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**ARAŞTIRMA MAKALESİ** / RESEARCH ARTICLE

# Experiences of Executive Nurses during the COVID-19 Pandemic: A Qualitative Study

## *COVID-19 Pandemi Sürecinde Yönetici Hemşirelerin Deneyimleri*

**Dilek Yıldırım Tank**

Nursing Department, Zonguldak Bülent Ecevit University Faculty of Health Sciences, Zonguldak, Turkey

**ABSTRACT**

**Introduction:** Globally, the COVID-19 pandemic has complicated the delivery of healthcare and its administration. It has been difficult for the executive nurses to handle a crisis with few resources. This study was performed to explore the experiences of executive nurses during the COVID-19 pandemic process.

**Material and Method:** Eight frontline nurse managers at a university hospital in Turkey were the subject of a qualitative phenomenological descriptive study. Semi-structured interviews were done between April 20 and May 24, 2022. Reporting was done using the COREQ checklist.

**Results:**Four interrelated themes (with sub-themes) were identified: we needed to be fast; everything has changed; tall in the saddle and safe environment for everyone.

**Conclusions:** During the pandemic, the aim of nurse managers was to provide nurses with knowledge, experience and psychosocial support while they were also experiencing stress, exhaustion and panic. Training and planning should be done to support compliance with new care protocols and changing treatment methods.

**Keywords:** COVID-19; experience; nurse manager; nursing; qualitative research.

**ÖZ**

**Giriş:** Küresel olarak, COVID-19 salgını sağlık hizmetlerinin sunumunu ve yönetimini karmaşık hale getirmiştir. Sınırlı kaynaklarla bu krizle baş edebilmek yönetici hemşireler için oldukça zor olmuştur. Bu çalışma, yönetici hemşirelerin COVID-19 pandemi sürecindeki deneyimlerini araştırmak amacıyla yapılmıştır.

**Materyal ve Metod:** Türkiye'de bir üniversite hastanesindeki sekiz yönetici hemşire ile yapılan bu çalışma fenomenolojik tarzda nitel çalışma tasarımına sahipti. Yarı yapılandırılmış görüşmeler 20 Nisan – 24 Mayıs 2022 tarihleri arasında yapıldı. Raporlama COREQ kontrol listesi kullanılarak yapıldı.

**Bulgular:** Alt temalarıyla ilişkili dört ana tema belirlendi: Hızlı olmalıyız; Her şey değişti; Ayakta durmak zorundayız; Herkes için güvenli bir ortam.

**Sonuç:** Pandemi sürecinde hemşire yöneticilerinin amacı, hemşirelerin yaşadığı stres, panik ve tükenmişlik ortamında onlara bilgi, deneyim ve psikososyal destek sağlamaktı. Çalışma sonucunda yeni bakım protokollerine ve değişen tedavi yöntemlerine uyumu destekleyecek eğitim ve planlamaların yapılması önerilmektedir.

**Anahtar Sözcükler:** COVID-19; deneyim; yönetici hemşire; hemşirelik; nitel araştırma.

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## Introduction

SARS COVID-19, the first case seen in December 2019, was declared a global pandemic by the WHO on March 11, 2020 (1). The healthcare system trying to manage the COVID-19 crisis has faced a challenge as disruptions, and many aspects of the care process have changed instantly. While disaster plans are in place for pandemics, preparedness for such situations is "often overlooked or only addressed in policy". The COVID-19 pandemic has both increased risks for the healthcare workforce and created an environment of chaos for healthcare systems (2). The fact that the first clinical contact for those applying to health services is usually nurses, and the majority of them are patient/clinician contact (1) shows the importance of the nursing workforce in the health system (3).

