-Canadian initiatives to support the nursing profession at all levels of planning and decision-making (Canadian Federation of Nurses Unions, 2023).

The Canadian Federation of Nurses states that the federal government needs to work on policies and practices to eliminate the threat nurses have to their mental and physical well-being while working in the healthcare system (Canadian Federation of Nurses Unions, 2023). The public healthcare system remains at risk because there are not enough resources available for nurses to seek assistance to function sufficiently in their work settings. Although increasing health transfers and creating new agreements identified to be bilateral were some positive actions taken by the federal government, nurses are continuing to face problems that require intersectional solutions for them to remain in their professions. As reported, 4 out of 10 nurses are considering leaving their jobs due to poor staff levels and high work demands (Canadian Federation of Nurses Unions, 2023). Nurses are core health professionals and require more than just words of appreciation for the tireless work they perform, as has been shown by the decline in their mental health status.

Along with nurses' concerns about the future of their positions in Canada's healthcare system, they are also concerned about the possible legal consequences associated with this issue. Nurses are subject to a variety of laws and regulations as they are licensed professionals and must uphold their standards of practice, either provincially

or territorially under the Code of Ethics (Canadian Nurses Protective Society, 2023).

Nurses are also employees and need to meet their working contracts depending on the type of healthcare setting they are working in. During the nursing shortage crisis in Canada, nurses have been confronted with conflicts between their coexisting legal responsibilities as employment and labour law matters are affected by this situation (Canadian Nurses Protective Society, 2023). The employers of nurses have the same difficulty because good care cannot be delivered if there is a lack of resources. Hospital management ensures that safe systems are put into place for their healthcare workers, who also have the right to refuse or accept extra hours of work.

The College of Nurses of Ontario states that nurses have the professional responsibility not to abandon or neglect their clients during an assigned shift (Canadian Nurses Protective Society, 2023). This means nurses are pressured into completing the work and grieving about it later. Nurses feel compelled to deal with complex situations because of their work agreements and contracts. This comes back to Canada's low investment in the healthcare system, since not enough services are implemented to sustain the health of its healthcare workers and those for whom they are providing care. The International Council of Nurses emphasizes attention to ethics in the issue of actively recruiting and retaining nurses internationally and locally (Little, 2007). There are serious adverse consequences from the migration of nurses internationally, as the quality of health care in Canada is suffering even more from a growing shortage of nurses in the workforce. This failure of human resource planning puts an extra load on nurses, who must work above the hours they should, which significantly drains their mental health

and becomes a chronic condition for many of them to deal with. The current policies and practices created for nurses demand an analysis, revision, and improvement at different levels to appropriately address the needs of nurses and the Canadian population.

Scope of Research

The pandemic's mental health impact on nurses has highlighted the systemic challenges they have been facing for years. Although the federal government, along with the provinces and territories, has implemented some strategies to address the shortage in the nursing profession, these are limited, as has been shown through stagnant nursing employment numbers in the country. In this research, I explore the labour and mental health problems that pre-date the pandemic. Collecting data from relevant and ongoing literature about the pandemic's negative impact on nurses will help in developing recommendations to overcome the challenges in the health workforce for nurses. Leaving these issues unaddressed critically impacts healthcare beyond the scope of nursing, putting at risk quality of care, patient safety, and the overall health system.

This project draws on a range of interdisciplinary scholarship in health in order to better understand the existing challenges for vulnerable working populations in Canada and how these conditions have significantly impacted their mental health. The paper contributes to a growing body of literature with concerns about the working conditions of nurses and the impact those conditions have on their mental health, with a focus on policymaking and its role. The term intersectionality is used to investigate intersectional power relations and how they influence social relations across diverse individual and societal experiences in everyday life (Collins & Bilge, 2016). Intersectionality generally

views the different interrelated categories that identify individuals as mutually shaping one another and together explaining the overall complexity of the world involving human experiences. I utilize an intersectional lens to illustrate how effective policymaking can be achieved to help nurses be mentally prepared for future pandemics and to support their retention in the profession.

Statement of Key Questions

The main aim of the paper is to unpack contextual factors leading to nurses' experiences and mental health challenges, especially in the context of Covid-19 pandemic. At the same time, several questions will be examined throughout the review of this literature. For example, why are nurses experiencing persistent challenges that impact their mental health? What specific groups of nurses are affected the most? And what has the government accomplished or failed to do in meeting the mental health needs of nurses? Finally, what further improvements can be made to ensure nurses in Canada do not experience hardships when it comes to protecting and supporting their mental health? Some secondary questions to supplement this research paper and to provide an overview of information will include the following: How has the Canadian healthcare system impacted nurses for years? What other problems from the Covid-19 pandemic contributed to worsening the mental health of nurses? And what is the recognition for nurses currently in Canada, from a positive or negative perspective? Using these questions to guide my literature review will provide in-depth discussion and surface recommendations for what will facilitate change for a resilient health workforce.

Methodology and Methods

This section of the MRP will focus on the selected methodology for this research and will include the techniques and procedures used to extract and analyze information about the impact of Covid-19 on the mental health of nurses in Canada. The methodology section will describe how the research for this topic was conducted and will discuss its accuracy and validity. The goal of the methodology is to increase the research's credibility and this will be achieved through transparency and quality data. The availability of relevant information is new and is reasonable given the Covid-19 pandemic was declared on March 11, 2020 by the World Health Organization (World Health Organization, 2020). The literature on mental health and well-being for frontline healthcare workers, especially nurses, is ongoing and relatively new since Covid-19 is still considered a global emergency. The following components of this section will introduce the theoretical frameworks used to understand the data gathered through a scoping review.

A feminist political economy and intersectional lens will be used to help guide the aim of this research by focusing on the specific key areas that have put a strain on the mental health of nurses. The feminist political economy is defined as an approach that offers a critical analysis of the way gender inequality is sustained through neoliberal economies and how gender intersects with power identities and hierarchies (Lokot & Bhatia, 2020). This approach challenges the economic system and how it controls the labour market with economic policies. The feminist political economy approach, when used to understand health, refers to the cultural and material discrimination against

women as the primary factors influencing their social conditions and overall health (Syed, 2021). Within the context of nursing, this lens is important as it is concerned with inequalities in gender that arise from the patriarchal system and the way women's experiences are fundamentally different from men's in society. Intersectionality understands oppression based on multiple factors like gender, race, and class to be overlapping and intersecting (Collins & Bilge, 2016). Intersectionality can help us understand how diverse groups of nurses are impacted differently and help to inform policymaking. Intersectionality is generally used as an analytical tool to solve issues faced by individuals or those around them. Both of these lenses look at multiple factors such as gendered activities, culture, and politics in society that influence women's social conditions and health (Syed, 2021). Specifically, racialized women have been unequally impacted and represented in precarious work, mostly in the care and social services sectors. Data reveals women are more likely to be involved in frontline work, as shown throughout the Covid-19 pandemic where they have been at higher risk of exposure to the virus (Luna, 2021). Women in the nursing profession have been struggling because their contributions are being recognized only as low-paid and devalued work.

There are outcomes of intersecting identities and power hierarchies that affect the working conditions of women. These intersections ultimately shape the economic work women do and are linked to adverse health outcomes for them (Lokot & Bhatia, 2020). The over-representation of women in the health sector of countries like Canada has become an issue because of the pre-existing discrimination they are exposed to in their workplaces. A feminist political economy view challenges the assumption that the growth

of the economy is good for health. Instead, political economy frameworks recognize the ways power plays out unequally through neoliberalist policies. Feminist materialists who focus on the analysis of health state that the well-being of women is directly affected by the determinants of health such as income and social status (Syed, 2021). This disparity in the economy influences the spiritual, physical, and mental health of women as they are gender segregated in the labour market. The material conditions existing for women in society show a disadvantage in gaining opportunities in their profession. This explains why nurses are paid less for doing overtime work and have inequitable access to their employment benefits, leading to the deterioration of their mental health since the onset of the Covid-19 pandemic.

Feminist political economy and intersectionality are used as analytical tools in the scoping review to uncover power relations, the reality of policymaking at a micro and macro level, multi-dimensional experiences, social factors (race, class, and gender), and effects of the system (discrimination, classism, and sexism). These tools will be useful in collecting information related to the diverse impacts of the Covid-19 pandemic on the mental health of nurses, which are rooted in pre-existing socio-economic inequalities (Ahmed & Bourgeault, 2022).

