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No backstage: the relentless emotional management of acute nursing through the Covid-19 pandemic

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Background

- The Covid-19 pandemic disrupted society and the routine organisation and delivery of health care
- Care was re-organised around infection control measures and the government issued edict to '*stay at home to save lives and protect the NHS*'.
- Emotion management takes place through interaction – the ability to influence the emotions of others and to manage our own emotions to meet organisation demands (Hochschild, 1983).
- Bolton (2001) nurses skilled emotional management, able to affect interactions in a range of ways through skilled emotional work. They have agency to juggle and present different masks or faces.
- Pandemic emotional work was wider and hampered by infection control measures, affecting their performance and emotional health.

Methods

- Brief online survey to determine the respondents' demographic profile, and mental wellbeing and perceived stress utilising validated scales and analysed in SPSS
- Qualitative interviews with purposively sampled participants, conducted April to June 2021.
- Analysed thematically.
- Participants assigned synonyms.

Survey results

- 108 participants took part in the survey
- 41% were redeployed within the NHS due to the Covid-19 pandemic,
- 97% were highly stressed,
- 32% of respondents thought about leaving nursing frequently or all the time in the past year.
- Their mental wellbeing scores indicated that 45% of nurse respondents reported probable or possible depression.

Qualitative Findings

- 20 Participants:
    - most were aged between 26-55 years.
    - 5 nurses at band 5, 2 at band 6, 12 at band 7 and one at band 8.
    - Seven were redeployed.
    - Eleven were working in a front facing Covid ward.
- For all participants the Covid pandemic was a period of uncertainty and disruption
- All staff experienced new ways of working and interacting with patients, families and colleagues = stress, anxiety, moral distress and injury
- Participants felt that there was a moral imperative to be seen contributing to the pandemic effort – guilt for those shielding

Interactions with patients

- **Infection control measures significantly impacted upon interactions between patients and nurses**.
- PPE inhibited communication and displays of empathy
- The wearing of masks and visors was also seen to affect the quality of communication between staff and patients as they could struggle to hear, or lip read.

  "You want them to be able to see all your facial expressions and, you know, know, let them know that you're there for them or whatever. I think that (PPE) is a big barrier when it comes to nursing. You know, we just, you know, just being able to show some sympathy, empathy, love, you know, all the rest of it. I think you can't always get that over, can you, when you're wearing a mask and a visor and all the rest of it?" (Rhona)

- Shortages of PPE – refrain from drinking, heat and dry mouth
- The constant pace of change over the rules and regulations made staff question whether they could engage in their usual connections with patients, such as touch.

  "Yeah, but I remember, you know, the first time having a patient I felt, you know, normally, I just hold a patient's hand for comfort, and I did, I was like, am I allowed to hold patient's hand? And I did it anyway, I had my PPE on, I had my gloves on. But, yeah, to start with it's like, are we allowed to do that? You know, there was no guidance on, you know, are you allowed to hold a patient hand for comfort, you know." (Graeme)

Interactions with patients

- Many staff struggled with the need to wear PPE to protect their own and other colleagues' safety before attending a critical incident. Staff felt a weight of emotional labour with the delay caused getting PPE on in instances where there was a need to act quickly.

  "So, you know, before there was no delay, now you were looking at maybe a couple of minutes delay, by the time everybody gets their gear on and gets in the room. Again, that's another scary thing, is actually, you need to act quickly just get straight in. But with the COVID thing you had, there was extra, you know, put your PPE on get your airborne stuff on, get in the room, the only thing we really could do is put the defibrillator on, and shock if we needed to, rather than the compressions, which again, again that's a scary thing." (Noah)

- Others broke the rules to ease the emotional labour of the work

  "I remember this lovely, poor little patient who was so demented, and she wouldn't open her eyes, she wouldn't even drink for anyone because we're wearing the masks. And I was like, oh, this is just bad. This is just bad, and I had to, at one stage, pull the curtain round, put my mask down and say please eat, please take a drink." (Niamh)

- End of life care

  - *"Because there was no family or anything allowed in there. And you know yourself, when you've been nursing for a while, you're, you're kind of watching people fading away, and all they're seeing is somebody they don't know, with a mask over their face holding their hand really. Yeah, that's quite difficult."* (Shona)

Interactions with patients

Non-covid

- Wave one routine care cancelled and on standby = guilt not being on the frontline
- Sense of loss from colleagues redeployed, demoralised, discomfort not matching public perceptions, useless and helpless decline in care stds non covid patients.
  - *"I felt like a lot of, even patients who were coming into hospital, they had had their care reduced, and that's why they fell, that's why they came into hospital, and I felt, whilst they didn't have COVID, these people, these were people who suffered because of the pandemic. And it was, it was just, and you can see it just happening so, so much that, and you were so helpless to do anything about it."* (Niamh)

Clinical expertise

Covid

- Unprepared and inexperienced caring for Covid-19 patients
- Virulence of the disease – fast deterioration of patients, volume of severely ill patients, high mortality rate
- Professional training/experience had not prepared them for what they witnessed
- Masks useful
- Learning together, with the redeployed staff

"…the deterioration in COVID patients happened literally within minutes…And that's something that, that you weren't really told. Or your learning, you know, like, none of this was really, you were never really made aware of how quick a COVID person can deteriorate, which was the scary thing…Generally, you see, like with a patient you see signs on their graph, on their chart just like trending down, but with this guy, he just turned and literally minutes which, which was the scary thing, you didn't know." (Noah)

Clinical expertise

- **Non Covid**
  - Caring for all non-Covid patients
  - Quiet wave one but much busier wave two.

