

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



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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 dtat3 (a18.1 (o co)1.1 (l)12.3 (l)20.1 (e)-1.5(i)3.6 (o ) (a)5.6.2 h)-

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

## 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%

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.

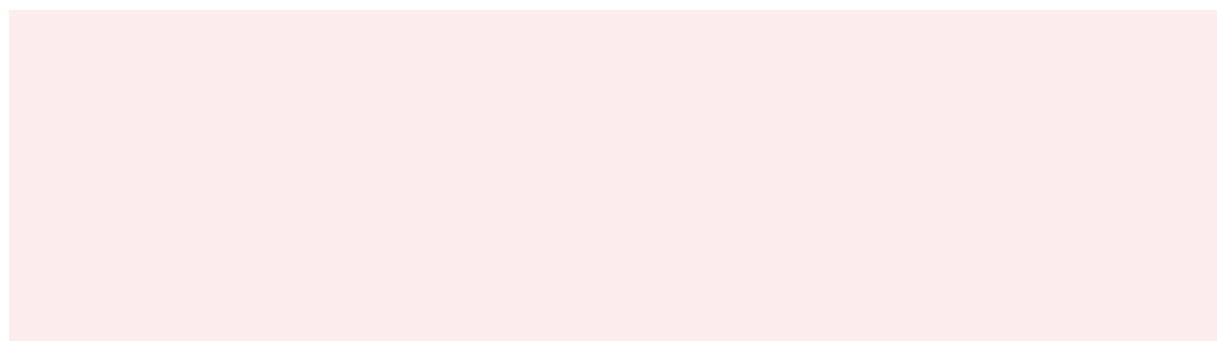
The project tracked the shift of the emotional tone of nurses' stories using two multiple-choice questions and one which linked to finding 'meaning in work':

- 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).



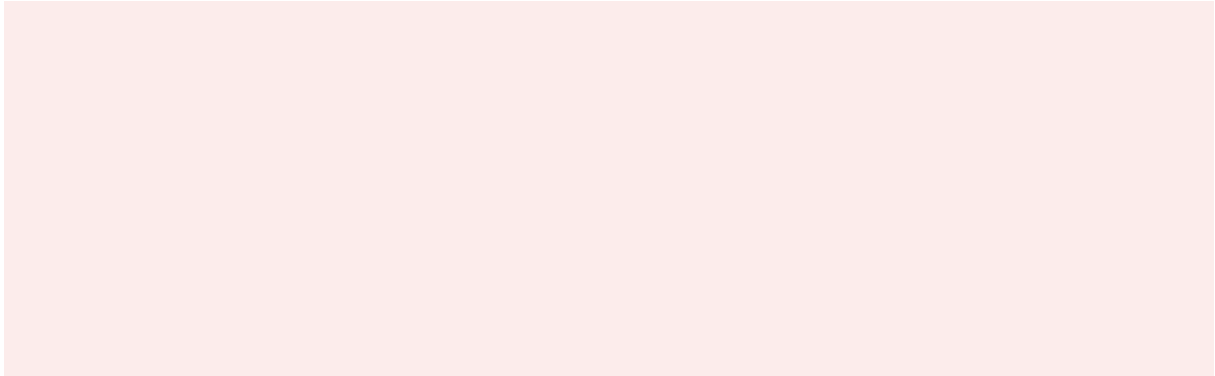
### **3.2 Summer optimism**

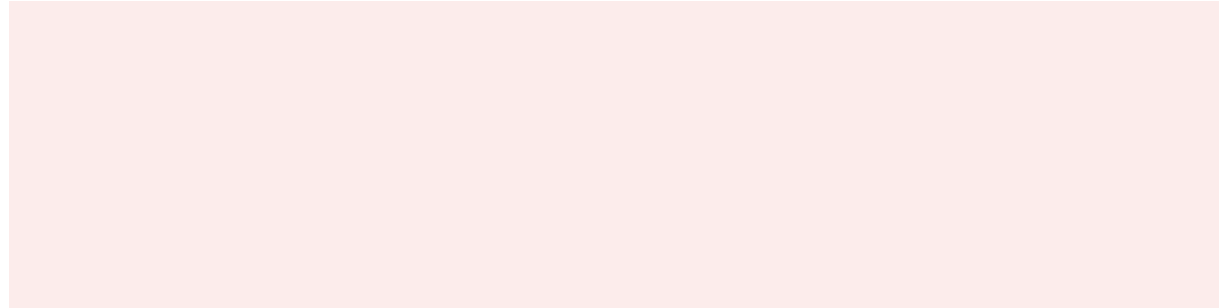
From June to August 2020, as the first wave ebbed and restrictions lifted, stories initially became more positive. This optimism was not sustained.

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.





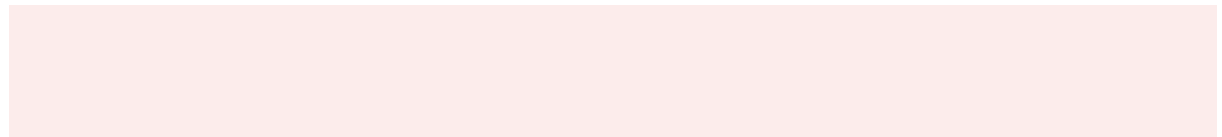
### 3.5 High emotions

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.