Executive nurses in a critical role in the fight against the pandemic. This role is a personal and professional responsibility

**Yazışma Adresi/Correspondence Address:** Dilek Yıldırım Tank, Zonguldak Bülent Ecevit University Faculty of Health Sciences, Zonguldak, Turkey; **E-posta**: dlk24012009@gmail.com
**D.Y.T:** 0000-0001-7966-5395

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to ensure the safety of both the nurses they supervise and the patients cared for in their hospitals. The COVID-19 pandemic has been an unprecedented experience for nurse managers, characterized by intense stress, complex decision-making, and emotional turmoil (4, 5). It was seen whether they also described their experiences (6,7).

After the pandemic was declared, the first studies in Turkey started with the general information guide created by the scientific advisory board established by the Public Health Directorate. Afterwards, constantly updated COVID-19 outbreak management and study guides were published (8).

The capacities of the private, university and public hospitals, the number of intensive care units and the number of health personnel were determined by the Ministry of Health in Turkey. Pandemic committees were established in hospitals, and these committees restructured the hospitals, and pandemic hospitals, pandemic clinics, intensive care units, and outpatient vaccine and diagnostic laboratories were established. New hospitals were established, and the construction of hospitals under construction was accelerated. The number of personnel was increased and the continuity of the existing personnel was ensured (9).

This study, which describes the experiences of executive nurses during the COVID-19 pandemic process, focuses on human resources management, ensuring patient and employee safety, coordination of nursing care, understanding the difficulties, and helping executive nurses be more sensitive to future crises in a chaotic environment that compels crisis, decision making, problem solving and critical thinking mechanisms. These findings can be used by nurse managers to enhance organizational management strategies during health emergencies, such as the upcoming COVID-19 pandemic waves and other pandemic outbreaks of a similar sort in the future. The results will also be used as a resource for identifying teaching techniques and strategies aimed at developing the critical skills the nurse manager must master to effectively address a crisis and, in turn, improve staff biopsychosocial well-being and patient outcomes.

## Material and Method

This study aims to investigate and interpret the experiences of hospital nurse managers during the COVID-19 pandemic in Turkey. A qualitative descriptive study was carried out. This design allows the study of people's experiences around a phenomenon. This study adhered to the Consolidated Criteria for Qualitative Research Reporting (COREQ) guidelines developed to evaluate qualitative research reports (10).

Participants were sampled from nursing managers of departments that were converted to COVID-19 intensive care units and clinics, working in pandemic clinics during the pandemic. A university hospital in Türkiye was chosen as the 3rd level hospital due to the priority of taking COVID-19 cases during the pandemic process as the research site. To carry out the research, written permission was obtained from the Human Research Ethics Committee of Zonguldak Bülent Ecevit University (799 / 05.06.2020) and from the Chief Physician of the institution where the research was conducted (15876 / 14.04.22).

All members were invited; informed volunteer consent forms were sent to the institution online before the study, and necessary permissions were obtained. The consent document contained the content of the survey and the assurance of confidentiality. While aiming to talk to 12 nurses, interviews were terminated when repeated, similar statements appeared, and data saturation was reached. During the interview, the conversations were recorded with a Sony Icd-Tx650 voice recorder. Using purposive sampling method eight executive-level nurse leaders were identified and included in the study. Then the interviews were transcribed, and analyzed using thematic analysis with the consent of the participants.

The interviews were completed between April 20 and May 24, 2022, after meeting with the nurses and determining the appropriate dates and time intervals. Before the interview form was applied to all participants, a pilot study, which was the preliminary application of the research, was carried out to evaluate the interviewing ability of the researcher and the audio recording process technically and to examine the relevance of the questions to the subject. A female researcher with a Ph.D. degree and training in qualitative research conducted the pilot study with a volunteer nurse who met the inclusion criteria. Alternative questions were not developed because there were no technical problems as a result of the pilot study, there were no questions that the participant did not understand, the participant answered the questions and found the questions appropriate for the research topic, and the questions in the interview form were applied to all participants. Interviews were held in a comfortable and calm environment, in the nurse's break room. Interviews were planned face-to-face with the participant, interviewer, and observer and were recorded on a voice recorder after their approval. The data were collected with a personal information form and a semi-structured interview form using an in-depth interview technique. Each interview took about 1 hour. The interviews focused on the research topic and aimed to illuminate the experience of nurse managers during the COVID-19 pandemic.

