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The Experiences of Staff Nurses Who Remained in Their
Permanent Positions During the COVID-19 Pandemic

by

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Submitted in partial fulfillment of the requirements for the
degree of Doctor of Philosophy in Nursing

Seton Hall University

2024

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College of Nursing
Graduate Department

APPROVAL FOR SUCCESSFUL DEFENSE

Huifang Cheng has successfully defended and made the required modifications to the text of the doctoral dissertation for the Doctor of Philosophy in Nursing during this summer semester, 2024.

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DEDICATION

I dedicate this work to Dr. Judith A. Lothian. Not a single day passed without your presence in my thoughts as I worked on this dissertation. Your endless care was the beacon of hope during my darkest moments. I clung to your belief in my abilities when obstacles arose. I am certain you would be proud of my accomplishments if you were still here with us.

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ABSTRACT

Amidst the persistent shortage of practicing nurses in the nursing profession, exacerbated by the unprecedented challenges of the COVID-19 pandemic, this study investigates the experiences of permanent staff nurses during the pandemic, with a specific focus on the factors influencing their decision to remain in their roles despite the adversities. Employing a phenomenological approach, in-depth interviews were conducted with thirteen permanent staff nurses to explore the intricacies of their experiences. Throughout the pandemic, the participants encountered profound ethical dilemmas. However, their determination to persist was fueled by a sense of professional duty, solidarity within their professional community, and deep camaraderie with colleagues. Nevertheless, the post-pandemic landscape brought a palpable decrease in significance and support, leading to an observable exodus of bedside nurses. Among the participants who remained steadfast in their positions, two overarching themes emerged: a genuine enjoyment of their role and a strong sense of camaraderie with peers. Strategic recommendations from the participants included prioritizing nurses' autonomy, fostering supportive management, and enhancing educational support. The findings of this study underscore the necessity for healthcare institutions to prioritize the well-being and professional development of bedside nurses. Implementing these proactive measures can foster resilience among nursing staff, facilitate effective nurse retention, mitigate staffing shortages, and ultimately ensure the delivery of high-quality patient care.

Keywords: nursing shortage, nursing workforce, bedside nurses, permanent staff nurses, nursing experience, travel nursing, retention strategies, COVID-19 pandemic.

Chapter I

INTRODUCTION

Introduction

Over the past four years, an intriguing phenomenon has emerged in the nursing workforce across the United States, which coincides with the impact of the COVID-19 pandemic (Hansen & Tuttas, 2022a). The unprecedented physical and emotional stress experienced during the pandemic resulted in a significant surge in the number of nurses leaving the bedside and even exiting the profession entirely (Yang & Mason, 2022). Furthermore, many nurses have opted to integrate travel nursing into their career trajectories owing to its higher compensation and increased work hour flexibility (Raso & Fitzpatrick, 2022). Nurse Leader, the official journal of the American Organization of Nurse Executives, notes that this new trend in nursing careers reflects the paradigm shift toward a “tours of duty” mentality, where no one remains in any one role for an extended period in today’s nurse staffing world (Sherman, 2021, para. 2). This transition in the nursing workforce has had significant financial implications for hospitals, increased burnout among permanent nursing staff, and had an adverse effect on patient care (Farmer, 2021).

Numerous attempts have been made to address this ongoing crisis in the nursing workforce. Healthcare institutions have implemented measures to provide nurses with essential resources and support, including mental health services, to help them cope with the psychological effects of the pandemic (Blake et al., 2021). Additionally, in response to the exorbitant fees charged by travel nurse staffing agencies, the American Health Care Association and the American Hospital Association have called upon the Federal Trade Commission to establish a cap on the hourly rate offered to travel nurses (DiGregorio, 2022). Meanwhile,

research studies have been conducted to explore the factors that impact nursing professionals' career decisions and the reasons for many nurses' transitions to a traveling work arrangement (Ahmed & Oranye, 2010; Pearman et al., 2020; Veenema et al., 2022; Yang & Mason, 2022). These studies offer valuable insights into the nature of the nursing workforce shift during the COVID-19 pandemic.

However, there is still a notable gap in the literature. Specifically, very few studies were conducted that focused on the experiences of staff nurses who remained in their permanent staff nurse positions during the COVID-19 pandemic, while many of their colleagues have transitioned to travel nursing or even left the nursing profession entirely (Hansen & Tuttas, 2022b). Therefore, a qualitative phenomenological study has been designed to explore the experiences of staff nurses who stayed in their permanent staff nurse positions during the pandemic. This chapter aims to provide background information, establish a clear purpose for the study, and present the rationale for the research.

Background

The nursing profession has been struggling with a persistent shortage of nurses throughout its history. The most recent nationwide nursing shortage of significance occurred during the years 2000-2001, where a staggering 126,000 registered nurse (RN) positions were left unfilled, as reported by hospitals (Buerhaus, 2021). The causes underlying these nursing shortages are multifaceted and troubling (Halter et al., 2017). Numerous contributing factors have been identified, including an aging population, an aging nursing workforce, nursing burnout, declining enrollment in nursing schools, and an evolving work climate (Flinkman et al., 2010; Goodin, 2003). Buerhaus and colleagues have further elaborated that nursing shortages will likely intensify as the baby boom nurses (individuals born between 1946 and 1964), who

comprise roughly one-third of the nursing workforce, have begun the process of retiring (Buerhaus et al., 2017). Furthermore, it has been observed that the rapid growth of the advanced practice nursing workforce, particularly the nurse practitioner (NP) group, has played a role in the shortage of registered nurses responsible for delivering direct patient care at the bedside (Auerbach et al., 2018). While the growth of the NP workforce is certainly a positive development for both the nursing profession and the healthcare system, it has likely exacerbated the already-existing nursing shortages (Buerhaus, 2021).