Research Paradigm

Feminist political economy and intersectionality fit with a critical theoretical paradigm. Critical theoretical approaches posit that knowledge is constructed from a specific position, and this position is made up of multiple power structures in society (Paradis et al., 2020). That is, knowledge is not neutral and value-free. A critical

theoretical approach can illustrate how nurses' realities are shaped by the structural, political, economic, and environmental systems they experience daily in their working lives. Knowledge is historically situated, and in this instance, is shaped by the experiences of the pandemic. Critical theorists value democracy and egalitarianism and illustrate how they are shaped by power and social structures (Paradis et al., 2020). Knowing what values underpin hierarchical structures and why they are pervasive within the healthcare system helps to understand the marginalization of the voices of nurses and the impacts this has on their mental health. A critical theoretical stance will guide the aim of this research to recognize and promote how practices can be further changed and revised to ensure the mental health of nurses is sustained, so they can provide better quality care to patients (whose care suffers when their nurses work under difficult conditions).

Critical theory helps to identify how power operates in society and how this impacts resource distribution. Critical theoretical approaches differ from other social science paradigms related to nursing research as they assume that realities are shaped by many socioeconomic factors (Lincoln & Guba, 2005). The nursing profession and the responsibilities nurses fulfill have been systematically structured to meet the needs of the economic system. This is evident when nurses are placed in overloaded work environments affected by cost reductions because they are expected to keep the labour market moving for neoliberal economies. During the pandemic, the mental health of nurses was not fully explored; a critical paradigm (consistent with intersectionality) considers the lived experiences of nurses as central to its analysis. Research from a

critical paradigm can provide meaningful insight and explain how things could change. Advocating is also part of this paradigm because vulnerable groups like nurses require attention from policymakers and activists to promote their mental health in ways they can seek support for it, especially in public health outbreaks.

Scoping Review Method

A scoping review methodology will guide this focused research. This method is suitable for the research because it will allow broad coverage of the literature on the mental health of nurses during the Covid-19 pandemic. The evidence on this topic is still emerging, and the lives of nurses are shifting on a regular basis within the healthcare system. A scoping review will allow for a better understanding of the key concepts and characteristics by identifying and analyzing the gaps in the healthcare system for nurses and the pandemic's added harmful effect on their overall well-being. The Arksey and O'Malley 2005 methodological framework was used to conduct the scoping review where both primary empirical studies and secondary data analyses were drawn upon.

A scoping study is used to address topics that are broad and can include different designs of study, where it is applicable (Arksey & O'Malley, 2005). Given the broad research question, the scoping review approach is suitable because it adds transparency to the process. The context of the mental health of nurses in Canada is very general and aligns with the criteria of conducting a scoping review, which can be used in exploratory studies. This research is attempting to address the mental health of nurses through an examination of a range of studies using different research designs. Identifying gaps in the existing literature of mental health during the pandemic for nurses will help to draw

conclusions from all the relevant data sources, regardless of their study designs. There are five stages to this methodological framework that adapt to a scoping review study: 1) identifying the research question, 2) identifying the relevant studies, 3) study selection, 4) charting data, and 5) summarizing and reporting the results (Arksey & O'Malley, 2005). The primary research question for the scoping review is: What contextual factors contributed to nurses' experiences and mental health challenges during the Covid-19 pandemic? This primary research question has been supplemented with sub-questions that were discussed in previous sections of this paper. Each stage of this scoping review is unique and collectively has provided in-depth and broad analyses.

Search Strategy

In this scoping review, the search strategy was formed by drawing on the concepts related to the primary research question to generate relevant key terms for the research. Key concepts in the research included, but were not limited to, nurses, mental health, psychological distress, frontline healthcare workers, pandemic, and Canada. The process for creating and implementing this strategy was aligned with the Arksey and O'Malley methodology. The geographical location (Canada) was part of the inclusion and exclusion criteria data and was specific because of the way the research questions were designed. Boolean operators OR, AND, and * (asterisk) were used for the search terms. The search terms along with their concepts are shown in Appendix A. The searches were conducted in June 2023 using electronic databases Medline (Ovid), Cumulative Index to Nursing and Allied Health (CINAHL), Nursing and Allied Health Source (Proquest), PsycINFO (Proquest), and Scholars Portal Journals. Grey literature from both primary and

secondary sources was also included within the search base and was conducted through Google Scholar (analyzing the first 10 pages). This type of information included discussion papers from policy-related or news reports and working papers published by medical professionals. The searches for Scholars Portal Journals and Google Scholar included the phrase ‘mental health of nurses in Covid-19 Canada.’ A total of 503 abstracts were identified from all the searches conducted in the six databases previously listed.

Inclusion and Exclusion Criteria

Full-text articles were selected based on the inclusion and exclusion criteria, which had five categories. The selection of articles took place if they 1) were published in the English language, 2) were published between the years 2020 and 2023, 3) were available for full-text reading, 4) focused on nurses working in Canada, and 5) focused on the analysis of mental or psychological experiences of nurses during Covid-19. Canada was chosen specifically compared to other Western countries because of its healthcare system structure and the way it significantly impacted the mental health of nurses. There were no exclusionary criteria applied to the study design. With these five parameters considered, 22 articles were selected, and upon close review, 10 articles were fully selected (see Appendix B for Flow Chart).

Data Extraction and Analysis

For the extraction of information from the 10 articles, a systematic approach was used for their full review. The organization of the selected articles was conducted using Zotero referencing software. Zotero is a digital platform that is used to organize research references and has customization options for creating searchable folders. Folders were

labelled with the subheadings used for the research paper along with the specific database that was used for the search. The research references were organized alphabetically within folders for each database searched. A charting table with a summary of all the articles was created in Microsoft Excel to record and keep track of the findings from the selected articles. The charting included author name(s), publication date, setting, research design, population, research objectives, and intervention type, along with findings related to the research questions and limitations of the study.

Highlighting keywords and statements in each of the articles allowed for similarities among them to be obtained. This enhanced the trustworthiness of results received from the studies and supported the development of themes from each of the articles. The scoping review and its broad aim formed themes that represented the conceptual clustering of the identified findings. Both inductive and deductive approaches were used in thematic synthesis of the reviewed literature. The inductive analysis contributed to the identification of themes across reviewed studies by looking for similarities and unique aspects in each paper (akin to constant comparison). The deductive approach allowed me to apply relevant theoretical constructs from feminist and intersectionality lenses across the studies. The use of different study designs and methods from the collected articles provided stronger evidence about nurses' mental health during the pandemic.

Findings

Each of the 10 selected articles represented mixed studies comprising both qualitative and quantitative studies of nurses working in Canada since the onset of the

Covid-19 pandemic (see Appendix C for Charting Summary). The studies were conducted in the most populated provinces of the country: Ontario, Quebec, British Columbia, and Alberta. Although outcomes from the pandemic for nurses were specific to the geographical region of the country and the way their healthcare systems are provincially structured, results remained similar in the reporting by nurses and their lived experiences. The term *nurses* was used in all the articles and was applied to different main and sub-level categories of the profession to provide a thorough finding of their state of mental health as the pandemic progressed. Nurses in Canada are part of a multidisciplinary team and specialize in various healthcare settings. The term *Post-Traumatic Stress Disorder* (PTSD) was emphasized in a handful of the articles to address the ongoing negative impacts upon nurses' mental health from their working conditions pre- and post-pandemic. This psychiatric disorder is commonly identified in nurses who have been exposed to horrific events where they feel helpless in their workplaces.

The sampling methods were similar but varied in size for each of the selected articles. The settings also varied in each study because of the broad scope of career options for nurses. Seven articles implemented cross-sectional studies in different provinces and healthcare settings through survey questionnaires of open-ended questions along with scale responses; two articles conducted qualitative studies of semi-structured interviews plus a follow-up from the first wave of the Covid-19 pandemic; and one article adopted a convergent parallel mixed method study that included both semi-structured interviews and questionnaires that were validated (see Appendix C, Charting Summary). Nurses practicing throughout Canada described their working and living experiences

during the pandemic in several unique forms. The experiences of nurses reported in each of the articles overlapped with each other and the articles gave recommendations about what needs to be done by organizations and government policymakers to meet nurses' mental health needs. The experiences of nurses in each of the articles included, but were not limited to, high levels of stress, poor organization of care, deterioration of working and personal conditions, negative impacts on psychological and physical health, and feels of tiredness and burnout from the excessive pressure during the pandemic. The articles also stated recommendations to support nurses' mental health and improve the nursing response to the pandemic going forward. Through both inductive and deductive thematic analysis, five distinct, yet intertwined themes were apparent across the 10 articles: 1) PTSD symptoms with high rates of anxiety, depression, and stress among Covid-19 working nurses, 2) disrespect and failed support from the Canadian government and policy-makers, 3) shortages of human and material resources in the Canadian healthcare system, 4) feelings of burnout and thoughts of re-evaluating career choice associated with occupational and personal dimensions, and 5) modifying factors related to mental health of nurses to improve post-pandemic response.

