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Experiences of Nurse Managers in a Pandemic Disaster: A Qualitative Study on COVID-19

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Abstract

Background: Workforce planning and the management of personal protective equipment are important issues in maintaining the quality of care and protecting the healthcare workforce during Coronavirus Disease 2019 (COVID-19).

Aim: This study aimed to explore the experiences of nurse managers regarding the management of nursing services during the COVID-19 pandemic, focusing on their roles in workforce planning, prevention of contamination, communication management, provision of psychosocial support, and leadership practices under crisis conditions.

Methods: A phenomenological research design with purposeful sampling was used among 14 chief nurse officers. Data were collected through in-depth semi-structured online interviews and analyzed using context analysis.

Results: According to the results of this study, the mean age of participants was 33.76±5.26 years, the mean professional experience was 11.46±5.90 years, and the mean working experience as a nurse manager was 7.23±3.90 years. The analysis revealed four main themes: workforce planning and management, prevention of contamination, communication and coordination processes, and psychosocial and leadership challenges. Nurse managers described developing strategies to ensure staff safety, maintain service continuity, and support nurses' well-being during the COVID-19 pandemic.

Conclusion: The study highlights that nurse managers played a crucial role in ensuring the continuity of nursing services during the COVID-19 pandemic through effective workforce management, contamination prevention, and staff support strategies. However, the lack of institutional, psychosocial, and educational support mechanisms for nurse managers created significant challenges in fulfilling their managerial and leadership responsibilities. Strengthening organizational preparedness and targeted support programs for nurse leaders is essential for future health crises.

Keywords: COVID-19, chief nurse officers, nursing leadership, nursing workforce planning, personal protective equipment, qualitative, SARS-CoV-2 infection

Introduction

The Coronavirus Disease 2019 (COVID-19) pandemic clearly showed that many healthcare systems were not ready to solve the problems arising from rapidly emerging public health issues involving large numbers of patients,[1] as they experienced difficulties in consistently applying effective management practices to handle the increased demand.[2] This crisis also demonstrated how nursing workforce and material requirement planning and management practices are important for maintaining healthcare facilities' readiness for new and rapidly emerging situations.[3] Nursing is one of the professions that plays a key role in providing flexibility within the healthcare system in both anticipated or unanticipated situations.[2,4–6] The COVID-19 pandemic has had many physical, social, and psychological impacts on nurses. Furthermore, this pandemic has been experienced as a challenging process for nurse managers, with many additional duties and responsibilities imposed on them.[2,6,7] Nurse managers must ensure comprehensive support for their staff by addressing their physical safety through adequate personal protective equipment (PPE) provision, along with attention to their psychological, social, and financial well-being.[2,8] A study by Bani Issa et al.[9] found that 36.2% of nurses had symptoms of post-traumatic stress disorder (PTSD). In addition, 90.8% of these nurses stated that manager awareness was a significant protective factor in preventing PTSD. This study provides important data in terms of revealing the dual role of nurse managers, since they were expected to serve as staff nurses fighting against the pandemic while also meeting the unique needs of their workforce in their managerial role during the COVID-19 crisis.[10]

The COVID-19 pandemic has brought additional challenges to nurse managers, along with significant responsibilities toward society, patients, nurses, and top management.[11] During the pandemic, however, nursing workforce planning and the delivery of nursing services based on a predetermined model were tremendously effective in the success of combating the pandemic.[2,4,6,12] Nurse managers had to coordinate healthcare services in a context of uncertainty, nursing shortages, and frequently changing guidelines.[7,13] Although several studies have examined the experiences of nurse managers during the COVID-19 pandemic, the number of studies focusing specifically on nurse managers' decision-making processes, institutional leadership roles, and strategic responsibilities remains limited. Moreover, there is a lack of research addressing these issues within the Turkish healthcare context.[2,6,7,12–14]

The COVID-19 pandemic in Türkiye, as well as worldwide, led to a crisis manifested by a shortage of nursing staff and PPE at the beginning. Nurse managers sought different solutions, reorganization efforts, and

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management practices appropriate to Turkish society and the healthcare system to address problems that were quite different, unfamiliar, and challenging compared to previous healthcare issues.[3,15] Drawing lessons and developing sound strategies based on the views and experiences of chief nurse officers during the COVID-19 pandemic would be useful for responding quickly to future health crises. This study aimed to explore the experiences and views of nurse managers regarding the management of nursing services during the COVID-19 pandemic in Türkiye. The study focused on their roles and practices in workforce planning, management of PPE, prevention of contamination, communication and coordination processes, provision of psychosocial support, and leadership under crisis conditions.