The study data were collected using a personal information form. The personal information form comprised ten questions about nurses' socio-demographic and introductory characteristics, age, gender, educational status and professional characteristics. The semi-structured interview form questions were prepared according to the research topic and purpose by scanning the literature, and the form was finalized by taking expert opinions (11,12).

Semi-structured interview form;

- How has the COVID-19 pandemic process changed the nursing management process?
- What has the COVID-19 pandemic process changed the manager nurses in workforce planning?
- How did the nurses managing the COVID-19 pandemic process provide material management?
- What kind of initiatives did nurses manage during the COVID-19 pandemic to protect physical and mental health?
- Have ethical dilemmas been experienced by nurses during patient care during the COVID-19 pandemic process?
- How did the nurses managing the COVID-19 pandemic process motivate the staff?
- How was the information flow within the team of nurses managing the COVID-19 pandemic process?
- What did the nurses managing the COVID-19 pandemic process pay attention to in terms of patient and employee safety?
- What was your leadership approach?

consists of questions.

### Data Analysis

The audio recordings were converted into written text and transcribed verbatim by three researchers using the thematic analysis method, and themes and codes were created.

Data coding followed the analytical approach of Smith et al. (13): (1) reading and rereading of records; (2) at a more interpretive level, the first note of meaningful statements that make descriptive comments on what participants relate to and conceptual interpretations; (3) develop themes that emerge in each transcript; (4) looking for links between transcripts; and (5) looking for patterns at the point at which high-level themes and high-level themes are disclosed. During this step, a table can be developed for their representation.

In addition to using the COREQ criteria to evaluate qualitative research reports, the researcher adhered to the requirements outlined by Beck (14) regarding the use of phenomenological analysis: (1) the themes identified should be well represented in the analysis and supported by citations from participants; and (2) evidence, verbatim citations, must be from more than one participant.

### Validity and Reliability of the Research

Lincoln and Guba criteria were used to ensure the validity and reliability of the data (15). In the study, the themes and codes were examined using the interview form by the experts in the field and method of the study subject, and the data were turned into a report by taking expert opinions. The experts consisted of 3 academics who had a Ph.D. degree in nursing and were experienced in qualitative work. More than one data collection tool was used, and the suitability of the data collection tools for the study was evaluated by making a pilot application. The pilot study was conducted with two nurse managers. Since there were no questions that were not understood after the pilot study, no changes were made to the survey form and the data from the pilot study were included in the study. A purposive sampling method was used, and the sample group suitable for the research topic and purpose was selected by confirming the participants. In addition, the research team did not direct the participants during the interview, observation did not interfere with them, and they quoted directly without adding comments. The literature supported the research findings by comparing them with other studies similar to the study. After the themes and categories were determined, they were shared with the participants and their opinions were taken and the final version was given.

## Results

Eight participants were women (Table 1). Four intensive care chief nurse, two service chief nurse, and two coordinator nurse participated in the study. All participants reported that they received in-service training on COVID-19. Between the ages of 39 and 47, they have 17 to 26 years of experience in nursing. They reported working between five months and two years in services that only deal with COVID-19 patients during the pandemic process.

The four main themes and the related sub-themes from which they evolved are shown in Table 2. Each sub-themes within the overarching theme was explained with supporting text samples from the participants' transcripts. With only eight respondents, to preserve as much anonymity as possible, each of the verbatim statements reported here does not include demographic identifiers such as respondents' age or unit designation.

