

# **SenseMaker: the lived experience of nursing in Northern Ireland during a pandemic 2020/2021**



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Published by the Royal College of Nursing, 20 Cavendish Square, London W1G 0RN

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# 1 Introduction

This is a summary report of a qualitative survey commissioned by RCN Northern Ireland to identify nurses' experience of delivering care and treatment across a range of settings during the period April 2020 to March 2021. Not only was 2020 the International Year of the Nurse and Midwife, but the timeframe also coincided with a major public health crisis caused by COVID-19. This makes the nurses' experiences even more significant as it provides a unique social history of nursing during a 21st century global pandemic.

This project was designed by Rita Devlin, Mary McElroy, Anne McMurray and Eleanor Snowden in February 2020. The scope of the project was to focus on nurses' experiences around the COVID-19 pandemic.

## 1.1 Narrative approach: SenseMaker®

The project used the SenseMaker® approach to collect, describe, visualise and make sense of the lived experience of nurses in Northern Ireland in the Year of the Nurse 2020. Nurses were asked to share a story from their recent experience and then to answer some follow-up questions related to their specific experience. This distributed approach allows for the capture of a high volume of qualitative narratives which can be analysed using quantitative patterning. The data was collected via a dedicated project site (Collector URL), accessible via a web or phone browser. The site URL was sent out to nurses across Northern Ireland directly from the Royal College of Nursing (RCN).

Using SenseMaker® involves looking at data visualisations and emergent data patterns. It focuses on how the nurses' experiences and their interpretative patterns change during different times of the data capture. This approach allows real-time monitoring of the experiences provided by nurses about their working lives.

## 1.2 Evidence from experience

This rich qualitative data allows us to understand complex issues through contextual stories which provide evidence from experience. The stories are self-interpreted by the respondents, rather than by experts. The lessons from stories provide recommendations for the future. These are set out in [Section 6](#).

Making sense of the data involved looking at the emergent data patterns through visualisations that are easy to interpret and focuses on direction and strength of movement and travel over time. The final visualisations are presented in [Appendix One](#).

## 1.3 Reporting and interpretation

Seven summary reports have been prepared at intervals during the time frame for RCN Northern Ireland. These provide a high-level overview of key findings during a two to three month period. A mid-way workshop was held in September 2020 with nurses from a range of settings to review the data collection from April to August 2020 and develop recommendations. A summary report of this was provided to the RCN. Some observations from participants who attended that workshop are included in this report.

Finally, it is important to note that this report provides just one snapshot of the richness of the data available. It is recommended that the RCN continues to explore the findings at a greater level of detail using the available tools. These provide a more dynamic inquiry into the experiences of particular nursing groups, settings and timeframes.

## 2 Overview of responses

Nurses across Northern Ireland were asked to reflect on their last working week and share one story from their experience that they felt was relevant, current and important to share. Participants interpret the significance of their 'story' by using a series of questions presented as geometric shapes containing concepts and words.

This provides a quantitative output to the qualitative subjective experience they have shared and allows us to map out various modulators of experience and track their dynamic interdependencies in the context of lived experience over time.

### 2.1 Profile of respondents

Overall, 676 stories from nurses were collected from the beginning of April 2020 to the end of March 2021. The current total (June 2021) is 743. [Appendix Two](#) profiles the respondents by features such as age, setting, location, role, reasons for coming into nursing, RCN membership and emotional tone. The features can be used to filter stories and to explore correlations and patterns using the Sensemaker® dynamics analysis software.

We found that 90% of the stories came from females, 8% of the participants identifying as male and less than 1% as non-binary. This may reflect the gender ratio in nursing as a profession. 45% of stories originated from the 31-45 age group. In the collection, both younger (under 30) and older (over 55) nurses are represented, albeit at smaller numbers.

### 2.2 Response rate patterns

The number of stories contributed from January to March 2021 provided 52% of the total collected since April 2020. The highest data collection months were April 2020 (8.9%), September 2020 (10%), February 2021 (14.3%) and March 2021 (32%). The waves of response rates tend to follow the waves of the pandemic.

There were low numbers of stories collected during the summer of 2020 and in November/December 2020, presumably as a combination of the peak of the winter wave of COVID-19 and the holiday period.

### 2.3 Roles and experience

In terms of role, most stories in the collection (almost 50%) came from nurse managers/deputies and 23% from staff nurses/practitioners. This slight imbalance may be due to awareness of the project and having time and/or energy to participate. However, many of the nurse managers submitted stories that described the experiences of their teams and practising nurses. These provide insights into the lived reality of their staff, many of whom work on what is called the frontline.

The analyst capacity to filter stories is helpful because it shows potential differences in perspectives between those groups, even if their numbers are not equal. Students are underrepresented (less than 3%). A deliberate outreach to under-represented groups in future collections will increase the diversity of perspectives of nurses' experiences.

Most stories in the collection came from experienced nurses who have more than 20 years in nursing (44%), mirroring the higher representation of stories from nurses in senior roles.

## 2.4 Settings and health and social care trusts

78% of stories were from nurses employed in a health and social care trust (HSCT). 75% from nurses who were RCN members. A future report is planned to focus explicitly on stories from nurses associated with independent providers.

37% of the stories shared took place in the Belfast Trust and about 20% each in the South Eastern Trust and Northern Trust. 14.5% of the stories were set in the Southern Trust and 8.9% in the Western Trust. Summary reports have been prepared for each of the health and social care trusts. This will enable them to plan how to take the learning from 2020 to improve and develop nursing in the future.

## 3 Emotional overview of the year

Beyond the demographic context of this population of nurses, it is also worth looking at how their emotional tone in the stories was expressed over this turbulent year.

The project tracked the shift of the emotional tone of nurses' stories using two multiple-choice questions and one which linked to finding 'meaning in work':

- a. respondents used a scale of positive or negative feelings associated with their story, ranging from very positive to very negative
- b. respondents were given a list of specific emotions that might have been present, eg, appreciative, challenged, excited, frustrated, proud, scared, valued, stressed; and asked to select three. This is to acknowledge that multiple emotions can co-exist in very complex ways
- c. nurses were asked how their story related to the reason why they chose their profession. The story below was indexed as 'right now I can't remember why I became a nurse.'

### 3.1 COVID-19 onset

April and May 2020 were the first months of collection, right at the beginning of dealing with the pandemic and its first wave. In May 2020, the emotional tone was heightened in stories. Nurses expressed anxiety about COVID-19 taking over everything and concern about what the 'hero-worshipping' of health care professionals would mean long term if the crisis inevitably dragged on.

Nurses' sense of safety was directly linked to the perceived level of threat and worry about lack of available protection. This raised awareness of the impact on their own wellbeing, although in practice their focus was on their work and their patients (a constant from then onwards).

#### Behind closed doors

*"I have been a nursing assistant working through the pandemic since March 2020. Every day was a different set of rules due to infection control, ultimately to keep us safe but it was stressful. This week in particular has been busy due to the surge of COVID-19 positive patients... The virus has been so unpredictable. I have had 100-year-olds survive this while younger people have been admitted to ICU. They tell you not to spend long in positive patient's rooms because it puts you at more risk, but how can you leave anybody in that state. Nursing during COVID-19 is often putting patient's health before yours."*

### 3.2 Summer optimism

From June to August 2020, as the first wave ebbed and restrictions lifted, stories initially became more positive. This optimism was not sustained.

Communication with patients' relatives and the impact of the pandemic on them, and on the nurses mediating, another ongoing theme emerged at this point. Nurses' professional identity and judgement became points of focus as participants became concerned about being listened to and respected as professionals. There was also greater concern about



the long-term implications, as well as the pre-existing stressors and pressures that surfaced because of COVID-19.

### Glory!

*“The last few weeks since this nightmare has started has highlighted the total lack of respect that management in the trusts have for our nursing profession. It has been daily that they ask more and more from our nursing staff. There has been a total focus on claiming glory, looking good in the eyes of the public, forgetting the daily patients and caseloads that we cared for daily prior to this crisis. Some colleagues from other professional backgrounds have been redeployed to jobs that have resulted in failures in the service impacting on patient care and it has been ignored in what can only be explained as glory hunting. Nurses are on their knees; patient care is being impacted.”*

## 3.3 Winter pressure

November 2020 to January 2021 brought another wave and lockdown. Stress and exhaustion became palpable in the narratives and patterns. Nurses often felt like they had to compromise their safety in order to make ethical decisions and care for their patients, although they continued drawing strength from one another. This period of increasing pressure continued into January 2021.