Research Questions

1. What are the views and experiences of nurse managers regarding the management of PPE during the COVID-19 pandemic?
2. How did nurse managers carry out nursing workforce planning during the pandemic?
3. What challenges did nurse managers face during the pandemic, and what solutions did they develop?

Materials and Methods

Design

A phenomenological qualitative research design was used, and the findings were reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ).[16] Data were collected through in-depth, semi-structured online interviews.

Participants

The study sample consisted of nurse managers working in hospitals that actively provided services during the COVID-19 pandemic in different regions of Türkiye (Central Anatolia, Marmara, Aegean, and Mediterranean). Participants were selected using purposive sampling to ensure representation from various healthcare settings, including both public and private institutions, and from different geographical regions of the country.

The inclusion criteria required participants to:

(a) hold the position of chief nurse officer or an equivalent senior nursing management role in a hospital,

(b) have actively worked in this position during the COVID-19 pandemic,

(c) be willing to participate and share their experiences, and

(d) have access to an online communication platform (Zoom) for the interview process.

In total, 14 nurse managers participated in the study. The sociodemographic characteristics of the participants are presented in Table 1.

Data Tools

For data collection, the "Nurse Descriptive Information Form" and the "Semi-Structured Interview Form for Nurse Managers," developed to conduct in-depth interviews with managerial nurses, were used. The Nurse Descriptive Information Form included questions regarding the nurses' age, gender, educational level, total duration of professional experience in nursing, the hospital where they worked, their clinical/unit/department affiliation, job position, duration of employment in the current unit, work schedule, and other relevant characteristics. The Semi-Structured In-Depth Interview Form for Nurse Managers consisted of open-ended questions designed to elicit participants' views and experiences regarding the nursing workforce and the availability of materials and equipment used in the provision of healthcare services within their institutions during the COVID-19 pandemic. The seven open-ended questions aimed to encourage each participant to express their opinions, share their experiences, and provide illustrative examples.

Data Collection

The research team consisted of academics with practical experience and expertise in nursing and health management. Eligible participants were identified, and the researcher (AAO) contacted them to schedule an interview. Interviews were conducted by researchers (SSC, AAO). Prior to the interviews, participants were informed about the study via telephone and then took part in individual in-depth interviews conducted through Zoom in a quiet, private environment to ensure confidentiality. The researchers provided detailed information about the study procedures and obtained informed consent from each participant prior to the interviews. All researchers had training in qualitative research methods and experience in conducting such studies. Data were collected through in-depth interviews between 01/05/2021 and 01/08/2021 using a semi-structured questionnaire. To capture different concepts and categories from the interview data, the interviews were conducted until the point of theoretical saturation, where similar content appeared repeatedly and no new categories emerged.[17–19] It was determined that data saturation had been reached after interviewing 14 nurse managers, as no new relevant information could be identified, and the interviews were concluded. The interviews were audio-recorded and lasted an average of 45 minutes.

Data Analysis

The Zoom interviews were conducted by two researchers who were not involved in participants' managerial relationships and were independent of the participants' institutions. The recordings were transcribed verbatim by two members of the research team. The transcribed data were analyzed using the constant comparative method proposed by Corbin and Strauss, which involves analyzing, organizing, and comparing data to identify similar characteristics.[18] During open coding, main themes and subthemes were identified, and the relationships between them were determined through discussion and consensus-building among the researchers.