Four interrelated themes (with sub-themes) were identified: (1) we needed to be fast (insufficient material, providing new Information and communication, adapting to change, institutional support, partnership); (2) everything has changed (leadership approaches, flexible working hours, knowledge development and dissemination, new practices in care, workforce planning, rotations); (3) tall in the saddle (ethical dilemmas, stress, fear, cold-blooded managers, motivation) and (4) safe environment for everyone (communication, physical spaces, patient support units, away from our home).

### Theme 1: We had to be Fast

In this theme, the participants reflected on the changes in creating an emergency action plan, workforce materials, and management processes as managers. There were five sub-themes: insufficient material, providing new Information and communication, keeping up with change, institutional support, and cooperation.

### Insufficient Material

An inventory of protective equipment and devices used for patients was made, and correspondence was made for

**Table 1.** Socio-Demographic characters of participants

| Degree | School | Age | Gender | Unit | Years of work as a nurse | Years of work as a nurse manager | Training in COVID-19 Management | Training style | Time of the working at COVID-19 unit |
|---|---|---|---|---|---|---|---|---|---|
| Chief Nurse | BSN | 39 | F | Haematology Unit | 17 | 12 | Orientation | in-service training | 5 months |
| Chief Nurse | MSN | 43 | F | General Intensive Care | 22 | 17 | Orientation | in-service training | 18 months |
| Chief Nurse | BSN | 48 | F | Coronary Intensive Care | 27 | 15 | Orientation | in-service training | 11 months |
| Chief Nurse | BSN | 41 | F | Anesthesia Intensive Care | 20 | 8 | Orientation | in-service training | 15 months |
| Chief Nurse | BSN | 42 | F | Gastroenterology Unit | 20 | 12 | Orientation | in-service training | 8 months |
| Chief Nurse | BSN | 41 | F | İnfection Unit | 20 | 8 | Orientation | in-service training | 24 months |
| Coordinator Nurse | MSN | 43 | F | Directorate of Nursing Services | 20 | 6 | Orientation | in-service training | 24 months |
| Coordinator Nurse | MSN | 42 | F | Directorate of Nursing Services | 23 | 15 | Orientation | in-service training | 24 months |

**Table 2.** Themes

| Themes | Sub-themes |
|---|---|
| We needed to be fast | • Insufficient material,<br>• Providing new information and communication,<br>• Adapting to change,<br>• Institutional support,<br>• Partnership |
| Everything has changed | • Leadership approaches,<br>• Flexible working hours,<br>• Knowledge development and dissemination,<br>• New practices in care,<br>• Workforce planning,<br>• Rotations |
| Tall in the saddle | • Ethical dilemmas,<br>• Stress,<br>• Fear,<br>• Cold-blooded managers,<br>• Motivation |
| Safe environment for everyone | • Communication,<br>• Physical spaces,<br>• Patient support units,<br>• Away from home |

deficiencies. Material procurement was accelerated, and some companies donated.

"Because the oxygen system was used at high doses by too many patients, sometimes it was not enough." (N3)

"We had no protective shields; provided through donation." (N8)

"We did not want to share the materials in our warehouse with other services." (N4)

### *Providing new Information and communication*

Due to the pandemic conditions, training and information sharing took place via social media, phone calls, automation systems, and one-to-one meetings were provided instead of collective events.

"We were getting new information every day." (N1)

"We had to do one-on-one visits." (N2)

"Bedside visits could not be made. We handed over in a clean area." (N5)

"The pandemic board announced a new decision Every day. We had to inform everyone." (N7)

### *Adapting to change*

"I had to adapt everyone doctors, nurses, support staff", (N3)

"Everyone was asking me what to do." (N2)

### *Institutional support*

A pandemic board was established at the hospital. The top management made everyday visits, and deficiencies and needs were discussed one-on-one.

"The feeling that they were with us gave me strength." (N1)

" The inadequate materials were tried to be completed quickly." (N8)

### Partnership

Communication was established with institutions (All levels within the team and government supplies office, patient relatives, security units, morgue, pharmacy, etc. ) for Information, material and personnel support. (N7)

## Theme 2. Everything has Changed

Within the scope of this theme, the managers explained the changes they experienced. There were six sub-themes: leadership approaches, flexible working hours, knowledge development

and dissemination, new practices in care, workforce planning, and rotations.