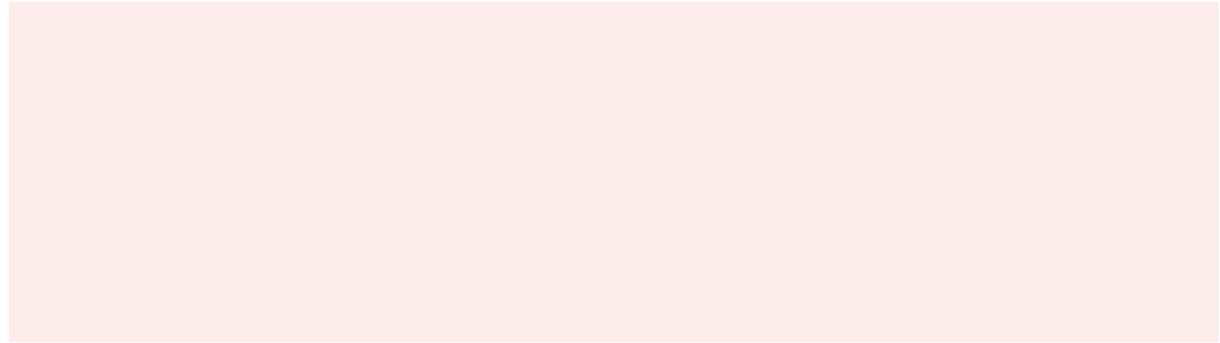
Pride (5,8%) was the next most-frequent positive emotion associated with stories, no doubt justified by the enormous challenges faced by nurses this year and the role they played.

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:





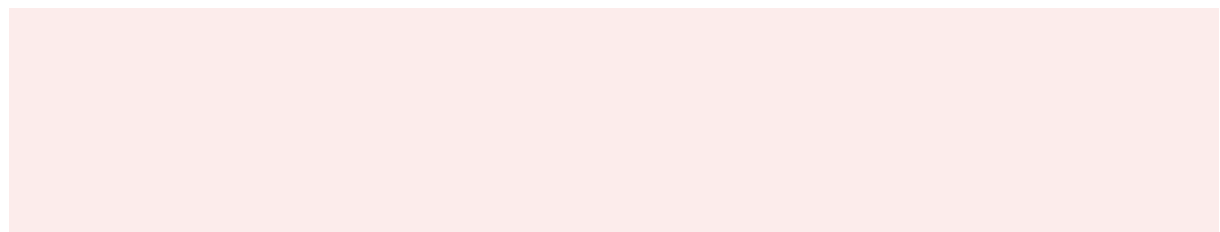
Many participants had been in nursing for over 20 years.



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.

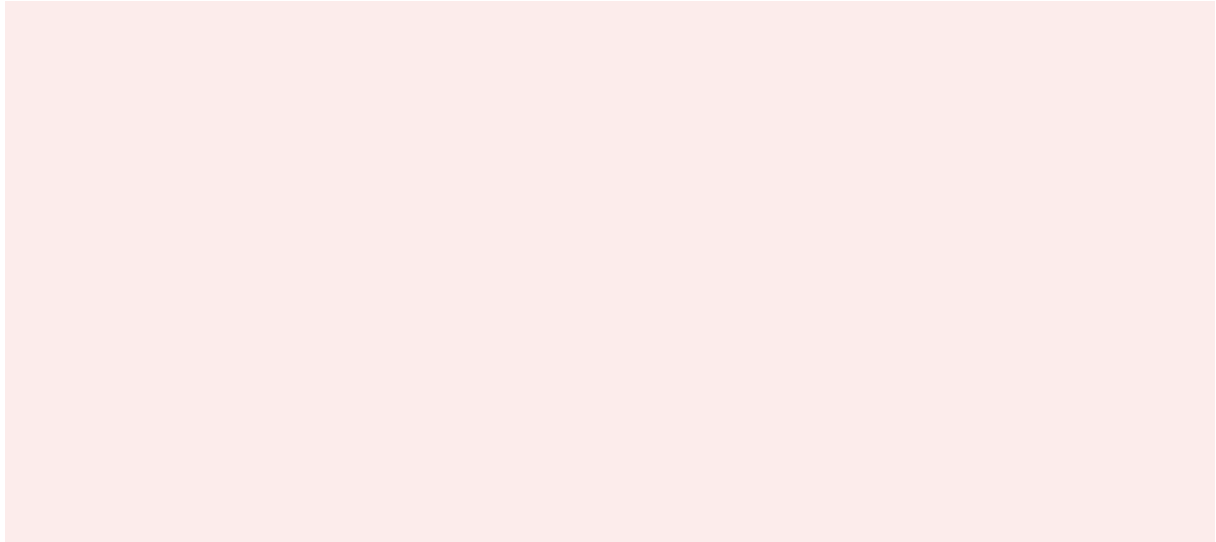
The aim is to foster a. and support those who show signs of b.



