

ORIGINAL ARTICLE

'The office of disaster management' nurse managers' experiences during COVID-19: A qualitative interview study using thematic analysis

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Abstract

Aim: The purpose of this study was to understand the experiences of nurse managers during the COVID-19 pandemic.

Background: There is a growing body of knowledge about the experiences of clinical nurses during COVID-19. However, there is less evidence about the experiences of nurse managers during the pandemic.

Methods: Eight nurse managers, from acute care and outpatient settings, completed semistructured interviews about how their roles had changed during the pandemic, how they felt about these changes, and what had gone well or been difficult. Each participant was interviewed once, for 20–60 min. We used thematic analysis methods to analyse the interview transcripts.

Findings: Nurse managers had to coordinate care in a context of uncertainty and guidance that changed frequently. Participants found that their roles and responsibilities either expanded to include more duties, or they were asked to take on a completely new role, with no orientation or training. Nurse managers were expected to provide support to their staff and patients, but did not necessarily receive support themselves. Participants were expected to plan simultaneously for care during the pandemic and for a return to normal working conditions. These factors contributed to challenging and difficult participant experiences of managing during COVID-19.

Conclusion: Nurse managers' experiences during COVID-19 are influenced by changes to their roles and the support they received. Nurse managers continue to support high-quality care despite working a difficult context.

Implications for nursing management: Where possible, nurse managers can be supported to extend their roles or receive additional education and support if they are required to take on new responsibilities. Nurse managers require support in order to be a resource for their staff.

KEYWORDS

COVID-19, interviews, nursing leadership, practice management, qualitative research, thematic analysis

1 | BACKGROUND

Nurses have faced many challenges in responding to the COVID-19 pandemic. There have been several studies exploring the experiences of clinical nurses during COVID-19 (Labrague & Santos, 2020; Mo et al., 2020; Tan et al., 2020). Nurses experienced significant stress, due to high workload, a lack of equipment and unclear guidance (Liu et al., 2020). Many of these studies make recommendations for nurse managers, including providing additional education, sourcing personal protective equipment and providing emotional support (Chen et al., 2020; Huang et al., 2020).

These findings are valuable for clinical nurses, but may not translate directly to nurse managers' experiences. The roles and responsibilities of nurse managers are different than clinical nurses, as they include higher level leadership and coordinating activities. Evidence suggests that strong leadership from nurse managers results in higher rates of patient satisfaction with care received (Zaghini et al., 2020). This is because nurse managers engage in ad-hoc decision making to ensure clinical nurses can work in optimal conditions (Siirala et al., 2016). The responsibilities for this decision making may have created different pandemic experiences for nurse managers. It is not known if the supports that benefit clinical nurses during COVID-19 would be similarly useful for nurse managers.

There has been a relative lack of research on nurse manager experiences during COVID-19. Nurse managers are leaders who are central to organizational success (Rafferty et al., 2005), an integral part of an effective COVID-19 response (Retzlaff, 2020), and a crucial population to impact clinical outcomes. Although nurse managers have been identified as contributing to an ineffective pandemic response by some clinical nurses (Arcadi et al., 2021), these perceptions have not been explored from a nurse manager perspective.

This study is part of a larger programme of research looking at nurses' experiences during COVID-19. The first phase of the study consisted of a survey for nurses, to explore their experiences of COVID-19 and identify potential opportunities and strategies to support them during the pandemic (Nowell et al., 2020). The current study represents phase two of this study, where respondents to the survey were contacted for interviews. This article presents a qualitative interview study on the experiences of nurse managers during the pandemic.

2 | AIM

The purpose of this study was to understand the experiences of nurse managers during the COVID-19 pandemic.

3 | METHODS

This qualitative interview study consisted of interviews with eight nurse managers, which were analysed using thematic analysis.

