



NOVICE NURSES' EXPERIENCES CARING FOR ACUTELY ILL PATIENTS DURING A PANDEMIC

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Background

- New graduate registered nurses (RNs) face challenges learning their role as novice nurses.
- The stress of role transition is compounded when met with the severe strain of a global pandemic at the very time when a robust workforce is desperately needed.
- The emotional toll on nurses can be very profound on their personal and professional lives.
- Providing support for these key personnel and retaining these nurses is dependent on understanding their experiences.

Background: Coronavirus Pandemic

- Early in 2020, global pandemic erupted with highly virulent respiratory virus the Coronavirus, SARS-CoV-2.
- One year later it has claimed over 670,000 lives in U.S.
- Infected individuals may experience a mild course of illness while others are overwhelmed by the virus and become seriously ill.
- There were many unknowns about how it spread, how it is treated, how to protect health care workers.
- Nurses were on front lines caring for extremely ill; new nurses were an important part of this workforce.

Important Literature

- Faculty's Role in Assisting New Graduate Nurses' Adjustment to Practice (Sparacino, 2016)
- COVID-19-Related Occupational Burnout and Moral Distress among Nurses: A rapid scoping review (Sriharan et al. 2021)
- Factors Related to Care Competence, Workplace Stress, and Intention to stay among novice nurses during the Covid-19 pandemic (Chen et. al, 2021)
- PTSD symptoms in health care workers facing the three coronavirus outbreaks: What can we expect after the COVID-19 pandemic (Carmassi et al., 2020)

Phenomenology

- Philosophical approach and qualitative research method
- The study of an individual's lived experiences in the world.
- Research strategy well suited for exploring challenging problems where little is known about the phenomenon of interest.
- Researcher must bracket own perceptions and views during data collection and analysis.
- Data may be the basis for the development of quantitative measures.

Purpose



The purpose of this qualitative study was to describe the experience of being a new graduate nurse working in acute care settings with patients with COVID during a pandemic.

Methods

Qualitative phenomenological study

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Inclusion Criteria: Nurses with two years or less of experience working full time in acute care facilities providing acute care for COVID patients in Phoenix, Arizona.

Purposive and snowball sampling methods were used to recruit 13 participants.

Individual interviews were conducted with the principal investigator via teleconference technology in the summer of 2020.

Methods (cont.)

Interview protocol:

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- Individual interviews were approximately one hour long, were recorded, and were transcribed verbatim.
- A semi-structured interview guide was used to collect demographic information and responses to open-ended questions.
- Broad questions were asked:
 - “What are your thoughts about working during this pandemic?” and “Has it affected you personally, and if so, how?”
 Probing follow-up questions were used: “Tell me more about that.”

Methods (cont.)

- Data were analyzed using qualitative thematic analysis.
- Steps to Analysis
 1. Compiling
 2. Disassembling
 3. Reassembling
 4. Interpreting
 5. Concluding
 (Castleberry & Nolen, 2018)

Results: 8 Themes

1. Dealing with Death
2. Which PPE will keep us safe?
3. Caring for high acuity patients with limited training
4. Difficulties working short-staffed
5. Everything is not okay
6. Support from the health care team
7. Nursing education for a pandemic
8. I would still choose nursing



Dealing with Death

- Participants reported experiencing the death of patients with increased frequency despite intense efforts to keep them alive.
- They were greatly impacted by each passing but after a while could not recall each patient in their care who had died.
- They felt responsible to be there for their patients during end of life when family were not able to be there.

Dealing with Death



"The amount of loss that I've seen since March, at first it was always in front of my mind. I would say, I've lost four patients so far, I've lost six patients so far and now the sad truth is, I can't even keep track anymore."

"When you have to sit there and withdraw care at the bedside, it kind of just takes a little bit of your soul away every time you have to do it."

Which PPE will keep us safe?

- Participants expressed concerns about how to protect themselves in patient rooms.
- They reported that the guidelines for personal protective equipment (PPE) changed frequently in the early stages of the pandemic.
- Participants questioned whether some PPE decisions were made based upon available supplies rather than based on new evidence.

Which PPE will keep us safe?

"My first reaction I had the first day that I heard that I was going to a COVID unit was sheer fear . . . So much unknown about the virus and how it spreads and how we protect ourselves."

"They would allow us to go into the patient rooms with just surgical masks on. And we weren't wearing N95s as long as we stood within this box that they had taped off on the floor, because if you were 6 feet away from the patient, they thought you were safe."



Caring for high acuity patients with limited training

- Participants reported that the medical demands of COVID patients required them to pivot quickly to caring for patients of a much higher acuity.
- Many felt inadequately prepared for this transition and described uncertainty about whether they would recognize key symptoms that indicate clinical decline.
- Participants described uncertainty with the new disease process of COVID itself, and the speed at which symptoms appear and patients deteriorate.

Caring for high acuity patients with limited training



"The level of acuity of my patients increased exponentially overnight with no training and we just had to go with the flow and figure out how to handle it."

"The other thing with COVID is just, it just happens so quickly. These patients are declining so rapidly."

"It's just always in the back of your mind. Am I doing enough? Did I catch everything? You know, did I miss something?"



Difficulties working short-staffed

- Staffing shortages were not limited to nursing but also patient care technicians and certified nursing assistants, adding to nursing workloads. Because of the shortage, nurse-to-patients ratios increased as did overtime requests.
- Participants worked extra shifts for a variety of reasons, such as wanting to help the team.