Theme 1: PTSD Symptoms with Rates of Anxiety, Depression, and Stress

PTSD is a psychiatric disorder occurring in people who have witnessed or experienced a traumatic event, or series of events (American Psychiatric Association, 2023). The traumatic experience can be physically or emotionally harmful for the individual and affect their mental and spiritual well-being. Nurses who have developed PTSD from the waves of the Covid-19 pandemic have disturbing and intense thoughts

and feelings related to their working experiences since the start of the virus outbreak. Uncertain situations commonly contribute to PTSD, and for nurses, the trauma is continuous because the pandemic has not ended and is re-creating horrific scenes for nurses to face again and again. Symptoms associated with PTSD that nurses have reported during Covid-19 include anxiety, depression, and stress that have impacted their mental health. The rates of each of these symptoms have been documented in the selected articles and provide insight into how severe nurses' outcomes have been in specific provinces of Canada (Crowe, Howard, Wright, et al., 2020). Nurses experienced different mental health symptoms based on their work environments and the various Covid-19 measures each province implemented in their healthcare settings. Psychological distress was recognized to be one of the most challenging experiences for nurses in the initial phase of the Covid-19 pandemic (Crowe, Howard, Wright, et al., 2020). Nurses, at this time, were exposed to several drastic changes in policy information in their work care settings, and this information was unclear and overwhelming for them. It has been noted that women are more likely than men to suffer from psychological distress and symptoms of depression (Cote et al., 2022). A feminist political economy and intersectional lens can be applied here; the nursing workforce is composed of mainly women, and gender plays a significant role in the organizational structures' exertion of power over healthcare workers. Analyzing the experiences of female nurses with psychological distress can act as a starting point for trying to solve the problem of gender discrimination and stereotypical views in this profession.

Comparing the early pandemic and mid-phases of the pandemic in British Columbia, the prevalence of both depression and anxiety was higher for nurses in the mid-phases than pre-pandemic levels (Havaei, Smith, Oudyk, et al., 2021). The increase in these mental health symptoms among nurses is attributed to the ongoing uncertainty around the virus itself and how it affects frontline healthcare workers like them differently than the rest of the population. For nurses working in long-term care homes, anxiety levels were higher because of the severity of Covid-19 impact in this sector (Havaei, Smith, Oudyk, et al., 2021). Long-term care nurses were working under a lack of a robust management plan during the Covid-19 pandemic, which explains the negative mental health outcomes. In Quebec, nursing staff working in high-risk chronic and acute care experienced symptoms related to stress (54%), depression that was mild to severe (57%), and anxiety (67%) (Cote et al., 2022). These rates show that nurses who met the criteria for anxiety, depression, and stress were above the level required for PTSD. These consequences of nurses' work conditions have impacted their productivity levels and undermined patient care and safety. Nurses reported that the general quality of care they were delivering to their patients decreased with their mental health status during the pandemic, compared to pre-pandemic levels, and this was mainly due to the increase in their mental workloads (Cote et al., 2022). This showed that nurses were required to utilize their time according to the growing number of Covid-19 patients admitted to hospitals and prioritize their tasks, which even meant missing patient care at times. Similarly in Alberta, frontline responder nurses, compared to frontline physicians, were more likely to develop behavioral disengagement during similar epidemics, and this has

been associated with abnormal levels of depression (Gindi et al., 2022). This finding shows that stigma and fear of the Covid-19 infection were displayed among nurses because of the way their working environments were alternated. The symptoms of PTSD, along with psychological distress symptoms, illustrate the increase in mental health burden since the beginning of the Covid-19 virus outbreak in Canadian provinces. The pandemic response measures showed more negative effects on nurse workers, who have been unable to cope with their mental health needs while trying to provide safe care to patients. Meeting the care needs of patients in new ways, while also keeping themselves safe, forced nurses to eliminate some coping strategies essential to their day-to-day work routines. They began to question the efficacy of the Canadian healthcare system because of how it was affecting their mental health. Organizational structures and recognition for nurses are additional aspects that influence the way nurses experience their professions. These factors need to be considered from an intersectional lens to understand why there have been minimal improvements in nurses' mental health conditions.

Theme 2: Disrespect and Disloyalty from Organizations, Government, and Policy Makers

The minimal recognition and support for nurses during the Covid-19 pandemic was the result of rapid policy changes in hospitals and provinces. Adapting to the Covid-19 response meant that policies were constantly changing in the way they were being implemented and practiced by all healthcare professionals in hospital settings (Crowe, Howard, Wright, et al., 2020). This meant that policies, as they were being updated, conflicted with previous iterations, which accumulated stress for nurses as frontline healthcare workers. Trying to keep up to date with the policies was difficult for nurses,

who were overwhelmed by the sudden changes taking place in their workplaces. Fulfilling tasks differently was a major challenge because the policy alterations made it complicated for nurses to absorb a large volume of information; and it was not always even the right information (Crowe, Howard, Wright, et al., 2020). Nurses felt frustration with all the policies, practices, and procedures being announced because they were unsure which procedures would really reduce the chance of Covid-19 infection for patients and themselves. In addition, nurses were required to meet the needs of their patients while also struggling to meet the needs of their personal lives during a difficult period.

Unclear communication was too much for nurses to handle at the same time as a global pandemic. Critical care nurses in British Columbia reported receiving an “outrageous” amount of emails each day, from multiple sources including unit managers, directors, and infection control specialists (Crowe, Howard, Wright, et al., 2020). This was ongoing burden of information on top of federal and provincial communications from governments and health officials. Nurses were confused and believed they would miss valuable information while they were providing care to their patients because the communication was constant and unclear. All the scattered information nurses were supposed to sort through created a sense of distrust (Crowe, Howard, Wright, et al., 2020). Nurses were unsure what information would be useful for them to follow and would be deemed best practice because of the complicated messages they encountered. Information was delivered to nurses at inconsistent times, which disrupted their daily routines and elevated their stress levels, making them unable to provide optimal care. The

reason for these quick changes in policy was the rate the Covid-19 infection spread across Canada, as well as how it varied within provinces and healthcare locations.

Organizational support was poor for nurses: they were under-represented and under-supported. They completed hard work through endless days and nights without taking their mental health into account. Most workplaces received negative ratings for safety because nurses had minimal protections, putting them at high risk for contracting Covid-19 (Havaei, Ma, Staempfli, et al., 2021). Organizational preparedness was not considered or revised, which contributed to the adverse mental health conditions nurses experienced. Work-related stress that nurses endured was consistent throughout the pandemic and impacted their personal lives, families, and loved ones. Nurses became socially isolated and desperate to find solutions to their mental health issues by themselves (Havaei, Ma, Staempfli, et al., 2021). Nurses are part of a healthcare team, and they rely on their team members as well as their working organizations for support in coping with the stressors in their workplaces. The lack of this kind of support negatively affected the way nurses experienced their working environments. These negative experiences were compounded by the communities around them, who placed expectations on nurses instead of noticing their vulnerable positions.

The behaviour of the governments and communities that nurses were surrounded by was disrespectful and disloyal towards them. In Ontario, nurses felt that it was their job to do what was expected of them during the pandemic (Menard et al., 2023). Nurses were placed in a complex cycle of responsibilities that they were mandated to do by their organizations, no matter how severe the waves of the pandemic became in Canada.