Rigor

The rigor of the study was ensured by applying the criteria of credibility, transferability, dependability, and confirmability suggested by Guba et al.[17] Nurse managers from 14 different hospitals were included in the study; thus, comprehensive information was gathered on experiences in nursing management during the COVID-19 pandemic.[20] Data were transcribed without commentary and used as direct quotations from the semi-structured interviews. The researchers identified main themes and subthemes, clustering similar ideas to ensure credibility and reliability. The inclusion and exclusion criteria, participant characteristics, context, data collection, and analysis procedures were detailed.[19] To minimize the risk of confirmation bias, the researchers shared transcripts among themselves and reached consensus on the final version of the themes. Guidelines by Brinkman and Kvale were followed to ensure reliability.[21] To ensure member checking, the interviewer verified understanding with participants during the interviews.[21] Then, the findings were summarized and discussed based on the transcripts to ensure that the meanings were captured correctly as expressed and intended by the participants. Finally, the researchers shared comments with each other and reached consensus on the final version of the themes to minimize the risk of confirmation bias.

Table 1. Sociodemographic variables of the participants

Participant	Age	Professional experience (years)	Management experience as a nurse manager (years)	Education
P1	45	26	16	MSc
P2	43	20	10	PhD
P3	53	35	20	MSc
P4	51	32	13	BSc
P5	42	20	15	BSc
P6	48	21	6	PhD
P7	52	34	4	MSc
P8	44	20	5	MSc
P9	50	31	10	MSc
P10	48	30	7	BSc
P11	40	21	13	MSc
P12	59	41	11	MSc
P13	41	17	8	MSc
P14	49	30	4	PhD

Table 2. Themes and subthemes based on participants' experiences and views

Theme	Subtheme	Open code
Managing anxiety	Managing their own anxiety	Being infected with COVID-19 themselves
		Loved ones being infected with COVID-19
		Staff being infected with COVID-19
		Possibility of PPE shortage
		Managing uncertainty
	Managing nurses' anxiety	Being infected with COVID-19
		Assignment to COVID-19 units
		Child/family member care issues
Prevention of contamination	Preventing the spread of infection among staff	Environmental regulation
		Working with the same team
		Social restraint
	Managing PPE	Procurement of PPE
		Distribution of PPE
		Increased need for PPE
Maintaining the quality of care	Reorganization of managerial activities	Frequent visits to units
		Daily meetings with other hospital managers
		Staying at the hospital outside working hours
		Being available 24 hours a day
	Managing the nursing shortage	Short-term assignment within the same hospital
		Short term assignment to different hospitals
		Off-duty assignments of other healthcare workers
		Recruiting nurses from low-activity clinics
		Nurse employment
	Opening and/or reorganization of units	Opening COVID-19 intensive care units
		Opening high-flow units
		Opening COVID-19 units
		Organizing resting areas
	Development of new working models	Accessing and providing scientific information
		Shift work
		Flexible working hours
		Planning maintenance schedules
		Coordination among nurse managers
		Online communication network among staff
	Pandemic-specific training of staff	Senior nurses
		New graduates
		Other healthcare workers
Lessons from the COVID-19 pandemic	Being prepared	Stocking equipment
		Acting promptly
		Training nurses
		Developing an emergency action plan
		Preparing for medical device and PPE needs
	Close and continuous communication	With staff
		With hospital managers
		With government bodies
	Regulation for basic nursing problems	Collaboration with academic nurses
		Assigning specialist nurses
		Solving personnel service and benefits issues
		Appointment of nurse managers based on merit

Ethical Considerations

This study was conducted in accordance with the principles of the Declaration of Helsinki. Ethical approval and written permission were obtained from the Ethics Committee of Koç University (Approval Number: 2020.307.IRB3.114, Date: 02.07.2020) and from the Turkish Ministry of Health. All written materials and audio recordings are stored in encrypted form.

Results

Among the participants, the mean age was 33.76±5.26 years, the mean professional experience was 11.46±5.90 years, and the mean working experience as a nurse manager was 7.23±3.90 years. Of the 14 participants, eight held undergraduate degrees and six held postgraduate degrees. The pandemic experiences and views of the nurse managers are presented under four main themes and 12 subthemes in Table 2.

Theme 1. Managing Anxiety

This theme included two subthemes: managing their own anxiety and managing nurses' anxiety. Most nurse managers reported that they were unable to manage their own anxiety during the pandemic.