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.

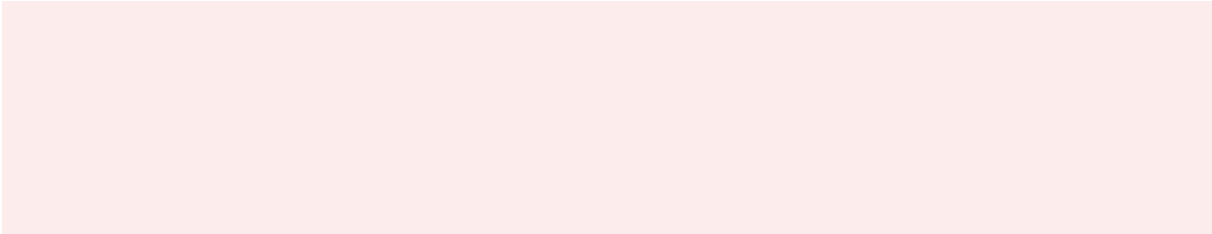
## **4.2 Reflective practice and adaptable support**

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.



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





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.



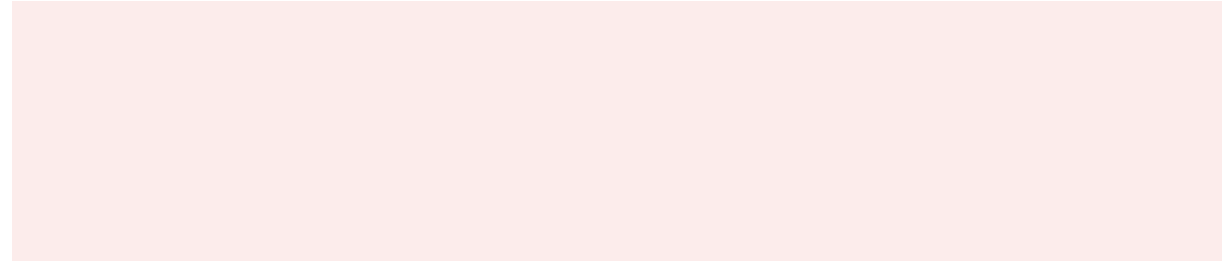
Going forward, more communication through direct conversation in a timely way to include everyone potentially affected is more effective.

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.

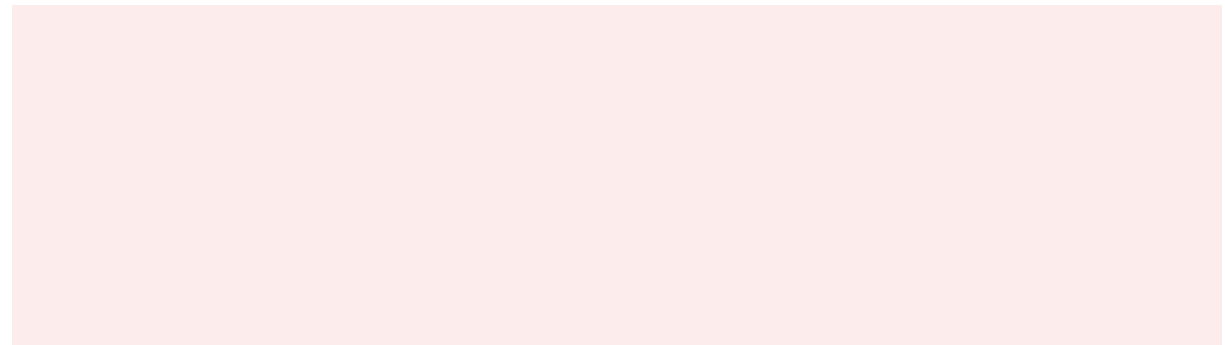
Stories highlighted the need for proactive, rather than reactive support. Whilst a lack of support may be understandable in an unprecedented situation, once the crisis has passed the leaders need quickly move to stabilise the system. This means being proactive and anticipating the next stage, to build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

