# Insights to the **COVID Response** in Pediatrics

Presenters: Lindsey M. Tarasenko, Madelynn Neu, & Nadia Shive 43rd Annual L. Joseph Butterfield Perinatal Conference (hybrid) Friday, Septèmber 9th, 2022 @ 4:15-5:15 PM

Painting



### **Gratitude**

- Study Participants
- Anonymous Funding Donor through Children's Hospital Colorado Foundation
- Kerkoff Photography & Design photography rights obtained
- CU Nursing
- Children's Hospital Colorado

- All members of the research team:
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### **Affiliations**









Disclaimer: Any social and/or political views expressed by any of its team members does not necessarily represent the viewpoints or opinions of the affiliated institutions.

### **Conflict of Interest**

This study received funding from an anonymous donor through Children's Hospital Colorado Foundation

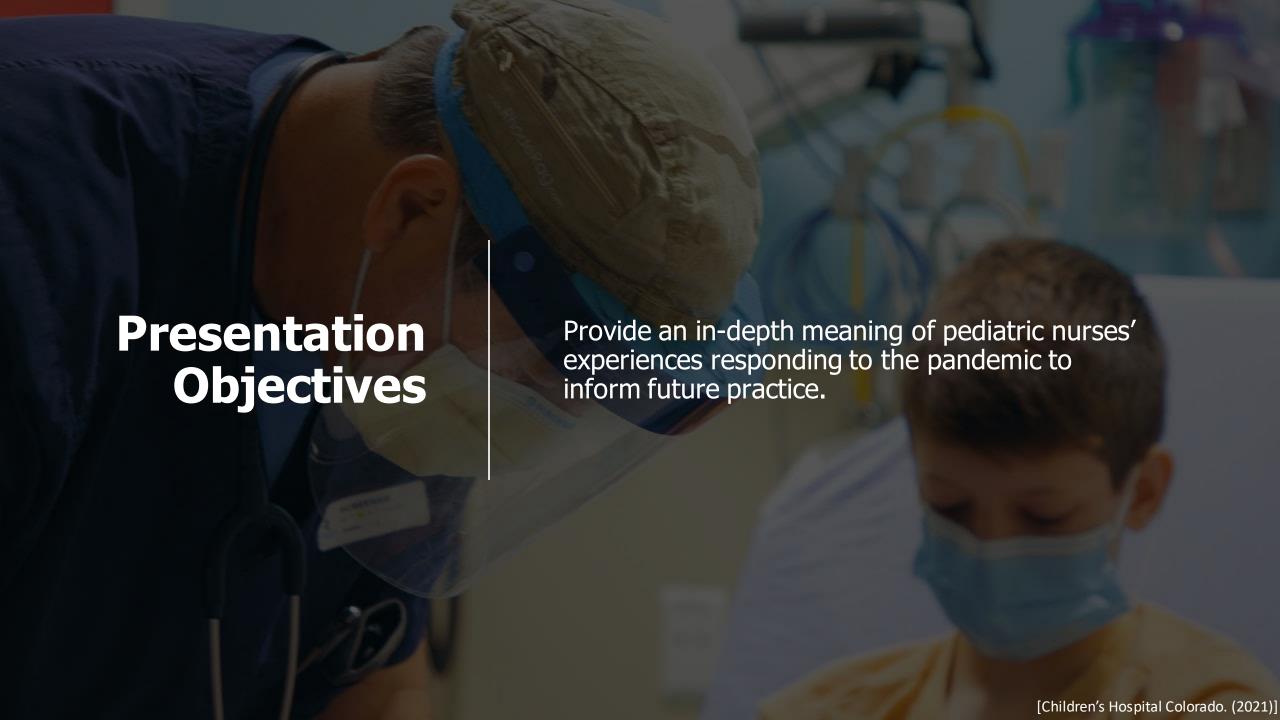
## Invitation...