> *"...We were worried and anxious just like everyone else. I did not think of myself; I mean, I did not wonder if COVID would be transmitted or if I would get the disease. I was scared like anyone else, but I focused on figuring out how to get through it..."* (P10, 48A, F)

Nurse managers also reported difficulty managing the anxiety of the staff for whom they were responsible. Those who had to manage the anxiety of nurses about infection and working in COVID-19 units, as well as the anxiety of nurses who had children or elderly loved ones in need of care, had to handle the process without showing their own anxiety while experiencing similar feelings themselves.

> *"...You stop thinking about yourself and focus on dealing with the issue. It was a tremendous responsibility on my shoulders that I will never forget... I acted like a detective to acquire information on the patient and protect the nurses, no matter what..."* (P12, 59A, F)

Theme 2. Prevention of Contamination

This theme consisted of two subthemes: preventing the spread of infection among staff and managing PPE. One of the most challenging issues for nurse managers during the pandemic was the prevention of infection. They tried to prevent the spread of infection among staff through the arrangements they made for work shifts and the physical structure of the clinic.

> *"....We created one clean and one dirty zone. The nurse puts on their clothes, gives care to patients, completes the necessary paperwork, takes off their clothes, and moves to the clean zone. Thus, we attempted to avoid virus exposure and transmission to their colleagues."* (P1, 45A, F)

In addition, arrangements for the supply, distribution, and effective use of PPE were also measures taken to prevent the spread of infection. Problems were experienced in the supply of PPE, particularly during the initial period of the pandemic. Nurse managers addressed the need for PPE through activities such as sewing masks, stocking a limited number of PPE items, and assigning nurse managers to oversee their distribution.

> *"The use of all materials increased during this process. I'd say they've all gone up one hundred percent. In particular, the use of masks increased even more... We had the biggest material problem with N95 masks. Since no one had relevant knowledge at first, it was unclear which mask should be used where and how. Therefore, not only clinics that saw patients with COVID, but also those that did not, sought N95 masks. We had a hard time supplying them."* (P5, 42A, F)

Theme 3. Maintaining the Quality of Care

This theme included five subthemes: reorganization of managerial activities, managing the nursing shortage, opening and/or reorganization of units, development of new working models, and pandemic-specific staff training. Nurse managers rearranged their managerial activities, which included actions such as frequent clinic visits that were not routinely scheduled, daily meetings with other hospital managers, being at the hospital outside working hours, and being available 24 hours a day.

> *"We held meetings amongst ourselves as the managers of the hospital in the morning. Later, we made clinic visits with the chief physician or deputy chief physician... We had meetings with the heads of clinics every weekend. We listened to their complaints and tried to solve them."* (P8, 44A, F)

In addition to the existing nursing shortage, the number of nurses infected with COVID-19 and the fact that nurses with chronic diseases and who were pregnant could not work further worsened the nursing shortage, creating challenges for chief nurse officers. In addition to hiring new nurses, efforts were made to alleviate the nursing shortage through practices such as assigning nurses from other hospitals and clinics, recruiting nurses from clinics with low patient density and easier management to COVID-19 clinics, and assigning other healthcare professionals, such as anesthesia technicians, to technical tasks like monitoring fever in outpatient clinics.

> *"We have hired new nurses. You cannot assign the newcomers to every clinic because they do not have any real experience. At first, we usually assigned them to the regular inpatient clinics to learn the organization, and then we had to assign them to the intensive care units."* (P6, 48A, F)

The theme of maintaining the quality of care also included the need for physical arrangements, such as closing and combining clinics, opening new clinics, creating clean and dirty zones, and establishing resting and dining areas for nurses within the limits of available resources.

> *"We frequently opened clinics and intensive care units, especially during the peak times of the pandemic. We converted some clinics, such as surgery and physical therapy, into COVID clinics. We converted the rooms of the operating theaters into intensive care units... we had to convert some clinics into intensive care units, even though they were not properly ventilated..."* (P13, 41A, F)

Developing nursing care standards for COVID-19 infection during a pandemic full of uncertainties for both nurses and healthcare professionals was another subtheme. During this process, nurse managers conducted pandemic-specific training for nurses and other healthcare professionals, onboarded new nurses, and assumed responsibility for both accessing and providing scientific information to their staff. Nurse managers also worked to develop various effective working models specific to the pandemic by learning from experience. While a shift work model was implemented in some institutions, others adopted models such as working with fixed teams whose members were changed as little as possible. Although there was a standard ratio of patients per nurse in COVID-19 intensive care units, no standard practice existed in pandemic clinics.