## 4.5 Teamwork

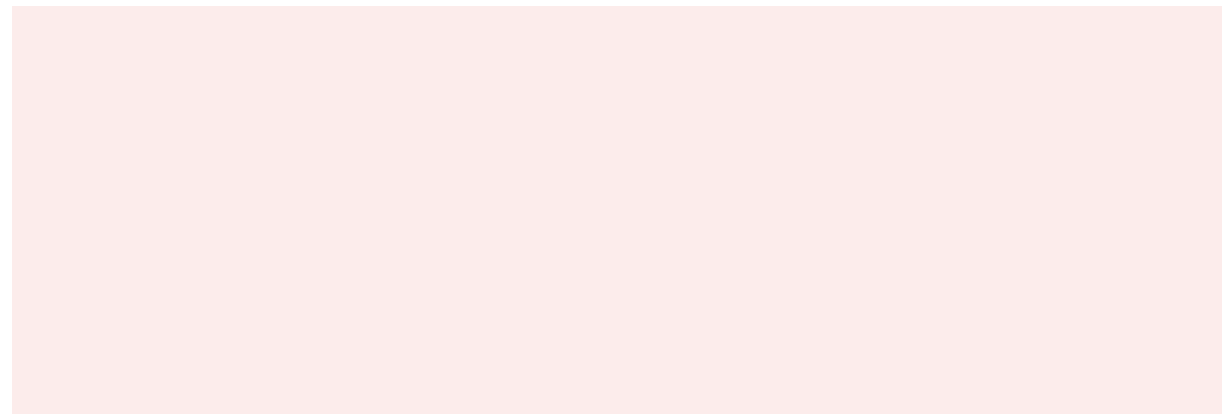
The overriding theme common in almost all narratives captured in October to December 2020 was that of stress and exhaustion. Emotional support and camaraderie in close teams was reported to be a source of resilience.



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.



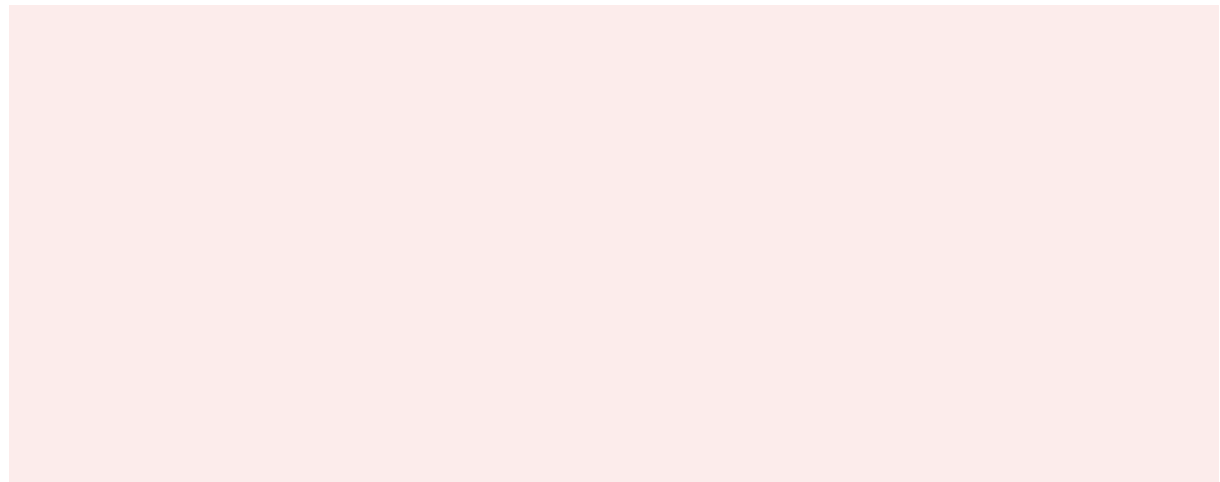
A major theme in the stories in the January 2021 capture was of teamwork and camaraderie being disrupted by redeployment; nurses having to work on new wards with little guidance and support. There was evidence of increasing tensions between nurses at varying levels of seniority or experience in the absence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





## 4.6 Bereavement

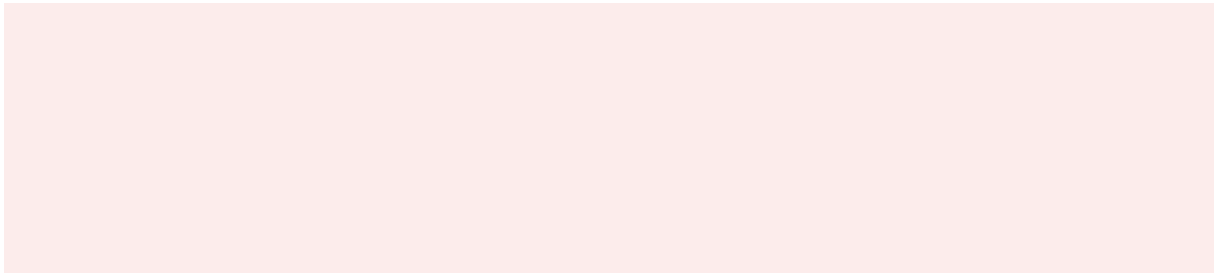
Throughout 2020–2021, nurses' stories described the emotional and professional challenges they experienced when confronted with a much higher than usual frequency of death in patients. The emotional toll was experienced in a personal way as while patient deaths are not unusual in some settings eg, critical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



The impact was compounded by the way patients died: alone in a hospital setting, staff

