

Coronavirus Impact on Nursing

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Introduction

To this day, nurses always had a key role in the health care system and considered one of the most trusted professions in the world. Nurses have always been trusted and respected in providing the best patient centered care. It is an essential role in the caregiving of the sick, injured as well as healthy individuals. It is a career of great importance. If anyone was asked about their experience during hospitalization, many will mention the care that they received from their nurses. They are more than just doctors' assistants, support staff, someone to hold your hand during a procedure, etc. In fact, nurses do a lot more than to treat diseases than most people realize. They are the intelligence to help bring symptoms down, provide comfort and reassurance. The health care system would not function efficiently as it does today if nurses were not present to perform their duties. Their role, became crucial and urgent come along the Coronavirus pandemic. The pandemic not only took a toll on the population, but nurses were also affected leading to many complications and challenges that require immediate intervention.

Nursing and Coronavirus

Comes around March 2020, Coronavirus or COVID-19 hit the globe rapidly with hundreds of thousands of cases needing healthcare professionals to step up to the frontlines. Coronavirus is an infectious disease caused by the SARS-CoV-2 virus. People who are infected with this virus experience mild to moderate respiratory illness and usually recover by quarantining themselves and without special treatment. However, some become seriously ill and required medical attention. There were mandates on wearing masks every time you went outside, gatherings of more than 10 people were prohibited, people had to be 6-ft apart from each other, everything had to be disinfected if it came outside and then comes along March 13, 2020.

President Donald J. Trump declared a nationwide emergency which led states to shut down, eventually leading the country to participate in isolating and quarantining themselves for months to prevent the spread except for the frontliners. Though as nurses put their lives on the line to fight a mysterious disease, the whole world felt driven to express their gratitude by sending cards, banging pans and pots out their windows, dropping off meals at hospitals and doing anything they can to show how thankful they are. It wasn't really until the pandemic happened that nursing, as a profession, received heightened attention. Nurses were honored as heroes, occupied in dangerous front-line work, battled exhaustion and burnout. Nurses found themselves in situations they've never seen before, always working long hours with limited access to protective equipment as well as expanding their knowledge on how to care for patients with the virus. The pandemic had challenged the resilience and ability of these workers, not just nurses but every health care professional. They raced to care for the physical and emotional needs of patients as families struggled to keep their own worries for themselves and their loved ones at bay. The role of nurses and their experience providing care to patients through a pandemic will continue to be critical in rebuilding the world's health and preparing for the next health crisis if one were to rise again.

As nurses were at the front line of the outbreak and maintained many patients' health status, they also had put their own lives on the line. Going back to the start of the outbreak, Coronavirus was a new disease with limited information about it on the internet and textbooks. No one really knew what to do, what complications could arise, how to care of a COVID patient and how to get rid of it. It only got worse when new variants of the virus emerged gradually as people's immunity to the original strand tapered off. Nurses were exposed to a great deal of hazards that put them at risk of infection, leading them to call and be away from their own

families for a good amount of time to prevent the further spread to their loved ones. Therefore, it was important that they were supported to protect themselves with specific infection prevention procedures as well as sufficient provision of protective gear at their practice setting. This included gowns, masks, eye covers, face shield, gloves, ventilators and more. The amount of protective gear used every hour by nurses was unfathomable. At times, there would be limited protective gear, which led to nurses having to just keep the one they have on to tend care to other patients. The formerly loud and busy hallways felt empty as all the patient doors were closed and had a whole unit closed down specifically for infected patients. Nurses also had to attend multiple huddles and meetings every day to keep themselves updated on the progression of the disease and what to do from there on out. These professionals battled fear, exhaustion, and anxiety daily in protective gear with sweat running down their bodies and N95 masks rubbing their skin raw.

Positive Impact COVID-19 on Nursing

As the months have gone by and health care professionals in collaboration with the World Health Organization and the Centers for Disease Control and Prevention, also known as the CDC, have grasped a much more better understanding of the virus, it still remains a challenge to this day. We never know what is going to happen next. Though as the virus has quieted down and there have been lifts on mandates, we can look at the positive impact it had on the profession. Nurses and professionals have expanded their knowledge on the disease. They are now actively involved in interventions for the disease and remain key members in stopping the pandemic with adequate assistance. From the many huddles and meetings with professionals all around the world, nurses hold a vital function in delivering public awareness regarding disease prevention and in decreasing the circulating myths regarding the virus. This involves countering

