

What's it really like to be a nurse during a pandemic?

November 12 2021, by Janet L. Essman Franz



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Nursing, as a profession, received heightened attention during the COVID pandemic. Nurses are hailed as heroes, employed in dangerous front-line work, battling exhaustion and burnout. In reality, the

experiences of individual nurses vary by type of position, geographic location and career experience.

Two qualitative studies led by nursing professor Marcia Bosek shed light on the true, lived experiences of Vermont-based nurses working during the [pandemic](#) and reveals emergent themes and their interwoven relationships. The research also gave nurses the opportunity to share and reflect on their experiences, which Bosek identified as a need.

"At the beginning of the pandemic, the chief nursing officer at UVM Medical Center told me that the nurses wanted to talk about their experience," said Bosek, who serves as Nurse Scientist in the medical center's nursing department. "What they were going through was so different and challenging. They had never experienced a pandemic, the hospital prevented visitors and protocols kept shifting."

The research engaged [hospital nurses](#) in describing their pandemic experiences and the physical, psychosocial and financial impacts related to providing care. The first study took place early in the pandemic, May and June 2020. Three themes emerged: It was a rollercoaster ride; I am proud to be a [nurse](#); we adapted to provide the best care.

One nurse stated, "Providing nursing care during the pandemic has been a rollercoaster you can't seem to get off and something I never thought I would experience in my nursing career."

Respondents did not embrace the "hero" identity, as they were not working on 'the front lines' in a community experiencing a COVID-19 surge. Rather than presenting as heroes, respondents emphasized that nurses are always prepared to provide care in situations like this, because "it's what we've trained for!" They expressed feeling excited to "help others during such a tough time for everyone," and concluded that, "we are amazing at what we do, we go into healthcare because we want to

help people, and this has been our time to shine."

No visitors allowed during this time created a perception that units were quieter and less chaotic. However, prohibiting visitors also limited communication, decision-making and [family support](#) at pivotal moments in a patient's life. The nurses became creative in identifying workarounds to meet needs of patients, families and the health care team:

"I cared for a dying patient during the last hours. The family was not present... I found the patient's phone and figured out how to play music... I was the only reminder in the room that this was a person with a life... now facing death... alone except for me."

One difference observed between nurses who provided direct care to COVID patients and those who did not was that those not providing care for COVID patients expressed feelings of guilt.

A follow up study in December 2020 sought to determine whether Vermont nurses continued experiencing the same feelings, or if their experience had changed.

"Six months had passed since our original study and the pandemic continued. The research team wondered if nurses remained on their rollercoaster ride and what changes, if any, had occurred in their experience of providing care as the pandemic continued," Bosek said. "We wanted to know: Are the nurses still fearful of the future? Do nurses remain proud of their ability to provide care?"

Four themes emerged from the December responses: It feels like a marathon that won't end; you have to take care of yourself or you cannot care for anyone else effectively; our work takes more effort; it is challenging to not be angry.

"The rollercoaster became a marathon that won't end. They went from an up and down scary ride to a trudging race with no clear, recognizable finish line," Bosek said. "The use of the marathon metaphor begs the question as to whether the nurse can successfully complete this race or will fall into an undesired 'did not finish' category due to burnout or exhaustion."

Recognizing a need for [self-care](#) was fueled by the recognition that nurses are responsible for their own family members, neighbors and co-workers. Without sufficient self-reserves, the nurses realized that they would not be able to meet the needs of those depending on their physical and psychological assistance. "Self-care is a must... take time to take care of yourself. At the end of your shift, reflect, take some deep breaths and move on. Remember that you are doing your best and that is enough," one nurse wrote.

Instituting COVID precautions changed how nursing care was provided and challenged the nurses' dedication. It became nurses' responsibility to manage patients' visitors and enforce masking rules. To reduce numbers of people in patients' rooms, nurses took on tasks that licensed nursing assistants would typically do, such as giving baths, feeding and toileting.

"I'm in this marathon, I'm tired, I'm trying to take care of myself, I want to care for people, but it's harder, different and takes more effort," Bosek summarized. "Patients are more ill, not just from COVID but because they delayed care and require a higher level of nursing care, and nurses' roles are expanded."

One respondent wrote, "Life is different. People are different. Patients and families are different." Another wrote, "Visitors have been helpful but mostly non-compliant with mask wearing or visiting hours policies. Puts more stress on...having to be the nurse and the mask police."

As the pandemic continued, nurse participants noted they were struggling not to be angry with people they perceived were making things more difficult for the nurses individually and collectively. They also expressed anger that people are nervous being near nurses for fear they will catch COVID, but they expect nurses to take care of them if they become ill.

"It is hard to go to work in a hospital every day when many Americans are not following CDC guidelines to contain the virus. The public expects nursing and hospital staff to risk their own lives to take care of them while they won't even take simple precautions to protect themselves," a respondent wrote.

Lastly, the nurses perceived that the hospital prioritized the organization's financial outlook over the best interests of the nursing staff and patient care. "The hero stuff at this point doesn't really sit true, when administration starts worrying about our budget again and cuts corners," wrote a nurse.

Based on these studies, the research team recommended examining larger societal questions related to the social contract between the public and health care professionals: "We have to talk about the idea that people in the community aren't doing their part to stay well ... and so nurses have to do more," Bosek said. "Also, actions are needed to minimize the causes of nurses' stress, such as staffing shortages, expanded role, decreased social interaction. It is unclear how effective meditation and yoga will be during a protracted pandemic."

The research team presented at the [Nursing Research Evidence-Based Practice Symposium](#) in November 2021, and manuscripts are out for review.

Provided by University of Vermont

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