Disrespect and failure to appreciate what nurses were doing was a major problem as some community members and patients did not believe in vaccines, refused to wear masks, and even denied the existence of Covid-19 when it was at its peak levels in the country (Menard et al., 2023). Nurses started to take these types of attitudes and behaviours personally, and this put more strain on their overall mental health. The lack of respect from governments early on during the virus outbreak was worsened by the absence of adequate compensation or financial incentives for nurses who were working extra hours to keep efficient flow in their work organizations (Menard et al., 2023). The unfair treatment, disrespect, and devaluation of nurses created toxicity for their workplaces and their mental health. Nurses working in specific areas were subjected to stigmatization; they were treated differently depending on where they worked and the number of Covid-19 cases in their healthcare setting. The treatment of nurses and impact to their mental health came from failed leadership from provincial and federal governments, hospitals and their policymakers (Crowe, Howard & Vanderspank, 2022). This mismanagement by leaders left nurses to take on work schedules they did not choose and work extensive overtime without being able to take care of their own personal health. Nurses have been struggling to provide high-quality care and be honoured for it in this pandemic due to the unwillingness of all levels of government to cooperate for positive change or respect nurses' contributions and work-related needs. This will be further explained in the next theme.

Theme 3: Shortages of Human and Material Resources

As the fears of the Covid-19 pandemic developed among frontline healthcare workers, nurses were experiencing serious concerns about the deficiency in resources and the number of nurses being deployed across Canada. Having to cope with their own psychological distress, nurses were having difficulty meeting the needs of their patients while also trying to keep themselves and their families safe from infection. Shortage of Personal Protective Equipment (PPE) was one of many challenges for nurses working in healthcare settings, especially those in critical care units as it was mandated for them to frequently change PPE (Crowe, Howard, Wright, et al., 2020). The shortage in PPE caused constant fear and stress as nurses worried that there would not be enough while they were providing care to patients. This also showed how resources were poorly distributed within the Canadian healthcare system during the pandemic. Nurses stated further difficulties that went along with wearing PPE. The constant changing they would need to do, even just to drink water, made them unable to keep their health as a priority. They had to minimize the PPE they needed to remove while saving time to complete their duties (Crowe, Howard, Wright, et al., 2020). Nurses were, and still are, placed in unpredictable situations that compelled them to overlook their own mental and physical well-being. They experienced stress and anxiety around how to correctly put on and remove PPE, as well as discomfort from wearing it for long periods of time. The trouble nurses had in obtaining PPE supplies like N95 masks forced many to re-use the same mask for 12-hour shifts in intensive care units (Gamble et al., 2022). Nurses were not provided with enough resources by their health organizations to fulfill the optimal patient

care they were responsible for. The lack of resources created more negative than positive experiences for nurses in Covid-19. Nurses also reported other shortages and problems, such as insufficient supplies of oxygen while Covid-19 was surging, lack of bed space for patients, and inadequately ventilated hospital rooms (Gamble et al., 2022). These deficiencies in healthcare settings should have been recognized earlier because adequate resource supplies were urgently needed during the surge of Covid-19. The low supply of PPE and delay in response to implementing Covid-19-related policies left nurses too under-prepared for the change in their daily routines to be able to cope with their mental health.

In addition to the shortage of material resources, shortage of nursing staff was another significant concern throughout the Covid-19 pandemic (Gamble et al., 2022). This concern was evident even before the pandemic took place, and the lack of measures to solve it took focus from pandemic response, as existing issues came to the forefront. Staff shortages worsened over the course of the pandemic due to issues of retention, as well as redeployment of nurses to more critical areas (Gamble et al., 2022). The high volume of incoming patients made it hard for nurses to manage. Nursing staff reported negative experiences when redeployed within their hospitals due to the poor quality of training they received (Gamble et al., 2022). There was also no transparency in the information being shared with the nursing staff by their organizations on how they would be redeployed and when it would happen. The reorganization of work for nurses during the pandemic manipulated many to work full-time with irregular schedules constantly changing shifts (Marceau et al., 2022). The next day's routine for nurses would look

drastically different from the one before because they were assigned various roles to control and treat the number of cases in their workplaces. Indeed, this meant that some nurses were less qualified than others to do tasks, and the understaffing problem impacted the quality of care being delivered to patients. The healthcare system was in chaos at this time; patients were not being taken care of efficiently, which took a toll on nurses who were overworked and overstressed within their working environments. The deterioration in material and human resources for nurses during the Covid-19 outbreak showcased underlying work issues in Canada related to the nurses' profession. Along with this, the pandemic offered a moment of change for some nurses in their professional status and how they viewed their future, a theme I turn to next.

Theme 4: Burnout and Re-evaluating Career Choice

The traumatic work experiences for nurses impacted their mental health in ways that were unbearable for them without support. The consequences of caring for patients who were critically ill showcased a never-ending story of the pandemic where “patient after patient was getting sicker and sicker” and this created a sense of hopelessness for nurses who were negatively impacted (Crowe, Howard & Vanderspank, 2022). The high-demanding tasks nurses were assigned to do, along with the interactions they had with their patients, family members, and colleagues, made them unable to express their own feelings and feel disconnected from what they were doing in their workplaces. Some nurses working in critical care units of hospitals stated that they lost their interest in and passion for the nursing profession because of the pandemic's toll on their mental health, which was beyond what they experienced before (Crowe, Howard & Vanderspank, 2022).

Feelings of defeat presented among nurses working frontline since the onset of the pandemic, which showed how their mental health was degrading each day coming to work in an unsystematic and drained healthcare system. Nurses were overlooked by all levels of government and their organizations; they were isolated and treated as just staff members restricted to what they were instructed to do rather than listened to and supported. A common issue for the nursing staff was experiencing burnout at a faster pace during Covid-19 and receiving little support from their management teams (Gamble et al., 2022). The mental health of nurses was not being evaluated in their workplace settings, and this amplified their feelings and thoughts about what they perceived the nursing profession to be. The surroundings of nurses at the time of Covid-19 caused moral distress because of the painful and long-lasting events nurses were exposed to, like patient suffering and/or loss, understaffing in Covid-19 units, and the inability to provide optimal care due to lack of assistance (Gamble et al., 2022). Being at the bedsides of patients and being part of tragic situations became overwhelming for nurses when misguided and ineffective planning and policies negatively impacted the way they did their jobs. Time to grieve for all the lives lost in the pandemic was limited for nurses because they were told by their organizations to continue to do their work duties and grieve later (Gamble et al., 2022). Not being able to grieve restricted nurses to repressing their feelings to be able to cope while witnessing Covid-19 patient deaths at an alarming rate. This carried an extra burden of stress and made it more difficult to manage their personal lives, which made nurses vulnerable to poor mental health.

The lack of professionalism and consideration of work ethics by organizations and governments was noted by more experienced nurses compared to nurses who recently graduated and started to work during the Covid-19 pandemic (Gamble et al., 2022). Nurses were taken advantage of to an extent where many of them decided to reconsider their job choices and find something more stable for their futures. This lack of professionalism also included failure to show compassion to all nurses, regardless of level or position (Gamble et al., 2022). Appreciation and well-funded support were required for positive environments for nurses during the negative exposures of the Covid-19 pandemic. Nurses' intent to leave came from them feeling worthless in their careers and having serious thoughts of potential suicide (Crowe, Howard & Vanderspank, 2022). This severely increased mental health symptoms for nurses who felt hopeless about what to do next if they were going to leave and had family obligations to consider. Nurses in the province of Ontario felt it was impossible for them to keep their heads above water (Menard et al., 2023). Nurses were giving up on staying optimistic and hopeful that their working conditions would improve as the pandemic seemed never-ending with its reoccurring waves. These feelings interfered with the personal lives of nurses and led to burnout in other domains like participating in daily activities. Nurses began to spend more time on their phones, and scrolling through social media to cope with or relieve stress temporarily, until they would go back to work the next day and experience the same challenges again (Menard et al., 2023). Nurses were deprived of their own emotions and isolated, not because they wanted to be, but because it was the way they were adapting to what they experienced at work. The career that nurses once loved and took

pride in became hostile to them, which made them think about quitting. Some nurses expressed regret and guilt for their career choice due to the impact of Covid-19 on their mental health (Menard et al., 2023). Nurses were doubting the way they were delivering care and worried they were not meeting the expectations for the healthcare system in Canada. The commitment nurses have to their profession is critical for them, and as some were questioning this, it impacted their behaviour towards their patients and the family members of patients. It was clear that nurses working in areas heavily affected by Covid-19 were prone to more burnout and uncertainty than nurses working in areas that were less affected (Menard et al., 2023). Yet, regardless of where nurses were deployed, experiences remained similar despite the varying intensity. Nurses were already battling the mental health impact of their work experiences pre-pandemic; this was exacerbated when the pandemic began. The needs of nurses remain unfilled and require an analysis to support their mental health in the way it evolved with the pandemic.