- **Professionally reflect** on the experiences of pediatric nurse participants and your own experiences; this is collective wisdom
- **Respectful** of the participants that shared their vulnerability and advocacy
- Immerse yourself into the findings and application to practice



Mixed media on canvas

# Background





[VPM NRP News. (2020)]

## **Study Rationale**

- Prior to this pandemic, the comprehensive role of nurses during epidemic/pandemic responses, and the impact to nursing practice during these emergencies were absent from the literature
- Few studies have focused on pediatric nurse responses to this pandemic
- Opportunity as nurse scientists to respond to the pandemic by studying the impact to the work environment and nursing profession

## **Updated Literature Review**

Twenty-four (24) relevant articles in 2022 on nurse experiences during COVID

- 14 Descriptive Quantitative
  - National or local surveys
    - Online or on-site
- 10 Qualitative
  - One pediatric study
- Scores compared to norms for the assessment instruments

# **Literature Review - Quantitative**

- High levels of distress
  - (e.g., burnout, traumatic and moral distress, depression, anxiety, fear, PTSD)
- Compared to pre-pandemic higher burnout, emotional exhaustion and shortened telomere length

#### Associations:

- Work-related environment and physical and emotional fatigue
- Perceived poor organizational support and PTSD symptoms
- Desire to leave nursing
  - High anxiety
  - Perceived poor work environment
  - Uncertainly about pandemic
  - Frequent policy changes
  - Safety concerns

# **Literature Review - Qualitative**

- Work related physical and emotional trauma → Serious consideration to leave nursing
  - · Organizational leadership
    - Distant and unprepared
    - · Feeling of abandonment by leaders understaffing
    - Chaotic work environment
  - Professional Nursing
    - Difficult working conditions (constrained space, inadequate PPE, changing care protocols)
    - Assault on identity
    - Self doubt and failure
    - · Disputed nurse-patient connection,
    - Losing the art and failing the science of nursing
    - Role frustration
  - Emotional responses
    - Frustration
    - Feeling overwhelmed
    - Exhaustion
    - Heartbreak
    - Powerless
    - Concern for safety

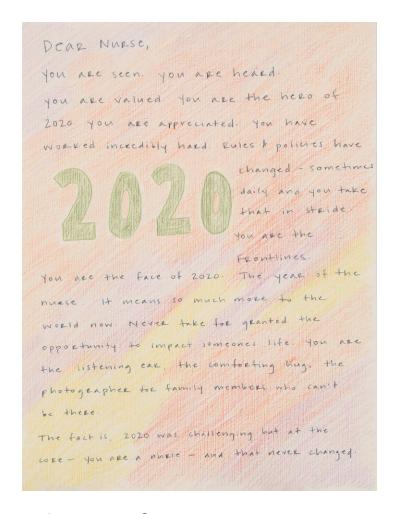
#### Positive Aspects

- Learning new skills
- Asking better questions
- Developing resilience
- Pride in work

## **Study Aims**

- Explore the experiences of pediatric nurses during the COVID-19 pandemic response.
- 2. Document an in-depth understanding and meaning of these experiences via a case description and themes, chronology of events, and daily rendering of activities.
- 3. Identify practice changes, unintended consequences and pressures within the context of a global pandemic.
- 4. Identify issues important to participants to inform future disaster planning, response and management tactics.

## **Theoretical Underpinnings**



#### Jean Watson's Philosophy and Science of Caring

- Unitary Caring Science
- Caritas Processes<sup>®</sup>

#### Chinn & Kramer

- Broader Conceptualization of Nursing
- Emancipatory Knowing-Praxis

#### Lenses

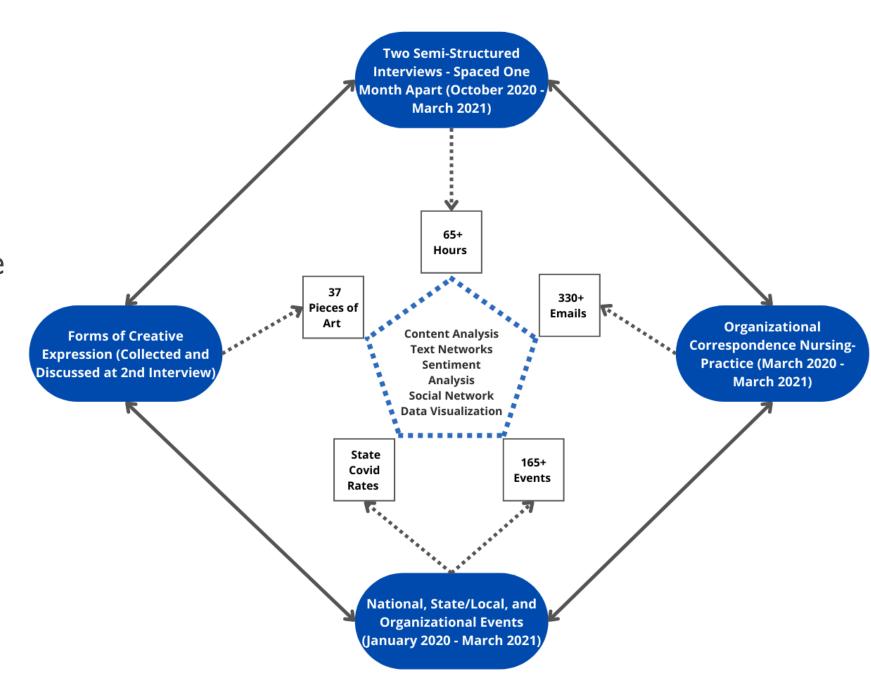
- Social Constructivism
- · Systems-Thinking

