

STRESS LOAD IN THE ACTIVITIES OF NURSE MANAGERS DURING THE COVID – 19 PANDEMIC

(Literature review)

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Abstract

This research paper investigates the stress load experienced by nurse managers in their daily activities amidst the COVID-19 pandemic. The study aims to analyze the unique challenges faced by nurse managers during this unprecedented time, focusing on the increased workload, emotional strain, and organizational pressures they encounter. By utilizing both quantitative and qualitative research methods, this paper explores the impact of pandemic-related stress on the well-being and performance of nurse managers, as well as strategies that can be implemented to support their mental health and job satisfaction. The findings of this study shed light on the importance of addressing stress management in healthcare leadership roles, particularly during crises such as the COVID-19 pandemic.

Keywords: nurse managers, stress load, COVID-19 pandemic, healthcare, leadership, coping mechanisms, well-being, organizational support.

Introduction

The rapidly spreading and life-threatening nature of the COVID-19 pandemic placed unprecedented pressure on patients, healthcare workers, and society [7]. Prior studies have highlighted the unique contributions of clinical nurse managers during the early stages of the pandemic on three groups: patients, organizations, and nurses [8]. Nurse managers perform nurse management functions, and their planning, organization, leadership, and control abilities play a vital role in efficient use of human, material, and financial resources. During the COVID-19 pandemic, clinical nurses, as the main front-line workers, were under enormous stress: not only did they face infection risk and excessive workload, they also needed to continue to fight in the absence of human resources, equipment, and clear guidance [6]. As a result, front-line nurses are reported to have faced many health-related adverse outcomes, such as anxiety, depression, insomnia, fear, and poor mental resilience [4,18]. However, the roles and responsibilities of nurse managers differ from those of clinical nurses in that they have a higher level of leadership and coordination of activities [5]. Under pandemic-related challenges, nurse managers had additional responsibilities for resource management, personnel, and equipment deployment and were prone to huge stress overloads that induce psychological stress responses. Therefore, it can be speculated



that nurse managers experienced similar reactions as front-line nurses but with more severe experiences of stress and discomfort.

Negative emotions, anxiety, depression, and stress associated with caring for COVID-19 patients were prevalent among front-line staff in the early stages of the outbreak, according to quantitative and/or qualitative studies [3,13,18,4]. Recent studies mainly focus on the factors influencing the stress load of clinical front-line nurses [2]. Sharifi et al. (2022) found that most nurses providing care for COVID-19 patients experienced a severe stress response, with prevalence rate of moderate to severe depression, anxiety, and stress of 43.7, 73, and 24%, respectively [15]. Nurse managers may have experienced these feelings as well. Sun et al. (2020) found that the negative emotions such as fatigue, discomfort, and helplessness in the early stage of care for patients with COVID-19 were related to the high intensity of work, fear, and anxiety, as well as the care for patients and their families [16]. Mo et al. (2020) found that nurses working in Wuhan, China, showed a high stress load, especially nurses who were single parents and/or had extended working hours [11].

Nurse managers working during the COVID-19 pandemic were threatened physically and psychologically. They emphasised that concerns related to staff nurses and patients were grounds for substantial emotional labour [5,17]. So that some of them wanted to leave their jobs [10]. Tiredness (Abu Mansour and Abu Shosha, 2021; White, 2021), fatigue, exhaustion, muscle weakness, aching muscles, loss of appetite (Abu Mansour and Abu Shosha, 2021), weight gain and insomnia (White, 2021) were pointed out by nurse managers as impacts on their health. In addition, wearing PPE for long hours was a physical challenge for nurse managers, as the equipment was heavy, making them sweat and limiting their movements (Abu Mansour and Abu Shosha, 2021).

At present, few mixed methods studies have reported the experiences, stress overload, and influencing factors of nurse managers during the pandemic. Thus, it is unclear whether findings about front-line nurses' experiences and adverse health reactions, such as psychological stress, extend to nurse managers. Therefore, it is necessary to explore the influencing factors of stress overload among nursing managers, which are different from those of front-line, using quantitative and qualitative research methods.

Data for this study were collected from six provinces in southern China (Zhejiang, Hubei, Shanghai, Jiangsu, Hunan, and Jiangxi) during March 2020 and June 2020. Participants held managerial roles in regional hospitals, including head nurse of the ward, head nurse of the department, director of the nursing department, and associate dean of nurses. The average stress overload score among all respondents was 61.66 (SD 15.62), and the score rate was 56.05%, indicating a moderate to high degree of stress. The average event load dimension score was 32.46 (SD 7.62). Of this items, the mean score for "feeling under too much stress and responsibility" was highest 3.76 (0.92), while the mean score for "feeling unmotivated to move forward" was the lowest 2.85 (0.92). The average dimension of individual vulnerability score was 29.20 (SD 9.29), of which the item "feeling things more than you can handle" had the highest score at 2.73 (0.85) and the item "I feel like my life was out of control" had the lowest score at 2.18 (0.99). The work-family support score was 111.17 (SD 19.99) and the score rate was 74.11%, indicating that participants had a high level of support.