Theme 5: Sustaining Mental Health for the Future

As discussed in the previous themes of this section, there is no doubt that the Covid-19 pandemic negatively impacted the mental and psychological health of nurses. There is a need for support for nurses in various aspects to improve the status of their mental health, and this requires an intersectional lens. Psychological support for nurses should come from different types of sources that nurses interact with daily, and this could include friends and family, coworkers, patients being cared for, and organizational leaders (Marceau et al., 2022). These sources become protective factors for nurses working frontline during the pandemic and are significant in sustaining their mental health.

Support from health organizations for nurses will create positive working environments and decrease mental health symptoms. Managers should be trained in mental illness prevention and symptom screening for their healthcare workers, along with improving the work conditions (Marceau et al., 2022). According to the findings in this research, nurses have dealt with an irregularly high workload and drastic changes to their daily routines. Along with this, nurses were given little recognition or support to be prepared to cope with their mental health. The low readiness to cope with the pandemic while working in a high-risk environment shows a negative alteration to the mental health of nurses. Employees like nurses are placed in vulnerable situations when it comes to their overall well-being (Marceau et al., 2022). Fostering better social support for nurses by adjusting to the challenges seen in the pandemic will promote a sense of belonging and motivation for continuing in their profession as passionately as before.

Valuing the work of staff and appreciating them is something that has been lacking during this pandemic. Nurses have put hard work and dedication into fulfilling their duties as frontline healthcare workers since the beginning of Covid-19, and for them to not receive recognition is truly devastating. Maintenance of mental health was naturally hard during the stages of the pandemic, but when nurses were not supported by their organizations while providing high-risk care to infectious patients, this became an additional burden on their mental health (Gamble et al., 2022). Nurses are specialists with many dimensions to their roles, and they must often take on new areas of learning, especially when it comes to crises like Covid-19. In one study, nurses spoke about how receiving increased financial compensation would be one effort that would show

appreciation for their value during the pandemic (Gamble et al., 2022). Pandemic pay should be initiated by the levels of government in Canada for staff working in healthcare settings. These settings have been repeatedly struck by Covid-19 infection and deserve pay equal to the amount of work they are doing. Implementing higher wages for nurses may also improve retention because low pay has been an issue for them for many years. The present state of nursing salaries explains why many nurses already left Canada for countries like America, as well as the way the governments have structured the healthcare systems to meet nurses' mental health needs.

There has been previous research showing that pandemics, in general, have a powerful physical, emotional, and psychological impact on nurses (Gamble et al., 2022). The mistakes and failures of previous pandemics and the ongoing Covid-19 pandemic have demonstrated a large need to develop policies to support the well-being of nurses and to sustain their mental health in these kinds of emergencies. Psychological support needs to be implemented before, during, and after a pandemic to reduce the feeling of burnout nurses are experiencing. Burnout has negatively affected both the professional and personal lives of nurses, and working frontline makes nurses become more susceptible. This has been related to the under-supported resources provided by health organizations and government health officials (Gamble et al., 2022). The government of Canada must take into consideration the mental health of nurses from the start of the Covid-19 pandemic until now, as well as what future holds for their well-being. Interventions need to be implemented to address the mental health problems nurses are facing in their healthcare settings, including how they can seek appropriate support for

themselves while combating a pandemic alongside other healthcare professionals. The complex factors need to be analyzed as the scope of nursing is very broad in Canada and requires revision that will be sustainable long-term to prevent the harm this vulnerable group has endured.

Many nurses have revealed that unclear communication and inconsistency were a flaw during the Covid-19 pandemic because of the way their health organizations had things organized (Gamble et al., 2022). Each nurse has unique challenges and needs, and having inconsistent measures in place made tasks more complicated. This is where governments and health policymakers need to focus their attention: on the different categories of nurses, to ensure each of them are receiving support for the specific care they are providing. Interventions must be designed at local and national levels in Canada to be effective in meeting the variety of needs within the profession (Cote et al., 2022). For this to be initiated, a close re-evaluation of nurses' roles in the Covid-19 outbreak is needed. Nurses expressing their concerns to decision-makers in their organizations should be urgently advocated for because their voices are still being silenced in policymaking. The common problems nurses experienced during the pandemic should be at the forefront of discussion between governments and healthcare officials, so they can prioritize improvements in nurses' working and personal conditions. Several areas in healthcare settings like hospitals require improvements: communication, leadership, distribution and supply, psychological support, redeployment, and organizational policies (Ralph et al., 2021). Embracing careful planning will show nurses the recognition they deserve from upper management and enhance the transparency in communication. Ambiguity is an

important aspect to employees as it shows the way insufficient information is conveyed to them and how they perform in their jobs with this conflict (Ralph et al., 2021). Being honest and respecting nurses for what they have been doing pre- and post-pandemic is what will keep the trust they have while working in the Canadian healthcare system. Thus, healthcare organizations should be guiding their administrators to support their nursing employees. Nurses should be receiving health insurance where they can have access to counselling services at times they need it the most, as shown in the Covid-19 pandemic. Counselling can help maintain the psychological support nursing staff need to cope with their mental health, as well as broaden the trust they have in their health organizations. The functioning of nurses can be improved and protected by raising awareness of their mental health needs and identifying what is currently available to them and changing it for future crises. A need to rapidly transform the mental health care system for this vulnerable group of health professionals is highly emphasized in this body of research, along with a need for ongoing research to evaluate the effectiveness of programs for nurses practicing in Canada.

Discussion

The literature review on the impact of the Covid-19 pandemic on the mental health of nurses in Canada has shown useful research on PTSD symptoms, with rates of anxiety, depression, and stress; disrespect and disloyalty expressed by organizations, government, and policymakers; shortages of human and material resources; burnout and reconsideration of career choice; and recommendations for sustaining mental health for post-pandemic. There were more reports and articles that identified PTSD symptoms, yet

only a few for ways to improve the mental health of nurses during and after the Covid-19 pandemic. There were some problems with the initial comprehensive search because of its limitations in Canada. The findings from the themes will be discussed in the following section in relation to the policy, practice, and research interventions for nurses' well-being.

The findings in this scoping review reinforce how the mental health of nurses should be understood within an intersectional framework rather than as characteristics of individual nurses. The reason for this is that nurses are collectively a group of professionals working for organizations and are affected by interactions in various social locations that require an analytical framework to understand them. This has been repeatedly shown through the similar, yet unique, perspectives described by specialized nurses working in different care units during the pandemic. Research from previous pandemics and the current pandemic has highlighted their significant negative impact on the well-being of frontline healthcare workers. An overarching theme of psychological distress has been emphasized in the qualitative and quantitative data from the studies in each article. The reviewed studies focused on the role of mental health support systems for nurses working during a pandemic. Mental health support systems specifically tailored to nurses' life experiences should be incorporated into the Canadian healthcare system's response to current and future pandemics. There were more negative impacts associated with Covid-19 than positive impacts for nurses, and this changed their quality of life in multiple dimensions. Studies reported rapid changes to the working conditions of nurses, comparisons of nurses' mental health before Covid-19 with decline once it

started, negative feelings and emotions from nurses working in high-stress environments, and negative effects from their working lives on their personal lives. Several authors discussed the minimal organizational structure and lack of support for nurses, as well as: the trust issues nurses were having with the policymakers and government who were controlling the spread of the infection. When following up with nurses as the pandemic progressed to understand how their experiences had evolved, researchers heard recommendations from nurses working in hospital care settings that should be considered and implemented by their managers and administrators. Authors consistently noted the need for contextual factors, such as working and personal conditions of nurses, to be considered to truly strategize what is required to improve the state of mental health in this profession.