3.1 | Sampling and recruitment

In the first phase of this larger study (Nowell et al., 2020) we recruited participants by sending an invitation to complete a survey through email lists, social media and word of mouth (Palinkas et al., 2015). Participants were recruited for this second qualitative phase through the survey, by inviting participants to leave their email addresses if they were willing to complete an interview. Nineteen nurse managers provided their email addresses on the survey. Each was emailed an invitation for an interview at their convenience, with one follow-up email reminder. We opted not to send additional reminders, as we recognized some potential participants may not have had capacity to participate during the pandemic. Eight participants responded and chose to complete interviews. Though the sample size was small, samples of this size have been determined appropriate by Guest (2006) for studies using thematic analysis.

3.2 | Data collection

Semistructured interviews were conducted in July–September 2020 by a PhD prepared registered nurse with qualitative expertise. The interviews were completed over Zoom and Skype, which are rigorous ways to engage with participants (Iacono et al., 2016; Janghorban et al., 2014; Oates, 2015). Participants were not required to have their video on during the call, and the recordings of the interviews were audio only. The interview guide included questions on how participants' roles had changed during the pandemic, how they felt about these changes and what had gone well or been difficult. Prompts were used to explore participants' comments further during the interviews. Each participant was interviewed once, for 20–60 min.

3.3 | Data analysis

We applied a pragmatic approach (Weaver & Olson, 2006) to the data analysis in this study, aiming to fill a gap in the existing knowledge about nurses' COVID-19 experiences. We used thematic analysis methods to identify common themes among nurses managers' diverse experiences (Braun & Clarke, 2019). Thematic analysis is a flexible qualitative analysis method that supports researchers to explore perspectives among participants (Nowell et al., 2017).

Each interview was read, and then coding began with sentence-length phrases in the text. These codes were grouped together to create themes and were adjusted after each interview. After coding three interviews, the coding shifted to longer phrases of several sentences. An effort was made to move from descriptive codes to interpretive codes, to identify the broader connections among participants' experiences. After each interview was coded, the coding matrix was reviewed to identify the salient elements in the participants' experiences.

3.4 | Rigour

We used several rigour enhancing strategies during the current study. The interviews were transcribed verbatim by a professional transcriber and verified for accuracy (Morse & Field, 1995). The interview transcripts were organized in the data management software, NVivo v. 12 Plus. The sampling strategy supported credibility (Morse et al., 2002), as the participants had been screened using their survey responses. Reflexive memos and written reflections were created alongside the coding process, to help make sense of participant experiences (Guba & Lincoln, 1994; Morse, 2015; Nowell et al., 2017). The process of reviewing themes, reflecting on codes and well-organized records also supported the rigour of this study (Nowell et al., 2017).

3.5 | Ethics

Ethical approval for all phases of this study was obtained from the university research ethics board, protocol number REB20-0633 on 29 April 2020.

4 | FINDINGS

4.1 | Participants

Eight nurse managers participated in this study. Their demographic information is presented in Table 1. All of the study participants

TABLE 1 Participant demographics

Category	Demographic subcategories	N	%
Country	Canada	7	87.5
	USA	1	12.5
Age	25–34	1	12.5
	35–44	3	37.5
	45–54	2	25
	Above 55	2	25
Race	Black	1	12.5
	White	7	87.5
Years in current position	Less than 1 year	2	25
	1–4 years	4	50
	5–9 years	2	25
Highest level of education	Bachelor's degree in nursing	1	12.5
	Post-diploma certificate	2	25
	Master's in nursing	5	62.5

were female. The majority of participants were from Canada (87.5%) and had a master's in nursing degree (62.5%). The participants managed diverse areas that included medical-surgical areas, palliative care and outpatient services. During COVID-19, several participants were asked to manage additional areas, while others were redeployed to completely new management roles. The participants were responsible for supporting patient care, maintaining staffing, managing budgets and ensuring operations continued.

