

## Nurses' experiences among the care leadership during the Covid-19 Pandemic

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### Abstract

**Objective:** To explore the experiences of Honduran nurses related to care leadership during the Covid-19 pandemic. **Methods:** A phenomenological study was carried out. Data collection was through in-depth interviews to 10 nurses from the Covid-19 and critical care wards, and the analysis followed Colaizzi's perspective. **Results:** The analysis revealed 3 main themes, and 8 subthemes. Therefore, emerged the difficulties intrinsic to the nursing resource; Institutional challenges in direct care; The necessary approaches in nursing leadership, and lastly but not least, insights to advanced nursing practices in Honduras. **Conclusions:** The role of nursing in Honduras during the pandemic has been very complex and challenging, an opportunity to visualize the need to invest in decent and stable working conditions, with the relevant legalizations for the autonomous and responsible advanced nursing practice.

**Keywords:** Covid-19. Nursing. Critical Care. Leadership. Qualitative Research. Honduras.

### Introduction

The COVID-19 pandemic presented a significant challenge that exposed public health systems to severe vulnerabilities, characterized by high mortality rates, shortages of healthcare personnel for contingency scenarios, an increased demand for nursing interventions, and the need for specialized care for critically ill patients.<sup>1,2</sup> Nursing professionals in intensive care units (ICUs) and hospital emergency services (HES) faced immense pressure and uncertainty while providing care to COVID-19 patients.<sup>3</sup> These conditions created substantial additional challenges for both the hospital system and nursing professionals.<sup>4,5</sup>

Nursing is fundamentally centered on the provision of care and health services, guided by the professional commitment and responsibility rooted in its theoretical frameworks and scientific principles.<sup>6</sup> Exploring their experiences and perceptions regarding critical care of patients during the pandemic is therefore important to develop a better understanding of the problem and the work process.

Since the onset of the COVID-19 pandemic, the media has highlighted the courage and sacrifice of nurses who relentlessly strive to provide ethical, respectful, and compassionate care,

even in less-than-ideal working conditions.<sup>7-9</sup> However, despite the recognition given to Honduran nurses by the media, there is no record in scientific and academic spaces about the experiences of this profession in relation to the leadership of care in developing countries such as Honduras. This information is crucial for the structuring of advanced practice guidelines and support for legal government management processes in favor of the development of the profession, as well as science.

Thus, this study aims to explore the experiences of nurses regarding care leadership during the COVID-19 pandemic at the Atlántida Regional Hospital (HRA).

### Method

This study employs a qualitative, phenomenological approach, deemed the most suitable for exploring the phenomena under investigation through the narratives of participants. In this case, the focus is on the experiences of nursing personnel working on the front lines at the Atlántida Regional Hospital (HRA) during the COVID-19 pandemic. The participants consist of nursing staff from the COVID-19 and critical care ward at the HRA in La Ceiba, Honduras. A total of 11 participants were selected through purposive non-probability sampling,

based on the following inclusion criteria: being nursing staff responsible for direct care in the COVID-19 and critical care ward at the HRA, with a minimum of six months of experience between 2020 and 2021.

Data collection was conducted in the first semester of 2022 through in-depth interviews, each lasting around 20 to 40 minutes. The interview instrument consisted of five open-ended questions, designed in alignment with the study's objectives, 10 and were conducted under the supervision of an expert in qualitative approaches. The data collection was carried out by nurses who had previously met the participants, which helped create an environment of trust for the expression of different types of experiences.

Data analysis was carried out through the method of constant comparison of the participants' narratives, following the seven steps of Colaizzi's perspective, which consist of familiarization, identification of the main narratives, formulating meanings, grouping themes, developing an exhaustive description, producing the fundamental structure, and seeking verification of the structure.<sup>11-13</sup> Both the data collection and analysis were carried out by the authors of the study, nurses with qualifications and experience in the development of qualitative studies. For the rigor of the study, the perspective of Sandelowski and Beck was followed.

which consist of credibility, adequacy and auditability of the study.<sup>14,15</sup> To establish these criteria, the peer review technique was used with specialists in qualitative studies to review the themes and subthemes according to the participants' narratives; the negative case technique, where all the narratives were compared in search of contradictions; and finally, the review of the groupings and narratives by the members.

As ethical considerations, the project was approved by the Biomedical Research Ethics Committee (IRB 00003070) by the code 048-2022. Each participant had to sign an informed consent form after the interviewer explained the purposes of the study; where the participant allowed the recording of the interviews, and free handling of the findings; the identities of the participants were protected by means of coding, using the code I for Interviewee, followed by the interview number.