myths, guiding people to available health services, and providing supporting evidence-based literature regarding the disease to the population. As they took care of vulnerable patients, nurses developed some of the strongest bonds when compared to other health care providers. The connections they built made patients more responsive to their goals in helping them get better. Whether it would be about medication compliance, health and wellness education, vaccinations, self-care, or medical condition treatment compliance, patients were open-minded and willing. Patients who were sent home once they were able to get on their feet was a victory for these nurses. Again, the role of these nurses in building that trust and educating people about the facts cannot be exaggerated. Because they are consistently ranked as the most trustworthy professionals, nurses are in a unique position to be effective educators who can dispel myths and help people through false or misleading information. Nurses went to various platforms from social media to national radio stations to speak and educate the population on health prevention and promotion.

Further, we can see the role of nurses expanding in the government and public health policymaking. Nurses during the pandemic were exposed to a real-world data set where they could identify trends and recommend solutions. They are educated in the domain of policymaking and are known to advocate for their patients as well as for their profession at the halls of Congress. Nursing associations all the way to the national levels participate in letter-writing campaigns, awareness-raising and informing legislators about the transformation of the practice and opportunities for improvement. Their role is well established in government where they use their expertise in nonprofit and research institutions to conduct research to solve real-world problems and are well represented at every level of pandemic response from advising governments to leading research, coordinating public teams and strategizing humanitarian

responses to COVID-19. As awareness has been raised about the many factors that can affect someone's susceptibility to outbreaks, nurses will be valuable in the conversation about how the public health policy can evolve and improve.

Negative Impact of COVID-19 on Nursing

As we know, vulnerable populations such as older adults, immunocompromised patients, patients with chronic conditions, etc., were affected quite badly leading to poor prognosis or death. Based on studies done, nurses too were greatly affected, despite the proper protective equipment and precautions they took. Though there is limited data available about the number of nurses who have contracted or died from COVID-10, it is estimated that thousands of nurses have been infected or lost their lives while caring for infected patients. It is estimated that nurses comprise 32% of all healthcare worker deaths due to COVID-19 in the United States (Chan et al.,2021). These deaths are a tragic loss and are an irreplaceable gap in the workforce. On a positive note, the reported rate of infections and deaths among healthcare workers has reduced over time but we cannot be satisfied as more work is needed to minimize future complications and trends from arising again.

Health consequences is another compromising effect of the pandemic. Many dealt with excessive stress, fears of becoming infected and grief over witnessing their own patients succumb to the virus while isolated from their loved ones. "A study of healthcare professionals' mental health in relation to COVID-19 shows reports of high levels of depressive symptoms because of concerns about their own health, general anxiety, surges in patients' volumes, equipment and proper protective gear shortages and regulations keeping families apart, especially in circumstances of end-of-life situations, causing secondary trauma and moral injury" (Chan et al.,2021). Workplaces became risky with shortages of adequate personal protective

equipment. Everything kept changing and nurses found themselves caring for patients outside their scope of practice, often with minimal training. Nurses often felt under-educated and under-trained to take care of these patients which only added more stress. Another study shows “about one-quarter of nurses reported anxiety and 17% reported depression among nearing 2,500 nurses surveyed” in four hospitals in New York City (Esposito, 2021). Anxiety and depression were the most common health issue seen in nurses and rates had increased as the pandemic progressed. Under these consequences, it led to many nurses leaving their positions due to the grueling stress brought on by COVID-19.

Nursing Shortage

Even before the COVID-19 pandemic, hospitals faced a nursing shortage. This issue has existed for decades and been associated with adverse outcomes such as increased mortality rates, hospitalization rates, and emergency room rates. “One study projected a shortfall of 510,394 registered nurses by 2030. According to the American Nurses Association, the main reasons for this are due to the waves of baby boomer nurses entering retirement age, a population that will require more medical care, faculty shortages that limit the capacity of nursing schools to accept more students and more nurses leaving the health field altogether because of extreme stress” (Zhang et al., 2018). Since the onset of the pandemic, COVID-19 has intensified some of those conditions. Repeated surges of the virus had made the situation extreme due to nursing burnout and moral distress. During the first surge, it had compelled many nurses and healthcare workers to leave their jobs however a vast majority fought through the despair, exhaustion, and fear. Then new surges of the virus rose and the hope the remaining nurses had were extinguished. They were already tired, weakened and frustrated but got hit once again. In a survey of more than 6500 critical care nurses, 92 respondents reported that the pandemic had depleted nurses at their