# Methods

# Design & Data Sources

Longitudinal Social Science Case Study Design (Yin, 2018)

Triangulate to Capture the Context and Create Trustworthiness



# **Analyses**

- Content Analysis (qual)
  - Categorical aggregation to establish patterns and themes saturation achieved (Creswell, 2013; Saldana, 2016)
    - Interview data
    - Forms of creative expression (artwork)
- Text Networks (qual + quant) (Ranjan & Dey, 2014; Tang et al., 2014)
  - Topic generation based on email content
- Sentiment Analysis (qual + quant) (Rule et al., 2015; Ryker, 2019)
  - Algorithmic process of assigning whether text has positive, neutral or negative polarity
- Social Network Analysis (qual + quant) (Bail, 2016; Rule et al., 2015)
  - Assess the shared experiences of nurses from a quantitative and network perspective

# Findings

Job Titles	Clinical Nurses: 19 (63.3%) Nurse Leaders: 7 (23.3%) Non-Direct Patient Care Nurses: 4 (13.3%)
Gender Identity	Female: 29 (96.7%) Male: 1 (3.3%)
Age (yrs)	Min: 22, Max: 60 M = 38.47, SD = 12.38
Nursing Experience (yrs)	Min: 1, Max: 35 M = 14.18, SD = 11.65
Highest Nursing Degree	BSN: 22 (73.3%) MSN: 8 (26.7%)

# Participant Demographics

30 pediatric nurse participants

# S System

**Nursing Practice Environment Operations** as a Response to the **Pandemic** 



**Organizational Communication and Support in a Complex Work Environment** 

**Future Disaster** Management Recommendations

**Nursing Roles in the Pandemic** 

**PPE Created Physical** and Emotional Barriers

**COVID Response Created** 

**Barriers to Nursing** 

**Practice** 

**Changed Work Functions that** Unintentionally **Assaulted Nursing Core** Values

The Weight of the Politicization of the **Virus and Division** Within the Sociopolitical **Environment** 

## **Individual**

See My Humanity



Unintended Consequences of Long-**Term Emergency** Responses

The Pandemic as a **Catalyst to Professional** Reflection

**Nurses Beyond Their** Workplace – The **Individual Experience** 

Narrative and Art as a **Modality for Reflection** and Healing

The Pandemic Solidified the Ontology of Nursing



**Creative Use of Self to Provide High-Quality** Care is Part of the **Nursing Role** 

**Patients and Profession** 

**Profession** 

**Nursing's Professional Obligation and** Compassion

**Nurses as Advocates for** 

## **Contrasting Experiences**

#### "Biogenic" Environment

- Life giving, life receiving, and healthy (Watson, 2008)
  - Voice in practice
  - Practice aligns with core values
  - Reflected security, safety, support, spirituality, and optimism (hope)



**Building Hope & Resiliency, 2020-21**Home projects



Being Present, 2020 Colored pencil

#### "Biocitic" Environment

- Harmful/unpleasant (Watson, 2008)
  - No voice in practice
  - Lost sense of purpose
  - Unintended consequence of navigating complex emergency responses and unstable environments