**Results**

This study included a total of 11 participants, consisting of 5 registered nurses and 6 nursing assistants. Among them, one participant was male, and 10 were female, with ages ranging from 25 to 38 years. All participants had been working in the intensive care unit at the HGA since the onset of the COVID-19 pandemic, accumulating over two years of experience. An initial analysis of the data identified four primary themes and 10 subthemes (see Table 1). The five key themes that emerged from the analysis are presented below.

*Theme 1. Main institutional challenges impacting the delivery of direct nursing care.* One of the challenges encountered by the nursing staff was the insufficient supply of protective and biosafety equipment, as the amount provided by the institution did not meet the high demand for services. For instance, this shortage led to negative emotions, including fear and anxiety: *"I felt very anxious because I had to spend a lot of time with the patient and without adequate protection we had to improvise a lot."* (I2). *"The fear of getting infected because they gave us a*

*limited amount of equipment, and that had to last for the whole week."* (I9).

**Table 1.** Summary of themes and subthemes of nurses' experiences among the care leadership during the Covid-19 pandemic

Themes	Subthemes
1. Main institutional challenges impacting the delivery of direct nursing care	1.1 Lack of biosafety equipment.
	1.2 Insufficient staffing levels.
	1.3 Deficiency in standardized guidelines
	1.4 Delegation of advanced procedures to nursing assistants.
2. Strategies required for effective nursing leadership.	2.1 Adequate facilities for patient recovery.
	2.2 Ongoing professional development for healthcare personnel.
	2.3 Human resources management.
3. Contributions to Advanced Nursing Practice in Honduras.	3.1 Comprehensive management of patients in critical conditions due to Covid-19.

Participants described how work overload and staff shortages hindered the quality of care, in terms of quantity due to nursing personnel being incapacitated by associated chronic diseases and infections contracted within the healthcare setting: *"Sometimes there was one nurse for 14 critical patients, among those conditions you can't give them appropriate care"* (I6). *"The workload was high, since at the beginning of the pandemic we did not have enough staff for the number of patients in the ward, even worst several colleagues became incapacitated, and we had to cover for them without any kind of remuneration"* (I9).

Due to the pathology's novelty, there were not predefined protocols within the service. Likewise, newly assigned staff weren't provided with specialized training in critical care, nor were they given adequate orientation prior assuming their roles: *"I feel like our performance was affected by the lack of knowledge, and the lack of protocols for specialized care"* (I7). *"The main challenge would be to create new protocols for the care of a patient with COVID-19, since this type of disease had never been worked with ... we were assigned to the room immediately due to the need without receiving any prior training"* (I9).

Nursing assistants had to develop procedures that were not specific to their profiles, in order to support the service in the absence of nursing professionals with a bachelor's degree: *"We learned about oxygen management in critical patients, monitor management, the use of mechanical ventilators, and the application of different types of probes, since there was not always a registered nurse on duty"* (I2). *"I learned about the management of critical patients and complex procedures since many times we were not with a registered nurse"* (I9).

*Theme 2. Strategies required for effective nursing leadership.* The staff emphasized the need for a clean and appropriate environment for the care of patients in the COVID-19 and critical care unit, highlighting this as a priority for nursing leadership. This includes the integration of the cleaning department to ensure continuous terminal and periodic disinfection throughout the unit: *"Dignified and quality recovery of the patient, and that the rooms are not neglected, because terminal*

*disinfection was never carried out in the room, not even the air conditioners cleaning*" (I1).

Nursing personnel highlighted the necessity of a continuous and ongoing training program to ensure the personnel remain updated, thereby guaranteeing the provision of high-quality and compassionate care: *"There must be training and updates on the disease, in order to provide better care to our patients"* (I3). *"The staff that is kept in this room should be continuously trained in what is critical patient care, then this staff may provide good quality care"* (I5).

The participants emphasized the importance of having qualified personnel to perform the specific duties of their roles. This may be achieved through a rigorous selection process that evaluates the academic and professional backgrounds of candidates, ensuring the chosen individuals align with the service's specific needs, rather than being influenced by personal or political factors: *"The hospital itself must focus on hiring more competent staff"* (I5). *"Hiring health personnel as supporting staff, hiring a permanent biomedical professional to review, update and maintain equipment in the ward"* (I8). *"Human resources department and leadership positions must be carried out by the correct and competent people, not by political influence, as happened with this pandemic"* (I11).

