

# LESSONS LEARNED BY ITALIAN NURSE EXECUTIVES DURING PANDEMIC TIME: FINDINGS FROM A QUALITATIVE STUDY

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The experience of the Coronavirus Disease-19 pandemic was an unexpected condition for all healthcare professionals, characterized by unprecedented events, which needed of timely responses and complex decisions, not only in the clinical setting, but also in the organizational one. While there are many studies focused on clinical professionals, those including top managers remain occasional and, in any case, more focused on the frontline setting management. Our study has highlighted those important decisions taken by Executive Nurses regarding the allocation of resources, the quality of care, and the context of care, bringing out the fluctuating emotional implications. The lessons learnt by them may address the future pandemic responses.

## Keywords:

nurse  
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## **1 Background**

### **1.1 The pandemics and challenges for healthcare systems**

The Coronavirus-19 (COVID-19) pandemic, which spread globally in early 2020 despite the containment and isolation measures, had devastating consequences for economy, healthcare systems and professionals. In fact, the pandemic triggered a series of emerging challenges for organizations (e.g., lack of resources), imposing a stress test over the healthcare systems (Begun and Jiang, 2020). In general, unexpected events, as the pandemic, are characterized by three dimensions: complexity of the causes, the speed of spread, and the unpredictability of the impact (Begun and Jiang, 2020). More significant are these features, the greater the problems may be encountered (Begun and Jiang, 2020). As COVID-19 pandemic reproduced these features, its management was alligned to major emergencies and catastrophes (disaster medicine) (Begun and Jiang, 2020). The pandemic event was described as an epochal crisis and a threat for global public health (Deldar, Froutan and Ebadi, 2021) creating changes in the mental, social and organisational constructs of healthcare systems and in the roles of healthcare profesisonsl (Aydogdu, 2023). In fact, their field of practice has expanded or modified in different settings than the usual one (Jackson and Nowell, 2021). This unexpected experience required timely responses through challenging decisions, not only in the clinical field, but also at the organizational one (Begun and Jiang, 2020), upsetting consolidated routine practices.

However, while several studies on complex decisions taken both frontline professionals and educators have been produced to date, a few have been conducted in the organizational fields.

### **1.2 Evidence regarding frontline nurses in times of pandemic**

To date, studies on complex decisions during the pandemic period focused primarily on the experience of frontline professionals, i.e. nurses and physicians with clinical responsibilities and roles; on the other hand, research that include managers, especially executives, remain occasional and more centered on nurses with roles close to the frontline (middle managers).

During the pandemic, frontline professionals have been documented to be under significant and prolonged stress were asked to respond to the needs imposed by the emergency, in lack of material and human resources, in a context of uncertainty and conflicting communications (Danesh, Garosi and Golmohamadpour, 2021). One of the first measures taken to deal with COVID-19 was the isolation of patients and professionals, distancing from positive assisted persons, avoiding the contact through physical barriers and personal protective equipment (PPE) (Ambrosi et al., 2020) causing a great impact on nurses' practices resulting in important emotional burden. This caused health problems to professionals and the perception of being under pressure on several fronts facilitated the feeling of psychophysical exhaustion (Danesh, Garosi and Golmohamadpour, 2021). The published evidence reports challenging situations or that mostly had an ethical and moral basis.

Together with the team, even clinical nurses found themselves deciding who to take care of. They had to decide what kind of care to provide, whether to take care of everyone even if not optimally or try to assist only a few people well (Ambrosi et al., 2020). For all the reasons above described, their nursing style underwent changes, jeopardizing ethical and professional values. Moreover, the continuous reorganization undermined each work setting; the nursing care delivery model was also changed, and the safety of patients (and that of nurses) negatively influenced triggering several ethical implications.

### **1.3 Evidence regarding nurse educators in times of pandemic**

In the academic context, the complexities emerged to be similar to that found within the healthcare trusts. In fact, albeit in two completely different scenarios, the problems and the issues that the educators had to deal with were similar. The professionals in both contexts faced logistical issues and had to deal with complex decision-making processes. The peculiar purpose in the educational context was the high-quality student training with a student-centered approach (Ion et al., 2021). Faced with a pandemic event of such magnitude, which no one was aware of, nurse educators had to develop flexibility and the ability to adapt to this crisis. Also in this field, lack of planning (Ion et al., 2021) and of a specific blueprint (Farra et al., 2022) were underlined.

Communication (Ion et al., 2021) and students' support (Farra et al., 2022) were described as fundamental. The most complex decisions were centered on safeguarding safety of staff and students, sometimes perceiving this as an ethical dilemma (Farra et al., 2022). The choices related to safety, in particular of the students, have required to balance risks and benefits, while remaining within the framework of professional and academic standards (Ion et al., 2021).