4.2 | Overview of findings

There were several themes identified in participants' experiences, listed in Table 2. COVID-19 was the dominant contextual factor for participants, who reported that they had to work in a context of uncertainty and in challenging political climates. Participants' work changed, either by expanding their roles and responsibilities, or by changing to new management roles altogether. While working in these roles, nurse managers managed transitions and maintained care quality. Nurse managers also needed support themselves, to continue working in a stressful context. These findings are discussed in more detail in the following sections.

4.3 | The COVID-19 context

The context for the participants was based on responding to COVID-19. Nurse managers had to coordinate the clinical response to COVID-19 with varying degrees of organizational preparation. This participant explained that her role was characterized by its purpose in the pandemic: *The type of work that we do? Well, I refer to it as the Office of Disaster Management (M7)*. Managing these disasters took many forms, and all participants were responsible for overcoming various tensions to enable a safe response during the pandemic.

TABLE 2 Study themes

Themes	Subthemes
The COVID context	Planning during uncertainty
	Navigating the political climate
Changing the nurse manager role	Expanding roles and responsibilities
	Changing roles and responsibilities
Managing transitions	Patients transitioning through the healthcare system
	Workplace transitions in response to COVID-19
	Maintaining quality through problem solving
Nurse manager experiences of COVID-19	

4.3.1 | Planning during uncertainty

In some cases, plans were in place from planning for outbreaks like SARS or Ebola, such as how to isolate a small number of patients needing airborne precautions. However, participants reported that they were not prepared for the scale or duration of the COVID-19 pandemic. This participant explained that the organization had emergency response plans in place, but COVID-19 exceeded any planning projections.

I do not think we all thought that it was going to get to where everybody was being self isolated and quarantined. And then no visitors in the hospital, and stuff like that. I do not think we ever thought we'd get to that level, not here (M8).

While there had been various plans in place to manage smaller numbers of patients, participants reported being overwhelmed with the dramatic and sudden changes in their work.

There was a lack of planning about how to manage large numbers of staff being affected by the pandemic, in addition to patients. This participant explained that they had prepared for patient care, but were unprepared for high numbers of staff contracting COVID-19.

So, there was absolutely nothing. No documentation, no training, they [people responding to staff cases] were all just nurses from all over the organizations and no one had an occupational health background. No one knew how to deal with an outbreak. What are you supposed to do? (M2).

This participant's role was to organize a response to staff cases of COVID-19 and struggled with the lack of planning for managing isolation and testing protocols. The participant who managed the staff cases of COVID-19 was redeployed from acute care management and was not from an occupational health background. Participants had to create new working procedures from scratch, such as a staffing management plan when large numbers of nurses were unavailable. As staff came in contact with potential COVID-19 positive patients, they were required to isolate, which resulted redeployment and staff shortages.

Participants reported that personal protective equipment (PPE) was a significant concern, and much of their work included managing shortages of PPE and trying to protect their nursing staff. This participant reported that different clinical areas had different PPE guidelines, which raised concern about staff safety.

When they made a decision on Tuesday night that every employee will wear PPE beginning tomorrow morning at eight o'clock. Some buildings did not have enough PPE for the people in them. So, that was frightening for the nurses, it was frightening for any health

care provider. Do I get a mask? [as a nurse manager] I do not get a mask today, then they gave me a mask and by four o'clock he told me to take my mask off and I'll get a mask next week. What's different, why am I different? Why am I being denied my PPE? (M7).

This participant identified that she was not receiving adequate PPE, and her staff felt unsafe without supplies. The sudden changes meant that not all clinical areas were prepared when new guidelines were put in place. There was also unclear guidance for this participant, which left her feeling scared and unsupported. There was uncertainty around the PPE requirements for nurse managers, who were also managing anxiety about PPE from staff.