Likewise, an important finding from almost all the articles analyzed in this literature review was that stigma was associated with mental health symptoms in nurses. As nurses were stating their challenges and concerns about the way they felt from the initial phase of Covid-19 until its current phase, they also felt obligated to continue with what they were doing during the pandemic because it was expected of them from their work organizations. The role of nurses has been underestimated when it comes to their vulnerability in crises like the Covid-19 pandemic. Stigma was also portrayed by upper management in care settings as well as government levels and health decision-makers, who oversaw the value and commitment nurses possess in their everyday duties to provide outstanding care to patients without considering what potential risk they may be putting themselves in (Menard et al., 2023). This stigma has restrained nurses from

seeking support for their physical and mental health and has restricted them to handle, alone, all the chaos caused by the Canadian government and healthcare officials since the pandemic was identified. The workforce of the nursing profession is mainly female, and the role of gender is another complex issue. Female nurses are prone to more stigmatization than male nurses because of the way they are positioned in the healthcare system and society (Menard et al., 2023). Women are perceived by society to be caregivers both at home and in the workforce which can lead to pressure to neglect their own health. Nurses experience precarious working conditions because of this, and tension has risen between themselves and the rest of society. The psychosocial distress in nurses came from a variety of sources, created from the way Covid-19 was spreading in Canada. Nurses took overwhelming frustration upon themselves. From pre-pandemic to the mid-phase, the prevalence of anxiety and depression increased by approximately 12% for nurses and nursing caregivers in British Columbia (Havaei, Smith, Oudyk, et al., 2021). The Covid-19 shock experienced by Canada showed a substantial level of unpreparedness that caused many hardships for frontline healthcare workers like nurses. Mental health stigma also emerged within this problem because nurses were required to go with the flow of their health organizations whether or not they were fully trained and equipped to protect themselves mentally from such a virus outbreak.

Nurses reported not being satisfied with the way the healthcare system was recognizing and acknowledging their efforts as being forefront players in saving the lives of those infected with Covid-19 (Gamble et al., 2022). Although hospitals were trying to keep their staff up to date on the quick changes to their rules and practices, this made

situations worse for nurses who were having difficulty absorbing the large amount of information in a short amount of time. Nurses expressed distrust in the system because of the burden it placed on them to fulfill an outrageous number of responsibilities without any support to cope with their mental health conditions. Miscommunication was highlighted throughout the Covid-19 pandemic for nurses as it occurred at multiple levels (Gamble et al., 2022). The unclear messaging from organizations and governments made nurses unable to work as they were used to and made it harder for them to adjust to the changes in their workplaces. Overall, this impacted the quality of care given to patients in healthcare settings, and created an image of the Canadian healthcare system as unable to meet the needs of its healthcare workers and population.

The findings of the reviewed articles in this scoping review showed that more research is required in the area of applying a feminist political economy lens to the nursing profession. Females in general have faced challenges when it comes to their working professions. Even though they have been able to gain opportunities, they remain unrecognized and unacknowledged in their positions and are treated differently than men in the same professions. In 2021, approximately 91% of regulated nurses in Canada were female, showing that nursing continues to be a female-dominated profession (Canadian Nurses Association, 2023). This shows that stereotypical feminine traits of nurses categorize them as a minority group. Some of the reviewed articles mentioned the characteristics of the nurses included in their studies, such as gender, class, and race, because it affected the quality of responses received and the way the respondents were perceived by their workplaces. However, several of the studies focused on the roles of

nurses and how they were tremendously impacted by the Covid-19 response in healthcare settings. The results collected in each of the studies indicated negative experiences related to the mental health of all nurses, taking into consideration the differentiation of factors from their personal lives. Gender does play a significant role in the level of impact the pandemic had on certain individuals; female nurses were more likely to report stress and depressive symptoms than to their male counterparts (Gindi et al., 2022). Most of the respondents in the studies were female nurses, and their responses truly reflected and supported a feminist political economy approach in trying to analyze their representation in society. This approach has suggested that women in the workforce are exposed to adverse health outcomes, as this has been shown in nurses' labour during the Covid-19 pandemic being shaped by intersections of gender and race.

The decrease in the mental health status of nurses created an alarming picture of the pandemic response in countries like Canada. As the country was trying to pay attention to controlling the spread of the Covid-19 infection, at the same time, it showed little attention to its frontline healthcare workers who desperately required support from their organizations and government systems. A capitalistic approach can be identified within healthcare organizations and the government since power is emphasized from their austerity measures and economic policies for nurses (Lokot & Bhatia, 2020). The elevated levels of mental health symptoms in nurses working during Covid-19 captured the moments nurses were at a breaking point: in their careers and their quality of life. The reviewed literature found that nurses expressed their concerns and requested improvements to be made to the current organization of their work settings. Numerous

studies reviewed described the need for nurses to be emotionally supported and valued to preserve their mental health. A recurrent problem for nurses, even prior to the Covid-19 pandemic, is the lack of increase in nursing wages by the federal, provincial, and territorial governments. This is where the first step should come to make nursing worth it. Increased compensation is a visible benefit necessary for nurses to feel invested in the roles they are performing. Mental health awareness has been lacking throughout the pandemic, especially for mental health programs for nurses. Nurses have not been offered mental health programs by their organizations due to low interest within the organizations for providing these types of support. Maintaining the functioning of healthcare settings is a necessary measure, and the damage already noted has caused a lot of suffering for nurses which has placed them in vulnerable positions within the Canadian healthcare system.

As new pandemics begin to emerge globally, the demands of nurses need to be met to prevent previous mistakes and create a guided strategy approach for future pandemics. Such strategies need to be carefully formulated through collaborative work among organizations, governments at all levels, and nurses, to come to the same understanding of what nurses should be receiving to improve their personal and working lives while working in a pandemic like Covid-19. As the reviewed studies mentioned, ongoing systemic interventions, such as psychological interventions and participatory programs are required at an organizational level to ensure the mental health and well-being of nurses (Ralph et al., 2021). The current pandemic and non-pandemic policies in place for nurses need to be revisited by healthcare managers and administrators to correct

errors and prevent them, in the long run. Modifying factors using an intersectional framework will be appropriate for improving the working environment of nurses to reduce their distress (Marceau et al., 2022). Training opportunities on coping strategies for nursing staff are essential in healthcare organizations because they will prepare nurses to take care of themselves in highly stressful situations. All the reviewed studies further stated that future research is required to explore the lived experiences of nurses in a longitudinal context to gain insight into what should be prioritized to meet their needs. The main aims of the reviewed studies have proposed the current challenges imposed on nurses during the Covid-19 pandemic, however, interventions still should be created for nurses specialized in different healthcare settings and will be tailored to meet their needs. Vigilant and benevolent behaviour needs to be demonstrated by healthcare officials, including direct involvement in the delivery of support services for nurses to ensure a resilient health workforce following Canada's response to Covid-19.

Strengths and Limitations

This MRP shows an insightful critical analysis of the systemic challenges to the mental health of nurses working in Canada during the Covid-19 pandemic. This review recognizes the lived experiences and vulnerability of nurses as key to determining why the state of their mental health has been exacerbated to an unbearable degree. This review's exploration of previous challenges leading up to the current situation of psychosocial health has expressed concern for the future of the nursing profession and suggested steps that should be taken to improve health policymaking for vulnerable healthcare workers. A framework was applied that investigated the complicated and

unjustified problems nurses have throughout their careers. Adopting the framework involved implementing a feminist political economy and intersectional approach to operationalize the specific elements putting a strain on and influencing the mental health of frontline healthcare nurses. The feminist political economy approach evaluated the power distributed within the healthcare system and the reality of female workers exposed to precarious conditions, which place them at high risk for poor health and well-being. The intersectional approach provided the various factors related to the mental health of nurses and highlighted the complexity of the current situation for nurses. The underlying causes played a significant role in determining the impact of the Covid-19 virus on nurses working in the Canadian healthcare system. The lives of nurses have shifted tremendously, and negatively, since the onset of the pandemic. The framework with both types of lenses taken into consideration demonstrated the ability to challenge the current political economic practices and resist them wherever possible to protect and advocate for vulnerable working populations. Future research concerning nurses specializing in different healthcare settings would be beneficial to center and focus the various challenges to their mental health that nurses face and the ways these challenges could be managed. With strategies specifically designed to meet nurses' needs, we can facilitate change for a resilient healthcare workforce.

Along with these strengths, there were some limitations to this research study. The search strategy might not have identified all the articles relevant to this MRP's topic. This scoping review was carried out by one researcher, and this could have limited the breadth and depth of literature analyzed and evaluated. Since articles were only accepted if they

were related to the Canadian context and in the English language, this affected the rigorous results obtained. Some literature was missing about the impact of the pandemic on the mental health of nurses as it was published in languages besides English. Limited literature was searched for because of the preference for it to be in Canada, which affected the quality of information and similarity among the articles found. Following the Arksey and O'Malley methodological framework, the quality of the included articles was not profoundly assessed. Along with this, gender, race, and class did play a role in the findings within the articles and the different perspectives on what it means to have positive mental health displayed in the working and personal lives of nurses. Adapting to a framework that would provide a distinctive analysis of the positioning of nurses in the Canadian healthcare system would be interesting in the guidance of future research.