#### **1.4 Executive Nurses**

Executive Nurses experienced high levels of anxiety and stress in the attempt to manage these critical matters (Gab Allah, 2021). These issues involved not only purely organizational problems, such as the management of human resources or the coverage of shiftwork, but also compassionate aspects, such as providing support both to patients and families and to overwhelmed professionals (Ozmen and Yurumezoglu, 2022). Also, emotional experience of managers was a critical element. In fact, they experienced feelings of anxiety in not being able to provide appropriate care to the citizens (Ozmen and Yurumezoglu, 2022) and they saw their role completely changed (Kagan et al., 2021; Jackson and Nowell, 2021). Situational uncertainty has been the most important issues documented (Farra et al. 2022) as well as difficulties/challenges to ensure the safety of patients and that of nurses (Freitas et al., 2021). Also management of psychological and emotional health issues (Aydogdu, 2023; Deldar, Froutan and Ebadi, 2021) were described as well as concerns for staff well-being (Joslin and Joslin, 2020). The topic of creating a "ad hoc" training for an unknown pathology (Freitas et al., 2021) or concerns for the support of carers and their families through communication (Kagan et al., 2021) were both also preminent. Moreover, Executive Nurses who confronted themselves with inappropriate practices and inequity issues (Atli Özbaş and Kovancı, 2022) have lived moral distress and ethical dilemmas triggering complex decisions (Jeffs et al., 2020). Nurse manager education (Gab Allah, 2021; Jackson and Nowell, 2021), was found to be inadequate for an effective management of emergency situations.

However, after an initial more emotional reaction to the pandemic, in which the most represented feelings were negative, a vision emerged more aimed at capitalizing on a complex experience and seizing opportunities.

## **2 Aim of the study**

The main aims of the study were (a) to explore which were the three most complex decisions undertaken by Executive Nurses (ENs) during COVID-19 pandemic and in particular during the first and second wave; (b) to identify most complex perceived period for ENs in order to develop strategies and blueprints for the future; and (c) to investigate ENs' emotional and professional experience.

## **3 Methods**

By using a 'Reflection on action' approach (Schon, 1983), a purposeful sampling of ENs who managed the pandemic crisis from its beginning to its conclusion were involved. They worked in healthcare trusts located in one of the most affected regions of Italy, which reported the highest cases and deaths.

A descriptive qualitative study design (Sandelowski, 2010) was performed and reported according to the COnsolidated criteria for REporting Qualitative research (COREQ) guideline (Tong et al., 2007). Semistructured interviews were conducted until data saturation (Patton, 2015), transcribed verbatim and analysed by means of a content analysis framework (Elo & Kyngäs, 2008). The study was approved by the Internal Review Board of the University of Udine, Italy.

## **4 Findings**

14 nurse managers participated in the study (10 female). Their mean age was 59 years (range: 51-63 years) and their mean working experience was of 35 years (range: 26-45 years).

ENs highlighted themes related to more complex period, experience, complex decisions, and suggestions for the future. In particular, the first pandemic wave was described as the most complex period of the COVID-19 era with a focus on emotional response. On the other hand, the second and third waves were characterized by managerial and organizational issues.

Regarding suggestions, a picture of general unpreparedness of health systems in dealing with a pandemic crisis emerged. The need of a pandemic blueprint that includes early actions also emerged. It was suggested to create regional and local networks yet preserving a single control body. Moreover, at a local level a clear definition of roles and responsibilities was recommended as well as skills and resources mapping. Furthermore, the importance of working as a multidisciplinary team was underlined in order to achieve shared objectives through discussion, integration and an effective communication. Communication was meant to involve not only relations among healthcare professionals, but also with community. Finally, an appropriate training programme including also simulation, was considered essential as well as psychological support.

The 39 themes that emerged concerning complex decisions have been aggregated into 3 categories: "Undertaking complex decisions", "Implications of a fluctuating emotional experience" and "An experience of growth".

#### **4.1 Undertaking complex decisions**

The first complex decisions concerned the logistics. In particular, hospitals were revolutionized since the beginning to create new intensive care beds or maintain COVID-free facilities. The epidemiological fluctuation made it necessary to constantly reorganize and adjust the results of previous work which aim was to redesign procedures and paths, also redistributing resources and rationing them, especially personal protective equipment.