Participants also had to embrace new ways of working, in lieu of travel or face to face communication. The use of technology was prominent, and many participants reported challenges when they were told to work from home. This participant explained how changes from COVID-19 were initially seen as temporary, but have become more ingrained in daily care. 'It's definitely introduced new ideas about how work can be done. And I think some of those ideas, like virtual care is one of them (M1)'. This participant explained that it was difficult to manage a unit when she was not there to observe the issues and speak with staff in person. Some participants had to adapt to working online and relying on different sources of information, such as videoconference calls.

4.3.2 | Navigating the political climate

Nurse managers had to contend with a context that was inherently political. Decision making was not always driven by evidence; choices also reflected the dominant political climate. For participants, the political climate could refer to the facility, state/provincial level or national levels of policy makers. One participant reported difficulty getting senior management to respond to COVID-19 at all, due to the messaging from political leaders.

Everyone was still going into the office that I reported to. And it was very much. 'Oh, this is a hoax. We do not know why people are getting crazy. This is all a hoax. The President said it will be fine. People just need to stop panicking.' (M3).

This participant explained that she was trying to mobilize an organizational response and begin working from home. Her supervisors did not take the pandemic seriously because of political messaging and refused to switch to online working for any employees. In turn, that supervisory attitude made it extremely difficult for her to respond to COVID-19 in her department. Other participants reported that delayed allocation of emergency funding limited participants' abilities to buy extra supplies or pay for additional staffing.

4.4 | Changing the nurse manager role

Within this context, nurse managers reported that either their role expanded to include additional, but familiar responsibilities, or their roles changed completely. These experiences are contrasted in the following section.

4.4.1 | Expanding roles and responsibilities

In some cases, nurse managers had a similar role, with expanded scope of responsibilities, that is, managing three to four clinical areas instead of one. Although this did present challenges, nurse managers could adapt to these new ways of working more easily, as the work was familiar. Participants whose roles expanded drew on experience from SARS and Ebola. They managed issues that they had addressed previously, such as staffing capacity. 'Some of the medical units had a different focus and became COVID units. The acuity was quite different, so they needed to increase staffing (M5)'. While these changes could be stressful, participants also reported that they could anticipate potential problems and create solutions because they were familiar with the clinical area and its resources. Expanded roles were stressful, but also contributed to nurse managers' pride in their work.

4.4.2 | Changing roles and responsibilities

In contrast, other nurse managers' roles changed dramatically, where they were expected to take on a completely new role, with little or no training. These participants were redeployed, or had been assigned an area where they were unfamiliar with the role. This participant stated that many of her staff were moved to higher acuity areas, and she had to cover positions across her clinical area.

So, I was doing probably 4 different jobs. I lost my admin because she went to [facility]. I lost my intake nurse in hospice. And I lost a couple of my nurses, and my social worker was working from home, and we had no other people allowed in, or any of our other therapists. So, yeah, I mean I was doing everything from cooking lunch, because we have a kitchen that usually the volunteers use to make food for patients, to being a bedside nurse, to doing all the referrals and administrative stuff (M6).

Nurse managers expressed a commitment to their colleagues and patients and wanted to maintain a high quality of care during COVID-19. However, changing roles was exhausting, and led to a high degree of self-reported burnout among participants. The broad skill set of Registered Nurses meant that participants were pushed into difficult situations without adequate support, assuming their professional designation meant they could manage the challenges.

4.5 | Managing transitions and quality

In both expanding and changing roles, nurse managers had to lead transitions from acute stages of the pandemic to longer-term ways of operating. These transitions included supporting patients through different care settings and managing workplace transitions in response to COVID-19.

4.5.1 | Patients transitions through the healthcare system

The theme of patient transitions through the healthcare systems refers to changes at the patient care level that were coordinated by nurse managers. Participants reported how they had to anticipate each stage of a patient's journey, even if those stages extended beyond the participants' clinical areas. Nurse managers required a view of the impact of COVID-19 across the spectrum of care, to ensure that they could support patients. This participant discussed the importance of thinking through discharge to the community, from her acute unit:

How do we get them out of this unit safely to the front doors, anticipating that their loved one who's going to pick them up, they completely understand about the quarantine self isolation, the cleaning that's required, the hand hygiene, picking up their medications for discharge in anticipation of them going home (M7).