## **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.



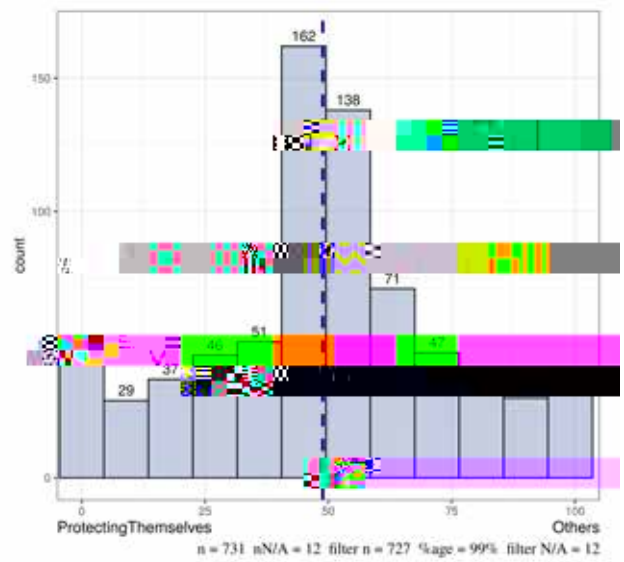
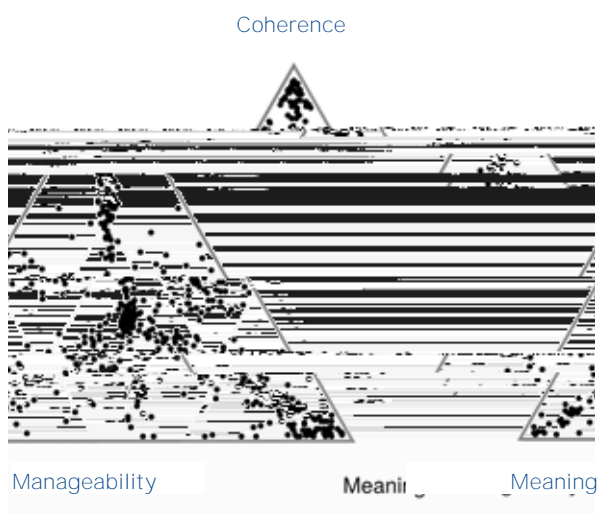
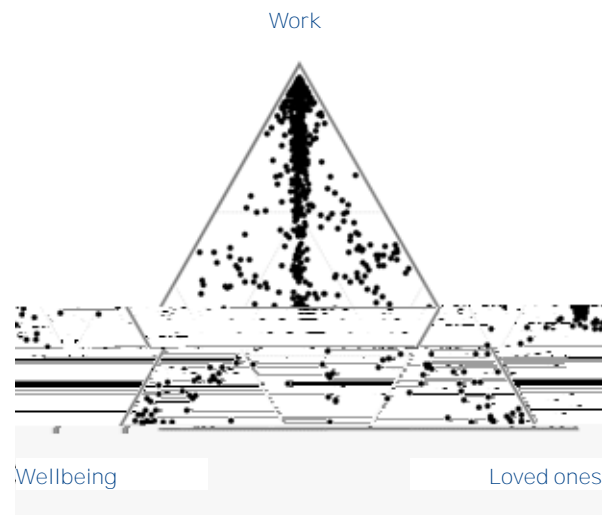
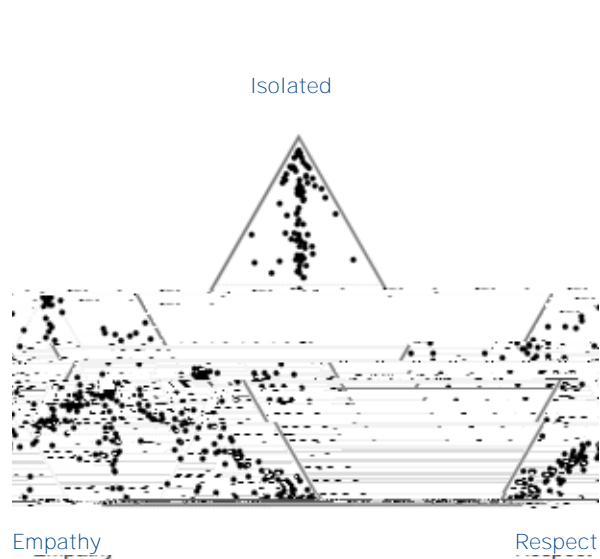
The COVID-19 pandemic has led to big changes in the working lives of nurses. There are important lessons that can be distilled from the 743 stories that have been shared by nurses. This is evidence from experience that can inform next steps in policy, practice and the development of the profession. These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