### Uncertainty

*“Since this whole thing has started, nothing has been the same. My homelife has completely changed, I haven’t seen my family members for at least eight weeks, my work routine has been turned upside down and I’m not sleeping. The situation is ever changing from the perspective of my work – the plan that is agreed one day will have changed within the space of 24 hours. I find this very disconcerting and very stressful... as a senior nurse I am trying to support my team but I feel powerless as I can’t answer many of the questions they have nor can give them the assurances that they are looking for. I feel I am constantly asking them to change, adapt, be flexible in how they work to meet the needs of the current situation. I feel completely overwhelmed by how much they have all achieved in such a short space of time.”*

## 3.4 Hope springs

During February and March 2021, now with a vaccine and more experience, hope seems to be returning, alongside a stronger position of having learned from what came before. This positive turn could be a big opportunity. The challenge now is to manage to put those lessons to good use, listen to the appeals to take the cost to nurses seriously, and improve the connections with senior management to address ongoing concerns, some of which will be discussed in the following section.

### Distributing hope

*“I have had a great experience in the last week at work. Although not formally redeployed, I am working in a vaccine centre for COVID-19. It has both refreshed and re-energised me to be part of such a positive and valuable piece of work. Although I realise that this is temporary, I can see the value of good staff relationships, positive leadership and solid systems and processes. I have reconnected with patients and that has been honestly a real joy.”*

## 3.5 High emotions

Fairly consistently, the highest recorded feelings were of being ‘challenged’ (20.2%), ‘stressed’ (15%), and ‘frustrated’ (14.5%). Feeling ‘challenged’ can be positive or negative, while ‘stressed’ and ‘frustrated’ are more distinctly negative.

Throughout the year, ‘hope’ was the most prominent positive emotion at 7%. Of the 136 participants who said they felt hopeful in their stories, more than half (78) said that they also felt challenged in those same stories. This suggests that hope is a particularly resilient emotion that can be present even in difficult circumstances.

Pride (5,8%) was the next most-frequent positive emotion associated with stories, no doubt justified by the enormous challenges faced by nurses this year and the role they played.

Finally, ‘other’ was a not-uncommon choice. Some of the ‘other’ responses specified are similar to the listed emotions, but others chose that opportunity to give a more extended description of their complex frames of mind, such as the following example:

*“I was anxious, but I used my initiative and knew the issue was not my ability or personality, so I got on with the job and looked after the patients who after all were my priority.”*

## 3.6 Summary

The ratio between negative and positive stories has been tracked throughout the analysis of the past year. The patterns reflect parallel changes which were happening in the nursing settings and health and social care system. While the negative and very negative stories increased as 2020 progressed, there were also many positive and very positive stories. Looking at this unique and difficult year, there are as many good as there were bad experiences.

Throughout, most stories were characterised by nurses as ‘neither bad nor good’. Rather than this being seen as indifference or apathy, it is potentially an area of opportunity. The ‘neither bad nor good’ feeling in nurses experiences can be moved towards ‘good’ through effective leadership interventions, actions, and experimentation. This highlights the importance and potential of conducting co-analysis work with nurses themselves to plan interventions and make recommendations.

## 4 Key themes

This section summarises the key themes which have emerged through the interpretation of the patterns at focus groups and the regular steering group meetings. In September 2020, a workshop was held to invite a cross section of nurses to interpret the patterns and shape recommendations for action.

Major themes that emerged from that workshop included the impact of rapid change, both through external conditions and through nurses' own situations, for example through redeployment. Nurses' capacity for adaptation was emphasised, alongside the need for reflection and proactive support going forwards. Leadership communication and connection, especially in terms of information transmission, were also discussed as major themes.

The main themes are described in this section with extracts from stories to illustrate the messages:

- a. rapid changes to role, responsibilities and the impact of redeployment
- b. reflective practice and rapid adaption to changing circumstances
- c. personal health and wellbeing
- d. leadership and communication
- e. teamwork
- f. bereavement
- g. time gaps: present and future.

Examples from stories will be given to illustrate how the themes showed up in nurses' experiences.

### 4.1 Rapid change and the impact of redeployment

There were many positive examples of how nurses rapidly adapted to new ways of working and used their professional judgement to deal with unknown and new situations caused by the pandemic. The importance of teamwork and a sense of camaraderie were highlighted as key enablers of resilience.

Being innovative and using one's own initiative were attributes that were demonstrated frequently by nurses when faced by the new situations and challenges that the COVID-19 situation presented. These are attributes that can be fostered in the future to increase professional confidence and implement new ways of working in the face of emerging challenges.

Findings indicate that nurses were increasingly adapting and working in new ways ([see Appendix Two](#)) rather than following rules and procedures. Participants at the September 2020 workshop suggested that there were positive signs of nurses not having had to compromise on their personal ethical standards. In the words of a participant, "nothing moved them away from their moral compass."

Comparing different groups within the overall respondent population showed that the more experienced the nurse, the more confident they were in their decision making.

Many participants had been in nursing for over 20 years.

### Respect

*“I have been a nurse for 37 years. I have worked through many challenging professional and personally difficult times from the Troubles to Covid. I have never lost sight of the fact that I can make a difference to patients and families and treat them to how I or my family would like to be treated. My team and I have been redeployed to the covid front line and I am immensely proud of my team who have relearnt old skills, developed new skills and given 100%. At the end of a shift my body is tired but my spirits are high. I am an NHS nurse and proud to say so.”*

Nursing students had a different experience. Many students were seen to have been accelerated into situations beyond their level of readiness. Their stories show examples of their hesitation about seeking help from overworked colleagues. The impact on nursing students could go in one of two ways:

- a. positively, the development of their confidence through being ‘thrown in at the deep end’, or
- b. negatively, causing retention issues and potential loss of new talent as some ‘new’ nurses may have been overwhelmed and discouraged from nursing.

The aim is to foster a. and support those who show signs of b.

### Clap for the NHS, betray its students

*“The decision to remove remunerated status from students in England at such a critical time has caused a lot of uncertainty to nursing students across the UK who already feel undervalued. This may not be the kind of thing you’re looking for, as I know the RCN are already fighting this issue, but it’s the most relevant issue to me and my peers.”*

Recognition of the emotional impact of the changes in role and responsibilities due to redeployment and relative exposure to risk were brought up as relevant factors to review with nurses as the pandemic retracts and steady state returns.

## 4.2 Reflective practice and adaptable support

Time to reflect, support from peers and line managers, and flexibility in the face of changing circumstances were highlighted as effective ways to support nurses to get on with their jobs and adapt to new ways of working. Post the immediate ‘crisis’ in March to April 2020, stories reflected the need for proactive rather than reactive support. Reflective practice opportunities during the May to September 2020 period were said to be vital in supporting the workforce to make sense of the crisis phase and build resilience and learning from the experience.

### Know when to ask for help

*“My last week has been filled with many emotions, from anxiety to uncertainty. As a newly qualified nurse in October, I have now been moved to my fourth area (including ICU) to work whilst dealing with the loss of my much-loved mum at the end of February and dealing with the pandemic. I started on a new ward last week then was told I was going to a new one this week. I cried again. I’ve started this new ward this week and thankfully know some faces from my normal ward, I’m grieving, I’m sad and finding things tough but coming to work and seeing my patients helps, it’s just sad that I have to wear a mask and they can’t see me smile. Yesterday I had a good day despite spending 20 minutes crying before work. I walked through the ward doors with confidence and know I gave my patients the best I could. I felt content in my work, that I supported their needs and kept their day upbeat and positive, on the outside it looks like I am living my best life, happy and bubbly, off ward and inside I’m starting to crumble. So today I’ve made the first step and I’m going to try and get some emotional support.”*

The stories show that nurses have been adapting and working in new ways throughout the period of the study. Structural factors that support ongoing experimentation, innovation and learning through piloting and reflection will support the continued development of the profession and the workforce as it moves forward.

### Even more change!

*“I have started a new position but currently still helping my previous team to adjust to some very significant changes that have and still are happening within our service. I feel that it is a lot to expect nurses to work through these changes during these challenging times but recognise that we still need to progress as we have no idea how long it will take us to get through to the other end of this pandemic.”*

Allowing time and space for reflective practice could enhance staff recruitment and retention in the future and prevent burnout or low morale caused by the relentless nature of the work demands. Reflective practice provides psychological safety and support as well as learning from experience.

## 4.3 Personal health and wellbeing

A consistent pattern over the project duration was that nurses prioritise their work and patients over their personal health and well-being. This points to the need for a wellbeing policy to provide practical and emotional support to nurses. Physical and psychological safety are key components of wellbeing and the evidence from the stories shows that these were not adequately in place during 2020-2021.

There were many indications in the data that nurses’ health and wellbeing were compromised in different ways, mainly a noticeable dominance of a work focus for nurses and neglect of self-care and time with family.