> *"We did not change the way we work; we used to work usually 08–16 and 16–08 and kept doing so. However, we attempted to alter the content of the shift. We increased the number of nurses in intensive care units so that one nurse could stay inside for four hours and rest for four hours after leaving the clinic. In this way, we ensured that nurses were exposed to the virus for a shorter period."* (P7, 52A, F)

Theme 4. Lessons from the COVID-19 Pandemic

Within this theme, three subthemes were identified: being prepared, maintaining close and continuous communication, and regulating basic nursing issues. The lessons learned by nurses who worked as managers during this exceptional period from their unique experiences were included in the study as the fourth theme. Emergency preparedness was the first subtheme, encompassing the preparation of action plans, training, personnel, and equipment.

> *"...Selecting managers based on merit is crucial in institutions such as university hospitals; only someone with a master's or doctorate degree can represent them properly. When I requested something as a professor, it was not turned down..."* (P4, 51A, F)

The nurse managers recommended maintaining close and continuous communication among all levels, from staff nurses to government bodies, throughout the pandemic. They also emphasized the importance of communication and collaboration with nurse academics.

> *"Nurse managers must maintain their hands-on experience in the field, provide motivation, participate in training, be fair, be proactive about equipment, and communicate well with team members at all levels of management."* (P9, 50A, F)

In addition, the nurse managers noted that problems specific to the nursing profession worsened during the pandemic. They highlighted the importance of qualified nurse managers, the shortage of specialist nurses in the field, and the need to address issues related to nurses' personnel rights.

> *"The only division that will protect nursing in the hospital is the nursing services. I believe that nurse managers should receive excellent training..."* (P2, 43A, F)

Discussion

The literature on the COVID-19 pandemic includes a relatively limited number of studies addressing the experiences of chief nurse officers. This may be because most research has focused on frontline nurses rather than those in managerial positions, and because the nurse manager's role differs across countries and healthcare systems, making comparative research more complex.[2,7,12–14,22,23] To our knowledge, this study is the first to examine the experiences of nurse managers serving as nursing directors across multiple healthcare institutions within a national context.

The first theme identified in this study was "Managing Anxiety." There are numerous studies in the literature addressing the anxiety of nurses and the psychosocial and psychiatric issues related to anxiety during the COVID-19 pandemic.[24] A systematic review by Aruna et al.[24] in 2020 reported that 26.4% of nurses experienced depression, 40.8% experienced anxiety, 42.7% had somatic symptoms, 50.5% experienced stress, and 91.2% reported fear. Nurses were at risk of both psychological and physical problems due to COVID-19. Previous studies have emphasized the crucial position of nurse managers and highlighted their key role in managing the anxiety of staff nurses.[10,12,24] In particular, the systematic review by Aruna et al.[24] found that nurse leaders play a significant role in supporting nurses' mental well-being during crises. In the present study, nurse managers also stated that they felt this responsibility and faced challenges in managing the anxiety of their staff. However, it was observed that they shared similar concerns with their subordinates regarding their own emotional distress. Rodney et al.[12] screened symptoms of PTSD in nurses, including nurse managers, and reported that both staff nurses and nurse leaders exhibited high levels of stress and PTSD severity.

The second theme identified in this study was the prevention of contamination during the pandemic. Nurse managers were responsible for identifying the need for, supplying, and delivering PPE to staff. This process posed challenges, and they had to devise methods to prevent shortages and ensure the provision of PPE in the required quantity and quality when needed. According to participants in this study, PPE was supplied by the state to public hospitals based on institutional needs, whereas private hospitals relied on a stocking method. Nurse managers reported that PPE was commonly distributed daily from a single center, and this responsibility was assigned to nurse managers within the clinics. A study by Yau et al.[25] in 2021 also reported that the best practice was centralization. In addition to ensuring adequate PPE supply, nurse managers played a key role in organizing training sessions to enhance infection prevention and control practices among staff. However, it was observed that a practice such as Infection Prevention and Control (IPAC) teams, which was emphasized as best practice in the same study, was not implemented by participants in the present study, as institutions organized training within their own resources.