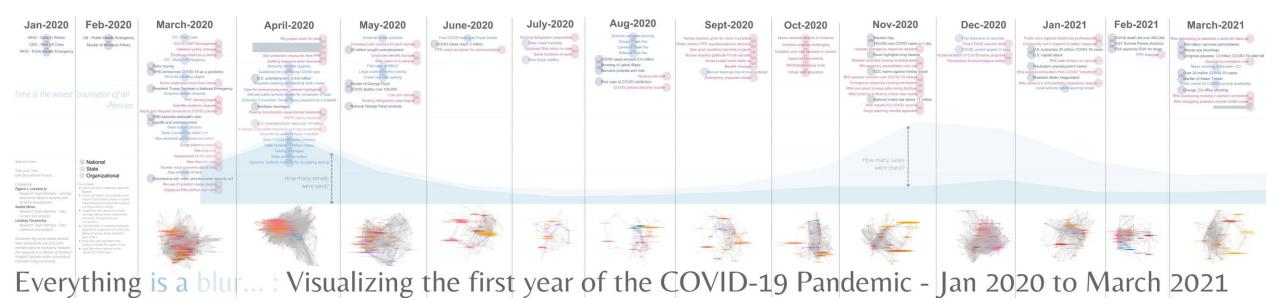


*The Damage, 2020*Mixed media



Untitled, 2020
Watercolor

# The Turbulent Environment



### Nursing Practice Environment Operations as a Response to the Pandemic

COVID Trophy, 2020

Colored pencil drawing on paper bag



Organizational Correspondence – Text Network Word Flow Across Email Topics:

Priorities
Evolved Over
Time & Mirrored
Environmental
Changes/Needs

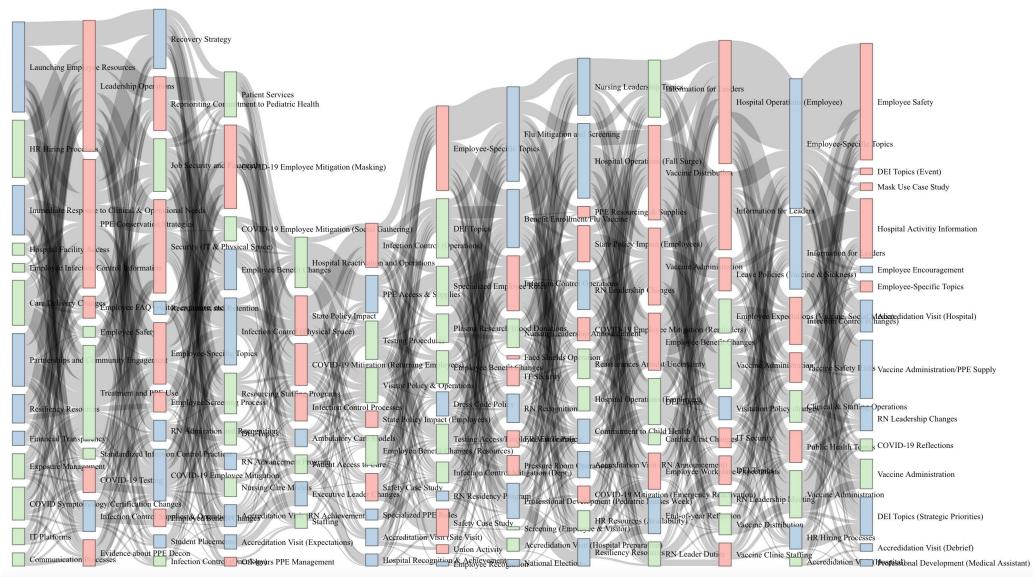


Figure 2: River plot of word flow across communities over time (March 2020 – March 2021) - Number and Content of Topics Evolved as the Pandemic and Organizational Priorities Evolved

## **Implications**

- Solely relying on emails as a form of communication for RNs during a crises is not recommended
  - Email topics change at a rapid pace not conducive for off-shift RNs
  - Emails contain so much information (efficient) that may lead to information overload or be difficult to interpret
  - Consider a multimodal communication strategy
  - Emergent changes often occurred on Friday afternoons when leadership and resources unavailable, consider practice changes at beginning or mid-week
  - Consider targeted, intentional, and dept-specific communication to stakeholders

# Network Analyses Provide Demographic Insights

#### Pediatric nurses' experiences:

- Unique professional experience mostly low network connectivity
- Nursing teams were separated changes in roles

