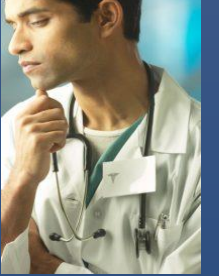


Pandemic Experiences of Nursing Students and Recent Graduates



*“I Could Die... My Family? My Patient? My
Life...”*

Randy Kelley, DNP, RN, Anne Watson Bongiorno, PhD, APRN-BC, CNE;
Jennifer Emilie Mannino, PhD, RN; Pamela Watters, PhD, MSS, MSCS;
Elizabeth Cotter, PhD, RN-BC; Normadeane Armstrong, PhD, RN, ANP-
BC; Geraldine A. Moore, EdD, RN-BC, AE-C

Background

- COVID-19 was first identified in Wuhan China in 2019 and by January 20, 2020 had spread to the United States.
- The COVID-19 pandemic has challenged the nursing workforce, and had profound effects on Nursing graduates.
- COVID-19 has posed significant educational challenges. Yet, we expect nurses and students to appear competent, organized and engaged in their 'duty to care'.
- Nursing students and new nurses are primed to experience moral distress.

Purpose

- To explore the effects of the COVID-19 pandemic on baccalaureate nursing students and recent graduates.
- Originally the research focused on perceptions of image.
- The study revealed that their experiences went well beyond the concept of image with workforce implications.



This Photo by Unknown Author is licensed under [CC BY-SA](#)

Key Principles

Pandemic or not, nurses are educated on the “duty to care” and are evaluated on their ability to provide comprehensive care following institutional and regulatory standards (Fournier, 2017). When nurses feel conflicted about whether the care standards have been achieved the result is moral distress (Musto et al., 2015, Whitehead et al., 2014).



This Photo by Unknown Author is licensed under [CC BY-SA](#)

Design and Methods

- Qualitative study using content analysis.
- Trustworthiness established through examination of credibility, transferability, confirmability, authenticity and dependability of findings (Kyngas, Mikkoneen & Kaarianinen, 2020).
- IRB approval in all sites (n=291).



[This Photo](#) by Unknown Author is licensed under [CC BY-SA-NC](#)

Content Analysis

- One open ended research question about participants' view of the image of nursing.
- Using *Baseline Platform of Campus Labs*, data was collected electronically.
- Sub-concepts, main concepts and themes were abstracted from the data independently by each member of the research team.
- A theoretical framework of moral distress was foundational to the study.

Results

- Raw data coded for subconcepts.
- Concepts were abstracted from subconcepts.
- Concepts grouped thematically.
- Main concepts were image of nursing, commitment to nursing, lack of organizational support, fear, and moral distress.

Theme: Perceptions of Image of Nursing

Subconcepts emerged regarding the image of nursing:

- Heroism,
- Martyrs
- Undervalued
- Idealism
- Respect
- Ethical Responsibility



Theme: Commitment to the Profession/Workforce

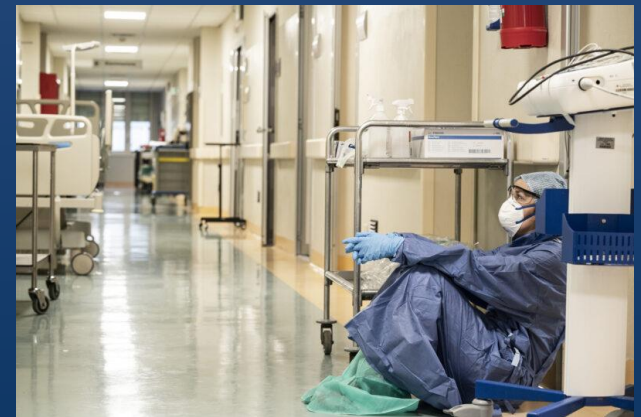
- Complex and fear laden.
- Responses ranged from “*superstar*”, “*premature death*”, and/or contaminating family to ethical concerns R/T duty to care.
- *“I do not know if I can sacrifice or possibly put the people I love at risk for my profession. I have a lot of thinking to do.”*
- *“Seeing this all go down; I could not help but wish I had chosen a different path for myself.”*
- *“ It has been apparent that nurses are not given the proper PPE, and the work conditions have deteriorated; these current changes have made me question the well-being (mental and physical health) of nurses and if it is worth pursuing a career in nursing.”*

Theme of Moral Distress

”|

“It shows how much the health care system needs to be reformed. When front line workers lack resources and nurses are dying as a result, it’s a problem.”

“I am completely terrified to begin working... Nurses are not disposable...they are nurses, not martyrs.”



[This Photo](#) by Unknown Author is licensed under [CC BY-NC](#)

Strengths and Limitations

Strengths:

- Geographically different and stratified sample size allowing for saturation
- Trustworthiness was well supported



Limitations:

- Level of abstraction and analysis from a single question
- Limits of generalizability of qualitative study
- No inferences about our data can be made on the basis of gender or ethnicity

Implications

Education/Preparation

- Include intentional scaffolding of ethical decision making curricula.
- Pandemic preparedness
- Self care programming
- Promoting mindfulness

Policy

- Systems initiatives to detect moral distress, burnout, and limit overtime.
- Nursing presence on ethics committees
- Debrief and counseling
- Nurses on the front line engaged in developing pandemic nursing guidelines
- Planning for bed, staffing shortages
- Booming market for staffing agencies-crippling hospital budgets
- Coping with sick, quarantined nurses

Implications for Practice and Conclusions

- The COVID-19 pandemic has placed both student and entry level nurses at risk of exiting the profession early, while questioning their ethical practices.
- This pandemic has triggered workforce shortages and burden the healthcare system.
- Workplace policies need to be adapt to the health and well-being of the nurse.
- *"The downstream effect of the nursing shortage on our ability to deliver safe care to our residents is real, with no end in sight," said Brian Cloch, CEO of Transitional Care Management, which manages large nursing home facilities. "We need a new approach for the workforce."*
- Global Nursing Workforce Crisis

References

COVID-related nursing shortages hit hospitals nationwide. Retrieved on 10/5/21 from [COVID-related nursing shortages hit hospitals nationwide | CIDRAP \(umn.edu\)](#).

Fourier, C. (2017). Who is experiencing what kind of moral distress? Distinctions for moving from a narrow to a broad definition of moral distress. *American Medical Association Journal of Ethics*. 19(6):578-584. doi: 10.1001/journalofethics.2017.19.6.nlit1-1706.

Kyngäs, H., Mikkonen, K., & Kaarianinen, M. (2020). Qualitative Research and Content Analysis. In H. Kyngäs, K. Mikkonen, & M. Kääriäinen (Eds.), *The Application of Content Analysis in Nursing Science Research* (pp. 3–11). Springer International Publishing. https://doi.org/10.1007/978-3-030-30199-6_1

Musto, I., Rodney, P., & Vanderheide, R. (2015). Toward interventions to address moral distress: Navigating structure and agency. *Nursing Ethics* (22), 91-102.

Whitehead, P., Herberson, R., Hamric, A., Epstein, E., & Fisher, J. (2014). Moral distress among healthcare professionals: Report of an institution-wide survey. *Journal of Nursing Scholarship* (47), 2, 117-125.

Workforce. Retrieved from [Nursing Workforce | American Nurses Association \(nursingworld.org\)](#).