Nurses’ Perceptions of the Work Environment During the COVID-19 Pandemic
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Purpose:
In December 2019, a novel betacoronavirus, COVID-19, rapidly spread throughout the world and was characterized by the World Health Organization as a pandemic in March 2020. The virus causes a distinct acute respiratory disease; care of patients with COVID-19 in the intensive care unit (ICU) requires complex therapies. However, little is known about nurses’ experiences caring for such patients and how the work environment may play a role in supporting nurse well-being. Currently, there are no published studies about nurses’ experiences caring for COVID-19 patients in the United States. The purpose of this study was to understand the experiences of ICU nurses caring for COVID-19 patients located in central Texas.

Methods:
A qualitative descriptive design was used. Using purposive sampling, 10 nurses from one ICU participated in semi-structured interviews. Interviews were recorded and coded; data were analyzed using content analysis. An audit trail was maintained and member checking was employed.

Results:
The participants’ ages ranged from 23-60 years; 60% were female, with most being Caucasian and educated at the baccalaureate level or higher. The work environment was consistently mentioned in the interviews. Nurses reported experiencing high levels of anxiety and stress as a result of caring for COVID-19 patients. Some sources of anxiety and stress were changing organizational, national, and global policies/guidelines. Nurses described their worries about having sufficient personal protective equipment (PPE) over time and the reuse of masks. They also described physical symptoms, primarily headaches, from wearing PPE for an entire shift. Sleep problems were described by most participants. Nurses’ other sources of anxiety were related to fear of contracting COVID-19 themselves, but they were equally stressed about possibly spreading the disease to family members or significant others. Support from leaders at all levels was consistently mentioned as central to a positive work environment. The participants discussed understanding that leaders were doing their best to create a safe and supportive environment for nurses. The implementation of a runner to assist nurses by bringing needed supplies and a PPE Czar to ensure appropriate use of PPE were consistently mentioned in the interviews. Co-worker support was reported as a facilitator that helped participants care for patients. Communication using a variety of methods and technology also were discussed as positive elements of the work environment.

Conclusion:
Leaders must become aware of the psychological and physical effects nurses are experiencing during the pandemic. Nurses' perceptions of a positive work environment included group cohesion among co-workers, first line manager support, senior leader visibility, and clear communication. Implementation of a runner to prevent constant donning and doffing of PPE by nurses was noted to be extremely important. Use of social media and technology improved the perception of reciprocal and transparent communication between the nurses and leaders at all levels despite ongoing changing policies and guidelines. Visibility of senior leaders was an effective intervention mentioned. Regular rounding on the unit by the Chief Executive and Chief Nursing Officers as well as visibility of the nurse manager and director were consistently mentioned as central to a healthy work environment.

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Keywords:
COVID-19, Nurse well-being and Nurses perception of work environment

Abstract Summary:
The purpose of this activity is to share critical care nurses' perception of the work environment during the pandemic. Lessons learned and interventions found to be central to a healthy work environment for critical care nurses were discovered as a result of this qualitative descriptive study and will be disseminated.

References:

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