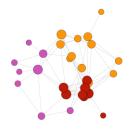


#### Leaders:

- Voiced structural and operational priorities
- Additional roles taken on during pandemic
- Voiced the desire to support their clinical team through cohesion and connectivity

#### Clinical nurses:

- Voiced distressing emotions in response to frontline changes and operations
- Expressed work restrictions and nurses expected to model public health behaviors
- Nurses with less experience desired change (activism)



# **Network Analysis Implications**

- Supporting nurses requires incorporating the nurses' variety of experiences
  - Hypothesize that one-size-fits-all support interventions and chaotic environments may have led to "Great Resignation" of nurses
    - US turnover rate 20-30%
  - Support feels tone-deaf if does not account for nurse's humanity and professional values

# **Healthcare System Opportunities**

#### Professional Nursing – Control Over Practice

- Practicing to top of scope
- Ability to influence application of policies and care delivery in specific area and/or population
- Voice in staffing models/assignments
- Compensation for additional roles/coverage

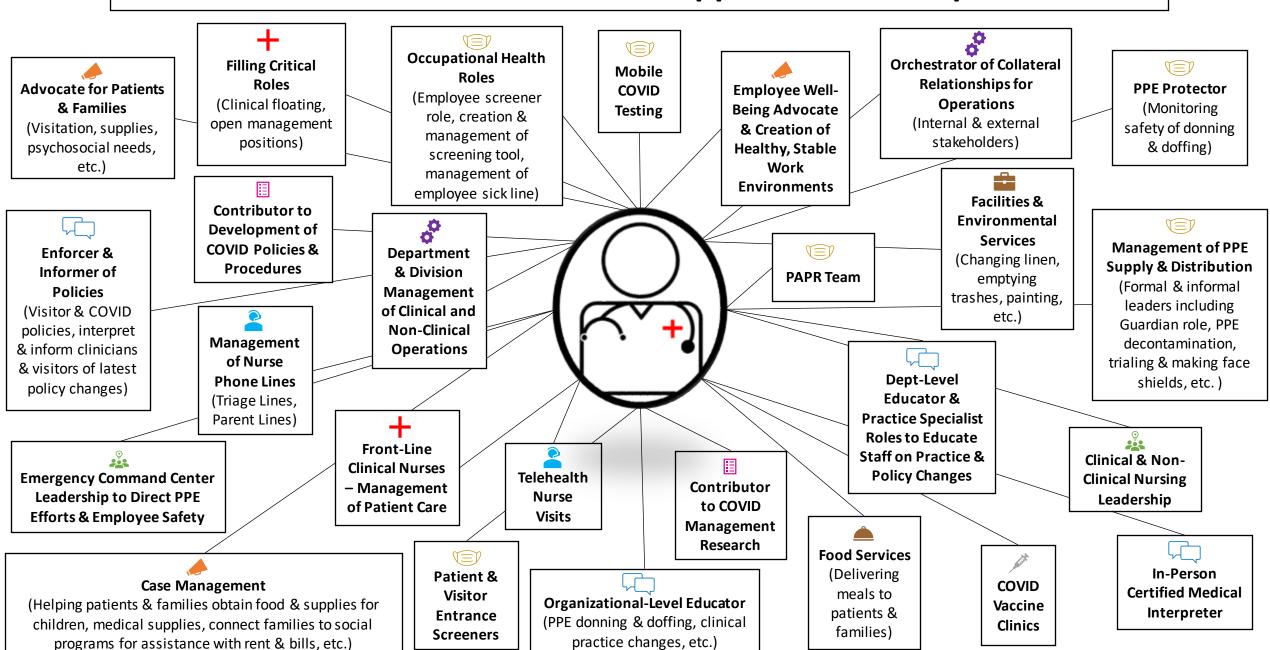
#### Leadership Support

Authentic leadership presence

#### Work Environment Stability

- Work-life balance and staffing accommodations
- Self-care during workflow
- Training for response roles
- Safety as a priority

### The Roles Pediatric Nurses Held to Support COVID Response Efforts





Dolor De Madre, 2020

Pencil and colored pencil



Dolor de Madre Lágrimas que Caen, lágrimas de dolor, de ausencia... Lagrimas del silencio gritan que tu amor mio ya nunca volverás. Te Extraño tanto