This highlights the risk of the all-consuming nature of nursing work and the risk of burnout. One respondent said: “If you cut yourself off from your family to that degree, what does that say to them about how important they are to you?” and suggested it could

lead to relationship issues in the longer term.

Many nurses were preoccupied with safety which may be linked with personal stamina or wellbeing along with practical matters such as the availability of testing or PPE.

### Please, please listen to those you are close to

*“I have more than 35 years’ experience as a nurse and have, like many others, had to adapt rapidly to optimise the safety of ourselves, work in various settings throughout the week, to remotely keep in contact with patients to assist them safely along a diagnostic pathway or continue to support them as they live with cancer.*

*As a nurse you are used to planning, organising, supporting and educating, etc. When something as big as COVID-19 happens, you are more than ever the go-to person for family and friends. For the first six weeks the pressure built and built trying to be everything to everybody at both work and home. I felt I was managing well until I noticed my daughter, also a keyworker, looking more stressed than usual. When I got time that night to ask her what was annoying/worrying her the most, I was floored with her reply. She said if anything happened to Dad she would know what clothing he would like buried in, she just wasn’t sure what I would like to be buried in. It was one of the toughest nights of my life.”*

Some participants at the September 2020 workshops shared positive experiences of ‘wobble rooms’, ie, a private space where nurses can go and take a break express their emotions and steady themselves, and the need for a wellbeing policy relevant to this context was discussed.

## 4.4 Leadership and communication

The importance of calm effective leadership was frequently highlighted, particularly during the early stages of the crisis. Many nurses spoke of being inadequately prepared for the ensuing workforce changes. A common experience shared in the stories was about nurses hearing news about redeployment or other issues through the media, rather than through internal management lines and leadership role holders.

Nurses reported they were confused and unsettled by the rapid changes in guidelines and the issuing of frequently contradictory information.

### Changes

*“There has been a vast amount of changes to guidance and policy in the last few weeks that has been difficult to keep track of and continually review and ensure we are following the most recent, updated guidelines.”*

How redeployment was handled by managers was highlighted as an area for attention. Nurses placed into new roles had to quickly respond to changes in practice and settings for which they felt inadequately prepared or inducted.

### Disrespect and disregard replaced the clapping

*“The lack of engagement in changes that affect us is driving down morale and in my view contributing to an increase in sickness absence. We are exhausted and fearful for the future and we believe we are being treated with total disrespect. Pushed from pillar to post on the whim of managers.”*

Addressing issues around communication was a major theme which emerged from the workshop discussions. Communication by email had a negative impact and often resulted in worsening morale and motivation.

### COVID-19 fatigue – the decimating impact of the written word

*“I felt that as a team and as a nurse that we had accomplished achievable goals during this pandemic and morale and camaraderie were good. These feelings were rapidly decimated on receipt of a bulk email sent to all employees, basically chastising us for lack of social distancing and poor compliance to PPE. It was like a hard kick in the stomach at a time when supportive, encouraging words would have had a more positive impact. Apparently, staff felt accused of displaying a new condition - COVID fatigue. Every colleague who I have spoken to (nursing, medical, AHPs, ancillary staff) have felt insulted and hurt at the insinuations. It has damaged morale and made staff feel very unappreciated. Many were in tears, angry and frustrated. I was totally shell shocked. I have worked so hard and made many sacrifices to ensure that patients received high standards of safe, effective care. This very much feels like a ‘blame game’ ... so much for ‘collective leadership’. I tried so hard to reinforce to colleagues that they are all doing a fantastic job but thinking about the email’s ‘form of written words and connotations’ made me feel worthless, guilty and potentially a danger to my patients, colleagues and family. I feel very deflated.”*

Going forward, more communication through direct conversation in a timely way to include everyone potentially affected is more effective.

Psychological as well as practical leadership was highlighted, such as early consultation with those who would be affected by an issue or decisions. In some situations, ‘informal’ leaders emerged in teams, usually individuals with expertise and good interpersonal skills. This was regarded positively.

Stories highlighted the need for proactive, rather than reactive support. Whilst a lack of support may be understandable in an unprecedented situation, once the crisis has passed the leaders need quickly move to stabilise the system. This means being proactive and anticipating the next stage, to build on what has been learnt and apply it to the future.

## 4.5 Teamwork

The overriding theme common in almost all narratives captured in October to December 2020 was that of stress and exhaustion. Emotional support and camaraderie in close teams was reported to be a source of resilience.

### The new way of life for a nurse!

*“Positive work environment, a busy environment but great teamwork shown. Staff appear tired but remain there for one another and our service users. Remains a strange/different environment to what we have been previously used too, an element of challenge remains evident however close team work to ensure an effective and safe service is provided to our families. We continue to work together to aim to continue to boost staff morale.”*

This was undermined in some instances, especially through constant redeployment and uncertain working environments. Health and safety of staff was reported as being compromised in some instances, again linked to redeployment issues and unsafe staffing.

### Teamwork matters with COVID-19

*“Working long days again after being redeployed to a covid ward. This week I have been mostly with patients testing positive for covid admitted from nursing homes which is very challenging. Confusion and dementia added to the challenge of caring for these patients with COVID-19 symptoms. However, the ward I have been placed on has been very supportive. The importance of teamwork has a completely new meaning as continually having to work through glass with baby monitors and ‘walkie talkies’. All staff work together to help each other.”*

A major theme in the stories in the January 2021 capture was of teamwork and camaraderie being disrupted by redeployment; nurses having to work on new wards with little guidance and support. There was evidence of increasing tensions between nurses at varying levels of seniority or experience in the absence of clear protocols or role clarity.

### Burnt out and no-one cares

*“I really do not know how much longer I can keep this up. My heart breaks when I see how tired and stressed the nurses are. It is difficult trying to keep morale high and lead the team at this time. I am supposed to have 11 registered nurses on duty daily and I am lucky if I have five; the weekends are covered mostly by bank staff. The only good thing on the horizon is the team I manage. They are ultimate professionals and they are dedicated to their patients. The teamwork is exceptional and the way they all care for and help each other is amazing. I tell them every day how great they are but they are losing hope. Overworked, undervalued and really the only professionals continuing house calls throughout the whole pandemic. Who cares?”*

‘Respect from others’, ie, other disciplines, families/carers, the public/media, was seen as important for respondents in their stories but was a feature which often missing. Combined with a lack of teamwork and empathy, a continuation of pattern is likely to decrease nurses’ wellbeing and resilience.

Finally, the tone of media reporting was given as an example of lack of respect. Nurses noted the contrast between the initial heroic portrayal ie, clapping for the NHS and the subsequent change of this meta-narrative, for example, nurses being responsible for infection rates, as time passed during 2020.



## 4.6 Bereavement

Throughout 2020–2021, nurses' stories described the emotional and professional challenges they experienced when confronted with a much higher than usual frequency of death in patients. The emotional toll was experienced in a personal way as while patient deaths are not unusual in some settings eg, critical care, the numbers and range of patients who died as a result of COVID-19 caused a different form of distress.

### The dying patient during a pandemic

*"I can think of a number of experiences that happened throughout this pandemic but one that has personally affected me is the number of deaths. Last week I experienced three deaths in 24 hours. I found this challenging in many ways. The dying patient now has a different experience. With a no-visiting policy it is becoming increasingly difficult to ensure the dying patient is surrounded by loved ones in their last hours. The nature of these deaths are also extremely sudden, which is difficult to deal with from a nursing and relative's perspective. I feel like the dying patient needs prioritised now more than ever to ensure they have the most comfortable experience. I also feel like patient's relatives need communication more than ever and it is something we can manage as nurses. It is challenging both mentally and physically dealing with the number of deaths. However, as a nurse, my main goal is ensuring the experience isn't a traumatic one."*

The impact was compounded by the way patients died: alone in a hospital setting, staff wearing PPE, and no family around. This experience conflicted with the core nursing values and professional training about how to care for a dying person and evidence about end-of-life care.

Nurses also described how they comforted families and friends in their bereavement. Being confronted with the impact of death of patients, care for the dying and coping with the grief of others with little time or support to process the 'weight of the work' has been a particularly difficult experience for nurses in COVID-19 times.

### Child death

*"A child cared for by a community nursing team passed away in hospital and the death was COVID-19-related. Because of the current restrictions it was not possible for the nursing team to provide the usual bereavement support for the family and it was not possible for the team to be represented at the funeral."*

*In bereavement care, the team felt the initial face-to-face contact after a child dies is really important in order to maintain the relationship with the family and to continue to support the family. The team did contact the family by phone to offer support but definitely the feeling was this was inadequate and lacked the human factor."*

## 4.7 Time gaps: present and future

As the story collection moved into 2021, there were fewer stories about stress/exhaustion. While working conditions continued to be described as challenging and there were positive signs of learning and growth.