hospitals. 66% said they considered leaving the profession because of their experience during the care and 76% said unvaccinated patients threaten their physical and mental well-being (Yang & Mason, 2022). In addition to this factor, staff retention, furloughs and layoffs further added to the shortage. Just prior to the peak of the pandemic, thousands of nurses across the country experienced reduced work hours or were cut all together. Many nurses were laid off or furloughed and this was largely due to the widespread lockdown which shut down many facilities and cancelled many procedures and surgeries, causing surgical centers to close. The public only looked for medical care when it was an absolute emergency which caused a major deficit in the need for care outside of COVID-19 units. Many nurses were unable to leave their homes and families and waited for employment opportunities to return, resulting in nurses experiencing financial and emotional distress. In addition, the inadequate amount of proper protective equipment created an adverse impact on nurses. Nurses reported they felt betrayed by their management and the public who saw them as heroes but did not prioritize their safety. The effects of this contributed to the nurses who resigned, exacerbating workforce shortages.

Nursing burnout, in addition, is a major factor which had led the shortage to heighten. Burnout is characterized by emotional exhaustion, depersonalization, and diminished professional achievement. What directed to an increase in nurses' burnout during the pandemic was a variety of factors such as being a younger age, decreased social support, low family and co-workers' readiness to cope with the outbreak, increased perceived threat virus, longer working time during lockdown without breaks, working in a high-risk environment, working in hospitals with inadequate material and human resources and increased workload and low level of specialized training regarding the virus. The situation keeps growing more extreme throughout the pandemic. Front-line caregivers find themselves vulnerable, both physically and emotionally.

Burnout harms the healthcare system, patients and workers and an urgent need for intervention is needed.

What's Been Done?

With the impact of the pandemic on the nursing workforce, new initiatives on the part of hospital management are needed to overcome the challenges brought upon in addition to the human resource departments becoming more active addressing problems in the profession. Foremost, we can understand that the role of nurses is vital in any challenging situation, therefore their health needs to be protected and safe from harm. Occupational safety is key to nurses work as they are faced with danger on a daily basis. There must be interventions to ensure that the appropriate prevention and steps are taken to reduce the dangers of the workplace. The Steering Committee of the International Year of Health and Care workers in collaboration with a press conference with WHO Director issued a joint statement highlighting their concern about the number of deaths, overall low rate of vaccinations and the vaccine inequities among healthcare workers in many countries. The statement called for immediate and concrete action to protect these workers by “strengthen data collection and reporting on infections, ill-health and deaths among healthcare workers during the pandemic, protect workers during and beyond the current global pandemic and accelerating the vaccination of healthcare workers in all countries” (*Health and care worker deaths during COVID-19*, 2021). It is the moral obligation to protect and invest in healthcare workers to advance in future. Nurses must be provided with a healthy work environment to empower their efforts to control and manage anything (Aryankhesal et al., 2019).

As nursing burnout is a huge factor as to why shortages in the industry are rising, vigorous interventions to maintain workers and address system drivers of burnout is important.

Healthcare organizations across the country are trying to keep the shortage from getting worse and searching for answers on how to provide relief to those who are ready to resign. Mercy, a St Louis-based Roman Catholic healthcare organization, try to fill the loss of nurses in their hospitals by finding adults already established in other careers and encouraging them to become nurses by offering scholarships and flexible clinical hours for training. In addition, “hospitals across the country have also significantly increased salaries for nurses as they compete with one another and travel nursing companies for staff.” It has been reported that the average annual salary for nurses increased about 4% in the first nine months of 2021 (*Burnout in hospital-based healthcare workers during COVID-19 2021*). Parkland Health & Hospital System in Dallas has their doctors stepping up in nurses’ shoes and doing duties such as turning and bathing patients which are normally done by nurses and medical assistants. To add on, University of Arkansas for Medical Sciences Medical Center, they have their administrators recruiting new nurses with signing bonuses of up to \$25,000. Last, UAB Medicine in Alabama has nursing school faculty leading teams of students in turning critically ill patients from their backs onto their stomachs to help facilitate breathing. Staffing shortages plaguing hospitals leads to hospital innovations like above that have never been seen before, from offering employment bonuses and recruiting anyone to fill in the gaps. While there are shortages across all front-line jobs, nowhere is the need greater than in nursing with record breaking numbers.