This participant explained that part of her response to the pandemic was not only overseeing a patient's care to discharge. She also forecasted patient issues that were upcoming, to ensure patients could safely transition home. Participants reported that these creating safe patient-level transitions were a key part of their roles.

4.5.2 | Workplace transitions in response to COVID-19

The theme workplace transitions in response to COVID-19 refers to changes at the staff and healthcare system levels, which were coordinated by nurse managers. Initially, outpatient settings had closed, with nurses re-deployed. However, participants reported that they could not suspend outpatient care indefinitely and had to return to modified ways of working. A participant who managed a cancer screening clinic reported substantial disruption for their patients: 'We had to reschedule 4000 or more patients (M5)'. Questions of which healthcare services were essential become more prominent as the pandemic continued and this participant worried about the consequences of these service disruptions.

At one point before COVID, we were not allowed to buy paper pretty much anymore because our budget

was so tight. And then you see this money going to the stuff that might not happen [pandemic contingency plans] and you know as a manager that the budget fall-out of that is going to be huge (M5).

This participant worried about the consequences for her outpatient clinic. Money was being spent on contingency plans such as preparing for field hospitals. This participant knew the transition from an emergency response back to routine care would lead to budget consequences in the future, including budget cutbacks, to offset the money spent during the pandemic. The transitions in operations were difficult for nurse managers, who had to balance the immediate pandemic response needs and consider long-term implications for care.

4.5.3 | Maintaining quality through problem-solving

Even though the COVID-19 context was chaotic, nurse managers were committed to providing high-quality care for patients, without unnecessary compromises to quality and safety. This theme related to the attitude and approach of nurse managers, that although they were working in pandemic conditions, their standards for patient care remained high. Participants were not willing to compromise patient care in their departments because of the pandemic, and spent considerable time sustaining patient care. Problem solving was an integral part of maintaining care quality. Participants used evidence and creativity to address issues they encountered, to ensure their care was optimal and quality did not suffer. This participant explained how masks needed to be adapted for children, as an example of ensuring safety for patients: 'Everybody over the age of two has to wear a mask [...] Those large surgical masks do not fit a kid. So, we created a video on how to tie the knot [to shorten the mast straps] (M4)'. This participant created a resource to demonstrate how to adapt the masks so that nurses across the organization would ensure that children's masks were protective. These adaptations ensured that participants addressed the unique needs of their practice area. Wherever they could, participants aimed to maintain a high standard of care, rather than allow for unnecessary risks because of COVID-19.

4.6 | Nurse manager experiences of COVID-19

Participants had a variety of experiences during the pandemic, which were influenced by the changes in their roles, their level of support and the transitions they needed to manage. Support was critical for nurse managers, which included clear communication, guidelines and helpful team members. Participants reported that they had to be a source of support for their nurses and patients, which required substantial emotional labour. Some participants reported negative consequences from a lack of support and recognition of their work. For example, one participant reported working 12-h days, 7 days a week while redeployed, only to be reassigned back to her role with no handover.

So, there wasn't much appreciation, like, I do not need a thank you or a big party, but it was just kind of like, okay, so we did all of this, and you are asked us to come here and you did not thank us, it does not really make sense. We just did not really feel appreciated (M2).

The lack of appreciation was hurtful after this participant had worked extra hours to support the nurses she was managing. Participants also stated that COVID-19 revealed people, and managers benefitted from strong team members, but also had to compensate for those that were disengaged.

I think COVID definitely, to me, it exposed a lot of people, and how people react during like times of crisis. And some people were amazing, like I saw people just totally put their hands up and dig in and do what they had to do. [...] But there were definitely people who ran away and hid and went home and did not come back for four weeks and kind of became part of the problem and not part of the solution (M1).