### Amazed and proud

*“What impacted me the most this week again is seeing so many staff from lots of disciplines working together effectively to ensure that these very sick patients receive the best possible care! Also, to see non-ICU nurses who a few weeks ago were terrified by what was in front of them carrying out the role looking outwardly confident even though they were quaking inside and our ICU colleagues supporting us so well.”*

Whilst innovation and adaptations were being praised in health care, with strategies supporting a transition into ‘recovery’, the nurses’ narratives raise questions around how the implementation of change will impact on nurses and other frontline workers who are at full capacity due to operational service pressures, and further change without additional capacity might be ‘too much’ and cause stress.

### Brave new world

*“How do we meet the needs of patient education now. Spent the week trying to get the hang of MS Teams. Discussing how we manage with patients with limited IT skills and staff who need practice and lack confidence within a service that needs to be up and running now!”*

With a backdrop of uncertainty and ever-changing guidelines for nurses to incorporate into their own working practices and communicate to patients, families of patients, and members of their own team, some of the stories describe oscillating between information overload and information vacuum.

### A shambolic week

*“Bombardment of or lack of information following COVID-19 vaccines and now positive residents and staff. Having to support both residents, staff and the families with little to no guidance and maintaining safety within the workplace. A level of uncertainty and lack of education with regards same for care home sector. Not only is there still the day to day running of the care home to maintain, with now increasing numbers of staff off isolating and lack of support from the trust due to likely the same issues.”*

There are signs of hope for the future. Several stories explicitly mention the vaccination as a hope for an improved future, but there is a sense that this hope has not materialised yet as pressures continuing from the previous year and benefits have not yet appeared.

Overall, the more recent stories reflect that reality is running ahead of policy, resourcing and training. This gap needs to be closed during 2021–2022 to restabilise nursing services and to ensure patient safety.

## 5 Lessons from recording a pandemic

The COVID-19 pandemic has led to big changes in the working lives of nurses. There are important lessons that can be distilled from the 743 stories that have been shared by nurses. This is evidence from experience that can inform next steps in policy, practice and the development of the profession. These are summarised below.

- a. **Communication and transparency** around decision making makes a big difference to nurses feeling valued and motivated.
- b. **Trade-offs between personal safety and patient outcomes** were a feature during the 2020–2021 winter wave .
- c. Nurses have acquired **new skills and experience of innovation** which is a foundation for the future. Adapting to new challenges has remained constant over the last year. Periods of the most change were during April 2020 when the pandemic was beginning to take hold and from November 2020 to January 2021. Nurses responded remarkably to those changes and their achievements should be consistently recognised.
- d. **Lack of reward and recognition** appeared at different times throughout the year. Some nurses expressed frustration with ‘clapping for the NHS’ while they felt betrayed by not being properly remunerated. Moving between neglect and hero-worshipping is harmful, and the absence of recognition for achievement is likely to affect nurses’ morale and motivation.
- e. **Leadership and communication** were constant themes. The stories highlight the need for open communication and the creation of channels for feedback and understanding, as well as involving nurses in decision-making, integrating their deep experience gained on the ground at the frontline.
- f. **Managing patients’ and relatives’ expectations** has remained a constant challenge over the course of the pandemic. This is likely to continue as some tension remains regarding relationships with the public.
- g. **Burnout, stress and exhaustion** have been high throughout the year. Even though COVID-19 cases are dropping in 2021, many nurses feel under a lot of strain and will need extra support to avoid burnout. The provision of emotional and mental health support alongside space for reflection and rest has been a major lesson and recommendation.
- h. **Teamwork and camaraderie** were an essential source of support throughout.

## 6 Recommendations

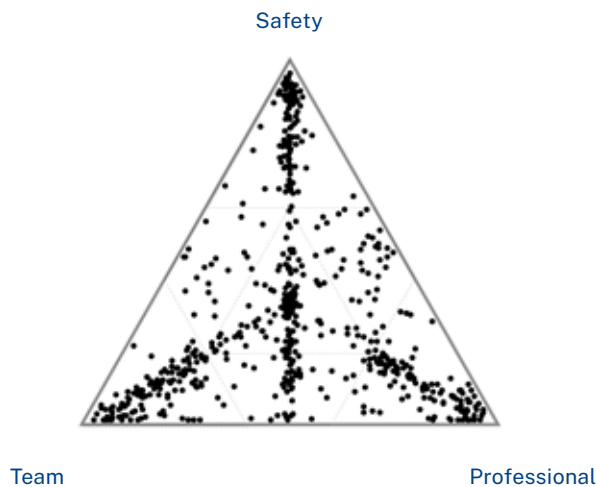
The following are the recommendations from the project, based on what nurses have told the RCN. Many of these issues are already strategic priorities for the RCN in Northern Ireland who are advocating for changes based on the information from the project.

- a. Policy makers and HSC leaders, ie, directors of HR and nursing, are encouraged to use this feedback to develop policies and strategies that support the nursing workforce during the pandemic recovery post-2021-2022.
- b. Improve communication channels and information sharing so that nursing staff hear information directly from their line managers/team leaders and are involved in planning significant changes to working practices and roles.
- c. Senior leaders provide visible, personal and co-ordinated leadership, particularly during times when the system is under pressure and staff are coping with unprecedented challenges.
- d. Put in place safe staffing levels and physical working environments that are conducive to staff wellbeing, including practical issues such as transport, rest rooms and quiet spaces in the working environment where nurses can take some private time if necessary following a difficult episode, ie, 'the wobble room'.
- e. Provide reflective practice supervision and 'trauma debriefing' to all groups of staff who were redeployed and student nurses who were 'thrown in the deep end'; this is to recognise the emotional toll of the crisis experience.
- f. Train nurse managers how to recognise early signs of emotional or moral injury in their nursing staff and take preventative steps to address and alleviate the impact, given the direct link between nurse confidence, emotional wellbeing and ability to provide safe, effective nursing care. This can be incorporated into human factors training.
- g. Develop a wellbeing policy for nurses which includes psychological and physical safety.
- h. Share the evidence base from the 2020-2021 nursing experiences to support research, develop case studies and other training materials for use in professional development and education at all levels.

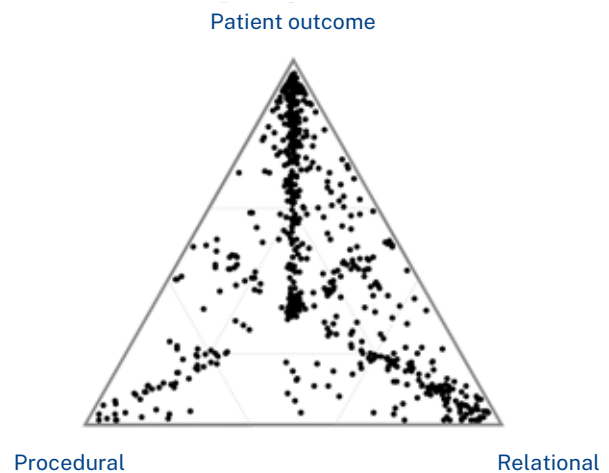
# Appendix 1: April 2020-June 2021

N= 732 stories which have been self-interpreted by respondents as set out in the triads and dyads presented in this section.