- a. around decision making makes a big difference

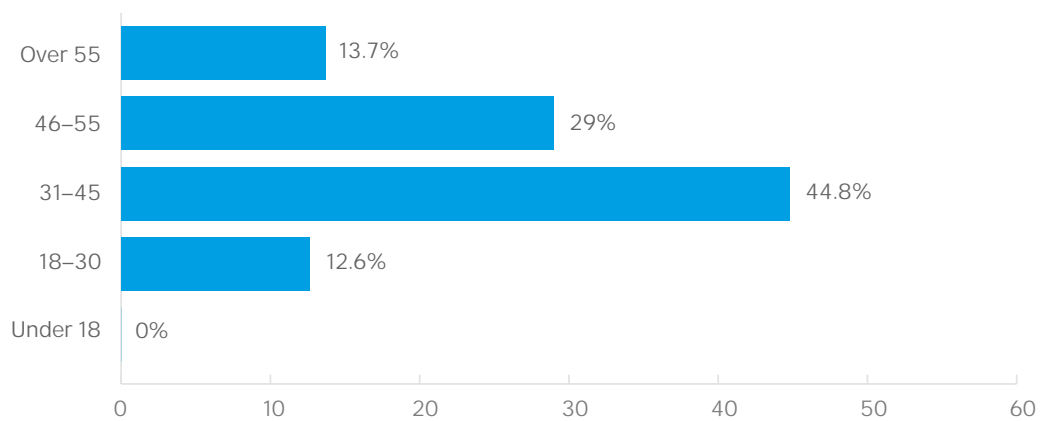
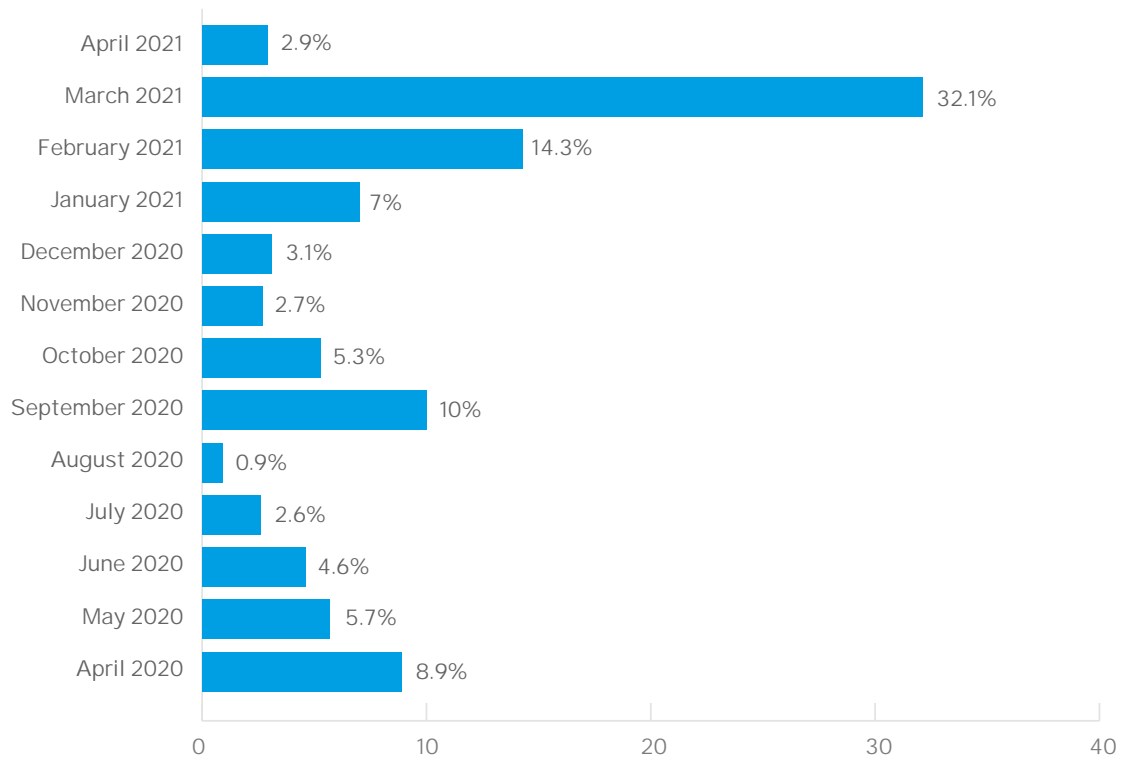
The following are the recommendations from the project, based on what nurses have told the RCN. Many of these issues are already strategic priorities for the RCN in Northern Ireland who are advocating for changes based on the information from the project.

- 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

N= 732 stories which have been self-interpreted by respondents as set out in the triads