The spread of the pandemic required the decision regarding who to take care of. ENs in partnership with clinical teams had to decide whether to take care of everyone even if not optimally or to choose urgent conditions to be treated. This was necessary from the moment that COVID-19 patients' treatment attracted all resources. Subsequently, when vaccines were made available, nurse managers had to evaluate the establishment of new strategies functional to the massive vaccination campaign and to decide on an efficient reallocation of the necessary staff, often in lack of the required skills. Staffing shortages were exacerbated when many clinical nurses were positive to the tests, but also when many of them decided to abstain from the vaccine. This has confronted managers with complex decisions regarding the replacement of these resources and the suspension of those that are not aligned

on prophylaxis. Moreover, financial rewards linked to extraordinary activities and shifts coverage, were made available in all companies. This put managers in the difficult position to manage financial resources themselves, impacting the healthcare trusts' budget. Finally, NEs with organizational responsibilities expressed their difficulty in balancing safety and quality of care, having to compromise the latter at times also with limitations to caregivers.

ENs perceived their roles changing and expanding beyond their ordinary responsibilities. This expansion of roles led to the perception of a great sense of responsibility, both professional and in an ethical sense. In addition to the sense of responsibility, nurse leaders, with their decisions, found themselves experiencing a visibility they never had before and suffered a strong and unknown pressure, including the one performed by the social media.

A further element of complexity in the decisions was the total novelty and unpredictability of the situation that led managers to make decisions not always based on the available scientific evidence, often learning only from practical experience.

#### **4.2 Implications of a fluctuating emotional experience**

The strongest feeling was uncertainty, caused by a lack of knowledge of what was happening, so exceptional as to generate a sense of amazement and unreality. Faced with such unusual scenarios, many managers had a sense of helplessness and vulnerability. In such an 'alien context', the perception of the end and the management of the deceased were critical elements even for NEs.

There was also a sense of guilt for the choices made and their consequences. All this increased feelings of discomfort, fear and loneliness in choices. This complex emotional system had brought out the feeling of unpreparedness for the situation.

In addition to emotions, two further themes emerged: the need to face ethical dilemmas and the perception of being completely immersed in the pandemic emergency, having with the feeling of wasting precious time for oneself.

### 4.3 An experience of growth

The pandemic was seen as an extraordinary moment, remembered almost with *détente*. Many participants recognized that they have a great inner strength in facing the situation, strongly believing in their own abilities as leaders. There were also episodes that brought out the satisfaction for one's work, the pride of belonging to the profession and the awareness of having given the best. With respect to the relational network created, issues related to the perception of support by the nursing group with an exceptional sense of belonging to the team emerged.

Finally, participants perceived, despite the difficulties, that they were in a privileged position and that they were lucky to be able to 'live in the moment', while everyone had crystallized their time in the lockdown.

## 5 Discussion

The crisis caused by COVID-19 pandemic involved health systems at all levels. The topic of complex decisions in the pandemic era, undertaken by nurses with organizational responsibilities, inserts itself in the theoretical frameworks of the "Cognitive Continuum" by Hammond (Bjørk and Hamilton, 2011) and "Decision Making" by Johansen and O'Brien (Johansen and O'Brien, 2016).

First, by considering Hammond's Theory of the "Cognitive Continuum", it is possible to verify how the decision-making process was configured during the pandemic period, similar to an intuitive-interpretative model, of which decision-making processes are used for an undefined activity (Sist and Palese, 2023). Intuition, in fact, is an intrinsic component of decision-making that consists of a complex critical judgement summarizing different knowledges in uncertain, ambiguous scenarios (Johansen and O'Brien, 2016). During the pandemic, the problem of health to be managed was configured as an acute, unstable and unpredictable event that required a constant and up-to-date evaluation of events, with a to be defined in a short time response through an unstructured knowledge, given the few notions circulating on the issue.



It is clear, therefore, that the pandemic event generated a condition of high situational uncertainty and a general unpreparedness of health systems to respond to such powerful events. If, on the other hand, we delve into the modality and process according to which decision making was conducted, Johansen's "Decision Making" model provides us with further explanations.

The occurrence of the pandemic and what characterized it, can be considered the antecedents of decision-making, which were influenced by nurses' experiences with organisational responsibilities, conditioned in turn by external factors (context, such as stress and the reference setting, and internal factors, such as experience and values). Within this scenario, the transition from living a given situation to undertaking a consequent decision took shape.

## **6 Conclusions**

In conclusion, the pandemic is read as an event with an unpredictable, acute development and with a need for rapid responses guided by intuition, in a context influenced by antecedents and contextual factors that affect the final objective, that is the decision, indeed.

The results of this study are relevant to understand where nurses with responsibilities have encountered the greatest difficulties. Findings allow to set up plans that can be exploited in the future, encouraging regional and national knowledge sharing and networking, rather than just local connections. To gather suggestions from experts, specifically NEs, is relevant to systematize future informed choices. Further research should investigate in depth causes and effects of the undertaken decisions and how to implement leaders' education on disaster medicine and pandemics.

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