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# Experiences of Nurses and Nurse Leaders During the First Year of the COVID-19 Pandemic: An Integrative Review

Jessica Powell BSN, RN, CCRN

## Background

- Awareness of burnout syndromes in nursing increasing before COVID-19 pandemic
- During pandemic workloads increased and patient care became more complex and physically/psychologically demanding
- Increased prevalence and severity of burnout correlates with increased turnover, increased health system costs, and poor-quality patient care. Nurses in the ICU and ED are especially affected
- WHO estimated 7.6 million nurse shortage before pandemic
- Many prevalence studies and qualitative studies had been conducted. No integrative reviews found that compared experiences of frontline nurses and nurse leaders

## Aim

To explore and compare the experiences of nurses and nursing leadership who worked through the COVID-19 pandemic

## Search Method

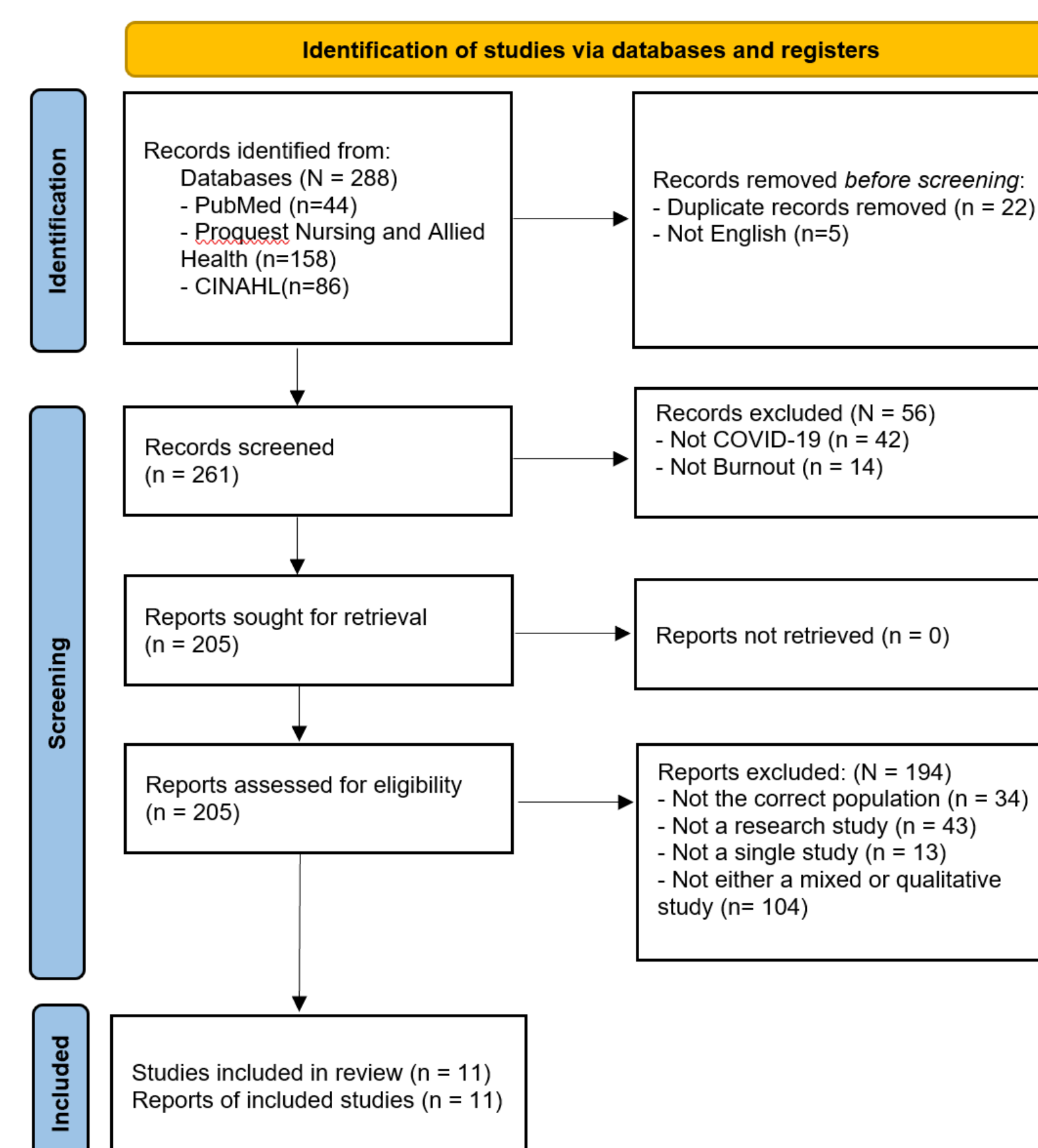
Three databases searched: PubMed, CINAHL and ProQuest Nursing & Allied Health Source

Search terms: burnout, compassion fatigue, nurs\*, leadership, and COVID-19 and the Mesh term, burnout, psychological

Two hundred eighty-eight (n=288) articles retrieved; eleven (n=11) selected for review

Studies had to be either mixed methods or qualitative design

Studies had to include inpatient nurses and nurse leaders caring for COVID-19 patients



## Findings

### Information

Many unknowns; frequently changing information

Nurses need clear, timely information; but it became overwhelming

Participants felt they could not escape constant information; COVID was everywhere

### Safety

Worried about personal and family safety due to uncertainty of PPE use, reuse and availability

Leaders worried about responsibility for staff safety and providing emotional/physical support

### Psychological/Physical

Emotional exhaustion related to constant adaptation; witnessing so much suffering.

Caring for patients in PPE exhausting and uncomfortable  
Some nurses unable to think, talk or focus on anything else

### Patient needs vs. Pandemic

Difficulty balancing safety and patients' psychosocial needs. Nurses became only support person due to visitation policies.

Nurses felt less time spent with patients. Communication through windows and over call systems. Nurses felt quality care of care decreased

### Acknowledgement

Food, finances, and telling staff they are appreciated ensured staff felt seen and heard

Leadership understood need to show appreciation

Community support appreciated

### Protective Factors

Teamwork important; leaning on members for support as no one else understood

Nurses felt sense of obligation and moral duty. What they were doing was meaningful and enhanced their sense of purpose.

Nurses felt they were making a difference

### Changes in Responsibilities

Managing teams required flexibility/creativity. Managing resources was a priority. Long hours, 24 hours a day, 7 days a week.

While nurses struggled to be there for everyone else, many felt alienated and unsupported

## Implications

Understanding lived experience of nurses and nurse leaders working the frontlines during the pandemic is imperative to rebuilding the healthcare system and nursing profession.

Study participants felt it important that their voices be heard. Leadership should advocate for changes within local, state and federal levels. Policy changes may include staffing, compensation, and benefits.

Interventions urgently needed to assist frontline workers in making sense of their experiences. Previous literature suggests using onsite counseling services, well-being clinics, burnout education, and mindfulness education.

## Limitations

Studies reviewed were conducted during first year of pandemic. As pandemic continued more than two years, the experiences and needs of nurses and nurse leaders has likely changed. Perspectives from both early and late in pandemic are needed to develop strategies to mitigate burnout and facilitate crisis management, education, and policies.

The number of COVID-19 cases at the time of study could have affected participant's experiences.

Studies reviewed were not all conducted in United States. Global pandemic and perceptions are of value but important to be mindful of differences in culture and healthcare delivery throughout the world.



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