## Changed Work Functions that Unintentionally Assaulted Nursing Core Values

#### Suspension of quality and project work created dissonance

- Ties to identity and role of the professional nurse
- Quality work is a job satisfier
- Recovery from clinical work

#### Displaced nurses

- Prior role "lost something that really built me up"
- Nursing as a unit of labor
- Some nurses did enjoy learning new skillset and meeting other employees

## Changed Work Functions that Unintentionally Assaulted Nursing Core Values



#### Healthcare Hero, 2020

Fine art print, and original mural located on Colfax Created and signed by Artist Austin Zucchini- Fowler

#### COVID Policies

- Clinical nurses are patient- and multidisciplinary-facing and felt they were expected to articulate policy/practice changes
- Visitor policies did not allow for flexibility and complex family/visitor dynamics
  - Nurses experienced cognitive dissonance between policies and moral obligations

### **PPE Created Barriers to Patient Care**

#### **Physical**

Application of PPE increased workload and affected quality of assessments

#### **Emotional**

#### Perceptions of policing PPE

- "everything is under lock and key"
- Expectation on being experts in PPE policy
- Compromise peer physical and psychological safety
- Role could be isolating, distressing due to stretching moral boundaries and experiences of incivility

#### Decreased time in room and full PPE garb hard to make patient/family connection

- Understand had to operationalize the pandemic, but the human component was taken away to providing nursing care — "it felt like betrayal"
- Unable to reassure patient/family with body language and physical touch
- PPE impact to pediatric patients due to developmental level

# The Weight of the Politicization of the Virus and Division Within the Sociopolitical Environment

- Hero mentality/model citizens
  - Expectation to model responsible behaviors publicly
  - -> pressure to always convey positivity and gratitude
  - Nationally, nurses' sacrifices were glorified that compromised their safety
- "Incredibly divided America" affected professional and personal relationships
  - Varying views disrupted trusting relationships with families
  - Some lacked support in personal relationships due to varying beliefs/values



**Landscape of 2020** Mixed Media Collage

## **See My Humanity**

What...

Happened...

Masks...wear one

I remember...

You can't see your mother. It's too risky. Facetime or Zoom.

You were already fading away.

Where is the light?

What happened? I remember...

Poem excerpt

## Unintended Consequences of Long-Term Emergency Responses:

"My heart is not working today"

#### **Psychological Safety**

- Fear/stress of virus exposure and exposure to family
- Long-term chemical exposures
- Hope that vaccines would stop the pandemic and provide safety

#### **Mental Health Aspects**

- Isolation
- Exhaustion from unstable environments
- Inability to give therapeutic self

#### **Professional**

 Reflection, problem solving, and human-to-human connection hindered due to social distancing constraints and emergency response efforts "I was being held together by adrenaline and then once things slowed down and that adrenaline decreased it was like the big fall-apart and trying to go to work and be present, not feel burned out was almost impossible and it took a lot of work on my end personally to be able to start build that backup again."

# Nurses Beyond The Workplace: The Individual Experience – Home and Work are Intertwined

# **Impact to Professional Well-Being**

- Work-life imbalance
- Professional pride and purpose for those leading efforts
- Moral Injury dissonance between value system and work tasks

# **Impact to Personal Health and Family Dynamics**

- Nurses being patients with life-altering
   DX or caregivers in personal life
- Navigating schooling and childcare
- Unable to celebrate life events (graduations, births, weddings, etc.)
- Strength and connection or loss and grief of family/friend connections

## Narrative and Art as a Modality for Reflection and Healing

Yeah, it is better not to think about it, just dig in and work Keep your head down, keep busy, be there for the kids Parent's fears are high, and we run into the fire to be there for them It's what were taught, it's what we know, it's instinct now In a crisis, we don't question, it's our thing

How's it fair I got a vaccine before so many in need? More kids, parents and staff sick every week It can be hard to feel ok 'bout it anyway It's a privilege and somehow a grand experiment

Behind my mask I cough, the chemicals it hides starting to take a toll on me Too much time in a mask. Will I pay a price? Will I be ok? Is it worth it? I don't know, but it ain't the first sacrifice I made since I've been a nurse It's what we do

**Excerpt from Solace in the Cemetery, 2020**Song lyrics

# The Pandemic Solidified the Ontology of Nursing

*Grateful, 2021*Painting



#### **Nurses are Advocates for Patients and Profession**

Arriving
to join the fight,
we hold the line
and raise the light,
for our patients
in their untimely plight,
facing illness and trauma:
vignettes within
the pandemic drama.