### Theme 3. Contributions to Advanced Nursing

*Practice in Honduras.* The hospital established the Adult Critical Care service, which had not been available previously and had been repurposed for other uses. This new space provided nursing professionals with opportunities to expand their practice, enabling them to gain experience in the care of critically ill patients. This included learning processes that had not been part of their professional roles in Honduras, such as the management of non-invasive mechanical ventilation: *"We learned about the management of critically ill COVID-19 patients and the development of complex procedures"* (I1). *"The hospital had a critical care room, which had not been used for many years, with the excuse that there was no trained staff... The space was being used for the Dengue program, but when the pandemic arrived, the need arose to have a specific space for it"* (I7).

## Discussion

Despite the push for new working conditions, the COVID-19 pandemic has had impacts on both the personal and academic aspects of nursing personnel.<sup>16</sup> The participants in this study predominantly identified working in inadequate conditions and lacking the necessary knowledge to manage COVID-19 patients as significant challenges. This situation also prompts reflection on the health education initiatives undertaken by nursing staff and the knowledge-building process, with the goal of promoting health, providing comprehensive care for patients, and ensuring the effective adaptation of healthcare personnel.<sup>17,18</sup>

Despite the crucial role nursing professionals have played during the pandemic, the efforts and sacrifices of the nursing workforce have largely gone undervalued and unappreciated. It is essential to recognize the value of nursing professionals in all aspects, both physical and psychosocial, given the stressful and demanding work environment nurses endure, which often leads

to Burnout Syndrome,<sup>19</sup> which can present as aggression, depression, panic attacks, fatigue, stress, anxiety, which compromises the reputation of the profession.<sup>20</sup>

Nursing involvement during this critical period has been recognized as vital on patient care, as nurses have adapted routines and reorganized spaces to meet the high demand. In essence, nursing has supported the public health system through active participation in prevention and health promotion initiatives.<sup>21,22</sup>

Nightingale's principles have proven to be essential in the global fight against the pandemic, particularly her emphasis on environmental control as a key factor in the spread of diseases, even though these teachings were written over 160 years ago. The importance of hand hygiene and environmental cleanliness has never been more crucial than in the current efforts to control the transmission of COVID-19.<sup>23,24</sup>

Working as a healthcare professional, particularly as a nurse, during the pandemic presents a significant challenge. On the front lines of the fight against COVID-19, nursing personnel plays a pivotal role, comprising approximately 59% of the healthcare workforce.<sup>6-9</sup> This highlights the need to reinvent and value nursing as a profession and an art.<sup>5</sup>

The main challenges faced by nursing professionals during the COVID-19 pandemic include preventing staff shortages and providing psychological and social support to nursing professionals.<sup>25,26</sup> Overall, participants concurred that staff shortages were one of their primary challenges. The insufficient number of personnel led to work overload, which in turn compromised both the quality of care and the efficient functioning of the department.

However, the number of human resources was not the only challenge identified, as nursing staff faced shortages of beds and life-saving equipment. Even worse was the lack of qualified nurses and other healthcare providers and any relevant specific skill sets.<sup>27</sup> This situation highlights the need for specialized and advanced training for nursing professionals in highly complex areas.<sup>28</sup>

It is important to acknowledge that, despite the challenges posed by the pandemic, nursing practice is also influenced by a healthcare model that is centered around a doctor-dominated perspective. This results in lower social recognition for nursing, which can lead to dissatisfaction or disengagement among nursing professionals. Such conditions directly impact the autonomy of their practice, creating a barrier to the development and implementation of new action protocols during the COVID-19 pandemic.<sup>29</sup> All of the aforementioned factors are placing escalating pressure on healthcare systems and their workforce.<sup>30</sup>

As the pandemic advanced, measures for the prevention, treatment, and care of individuals affected by COVID-19 were improvised, leading to confusion and uncertainty during the initial phase. This situation highlights the need for public policies that support continuous training programs to ensure quality interventions and the recruitment of additional nursing personnel to enhance patient safety.<sup>31,32</sup>

## Conclusions

The COVID-19 pandemic has significantly altered the working conditions for nursing personnel, who have faced challenges such as inadequate biosafety equipment, a shortage of human resources to meet the high demand of patients, and the

absence of institutional protocols and care interventions. This has forced the nursing workforce to resort to improvisation, which has compromised both staff and patient safety.

The role of nursing in Honduras during the pandemic has been especially complex and challenging, as the country's health system lacked a contingency plan to address the

emerging issues. Consequently, the public health system must prioritize investments in stable and safe working conditions, promote continuous training, and establish clear policies for advanced nursing practice to ensure the autonomous development of complex care procedures in highly specialized areas.

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