### *Leadership approaches*

"We got into one-on-one patient care." (N2)

"We had to be cold-blooded." (N4)

"I couldn't watch outside while they were entering the patient's side." (N6)

"We learned everything together, and I shared every piece of information with everyone one-on-one and constantly." (N6)

"A nurse said, this is my first year, I have never seen anything like this, and I told her, I have been working for 27 years, don't worry, I haven't seen it either." (N3)

"We changed together." (N8)

### *Flexible working hours*

"All public and private employees were given administrative leave, except health workers." (N1)

"Our working hours have changed." (N2)

"Our shift breaks have been extended." (N4)

"Our 24-hour shifts have been converted to 2 shifts." (N5)

### *Knowledge development and dissemination;*

Everything we do face-to-face with the group, including group meetings, has changed, either online or in person. "We had no information about COVID-19" (N8)

"We were always hearing different things" (N7)

"Hospital pandemic board was established, and our nurse managers shared the information from the board with us." (N6)

### *New practisees in care*

Nurses reported that many innovations in diagnosis and treatment methods were implemented during the unknown COVID-19 pandemic.

"The prone position was not a position we routinely use. This is the first time we have used so many prone positions." (N3)

"Added new devices and many treatment protocols," (N2)

"We constantly supported their diets and even gave them food from home and herbal teas; such practices motivated them." (N1)

"We entered the patient rooms frequently for short periods, communicated constantly and realized that it accelerated their recovery." (N4)

### *Workforce planning*

The COVID-19 pandemic has caused difficulties in workforce planning.

"It was tough to adapt to the new staff." (N8)

"We had to find personnel." (N7)

"We planned to have one nurse for two patients while a nurse was taking care of 3 patients, but we did not have enough numbers." (N4)

"New appointments were made with the coordinator nurse." (N5)

"The team members became COVID-19, or they were in contact, it was tough to find nurses and support personnel who could replace them." (N8)

" Only one of the married couples was working in the COVID-19 units." (N6)

### Rotations

First, internal rotations were made, and nurses with previous intensive care experience were withdrawn from the clinics.

"There was a constant change of personnel, and this was very challenging, and we were helpless" (N4)

"New graduates were appointed to the clinics, and their adaptation was tough, and they expressed their fear". (N5)

"We kept the orientations very short, and there were rotations that lasted for sometimes one week, sometimes two months." (N8)

" Since the new nurses could not adapt, the senior ones started to be on duty more frequently." (N6)

## Theme 3. Tall in the saddle

Within this theme's scope, nurse managers' experiences against emotional and spiritual reactions were formed into five sub-themes: ethical dilemmas, stress, fear, cold-blooded managers, and motivation.

### *Ethical dilemmas*

"The biggest dilemma was experienced when the patient was suddenly arrested and intervened without wearing protective equipment." (N4)

"When the patient was arrested, we did not go inside without wearing the protective clothes; the priority was our safety, and the rule was clear." (N5)

"One of my nurses applied CPR to the patient for one and a half hours with a surgical mask. He couldn't leave the patient's head and became COVID-19." (N4)

"We are in a place where everyone is running, and we are the only ones working." (N3)

"Permits were cancelled; we couldn't even go on vacation." (N2)

"Everyone is at home except us." (N1)

#### *Stress*

"We were tired the most by the unknown." (N4)

"Something was constantly changing." (N5)

"It was a crisis, something we had not experienced before." (N8)

#### *Fear*

"Some nurses did not want to care for their COVID-19 patients." (N7)

"A nurse said, this is my first year, I have never seen anything like this, and I told her, I have been working for 27 years, don't worry, I have not seen anything like this either." (N3)