Travel Nurses

As the shortage continues to be a concern and despite the impact of the pandemic on the workforce, it has been suggested that nurses seek other employment options that would provide them with more control over where and when they work. This is called being a travel nurse as this role provides more options at a higher rate of pay. The demand of this role has exploded

during the pandemic. Travel nurses are just like any other nurse but work short-term roles in facilities around the world. It was popular in the 1980s because of the nursing shortages but in recent times, the role to be a travel nurse has grown around 35% in 2020 and by an additional 40% in the future. A good thing that comes out of this practice is that an individual has the ability to triple or even quadruple their salary. In April 2020, during the early surges, the national wages for travel nurses rose to 25%. Besides the increased pay, travel nurses can decide to work when they want, where they want and take weeks off between their scheduled assignments. However, this can also create a concern to the hospital's full-time nurses in questioning whether they should also make that leap to switching roles. It could cause full-time employees to resign, still adding on to that imbalance in the hospital (Yang & Mason, 2022).

Is there better?

We never know what is going to happen in the future. Though we do know that as our society evolves, new challenges will rise and in hand our healthcare requirements will naturally evolve. Based on research found, there is not a huge, dramatic intervention that human resources are taking to tackle the problems within the system, just small interventions to fix problems specific hospitals have within their system.

Nursing burnout is a complicated problem and cannot be fixed by a single change. It needs to be treated by combining interventions. Healthcare professionals are exposed to burnout due to the nature of their work, taking care of many patients as well as watching the suffering occur. Health is the most important factor in achieving goals. Recognition and prevention of burnout plays a key role at improving mental health and in addition improve the quality of service provided by professionals.

Research shown that hospitals with better staffing and work environments have better outcomes such as less burnout and less intentions to leave the profession. I believe that wage and salaries is a start as it can be associated with the intention to leave. In combination with other factors, there should be competitive pay or at least an increase in salary throughout all healthcare systems. We saw this in a previous example, but that's just a small percentage of healthcare systems. With competitive wages, it can be necessary to recruit a good number of nurses to meet the ongoing demands of the evolving system and prevent shortages that's been happening for years. Another intervention is to have the ability to work a more flexible schedule. This is actually a dream of many nurses, though it is very hard to accomplish. A study shows how employees with a flexible work schedule show greater role satisfaction and a greater feeling of support from the higher-ups because they had that control. Human resource experts express the positives of flexible scheduling and urging employers to welcome this type of system due to the fact that it's been proven to work but again, there has been little change. Going back to the health consequences nurses have reported due to COVID, anxiety and depression being the most common reported, there should be programs within the system to try to reduce health consequences of a demanding workforce such as a stress reduction program. Having a program that cares for their mind and not just their body, nurses could take a little break from the environment and be taught stress reduction techniques for their mental health and stability. To add on, adding this with a holistic approach can be helpful. By offering a spiritual connection with the higher power and taking a more holistic care approach, again it gives them the tools to just meditate and breathe, reducing that stress on the mind and body. In general, interventions should be towards populations of healthcare professionals who are more at risk and well affected. While this applies to the whole population of nurses, those most at risk are nurses who

are younger, recent graduates, those in the emergency unit, those in the intensive care unit as well trainees as they have been through COVID-19, a challenging time of demanding workload and aspects of the work environment such as short staffing, inadequate knowledge of the disease, long working hours and the intense emotional burn amongst other factors. Interventions need to be implemented at the structural and organizational levels of healthcare systems in hand with interventions for an individual's level. According to Science Table: Covid-19 Advisory For Ontario, interventions should be targeting maintaining adequate staffing, authentic leadership, work conditions, confidence in performing relevant tasks, support networks and moral distress. Adequate staffing is a big one as we saw with the shortage. With a great number of nurses on the unit, this won't create such a concern and in hand reduce the stress and burnout nurses experience.

Conclusion

The takeaway? Coronavirus had created such an impact on the world. Though we saw and experienced every corner of what the virus had to offer such as lockdowns and mandates, we can also see nurses as well as the whole healthcare population being impacted tremendously as we saw from the positives and negatives above. Nurses are just like regular people. Yes, they are the ones to take care of us when we are sick, injured or even healthy, but they too, suffer. We don't really know what exactly happens behind the scenes, but we do know vaguely that they are a vulnerable population though they mask up their fears and anxiety and still provide us with the best patient centered care. As to improving the system, there really isn't much or big going on to this day. We see that the work of these nurses is affected tremendously leading to negative impacts on both the nurse and patient and with that, better interventions need to be considered to keep this occupation strong in the long run.

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