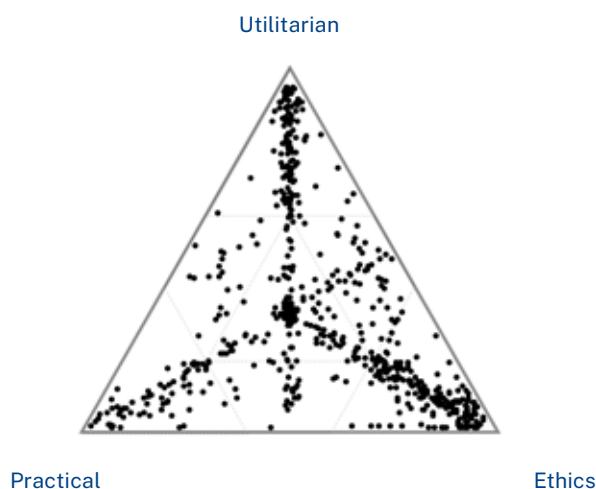
**1 What was most important to me at the time of the story I shared was... (feeling safe, working as a team, doing my job well)**



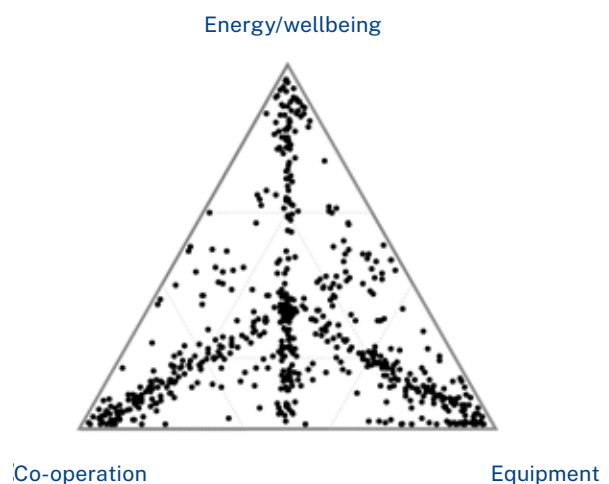
**3 In my story, my main focus was on... (the outcome for the patient, the task at hand/procedure I had to follow, how others would be affected)**



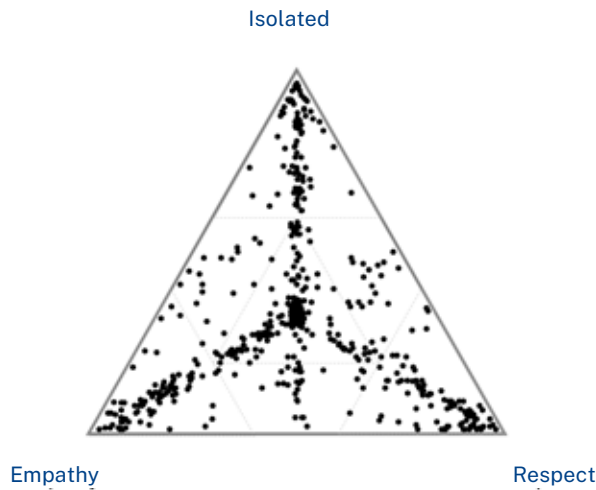
**2 What guided my decisions in this story were... (what I thought would benefit most people, what was most practical and what I felt was the right thing to do)**



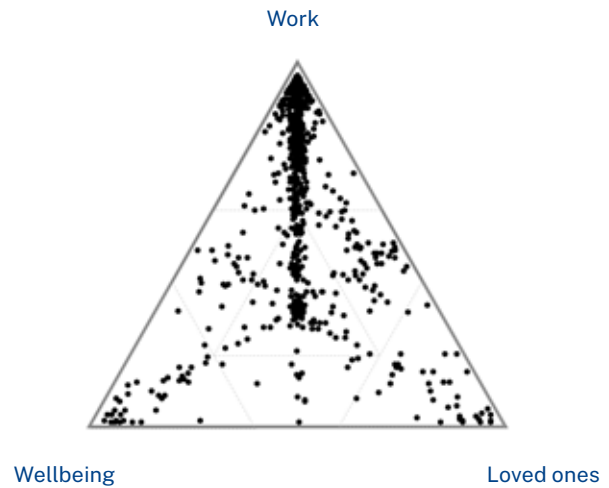
**4 In my story what I was concerned about was... (my personal energy/wellbeing, co-operation with others, having what I needed to do the job)**



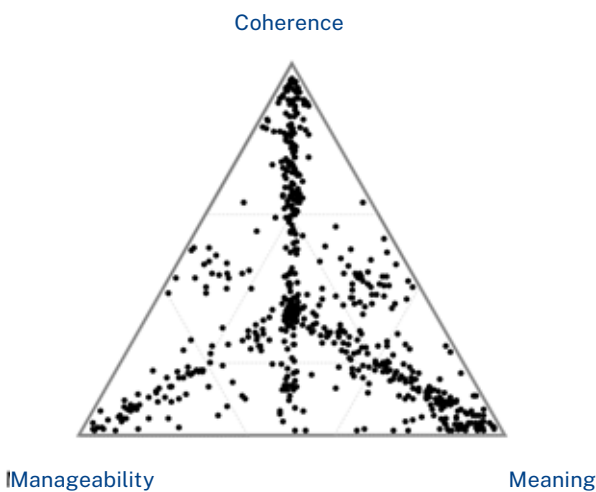
5 What was missing for me in my story was... (feeling part of a team, feeling like others understood me, feeling I was respected by others)



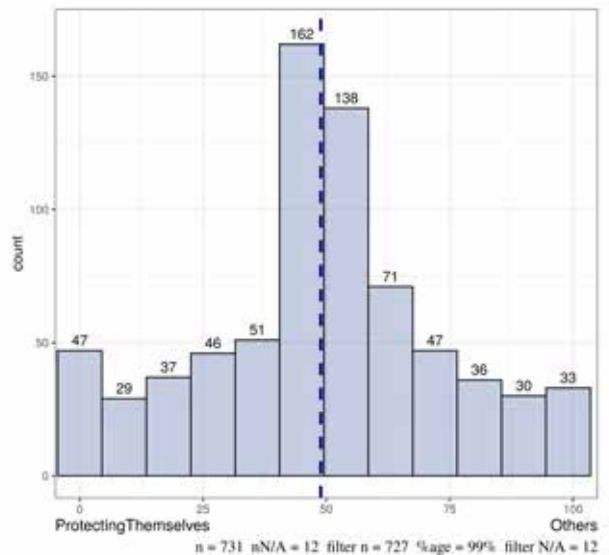
7 During the past week, most of my attention was on... (my work, my wellbeing, my loved ones)



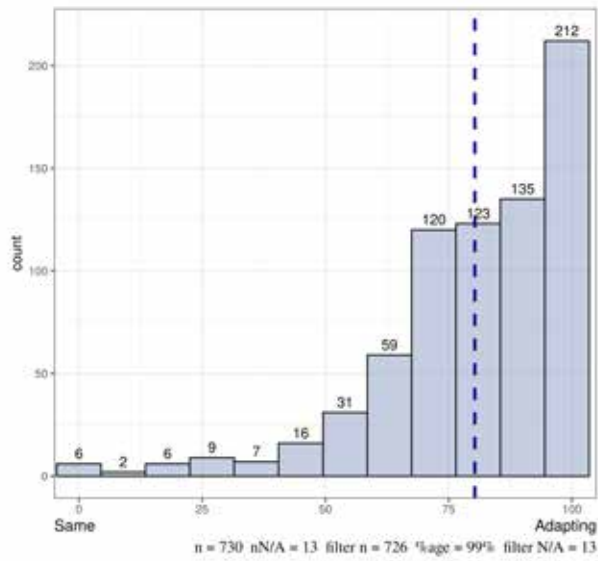
6 What helped me to cope with this experience was... (having an understanding of what was happening, being able to solve the problem or issue, feeling like I was doing a good job)



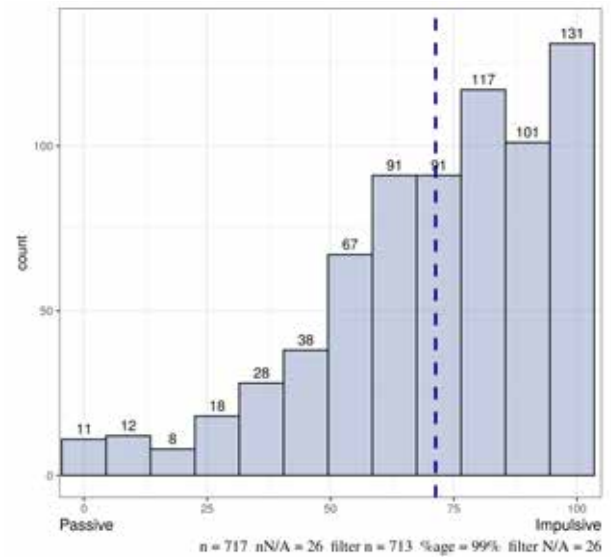
8 In the current situation nurses need to prioritise... (protecting themselves... looking after others)



9 In the current situation, health professionals are... (sticking to tried and tested ways of working... adapting and working in new ways)