"There were those who were afraid of carrying the disease to those at home; they were afraid of carrying the virus to their elderly parents, pregnant spouses, and children at home." (N4)

"The death of young people from COVID-19 scared my nurses, especially my young nurses." (N2)

#### *Cold-Blooded managers*

"We had to be cool."(N7)

"I did not panic; it was no different from the flu; I am a former infection nurse, I approached it as droplet isolation, only protective clothing was added to the event, everything else was the same" (N6)

#### *Motivation*

"We talked every day; we had a constant dialogue with the nurses." (N7)

"We tried to open shift breaks by arranging working hours", "hospital administration and local people made the team happy by sending additional meals such as fruit and cookies"(N5)

"Nursing managers visited us daily and made us feel they were with us." (N4)

"For those who do not want to go home, shelters and services were provided in the city, and we tried to make them comfortable by organizing them." (N7)

### Theme 4: Safe Environment for Everyone

Within this theme's scope, nurse managers' experiences against emotional and spiritual reactions were formed into four sub-themes: communication, physical spaces, patient support units, and away from home.

#### *Communication*

"Team communication was done one-on-one, online and via automation." (N6)

"Since patients had restrictions on visitors and companions, we enabled patients to communicate with their families online and through video calls whenever possible." (N3)

#### *Physical Spaces*

"We simplified the patient rooms and minimized the equipment in the rooms" (N5)

"We separated the physical areas as clean and dirty areas, patient files remained in the clean area and patient handovers were made in the clean area" (N8)

"We took the break rooms out of the service and used them alternately" (N2)

#### *Patient Support Units*

"Since the relatives of the patients could not come, support units were established by the hospital administration to provide missing supplies and medicines." (N1)

#### *Away From Home*

"Guest houses were provided by government institutions for healthcare workers who could not go home, and shuttles were provided at regular intervals by communicating with the city's municipal administration to provide transportation." (N4)

"I couldn't see my children for days, I couldn't go home for fear of infecting them. Everything was so hard." (N5)

## Discussion

Nurse managers have a critical role in managing the nursing services provided in health institutions and creating a healthy working environment during the COVID-19 pandemic. In the study, nurse managers' experiences in the COVID-19 pandemic were examined, and some themes and codes were created. In this section, the findings of the study are discussed under different themes.

### Theme 1: We had to be fast

Under this theme, defective materials, providing new information-communication, changing working relations, keeping up with change, institutional support and cooperation codes were created. Deldar et al. reported that the participants had management and equipment difficulties in their study investigating the experiences of executive nurses in the COVID-19 pandemic (11). Again in the same study, it was stated that the working environment was changed by changing the shifts of experienced nurses and assigning them to more intensive services due to the ignorance and inexperience of the new nurses. The study findings support our study (14). According to our study, many units were closed and their nurses were transferred to intensive care units. However, in this case, intensive care veterans reported that they had to stay on duty more because nurses without intensive care experience could not fully adapt.

Jackson et al. (16) emphasized that the roles and responsibilities of executive nurses have expanded during the pandemic process, and they have experienced many changes in the health system (15). Some clinics stated that they made COVID-19 clinics and experienced many new tasks and sudden changes, such as staff capacity and assignments and isolation of patients. Again in the same study, he mentioned the lack of personal protective equipment. A participant stated, ‘It was decided on Tuesday night, from tomorrow everyone will wear personal protective equipment. Some buildings did not have adequate personal protective equipment, which was frightening for nurses and health ‘(16). In a study conducted with executive nurses during the pandemic in Spain, it was reported that urgent and continuous changes were experienced in the organization of services in terms of the management of the process and personnel in the hospital. As a result, it was emphasized that they were looking for alternatives and producing solutions to change and problems because they encountered a new and unknown situation. On the other hand, it was stated that nurse managers developed strategies such as using informal channels to communicate messages with their teams quickly and to keep the staff informed. A participant's statement was“….Information had to be given very briefly and clearly. Everything changed day by day, so we communicated via WhatsApp as quickly as possible (17). White et al. (12), in their research on nurses during the COVID-19 pandemic, encouraged the clinical nurses working during the pandemic by posting thank-you messages from the patients' families on the board by the manager nurses. It was reported that the newly graduated nurse, who was worried about care, was consoled and supported by the manager nurse. The importance of institutional support is also supported by the work done in the COVID-19 pandemic (15). In our study, they similarly mentioned the support of senior management.