Difficulties working short-staffed



"You have people that are pregnant, you have people that have small children. Everybody has families. Everybody wants to keep safe and so you almost immediately had tons of staffing problems. And you have people calling in because they're scared."

"There used to be all sorts of rules and regulations in place of how many shifts in a row we can work and how many shifts in a pay period you can pick up, but desperate times call for desperate measures, and there were no rules."



Everything is not okay

- Participants described the difficulties in caring for very ill patients, the loss of life, and how it was impacting the nurses' ability to cope.
- Nurses reported nightmares and difficulties with sleeping, depression, anxiety, and fear as they watched the suffering and took it home with them.
- They expressed that they were not able to get away from COVID as it was on the news, radio, social media, and friends inquired.
- Nurses worried about their patients long after their shifts ended.

Everything is not okay

"I'm not doing okay. I'm like, I'm not sleeping. I'm having trouble eating. I'm worrying about my patients all the time. Like I drive home and I am just sobbing like the whole way home. And I just, I don't know what to do."

"So, I think it is incredibly depressing. Not only from the work aspect, but then trying to go home and pretend everything's fine, it's okay, when it's not."

"Being a nurse is hard every day. There are people who die every day and you can't come home and talk to your significant other and spill out all on them, because they didn't sign up for that. That's not fair . . . It doesn't feel like they even understand or comprehend or can really be there for you because they don't."



Support from the health care team

- Participants talked about the importance of having support from other nurses and health care workers who understood what they were experiencing with the demands of caring for very ill, often terminal, patients.
- Nurses described strategies that had emerged to provide support such as texting and calling each other throughout the day and after their shift to offer support.
- Families and friends attempted to be supportive, but the nurses did not feel that they understood what the nurse had just experienced.

Support from the health care team



"The support at the hospital has been incredible. The way the team and all the nurses have just really been doing an amazing job of coming together and supporting one another, whether it's going into a room to help with a task or it's some mental support at the end of the day."

"The last couple months were really tough and I think about how much we all have helped one another."

Nursing education for a pandemic

- Many of the participants felt that an academic program could not fully prepare them for the realities of working in healthcare during a global pandemic.
- They believed that aspects of their academic program effectively prepared them to assume the role of the nurse and that their program allowed them to develop the ability to plan, organize, critically think, and employ flexibility which are qualities they attribute to their success as a nurse.

Nursing education for a pandemic

"I think the reality of nursing school is that not everything is going to copy over directly onto the job."

"I found that post clinical debriefings were so helpful, whether it's regarding a task, medication, or the whole patient experience that we had to deal with that day...Just being able to sit down with a smaller group and really just talk about things."

"The veteran nurses on the floor have seen nothing like this either and they're the people you go to. So, if they don't know what was going on, I don't think there's anything that could have made me more prepared."

I would
still
choose
nursing

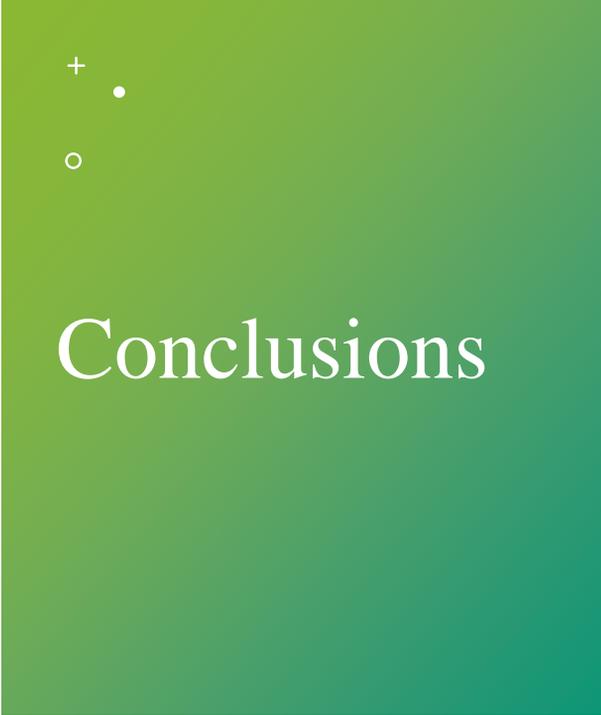
- The majority of participants expressed satisfaction with their decision to become a nurse.
- There was overwhelming confidence in their role and belief that they make a difference in the lives of their patients.
- Participants predicted that they might move away from bedside roles into other aspects of nursing.

I would still choose nursing

"I absolutely would do it again, a million times. I love being a nurse. I love helping people. I don't regret my decision to become a nurse."

"I love what I do. I definitely feel that I am helping people each and every day at work."

"I don't think that I'll stay working inpatient forever. I think this experience helped me realize that for some of us, outpatient where you're not dealing with people dying left and right would be nice."



Conclusions

- The experience of being a new nurse during a pandemic left nurses feeling that they were being changed by the experience and that at times they were overwhelmed and struggled to cope.
- Support from colleagues and coping skills learned during nursing school helped them continue to work to care for those in need.
- Despite unprecedented challenges, most were happy with their decision to become a nurse and plan to stay in the profession.



Recommendations

- Study findings suggest that the nurses were experiencing anxiety, depression and the signs and symptoms of Post-Traumatic Stress Disorder (PTSD).
- Further investigation should be conducted to uncover associations of the impact of these events and PTSD.
- Nurse participants should be studied longitudinally to uncover the impact on future nursing practice.
- Nursing education programs should build mechanisms into programs to focus on high intensity simulations, post-clinical debriefing, end-of-life care, and self-care.