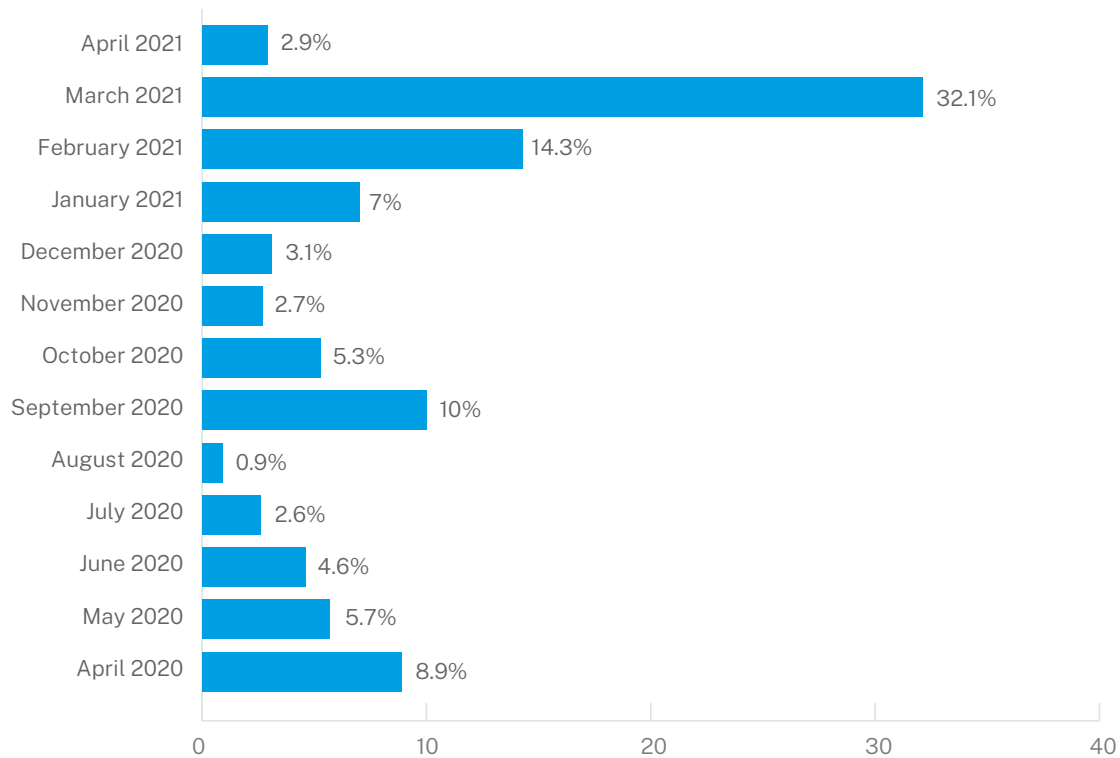


10 In the current situation, I could be described as... (waiting for instruction... taking the initiative)

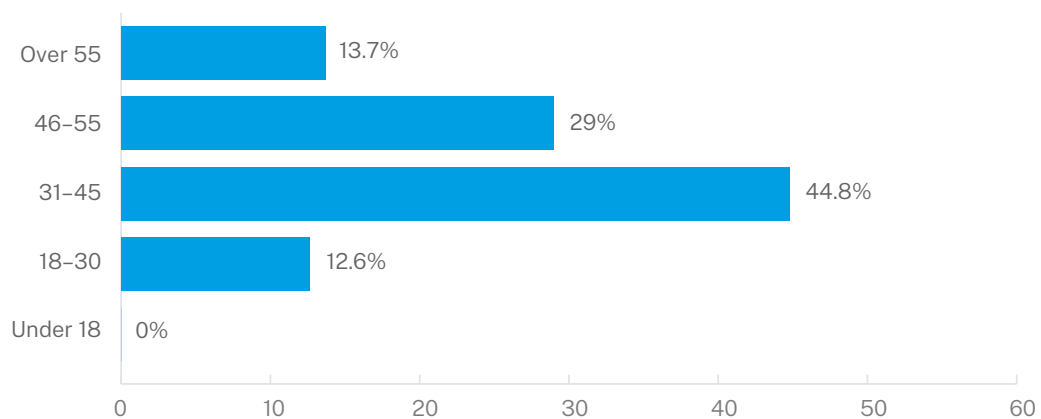


# Appendix 2: Profile of respondents

## Stories collected per month

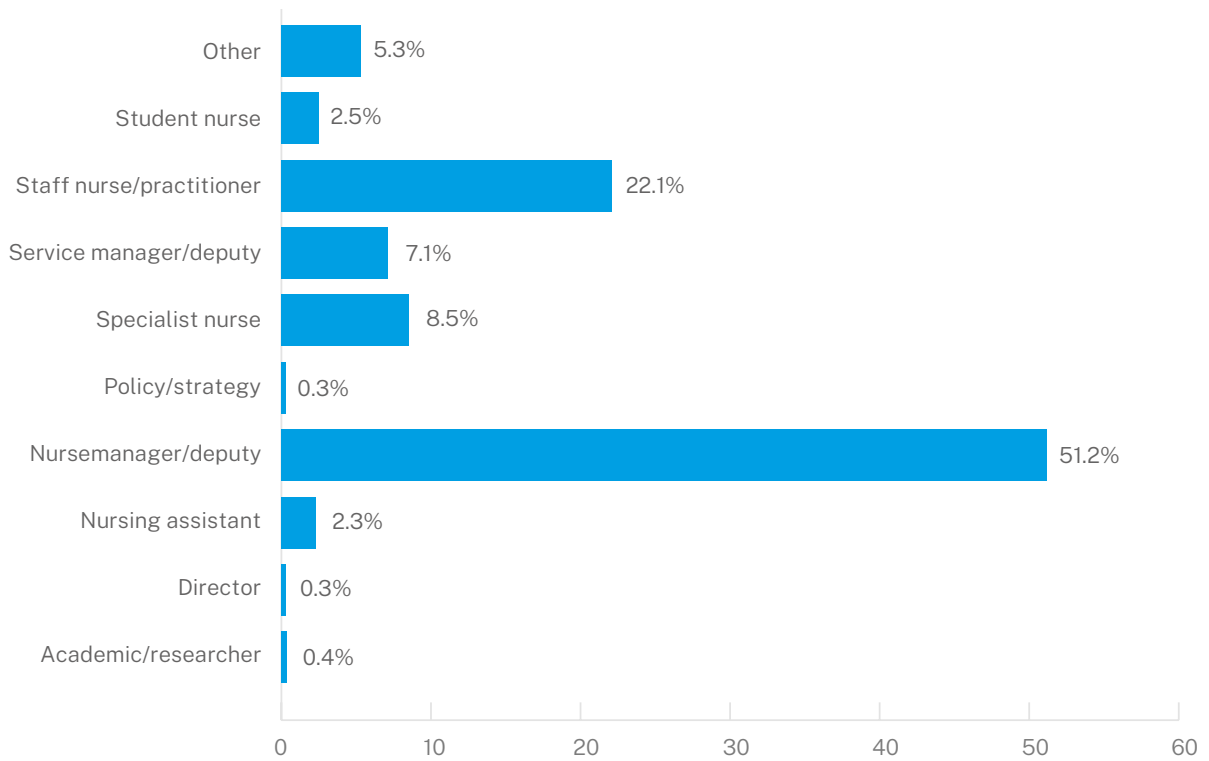


## Age profile

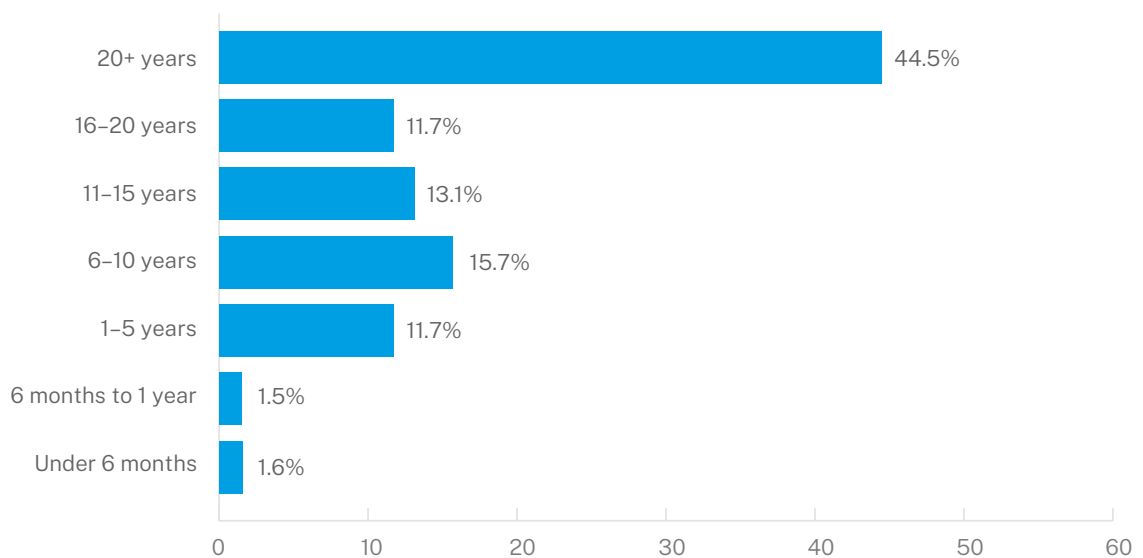




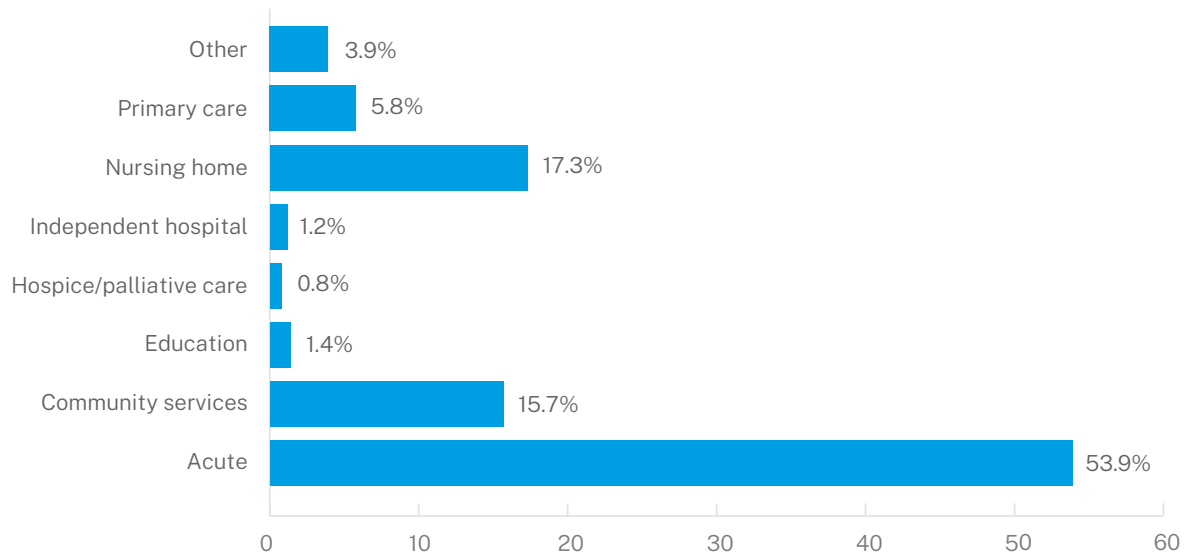
### Current role



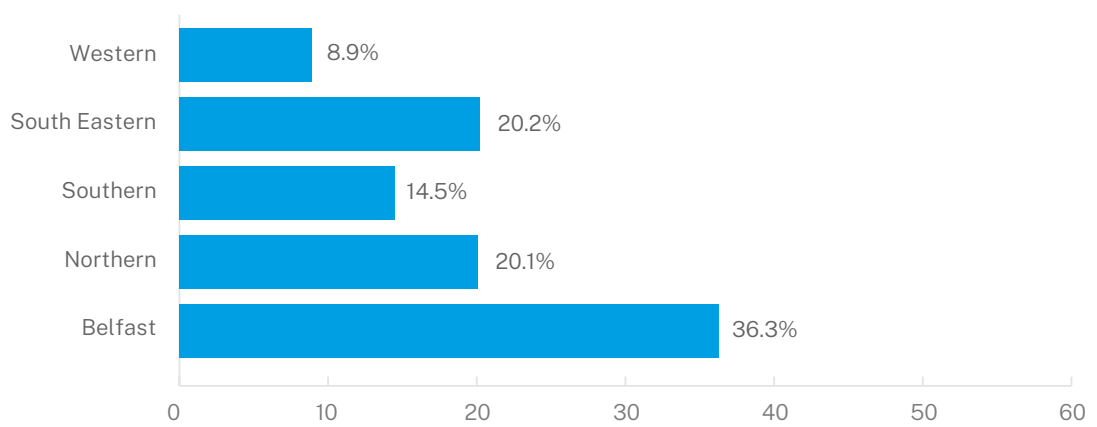
### Length of time in nursing



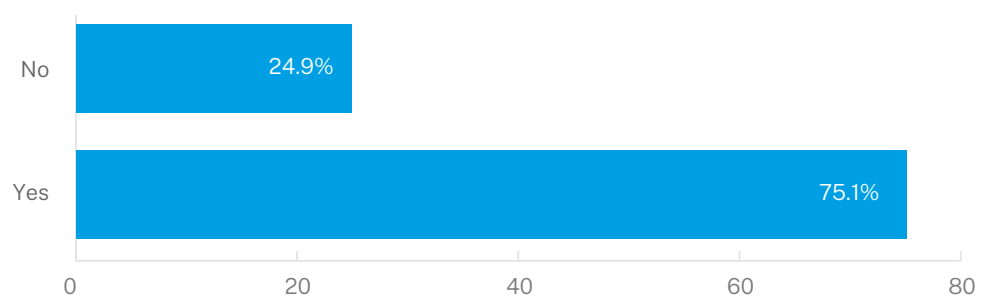
### Work site



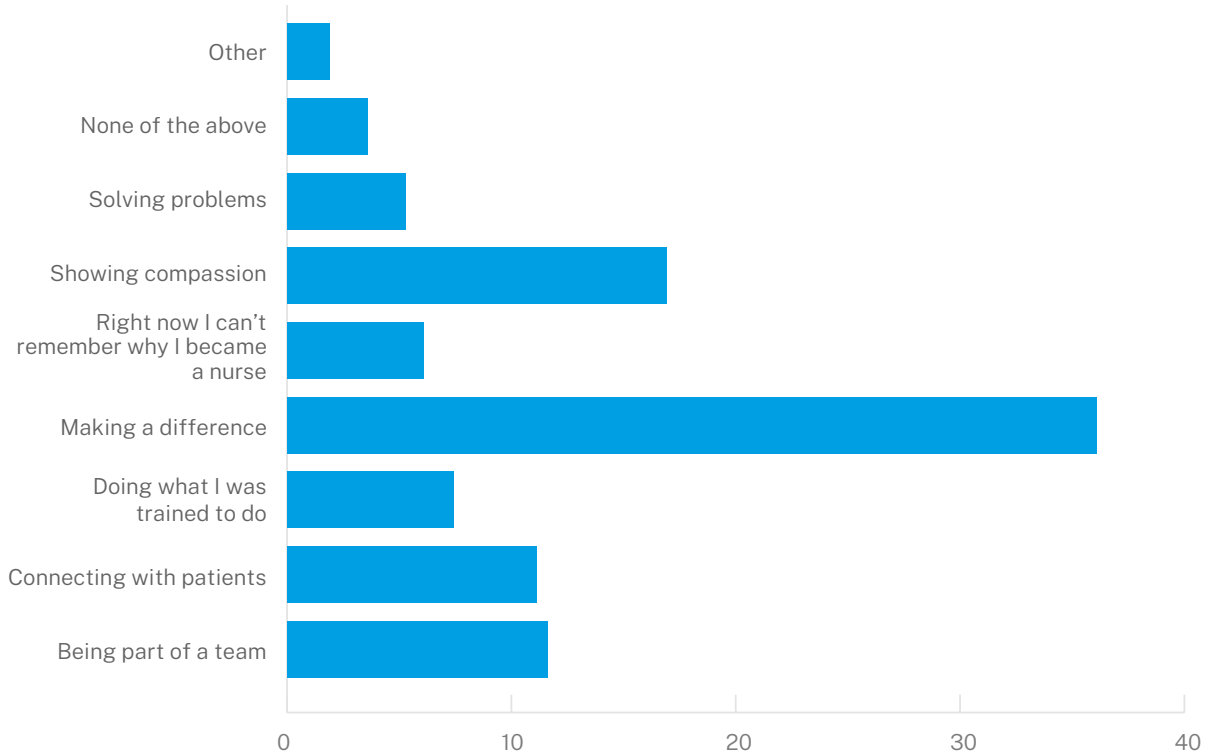
### HSCT geographic area



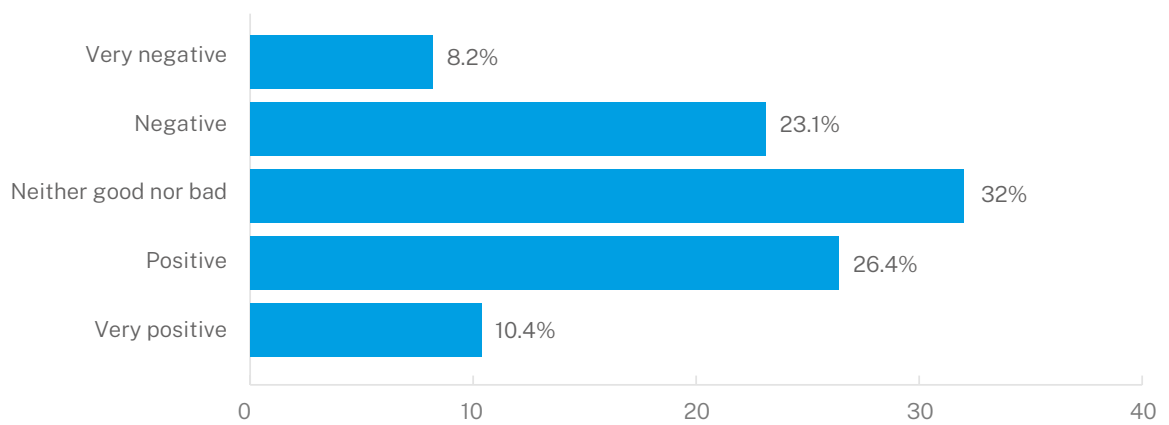
### RCN members



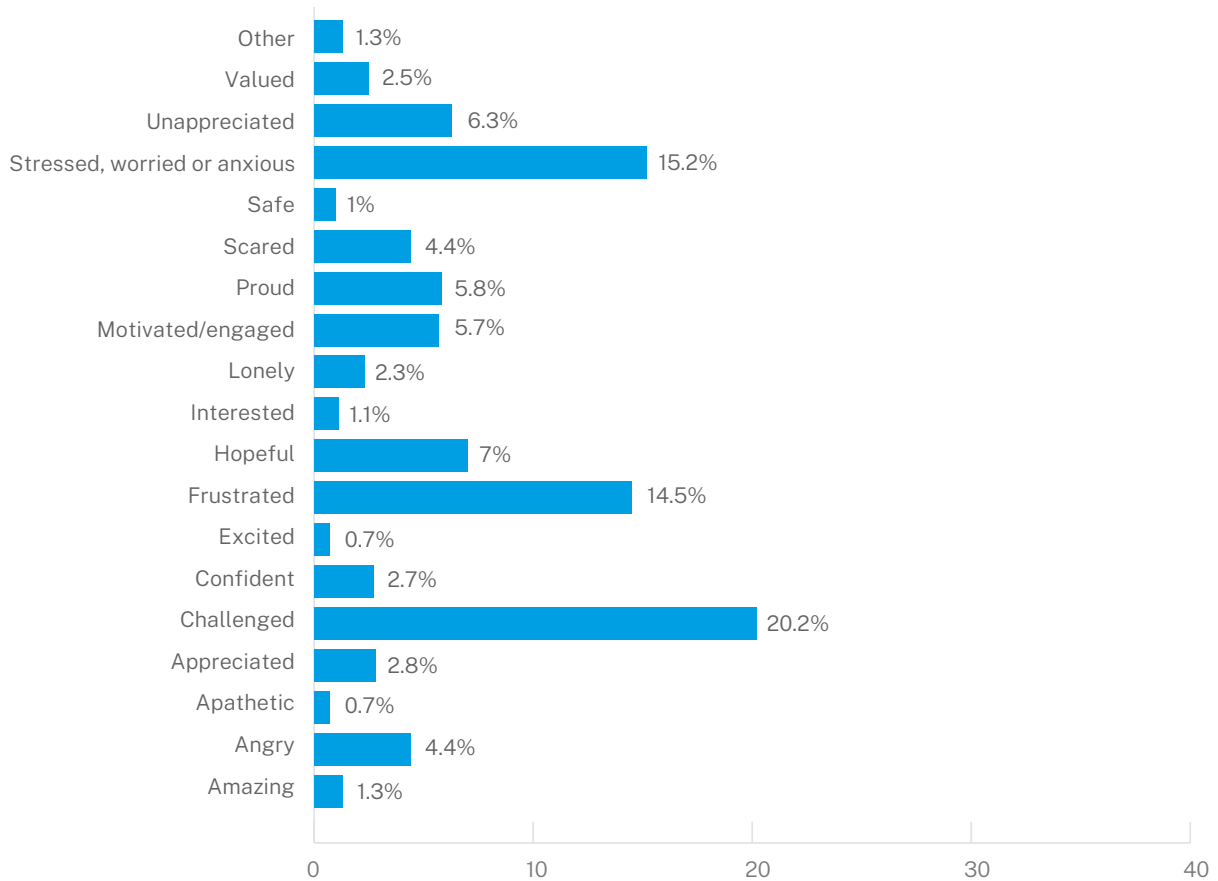
### Why I became a nurse



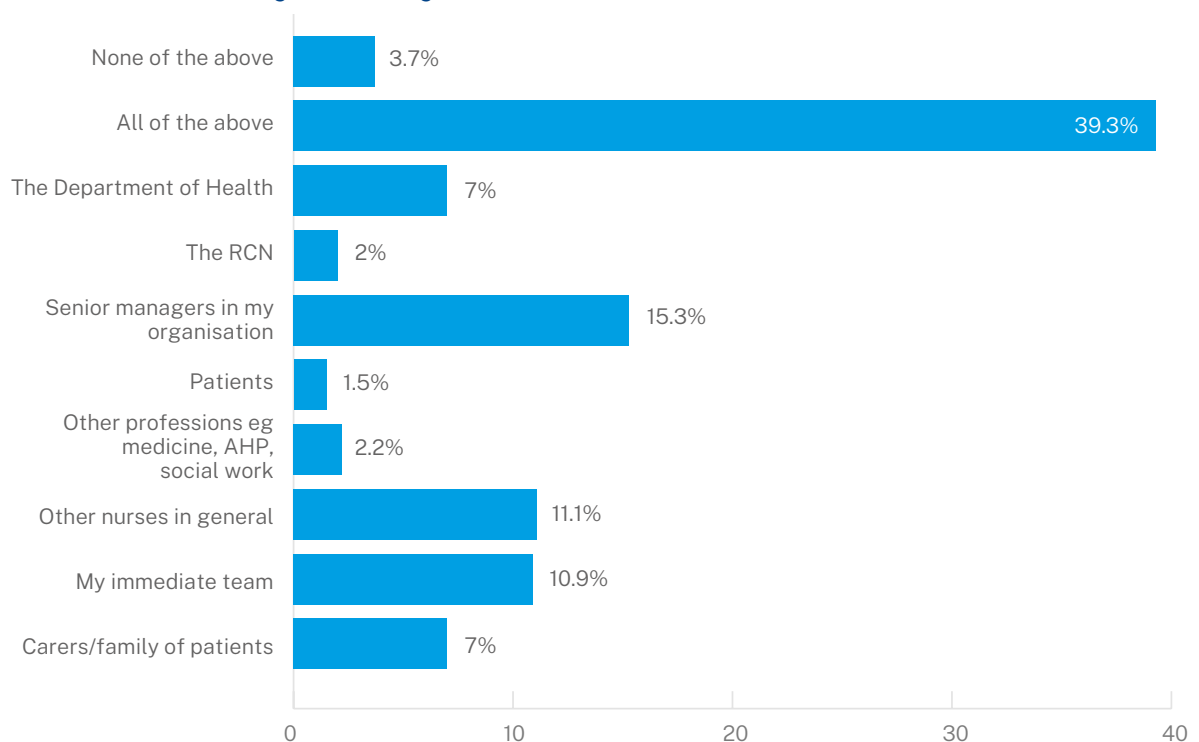