  - *"Our Ward Manager…devised like a folder of how to care for certain illnesses and conditions that we were unused to...There was a lot of anxiety amongst the staff... It led to quite a low morale throughout (the pandemic)."* (Eilidh)

  - *"…that obviously completely reduced and then we were getting more of a medical, medical side. So, things like diabetes and head injuries and things like that we wouldn't have normally of seen. The biggest one probably would have been the CAMHS patients, there's a lot of them that we weren't used to."* (Duncan)

Interactions with family members

- Restricting visitors into hospital
- Separating families at a time of need
  - *"One other very difficult aspect was when patients were end of life, erm, and, you know, the rules were nobody was allowed to visit or one person could come visit for one hour, you know, I just found that, that, to me, as a nurse, it just made me question my whole ethos as a nurse, you know, adn I just though, oh, this is just shocking, you know, that we, we, we have to do it, but at the same time, you felt like, you know, I haven't been a nurse in the health service for 30 years, this is something I've never had to do before, stop somebody coming in to visit their dying relative, it was just awful."* (Niamh)
- Communicating with family members over the phone
  - *"…you were you were speaking to parents on the phone, you know, who couldn't see what you were seeing, you know, you'd done the first nappy change, you'd heard them cry, you know, they, that's all the firsts that they've missed out on. And regardless of whether you tell them about it or videos or pictures, they're never going to experience that in the same, you know, the very first nappy, the very first feed, you know, it's all those things that they're missing out on."* (Gillian)
- Facilitating final conversations between family members and patients

Interactions with colleagues

Covid

- Working in isolation
- PPE effecting communication
- Communal space removed
- Junior staff on the floor, senior nurses at home or far aware dealing with changes to government guidance
  - *"…we were taking two patients ourselves, you know, ventilator patients, which is not supposed to happen, and my managerial staff just weren't, weren't here. And they have the experience to look after these, these sort of patients, but instead, we were putting sick patients with like school nurses and things like that. A patient, people who haven't been on an ICU floor for 30 odd years. So, that was frustrating."* (Ailsa)
  - *"I felt guilty that I wasn't there as much as I would like to be because of other things that pulled me away. And I know that, it's really hard when, and I think there was almost like a, a disconnect between management and the clinical workers."* (Beth, Redeployed to a Senior Management role)
- Feeling unsupported, frightened, stressed, alone

Interactions with colleagues

- Lack of flexibility in shift patterns – no child care
- Managers struggled with weight of expectation
- Redeployment – team composition, teams disbanded
  - *"But really, it wasn't okay, like we were struggling as well, like our team had gone from underneath us. Erm, we were doing everything, you know, where the work is normally divided between five or six of us, it was kind of two of us doing all the work. You weren't getting the same, I guess time to follow things up and, you know, two completely different circumstances, two nurses being redeployed, and the other two haven't to stay, but work completely differently. It was, it was difficult, and we just kind of got on with it at the time, but the more I think about it, and the more I'm like, yeah, it definitely affected the team."* (Isla)
- Emotional and psychological support was provided by but not always easily accessible or appropriate.
- Mixed and non-covid wards, looking out for each other, opportunity for checking in with each other

Backstage

- Important informal support networks, camaraderie and humour were missing for those working in ITU or Covid wards.
  - *"It was, it was hard, you know, because often you wanted just that physical contact with somebody. And you know, or you wanted physical contact from your colleagues, you know, that that support you get normally, you know, putting your arm around somebody and saying, it's all right, or, oh, come on, you know, we'll be fine, kind of thing."* (Rhona)

- Social support networks and activities disappeared in early waves
  - *"…what have you done all day and there was nothing, you know, you were just sitting like thinking about the day that you had previous and also troubling for the day after, that you had to go back in, so your days off were, you know, you were ruined."* (Ailsa)

- Constant media attention on infection numbers and deaths

  "I just didn't even want to switch on the TV, because I didn't want to see how many people had died that day, or how many new infections there were. And it almost, it was, it was almost too much information. But you could never really just switched off from it, and just for five minutes, just not think about it." (Beth)

Backstage

- Societal pressures - Portraying nurses as heroes, clapping, rainbows

  "I think that really, really bugged me was seeing all the wards getting these pizzas delivered and curries delivered and everybody being acknowledged for the work that they were doing and they were getting pins with rainbows, and we got nothing. And I was just like, this isn't fair, like we've, we've worked throughout this pandemic as well, and although we haven't been like front facing on the wards, our job has been as, as difficult because we're half the team down, erm, we're having to make decisions without the help of medical staff cause they're all you know, they'd all been put to COVID hit areas as well." (Isla)

- Distress from family members – managing their emotions
  - *"…she was out there giving it big claps, like as much as everybody else as well. So, all that was a managing her anxiety. It's like, I guess it was hard dealing with my own, my own anxieties over this, and dealing with everybody else's at the same time."* (Noah)
- Partner in NHS very helpful – able to support each other

Conclusions

- Participants experienced fear, stress, anxiety, moral dilemmas, distress and injury. 45% with possible or probable depression and 1/3 thinking about leaving the profession.
- Connections were harder to perform. Nurses were able to mask their emotions but often unable to effectively deliver the correct emotional response. Constrained agency and exacerbated stress and anxiety.
- Emotional work was wider with family members
- Emotional work harder with limited clinical expertise
- Infection control measures challenged deeply held moral expectations of their role and challenged their nursing identity and utility
- They experienced separation from their usual forms of support emanating from familiar working relationships and their embedded knowledge (routines, processes and resources) of their usual place of work
- Little reprieve and reduced social activities and personal support – poor quality of life
- Front stage performances harder, greater need for ‘backstage’, being missing had greater significance

Thank you for listening and thank to those who took part in our study.

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