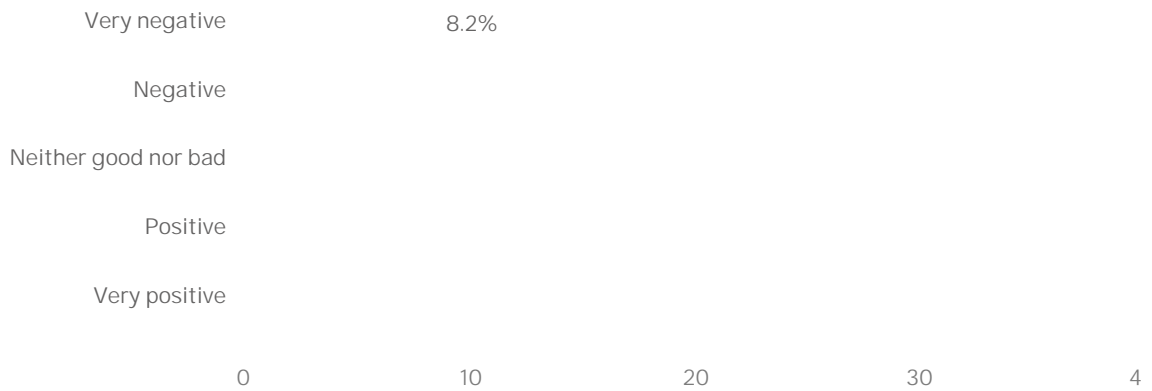
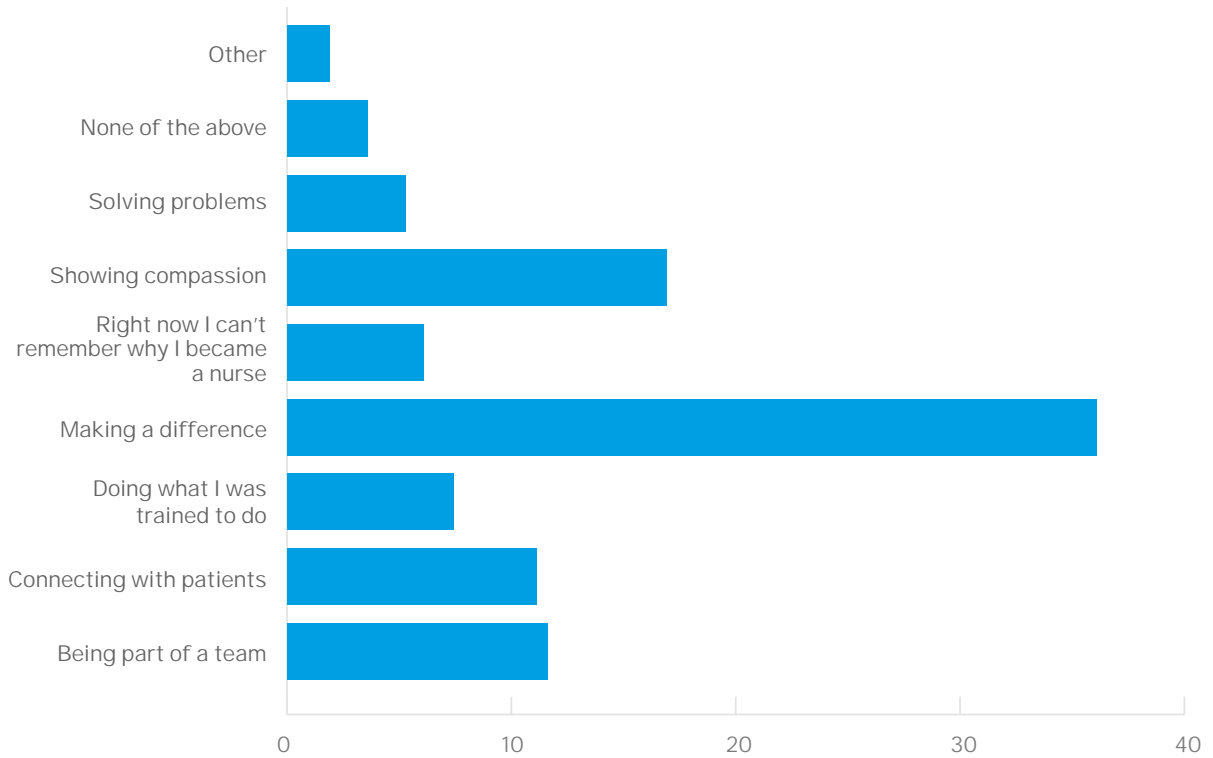