Kneeled humbly beside them, face shields down, and hearts aflame, we pin heroes' capes to their hospital gowns, and wrap compassion around their fear and pain

Striving
to nourish their hope
as we run feeds,
offer glimmers of normalcy
while attending their needs,
we'll add humor to their meds
and throw cheer at the gloom
encircling their beds.

*Luminaries, 2021*Poem

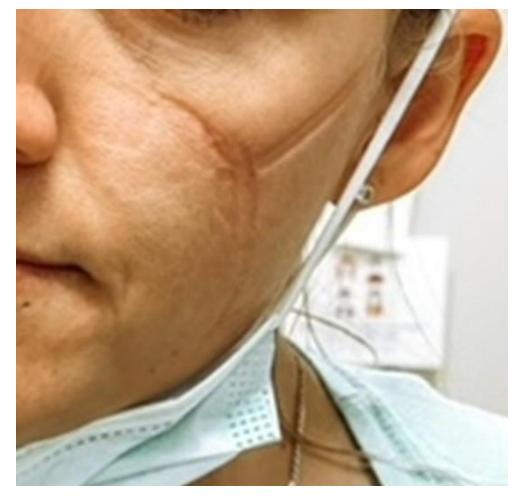
#### Patients

- Workarounds/loops holes to navigate complex family dynamics
  - Visitor policies
  - Supply shortages
- Emphasizing the importance of joy and play in pediatric patient care
- Protection of vulnerable pediatric population
- Profession Nurses more than a unit of labor

## **Nursing's Professional Obligation and Compassion**

#### Moral Obligation & Commitment

- Help where needed (positive response to helping in a crisis)
- Sense of pride and professional community
- Provide ethical and high-quality care to those in need (accountability to practice standards)



I Had A Long Day Yesterday and Another Quick Reminder That We Are Still Here, 2020 Photograph

## Conclusions & Implications

## **Systems Conclusions: These are SYSTEM issues**

• Emergency responses constrained nursing workflow, furthering the operational demands on nurses and hindering the ability to provide high standards of care.

 Nurses are committed to their patients and profession, but because of their oath and value system to respond, some nurses were underutilized and put into roles that did not allow them to practice to top of scope and have agency over practice.

Long-term emergency response created a new work environment norm of instability

System

### **Systems Implications**

Nursing is a profession and identity. When work aligns with nursing core values these
nurses positively perceive their value and satisfaction within their role and
organization.

Nurses must have a diverse and collective voice in disaster training,
 management and application to specific patient populations and care areas.

Create work environment stability

System

When individuals are <u>viewed</u>
 <u>separately from their</u>
 <u>emotions</u>, values, and
 experiences, their <u>sacred</u>
 <u>humanity is perceived as</u>
 <u>unseen</u>.

**Individual** 

 Nurses highly value relationships and human-tohuman connections

Support is not one-size-fits-all

### **Professional Nursing Conclusions**

- <u>Cathartic and empowering experience in professional reflection</u> through narrative and art.
- The pandemic impacted the individual nurse and nursing work environment and has change the professional climate.
- More than a unit of labor

## Professional Nursing Implications: The Value of Professional Reflection and Agency Over Practice

## **Consistent and Recurrent Debriefing & Reflection**

- Connect to one's purpose and value system
- Creates a professional community
- Healing through acknowledgment to experiences and associated emotions
- Creates a platform for activism (voice in practice)
- Recognize and celebrate creative use of self to provide high-quality care

## Governance structures may offer a means for nurses to:

- Professionally reflect, use of evidence
- Agency over practice decisions/implementation
- Ensure nurses are working to top of scope through professional governance behaviors
- Involvement in practices changes at the organizational and community level
- Make direct impact on patient care population

#### **More Than a Room Charge**

 Opportunity to measure nursing's direct impact on patient physiological and psychosocial outcomes to demonstrate nursing value





**Disseminating Research through Art** 



## Immerse yourself...

- Placards
  - Code name
  - Title and year piece was created
  - Medium
  - Description of piece from the voice of the participant

## **Share your Story**

Please step up to the microphone or raise your hand in Zoom to share or ask questions



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