### Theme 2: Everything has changed

Under this theme, leadership approaches, flexible working, knowledge development-dissemination, new practices in care, number of workforce and rotations codes were created. Baykal et al. (18) reported that the number of patients coming to the emergency services and the waiting times of the patients was reduced, and the care of patients with a diagnosis or suspected COVID-19 was easier (18).

It is seen that the manager nurses pay attention to experience and performance while creating the work list; they make a work list by using the team nurse model in intensive care services, and the experienced nurses try to reduce their workload, and the rotation plans are made accordingly. The same study reported that the infection control committee gave nurses training, and video materials facilitated the training. Nurses provide collective care in order to reduce the virus load and shorten the contact time between the patient and the nurse by maintaining the nurse-patient communication in the wards, as new care practices. At the same time, it is seen that the weekly working hours of the employees in the COVID-19 services are shortened, and flexible working is applied, similar to our research finding (18). The same study reported that the infection control committee gave nurses training, and video materials facilitated the training. In their study with primary care nurse managers, Abu Mansour et al. (19) stated that shift systems have changed by the participants (19). A participant's statement on this subject said, “The nature of the shifts has changed…. For example, 8-hour shift changed to 12-hour shift...’. It was reported that various strategies, such as hiring nurses, establishing field hospitals, and opening new units, were adopted by hospitals to close the gap in terms of people and workforce. One of the highlights of the same study was that the participants appreciated the leadership skills of nurse managers. Participants; It is seen that primary care nurse managers act together in many ways, such as motivation and rewards, appreciation of hard work, logistical support, and involvement in the decision-making process in nursing (19). The results of the studies carried out support our research findings.

### Theme 3: Tall in the saddle

Ethical dilemmas, stress, fear, cold-blooded managers and motivation codes were created under this theme. Nevela et al. (20), in their study investigating the experiences of executive nurses during the COVID-19 pandemic process, reported that administrative nurses adopted the ability to motivate staff as a leadership style during an unprecedented global crisis (20). It was stated that the first thing the nurses did when establishing the pandemic services was address the nurses' concerns. It was emphasized that the participants also experienced fear of the virus, hopelessness and anxiety due to the lack of personal protective equipment (20). In the study examining the difficulties experienced by nurses in Egypt during the COVID-19 pandemic, it was found that the three most considerable difficulties faced by nurses were anxiety, fear and stress. When these fears are examined, there is unpreparedness for the pandemic, a lack of personal protective equipment, and a personnel shortage (21). Abu Mansour et al. (19), it is seen that most nurse managers reported