In a study conducted in Saudi Arabia among 809 Saudi nurses working in four public hospitals from August 2021 to March 2022 the mean overall burnout score was 84.92 (SD = 41.71), and categorization of the individual scores indicated that more participants had high burnout (63.70%).



Analyses of the dimensions of burnout also showed that most of the participants had high levels of occupational exhaustion (61.60%) and depersonalization (67.40%), while 44.10% had low levels of personal accomplishment. Correlation analyses also showed moderate to high correlation between the dimensions of professional competence, dimensions of nurse professional values, burnout and nurse competence. During the COVID-19 pandemic, nurses reported higher burnout than before the pandemic. Falatah and Alhalal (2021) explored the role of work-related stress on nurses in Saudi Arabia during the COVID-19 pandemic. They reported that work-related stress implicitly or explicitly affected nurses' affective responses, well-being and compassion.

Front-line Nursing workers faced various adverse situations. Many professionals worked outside their specialization and training areas; others faced resource shortages and inadequacies in infrastructure in the face of the demand from critically-ill patients with significant mortality rates. The courses of action for managing COVID-19 patients were constantly updated. With human resources availability below the ideal, Nursing workers faces adversities that put their coping potential to the test [19]. The COVID-19 pandemic also affected Nursing workers' mental health. It is known that the stress experienced in the front line was related to psychological repercussions such as anxiety and depression symptoms, sleep disorders and [2]. In extreme situations, work can be associated with Post-Traumatic Stress Disorder, suicidal ideation and consummated suicide in Nursing [3]. The research was conducted in seven hospitals from different municipalities in Rio Grande do Sul, Brazil.

Among the 359 workers who participated in the study, 45.1% had moderate or intense perception of work-related physical repercussions in COVID-19 hospital units, whereas 54.9% had reduced or null perceptions. In relation to the psychological repercussions, 53.8% perceived them as moderate or intense, whereas 46.2% had reduced or null perceptions.

When associating the perceptions about psychological repercussions with sociodemographic and work-related variables it was identified that: nursing technicians were 54% less likely to perceive moderate or intense psychological repercussions when compared to nurses ($p=0.003$); workers hired via CLT, also called CLT workers, were twice as likely to perceive moderate or intense psychological repercussions when compared to their statutory counterparts ($p=0.004$); and those who identified themselves as women were three times more likely to perceive moderate or intense psychological repercussions when compared to those who identified themselves as men ($p<0.001$). In a study conducted among Polish nurses, between 73.6 and 95.6% of the respondents stated that the nursing profession is stressful [11,14] and more than 56.1% of the respondents believed that they are exposed to stress at work every day [16]. The cross-sectional study was conducted in November 2020, in Białystok, Poland and in Grodno, Belarus. It involved 284 registered nurses working in Białystok University Clinical Hospital and in Grodno Regional Clinical Hospital. Only 17.5% of Belarusian nurses were tested for the presence of the virus and only 4.8% were infected, while in Poland it was 50.6 and 31.0%, respectively. The most frequent used coping strategies were active strategies (active coping, planning) and the least-used were avoidance strategies (behavioral disengagement, substance use) in both countries. Polish nurses significantly more often than Belorussian used support-seeking/emotion-oriented strategies, as well as avoidance strategies. No differences were found for active coping strategies between the both groups. Contact with a patient infected with the SARS-CoV2 virus did not influence the choice of stress coping strategies by nurses in both countries. Staying in quarantine or home isolation favored more active coping strategies, especially in the case of Belarusian nurses. Taking a SARS-CoV-2 test did not



statistically differentiate the choice of coping strategies in the Belarusian group. In the Polish group, nurses with a positive SARS-CoV-2 test result used both use of instrumental support and use of emotional support strategies less frequently. SARS-CoV-2 virus infection did not statistically differentiate how stressful situations were handled in Polish group.

Thus, nurse managers experienced a significant increase in stress during the COVID-19 pandemic, as they were faced with the dual challenge of managing both the clinical and administrative aspects of healthcare delivery amidst the crisis. The heightened stress burden had a multifaceted impact on nurse managers, including increased workload, emotional exhaustion, and challenges in decision-making and resource allocation. The pandemic underscored the need for effective support structures and resources to help nurse managers cope with stress, such as access to mental health services, peer support groups, and organizational policies that prioritize staff well-being. Strategies for mitigating stress burden among nurse managers may include implementing flexible work arrangements, strengthening communication channels, and providing training in resilience and self-care. Further research is needed to understand the long-term implications of stress burden on nurse managers, as well as to evaluate the effectiveness of interventions aimed at supporting their mental and emotional well-being during public health emergencies.

These conclusions highlight the critical impact of stress on nurse managers during the pandemic and the importance of addressing their well-being to ensure the resilience of healthcare leadership in times of crisis.

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