Implications and Conclusion

This review demonstrated that the Covid-19 pandemic has had a disproportionate impact on the mental health and overall quality of life for nurses. An intersectional feminist political approach illustrated the urgent need for a better understanding of the psychological health of nurses working during the pandemic, with respect to their work settings. Research is required for this area in the nursing profession to truly acknowledge and revisit nurses' lived experiences, as Covid-19 still has implications in our lives. Understanding the mental health care system for nurses and the motives which it has been built upon is crucial in determining the challenges nurses face. Adopting a mental health framework is important for researchers to be immersed in the study of nurses' weakened state of mental health and the minimal coping mechanisms available to them. The

political economic system in Canada has been structured in a certain way to meet the needs of governments and healthcare officials, while failing to consider the needs of the rest of the working population, like nurses, who put their own lives at risk in the poor working conditions established for them. This is where improvement is needed to provide appropriate and reasonable resources and support for nurses working in the most critical and unpredictable times.

The implications for health policy and research are interrelated within the context of the mental health of nurses and Covid-19. The existing individual and system levels for nurses in Canada have made them experience negative feelings, which have been heightened since the onset of the pandemic. The multiple power structures in society have shaped the realities of nurses and showcased a normative phenomenon for them. Policies and practices underpinning the hierarchical structures driving the healthcare system in Canada have marginalized the voices of nurses and severely impacted their mental health. The policies created for nurses during the Covid-19 pandemic should address increased funding of resources and support services, which would allow them to cope effectively with the response to Covid-19 within their workplaces. Practices promoting good mental health for vulnerable groups like frontline nurses need to be immediately implemented by healthcare management teams and organizations. Patient care provision also must be considered because patients are the ones affected when nurses experiencing mental health symptoms are unable to care for them at a proficient level.

The barriers to mental health support and services for nurses, set in place by all levels of government and healthcare organizations, have several hostile attributes for the

work environment of nurses. The mental health disorders exhibited by nurses during the Covid-19 public outbreak have impacted their work and personal lives. Ongoing issues in the nursing profession have been noted and cause nurses to struggle to fulfill their desires and wishes as caregivers during the uncertainty of crises like Covid-19. Exposure to the virus at work is already an unpredictable situation for nurses, but precarious working conditions also worsened their work experiences dramatically. The vulnerability of nurses has been taken for granted in Canada due to their unmet needs that have deteriorated their mental health from the response to Covid-19. The contextual factors outlined in this research have emphasized the necessity for reorganization in the delivery of care for nurses and initiation of services to maintain and protect their mental health. When nurses know they are safe and supported in their organizations, they can advance in their professions and take pride in providing exceptional care to patients.

Moving Forward

Research from the ongoing Covid-19 pandemic as well as previous pandemics has raised concerns for the mental health of vulnerable healthcare professionals like nurses. It has been well-analyzed that psychological support can decrease the mental health symptoms experienced by nurses in Canada working in such emergencies. The lack of control in the workplace and support from healthcare management teams in organizations have shown a substantial negative impact on nurses and their well-being. This research literature review has provided a body of knowledge and opportunities to advance in policymaking and practice for the nursing profession. The challenges associated with the governmental and organizational response to Covid-19, including level of preparedness,

communication, and leadership, were frequently noted to be a failure to recognize and prioritize the mental health and wellness of nurses working on the frontline. The Canadian healthcare system has been challenged by the prolonged Covid-19 pandemic. Lessons from the early phase of the pandemic to the current phase have been insufficiently incorporated into interventions designed to lessen impact on the mental health of nurses. Future work on the past and current issues for nurses needs to be directed to the attention of public health policymakers to the changes that are needed to be made.

A starting point for improving the mental health of nurses in Canada is to meet their basic needs: better working conditions, better pay, and better access to counselling through health insurance. The current shortage of nursing staff is a result of the undervaluing and unrecognition of nursing positions in the Canadian healthcare system. Raising nurses wages and offering stable working conditions will restore trust in healthcare organizations and the government. Retaining and recruiting nurses during the pandemic must come from supporting all nurses throughout their careers by avoiding the toll of moral distress they have been experiencing at an unreasonable rate since the Covid-19 outbreak. The pre-existing nursing crisis in Canada must be resolved to tackle the current issues in the healthcare system during the pandemic. Policymakers and government officials must revise policies and implement changes to be involved in the lives of nurses. Monitoring the policies and practices concerning nurses in the long-term will allow nurses to be mentally prepared for future pandemics and to overcome the intention to leave their professions.

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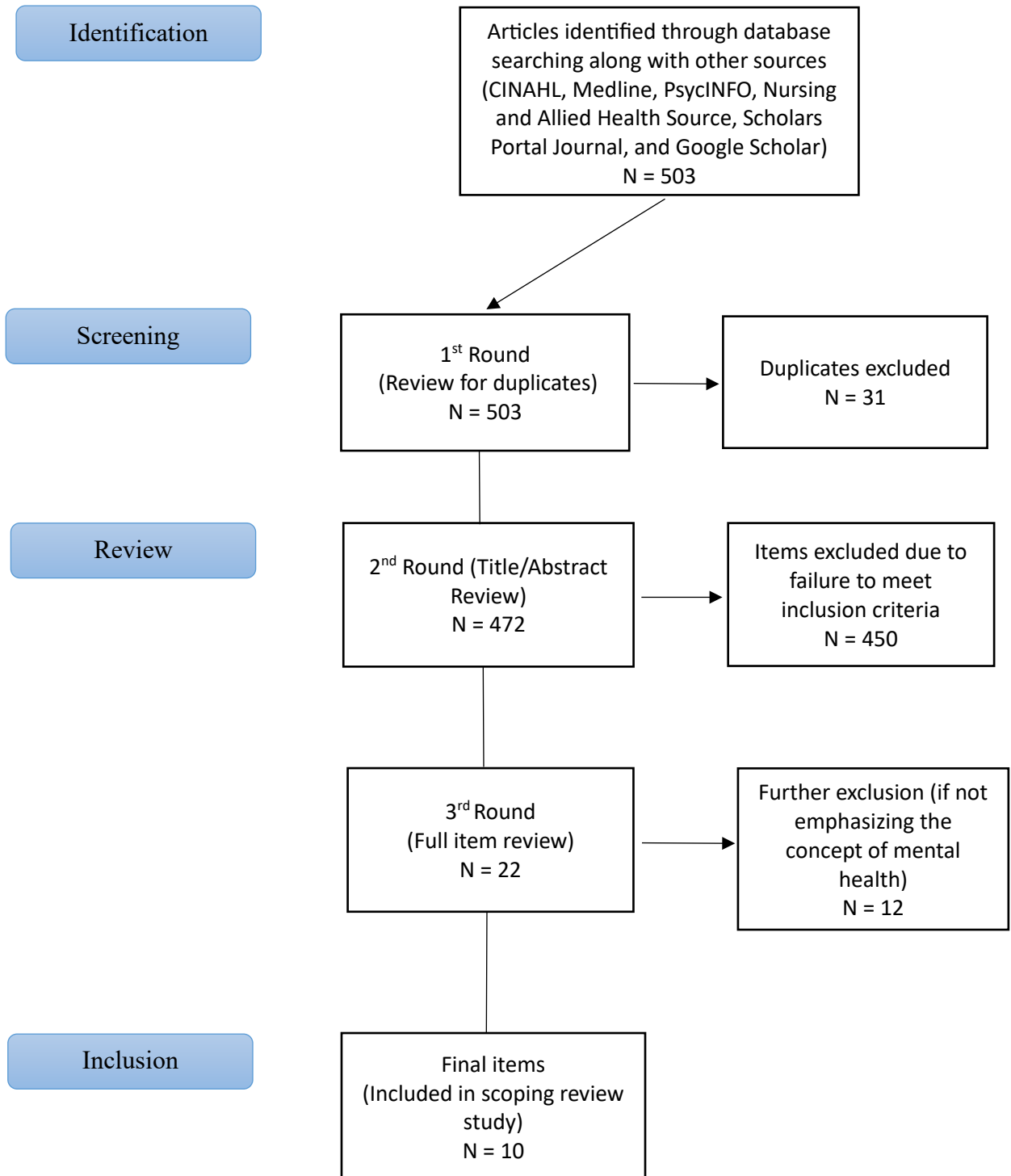
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Appendix A – Search Term Table

| Concept | Search Terms |
|----------------------|---|
| <i>Mental Health</i> | “mental health” OR “mental processes” or “mental disorders” OR “psychological disorder” |
| <i>Covid-19</i> | “pandemics” OR “COVID-19” OR “SARS-CoV-2” OR “infectious disease” |
| <i>Nurses</i> | “nurs*” OR “nurse administrators” OR “nurse practitioners” OR “nurse specialists” OR “nurses, community health” OR “nurses, international” OR “nurses, public health” OR “nursing staff” |
| <i>Canada</i> | “canad*” OR “alberta” OR “british columbia” OR “manitoba” OR “new brunswick” OR “newfoundland and labrador” OR “northwest territories” OR “nova scotia” OR “ontario” OR “prince edward island” OR “quebec” OR “saskatchewan” OR “yukon territory” |