### Emotional tone



### Top three emotions



### Who should hear your story



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## RCN quality assurance

### Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

### Description

This is a summary report of a qualitative survey commissioned by RCN Northern Ireland to identify nurses' experience of delivering care and treatment across a range of settings during the period April 2020 to March 2021. Not only was 2020 the International Year of the Nurse and Midwife, but the timeframe also coincided with a major public health crisis caused by COVID-19, making nurses' experiences even more significant as it provides a unique social history of nursing during a 21st century global pandemic.

**Publication date: August 2021**

### The Nine Quality Standards

This publication has met the nine quality standards of the quality framework for RCN professional publications. For more information, or to request further details on how the nine quality standards have been met in relation to this particular professional publication, please contact [publications.feedback@rcn.org.uk](mailto:publications.feedback@rcn.org.uk)

### Evaluation

The authors would value any feedback you have about this publication. Please contact [publications.feedback@rcn.org.uk](mailto:publications.feedback@rcn.org.uk) clearly stating which publication you are commenting on.

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0345 772 6100

Published by the Royal College of Nursing  
20 Cavendish Square  
London  
W1G 0RN

020 7409 3333  
[www.rcn.org.uk](http://www.rcn.org.uk)

August 2021  
Publication code: 009 870



Royal College  
of Nursing