This participant was buoyed by the support of her colleagues, but also had to overcome gaps that were created by other colleagues who were less helpful. The presence or absence of support for participants was critical in their ability to provide support for their colleagues.

Participants stated that COVID-19 was generally stressful and participants were fearful for themselves and their colleagues. This participant explained how she was candid with her staff about her feelings: 'Being able to share with staff and say, I'm scared too. That's what they did not need to hear, but they sure wanted to know that they were not in this alone (M7)'. Even though this participant was in a different role than a clinical nurse, she was worried about the outcomes for her colleagues, patients and community.

Uncertainty and high workload contributed to the pandemic being a stressful experience. Participants also struggled with the emotional consequences of hard decisions, like reduced family visiting in paediatrics or palliative care. Nurse manager were impacted by the responsibility they felt for managing the pandemic, and focused on the next step. When asked how she felt about responding to COVID-19, one participant replied: 'I do not know, I just feel like nurses are just good at rolling with it, like you keep going (M5)'. This participant managed the experience by focussing on the next priority, to avoid being overwhelmed.

The experiences of participants were not wholly negative. For example, some participants reported that they enjoyed more time at home, without commuting. Participants were also proud of their work, and found satisfaction in their accomplishments. So yeah, we have learned a lot in 14 weeks, I think, within our campus here. 'I'm very proud of my staff because they are seen as the experts for [COVID] now (M7)'. This participant and her colleagues worked hard to mobilize their response to COVID and took satisfaction

from their work. These mixed experiences also reflected different stages of the pandemic and varied based on nurses' roles and support.

5 | DISCUSSION

The purpose of this study was to understand the experiences of nurse managers during the COVID-19 pandemic. Overall, the experience of COVID-19 for nurse managers was stressful and was influenced by a nurse manager's context, the changes to their role and the availability of support. Nurse managers had to manage transitions in care, and in stages of the pandemic, and provided quality healthcare through problem solving. These findings are similar to an account from a nurse manager who worked during SARS (Lau & Chan, 2005), indicating there may be similarities between nurse managers' experiences during pandemics.

Nurse managers in our study had to coordinate and plan a response to COVID-19, while navigating a volatile political climate. While nurses often have to navigate politics in their work (McMillan & Perron, 2020), nurses are generally unprepared to manage during disaster conditions (Labrague et al., 2018). For nurse managers, chronic stress is known to impact decision making during challenging situations (Shirey et al., 2013), which has implications for an organizational response to a pandemic. Extra stress may be created through budget decreases and other cuts to resourcing (Traynor, 2017). It is important that possibilities like COVID-19 are considered in future healthcare planning so that nurse managers can respond effectively during pandemic or disaster conditions.

In our study, nurse managers reported their roles expanded or changed completely in response to COVID-19. Nurse manager roles are known to be ill-specified, leading to a lack of role clarity (McCallin & Frankson, 2010). These findings align with seminal research on nurse manager roles, which can change through "diffusion" or direct extension (Murphy, 1970, p. 381). Generally, women's job roles are broader and less defined than men's (Ellemers, 2014), which could contribute to the broad expectations for nurse managers (in a stereotypically female profession). Managing capacity is a central part of the role of a nurse manager during COVID-19 (Wu et al., 2020). It may help to specifically designate staffing and resource management responsibilities to nurse managers with experiences in those areas. The findings of the current study indicate that expanding nurse managers' roles during a crisis is a more manageable plan than having managers change to taking on completely new responsibilities.

Our findings indicate that nurse managers required a systems level view of the impact of COVID-19 across the spectrum of care, to ensure safe patient transitions and adequate resource for staff. Managing patient transitions is an underappreciated element of nursing work (Allen, 2014). To avoid negative consequences, it is important that nurse managers have access to adequate resources and staffing (Lake & Friese, 2006). In turn, nurse managers can support patient transitions across a care continuum.