Despite the rising number of patient admissions to healthcare institutions, another theme identified in this study was Ensuring Continuity and Quality of Care, which reflects participants' views on maintaining access to healthcare for individuals in need and sustaining the quality of nursing services. During the pandemic, nurse managers had to reorganize the care they were accustomed to providing and adapt to a variety of situations, including the physical arrangement of clinics that were opened or closed almost every day, the reorganization of personnel, and urgent arrangements to replace nurses who were unable to work for various reasons. During this process, nurse managers developed care models by learning from their experiences and testing new approaches. Similarly, in the qualitative study conducted by Vázquez-Calatayud et al.[26] in 2022 with nurses working in different units of a hospital in Spain, maintaining continuity and quality of care also emerged as a major theme, supporting the findings of the present study.

In the present study, it was noted that the nurse managers did not mention any institutional or professional support mechanisms to manage their anxiety, nor the presence of any specific programs designed for them. They also reported that they could not participate in any training or orientation programs for the pandemic, which was a new and uncertain situation for them. During this period, nurse managers were expected to implement stress-reduction strategies for nurses, organize rotational allocations for patients with complex conditions, arrange support services, remain accessible to staff, and ensure both their own and their teams' physical and psychological well-being amid pandemic conditions.[26] In the study conducted by Jackson and Nowell[13] in 2021, it was emphasized that nurse managers did not receive psychosocial or training support despite their increased responsibilities and new duties during the pandemic. Similarly, White[23] in 2021 stated that nurse managers provided psychosocial support to frontline nurses while experiencing the same stress and exhaustion themselves, suggesting that greater attention to their psychosocial needs, interventions to reduce their exhaustion, and readily available support systems are warranted. Providing better training in areas such as disaster management, ethical decision-making, leadership during uncertainty, and maintaining well-being could help nurse managers lead their teams more effectively.[12]

The nurse managers emphasized the importance of being prepared for the unusual conditions of the pandemic, acting appropriately from the moment the pandemic was declared, and maintaining continuous and close communication with staff nurses, other managers, and government bodies. Furthermore, they highlighted the personal rights of nurses and the significance of working conditions during such a critical process as a pandemic. The initiatives of the Turkish Nurses Association (TNA) during the pandemic were also in line with the demands of the nurse managers. The TNA emphasized the importance of close and continuous communication between nurses and decision-makers, as well as issues concerning nurses' participation in decision-making mechanisms, improvement of working conditions for nurses, nurse employment, and the protection of nurses' personal rights.[3,15]

Limitations

This study follows a qualitative design, meaning that the findings are limited to the experiences and perceptions of the nurse managers who were interviewed. The data were collected through online interviews, and the heavy workload and psychological pressure caused by the pandemic may have influenced how participants conveyed some of their experiences during the interview process. Additionally, since the study includes only managers from specific hospitals who were selected based on specific criteria, the generalizability of the results is limited.

Conclusion

The COVID-19 pandemic posed unprecedented challenges for nurse managers, who carried major responsibilities toward patients, staff, and institutional leadership. Unlike previous crises, it required continuous adaptation and rapid decision-making. Nurse managers made significant efforts to reorganize services, develop context-appropriate strategies, and implement solutions consistent with the Turkish healthcare system and cultural context. Their experiences offer important lessons for improving preparedness for future public health emergencies.

During the early phase of the pandemic, nurse managers faced considerable uncertainty due to rapidly changing institutional policies, unclear clinical guidelines, and the unpredictable nature of the disease. They sought context-specific approaches to emerging problems yet initially expressed concern about the outcomes of their decisions. To prevent similar challenges in future crises, pandemic-related issues should be integrated into disaster preparedness plans that emphasize flexibility and continuity of care. Cross-disciplinary training programs that enhance professional adaptability are crucial.

The findings highlight the need for structured psychosocial and educational support to strengthen nurse managers' leadership and emotional resilience. Continuous psychological support mechanisms should also be embedded within institutions. Moreover, documenting the problems encountered, their effects on healthcare delivery, and the effectiveness of implemented solutions will guide evidence-based policy and preparedness planning. Recognizing and rewarding the contributions of nurse managers and other healthcare professionals may further enhance motivation and institutional resilience in future crises.

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