many psychological complaints, such as fear of transmitting the COVID-19 virus from the hospital to their homes, fear of death, depression, anxiety, and distress. These feelings have been formulated in many expressions: …' I feel so overwhelmed…. It's an pandemic... It's a complicated disease... So we're afraid it's changed our lives. I am depressed because of this situation...' In the same study, the participants emphasized that they received administrative support and increased motivation. Participants stated that administrators motivated them to adapt to challenges related to the COVID-19 pandemic, and nurse managers felt safe and not alone (19). It was evident that administrative support and motivation have a positive effect on managing nursing services and psychological complaints during the pandemic process. One of our research findings was that the executive nurses were calm during the COVID-19 pandemic. It was observed that they performed health care services without becoming panicked. It was reported in the study conducted by the nurses, which had a similar finding to our research result, that they realized, they controlled the pandemic process with calmness and confidence, that they should not express their doubts and uncertainties in their daily work, and that they should not reflect their worries and fears to anyone. In our research, it is seen that one of the most significant factors that force nurses to work professionally during the pandemic process is the dilemma of self-protection and intervention for the patient. Vázquez-Calatayud et al. (17) refer to the dual challenges nurse managers face in order not to overlook the patient, who is the focus of care, and to protect themselves during the COVID-19 pandemic. The statement of the participants on this subject was"...I did not know the patients. I only knew them by their names (17). They had no family, walking in front of the service and not being able to do anything, it was hard for me...' …' It was hard for me, it was different from usual because maybe we weren't willing to take care of it...' Participants also stated that they experienced the difficulty of protective measures and the lack of closeness they showed to patients (17). In this sense, manager nurses, It has been seen that the priority of nursing studies continues to be the holistic care of the patient, and they emphasize the importance of being able to address all the patient's needs and concerns. The studies carried out support our research results.

**Theme 4: Safe environment for everyone**

Under this theme, communication, physical areas, patient support units and away-from-our-home codes have been created. When the studies were examined, the study by Nevela et al. (20) investigated the experiences of executive nurses during the COVID-19 pandemic process has been reported that each room was cleaned. Items were removed, clean/dirty areas were created, and separate regions for putting on/taking off personal protective equipment and entrances for COVID-19 patients (20). The research shows that physical changes were made in the hospital during the pandemic process (20). In the process, it is seen that the manager nurses are in constant communication with the team and provide strong communication by making a joint decision (18). In a study conducted with nurse managers during the COVID-19 pandemic in Spain, it was reported that the internet was used to accelerate communication and decision-making processes. A participant said,"…I always had a team that responded to me instantly, came and told us something. Sending emails made my job easier…'(17). The studies carried out are similar to our research results. During the COVID-19 pandemic, nurses provide accommodation in a different places to isolate themselves in the home environment, in a hotel, dormitory, etc., away from their homes (22). No study has been found in the literature regarding the patient support units created under the theme of our research.

## Limitations

This qualitative research's limitation is that it only collects the experiences of nurse managers in a particular area. The results therefore relate to the setting in which the study was conducted and the perspectives of a small group of participants. However, the goal of this study is not to generalize the results but to provide an in-depth understanding of the reality as it is experienced by the nurse managers who participated in the study. To further our understanding of the phenomenon, it would be beneficial to do related studies in various settings.

## Conclusion

Hospital operations and the healthcare sector as a whole were interrupted by the COVID-19 pandemic. Rapid decision-making and quick resource mobilization require strong and creative nursing leadership. Nurse managers are at the forefront of the pandemic as the most approachable and visible nursing leaders in acute care and many other settings. In most cases, healthcare administrators recognize the nurse manager's role as one.

During the pandemic, nurse managers throughout the country took on a lot of responsibilities at significant professional and personal costs. As a result, nurse managers encountered difficulties, moral problems, and bad feelings. Nurse managers said they are contemplating alternative professional options as their regular coping mechanisms haven't worked. This research offered data to support senior executives' plans for eliminating managerial dissonance under pressure. The researchers of this study aimed to investigate nursing managers' experiences with workforce management during the COVID-19 pandemic. To better manage nursing staff during potential rising pandemics, it is believed that the study's findings will offer public health professionals and politicians insightful information.

This study scrutinizes the experiences of nurse managers during the COVID-19 pandemic. The development of management solutions to better handle the COVID-19 problem and related pandemic outbreaks in the future can be guided by this understanding. The creating training programs for nurse managers based on the results of experiences manage uncertainty

by receiving instruction in emotional self-management and being encouraged to adopt a proactive and visionary mindset. To offer the best reaction in a crisis, it is crucial to emphasize their dual position as patient-nursing staff mediators. Finally, further qualitative research must be conducted in various contexts to investigate their contributions further.

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