There were similarities to the findings for this population, and the experiences of clinical nurses during COVID-19. Nurse managers are asked to recognize the pressure on clinical nurses and provide support (Labrague & Santos, 2020; Mo et al., 2020). However, nurse managers also need support themselves (McCallin & Frankson, 2010). The current study highlights the importance of support for nurse managers during COVID-19. Organizations need to consider support for everyone during COVID-19, including resources for leaders. It is important that nurse managers' need for support is recognized by organizations during COVID-19, and beyond.

5.1 | Implications for nursing management

Nurse managers were vital to the COVID-19 response. When planning for an ongoing COVID-19 response or another pandemic, nurse managers can identify how their role could expand. Participants in this study described better personal outcomes when they were able to address familiar issues, such as staffing, rather than be completely redeployed. Organizations can learn from what nurse manager roles were needed during the pandemic, to ensure nurse managers are cross trained for additional duties. While participants in this study could rally to respond to new responsibilities, this created considerable personal stress, which may not be sustainable for a longer period of time. It would help nurse managers cope with pandemic conditions if they were aware of what roles were needed and how they may be asked to modify their work, giving them time to prepare. Nurse managers can also be supported with continuing education so that they build skills in areas where they may be asked to redeploy.

Nurse managers continued to solve problems and managed patient care transitions during the pandemic. These efforts were more effective when there was clear communication about organizational procedures and a spirit of collaboration between clinical areas. Senior leaders are encouraged to recognize the strategic positioning of nurse managers and provide clear messaging. It is also important for senior leaders to provide guidance around budgets, staffing and equipment procurement during a pandemic.

Additionally, nurse managers were asked to support their staff during difficult working conditions. Nurse managers also need support, so they can be present for their staff. Resources like peer networks and designated counselling support would help nurse managers to sustain their engagement with their staff during COVID-19. Senior leaders could recognize the contributions of nurse managers, in addition to those of clinical staff. These recommendations could support nurse managers to continue working during COVID-19 and other crises.

There is an opportunity for organizations to reach out to nurse managers to inform responses to future pandemics. The participants in this study created strategies to maintain patient care quality and these strategies would be useful to capture for organizational development. Organizational learning is a key part of responding to serious incidents, but is challenging to implement across an organization (Sujan, 2015). Organizational support is critical to learn from patient

safety incidents (Anderson & Kodate, 2015). Senior leaders are encouraged to engage with nurse managers to learn from the pandemic and inform future operations.

5.2 | Limitations and areas for future research

This study is limited by a smaller sample size, of mostly white women, limited to Canada and the USA. The findings of the study should be applied with caution, as the experiences of people of colour, and those in other geographic areas were not represented in this study. We were limited to sampling nurse managers who responded to our initial PANDEMIC study survey. Participants self-selected, potentially limiting the representation of nurse managers perspectives. Comparison with more nurse managers from other backgrounds would strengthen the research, as would exploring the perspectives from a larger sample of nurse managers over time. Our study is also limited by the fact that we only spoke with participants once and did not have an opportunity to validate findings with the participants.

6 | CONCLUSION

Nurse managers' experiences during COVID-19 have been mixed. An important factor for participants was whether their role extended, or whether it was changed. Nurse managers were more comfortable managing issues such as staffing, when they had experience. If nurse managers are needed in a novel area, they require additional education. As nurse managers are required to manage patient care transitions and solve problem during a pandemic context, clear guidance, communication and teamwork can support these efforts.

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CONFLICT OF INTEREST

The authors declare no conflicts of interest.

FUNDING INFORMATION

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ETHICS STATEMENT

Ethical approval for all phases of this study was obtained from the university research ethics board, protocol number REB20-0633 on April 29, 2020.

DATA AVAILABILITY STATEMENT

Due to the nature of this research, participants of this study did not agree for their data to be shared publicly, so supporting data are not available. Author elects to not share data.

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