Appendix B – Flow Chart



Appendix C – Charting Summary

| Authors (Year) & Design | Population | Setting | Objective(s) | Themes * | Limitation(s) |
|---|---|--|---|----------------|---|
| <p>Crowe, Howard, Wright et al. (2020)</p> <p>Questionnaires and semi-structured interviews</p> | <p>109 critical care nurses working in intensive care unit or high acuity unit participated in survey</p> <p>15 critical care nurses participated in semi-structured interview</p> <p>Female: 89.9% & 100% Male: 10.1% Age mean: 37.1 years & 38.8 years Years in healthcare (avg): 12.5 & 15</p> | <p>650 large bed tertiary level academic teaching hospital in Western part of Canada</p> | <p>To analyze critical care nurses' mental health who are providing direct care to patients during the first phase of Covid-19 pandemic</p> | <p>1, 2, 3</p> | <p>Sample collected was only from one site & a single moment time</p> <p>Follow-up research is required to view the long-term effects</p> |
| <p>Havaei, Smith, Oudyk et al. (2021)</p> <p>Surveys, social media & print</p> | <p>Over all three periods for each survey, 10,117 respondent</p> | <p>Unionized nurses in British Columbia</p> <p>Three time periods:</p> | <p>Examining the trends over time of Canadian nurses and the prevalence of depression and</p> | <p>1</p> | <p>The population frame was a close representative of the sample in the healthcare sector</p> |

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| advertisements | <p>s were recruited</p> <p>Female: 91.5%, 92.2% & 93.5%</p> <p>Male: 8.5%, 7.8% & 6.5%</p> <p>Age: 18-24 years (3.5%), 25-34 years (25.9%), 35-44 years (26.4%), 45-54 years (24.3%), 55+ years (19.8%)</p> <p>Sector: Acute (62.4), Community (24.6%), Long-Term Care (13.0%)</p> | <p>Time 1 Pre-pandemic (September 2019), Time 2 Early Pandemic (April 2020) & Time 3 (June 2020)</p> | anxiety among them | | <p>Low response rates generalized the findings</p> |
| <p>Gindi et al. (2022)</p> <p>Survey, online</p> | <p>8267 healthcare subscribers, 82.5% of whom were nurses</p> <p>Female: 92%</p> | <p>Text4Hope program, a daily text messaged support launched by Alberta</p> | <p>Analyze the potential predictors and prevalence of stress, anxiety and depressive disorders in healthcare workers</p> | 1 | <p>Risk of selection bias</p> <p>Overrepresentation of females</p> <p>No established control group or baseline prevalence to compare with</p> |

| | | | | | |
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| | Male: 7.5% Age: 31-40 years Post-secondary education: 97.3% | Health Services | | | |
| Crowe, Howard & Vanderspank (2022) Survey, online, closed & open-ended | 425 critical care nurses Female: 92.5% Male: 7.5% Age: ranged from 20-65 years Years in healthcare: ranged from 1-46 Current position mean: 8.3 years | Canadian critical nurses working in intensive care unit, intensive care step-down unit, or high acuity unit during Covid-19 pandemic from May 2021 to June 2021 All provinces in Canada were represented in the sample | Examining the Covid-19 impact on the mental health and overall well-being of critical care nurses | 2, 4 | Small size of critical nurses compared to the large size in all of Canada Critical care nurses self-selected to participate in the study leading to selection bias |
| Gamble et al. (2022) Survey, online & open-ended questions | 168 critical care nurses participated Female: 82.3% | Surveys were distributed to nurses at two different time | Understand the perspective of nurses working in critical care in the ongoing Covid-19 pandemic based on their | 3, 4, 5 | Response rate was too low Most respondents worked in academic hospitals which |

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| | Male: 11.0% Age: ranged from 25-60 years Years in healthcare: ranged from 2-41 Role: bedside nurse (82.3%), charge nurse (14.7), other (1.8%) | points in Canada (March to May 2020 & April to May 2021) | work organization and personal experiences | | does not reflect experience of non-critical nurses or those working in different settings |
| Marceau et al. (2022) Survey, web-based & open-ended questions | 1860 respondents, 774 registered nurses & 43 licensed practical nurses Female: 94.2% Male: 5.8% Age mean: 44.9 years Years of practice mean: 11.9 | Between July to September 2020, cross-sectional study was conducted among the two types of nurses in Quebec province of Canada | Evaluate the personal & occupational dimensions impacted by the Covid-19 virus for licensed practical nurses & registered nurses | 3, 5 | Number of licensed practical nurses is small Missing data for the demographic part of the survey for both types of nurses Transferability of results is reduced due to limited number of male nurses |
| Havaei, Ma, Staempfli et al. (2021) Survey, electronic | 3676 actively working nurses, comprised of | Members were part of the provincial nurses' union in | Exploring the association between workplace conditions of nurses and their | 2 | Low response rates act as concern for generalization and sampling bias |

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| | <p>registered nurses & registered practical nurses (80%) & licensed practical nurses (19%)</p> <p>Gender: not available Age: not available Years of nursing experience : not available</p> | <p>British Columbia</p> <p>Data collection time frame was June 2020 to July 2020</p> | <p>mental health state during the Covid-19 pandemic</p> | | <p>Caution for cause- and-effect conclusions due to nature of study</p> |
| <p>Ralph et al. (2021)</p> <p>Semi-structured interviews</p> | <p>36 nurses living and working in healthcare settings of Canada</p> <p>Female: 86% Male: 14% Age: 23-58 years Nursing experience : 1.5-36 years Hospital units: intensive care, emergency department, Covid-</p> | <p>In-depth interviews were conducted from April to May 2020 through an online platform source</p> | <p>Incorporate recommendations from nurses providing frontline care during the Covid-19 pandemic</p> | 5 | <p>Statistical representation and generalizability are not the main research objectives</p> <p>Views of registered nurses may not reflect those of registered nurses working in other healthcare settings</p> |

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| | specific units, and labour and delivery | | | | |
| Menard et al. (2023) Semi-structured interviews | 36 registered nurses Female: 84.2% Male: 15.8% Age mean: 38.3 | Nurse participants working in American or Ontario hospitals from May 2020 to June 2021 | Following up with registered nurses and their experiences working one year after the onset of Covid-19 pandemic | 4 | 1 year after the initial interviews, some chose not to be re-interviewed for unclear reasons Some original participants may have left their jobs due to unhappiness they were exhibiting |
| Cote et al. (2022) Survey, questionnaires & health-related scales | 1708 nurses and licensed practical nurses Female: 87% Male: 10.9% Age mean: 41.10 Years of professional experience mean: 14.01 Years of experience in current setting mean: 9.14 | Nursing staff working in the province of Quebec & were registered members either of the College of Nurses of Quebec or Licensed Practical Nurses of Quebec Data was collected from July 22, 2020, to | To be able to describe the state of health for nurses working in Quebec at the time of the pandemic, given their work-related attributes and other related contextual factors | 1, 5 | Selection bias since nurses who wanted to participate in the study were contacted Using a single measurement for self-perceived health showed assessment to not be comprehensive Unable to analyze change over time during the Covid-19 pandemic |

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| | | November 16, 2020 | | | |
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Legend: *Theme topic:

1. PTSD symptoms with rates of anxiety, depression, and stress
2. Disrespect and disloyalty from organizations, government, and policy makers
3. Shortages of human and material resources
4. Burnout and re-evaluating career choice
5. Sustaining mental health for the future