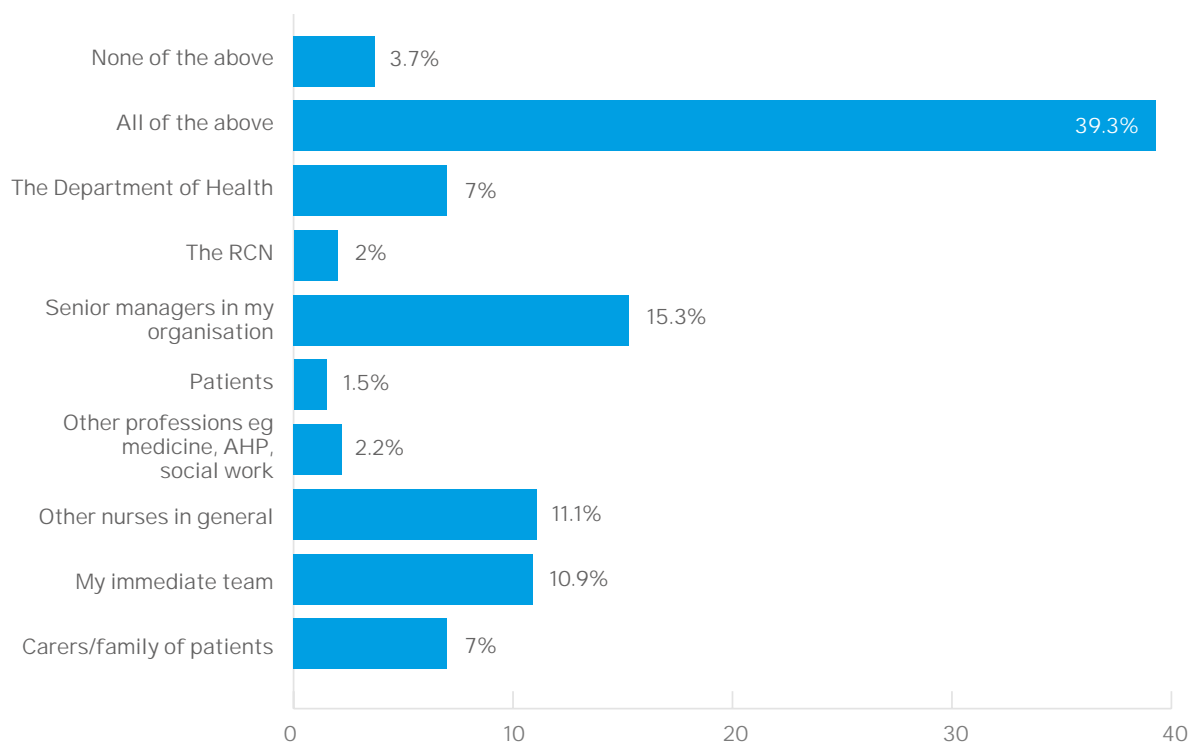
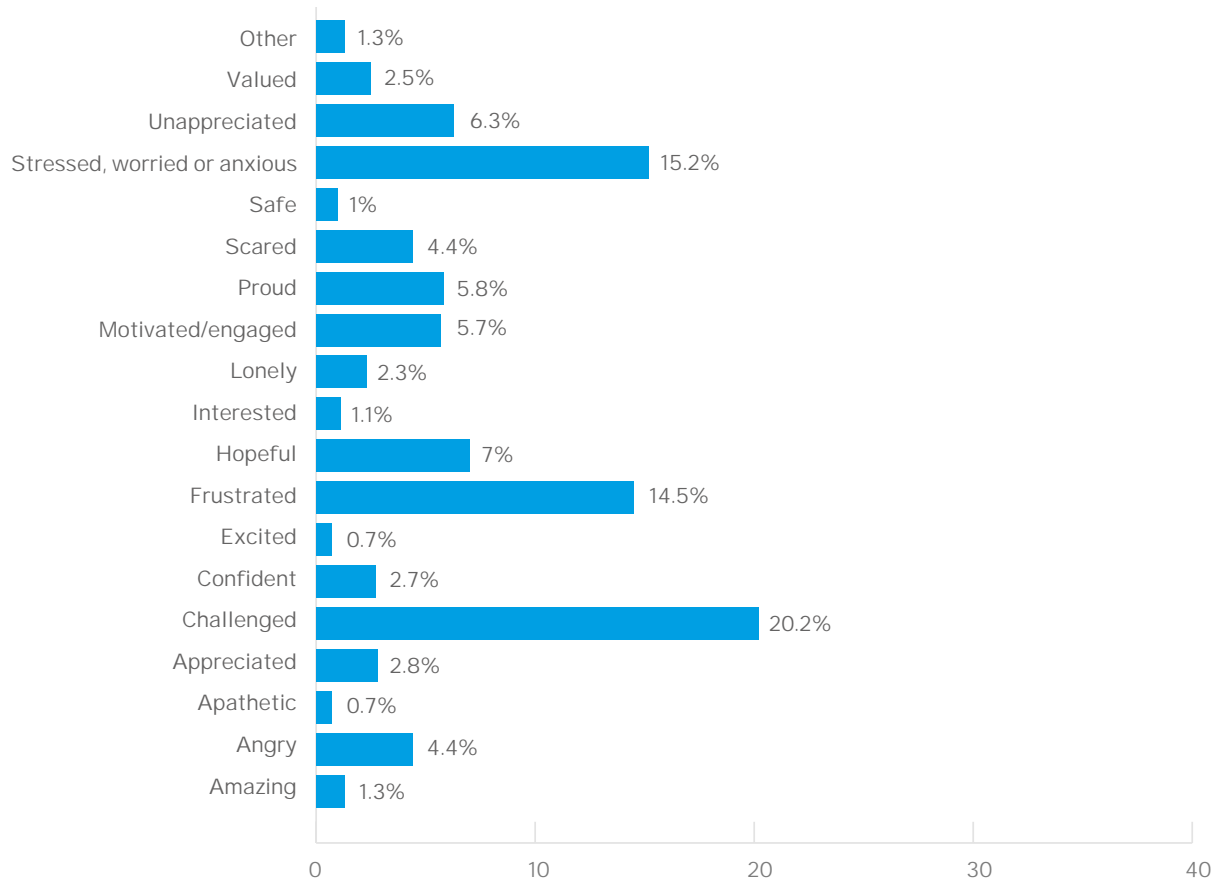






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### **Publication**

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**

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