It is widely acknowledged that nursing shortages existed prior to the COVID-19 pandemic. Regrettably, the pandemic has further exacerbated this issue, resulting in a significant and negative impact on the nursing workforce (Chan et al., 2021). As the pandemic swept across the nation, the demand for nursing staff surged substantially. According to the Bureau of Labor Statistics' Employment Projections 2021-2031, the nursing workforce is projected to increase from 3.1 million in 2021 to 3.3 million in 2031. The Bureau also estimates that there will be 203,200 openings for nurses annually through 2031, when retirements and workforce exits are taken into account in the United States (Rosseter, 2022). Meanwhile, the healthcare sector has been hardest hit by the Great Resignation of 2020-2022, with losses of 534,000 healthcare workers, 30% of whom were nurses (Weldon, 2022). Among a multitude of factors, nurses have frequently cited the trauma they have endured during the pandemic, including burnout, exhaustion, inadequate staffing, and a sense of not feeling valued (Hansen & Tuttas, 2022a). Nurses have also reported seeking greater flexibility and higher wages as reasons for resigning from their positions (Poindexter, 2022).

“Nurses are leaving our profession”, Margaret Mulhall, the President of the Colorado Nurses Foundation, drew public attention to the departure of nurses from the profession in May

2022 (Mulhall, 2022, para. 3). Additionally, Ernest Grant, the President of the American Nurses Association, highlighted that many nurses have suffered significantly while playing a crucial role in the colossal response and recovery efforts to end the COVID-19 pandemic. He expressed deep concern about the impact of the pandemic on the mental health and well-being of individual nurses, as well as on the health of the entire nursing profession (Chan et al., 2021). According to a survey conducted by OnePoll and connectRN in November 2022, half of the nurses polled admitted that they have contemplated leaving the nursing profession (South West News Service (SWNS), 2022). The survey results are staggering, with nursing shortages being the top reason why nurses plan to leave their careers (61%), followed by the desire for better work/life balance (58%), feeling that their mental health is at risk because of burnout (56%), and a lack of appreciation (51%) (SWNS, 2022).

In conjunction with nurses leaving their profession, the nursing field has undergone a transformation in the work environment ethos, where job stability and longevity have become progressively scarce (Sherman, 2021). A study conducted by Raso et al. (2021) utilizing a national sample of 5000 nurses found that 11 percent of the total sample indicated their intention to leave their current position. Meanwhile, travel nursing has become a popular alternative for nurses seeking higher pay and a flexible working schedule. However, Hansen and Tuttas (2022b) observed that travel nursing has sparked animosity between permanent staff nurses and travel nurses due to the perceived preferential of travel nurses. It was suggested that the additional benefits that travel nurse contracts offer, such as higher pay and a mandatory nurse-patient ratio, could jeopardize morale and teamwork among the staff nurses (Hansen & Tuttas, 2022b).

Amid the pandemic, the unprecedented exodus of nurses from their profession and/or their current positions has led to historically high nursing turnover rates (NSI Nursing Solutions,

2023), resulting in financial struggles for healthcare organizations and job dissatisfaction among permanent staff nurses (Poindexter, 2022). The healthcare organizations are now paying an estimated \$24 billion annually, significantly more than pre-pandemic operating costs, mainly for overtime and travel nurse pay (Lagasse, 2021). Retaining current nursing staff and decreasing the turnover rate have thus become top priorities (Poindexter, 2022). While numerous studies have focused on nurses leaving their permanent positions, it is equally important to examine the experiences of permanent staff nurses who have chosen to stay in their positions. This investigation will aid in identifying strategies and interventions that can be implemented to promote nurse retention and address the ongoing nursing shortages within healthcare organizations.

Purpose of the Study

The purpose of this study is to explore the experiences of staff nurses who remained in their permanent staff nurse positions during the COVID-19 pandemic.

Phenomenon of Interest

Permanent Staff Nurses vs. Travel Nurse

According to the American Nurses Association (n.d.), a staff nurse is defined as a licensed nurse who has fulfilled the requisite education and training requirements to practice nursing (American Nurses Association, n.d.). For this study, the term “staff nurse” specifically pertains to a licensed registered nurse who delivers direct patient care at the bedside within a hospital setting, also commonly referred to as a “bedside nurse”. Additionally, the term “permanent staff nurse” is used to describe a staff nurse who holds a long-term position within an organization, without a predetermined end date (Sherman, 2021). In contrast, a “travel nurse” or an “agency nurse”, terms often used interchangeably, typically works under a short-term

contract to fill in temporary workforce vacancies resulting from leaves of absence of permanent staff nurses, seasonal patient volume surges, newly opened patient care units, and the implementation of electronic medical records and other new technologies, among other factors (Hansen & Tuttas, 2022a). Travel nurse contracts in the United States generally last for 13 weeks, although this period may vary from 4 to 26 weeks depending on the needs of the contracted hospitals (Chan et al., 2021). Upon completion of each contract cycle, if a continual need for the travel nurse exists, an extension contract may be offered. If not, the travel nurse must secure a new contract in a different hospital.

Travel nursing often entails relocating to a different city and rapidly adapting to a new practice environment, as highlighted by Hansen and Tuttas (2022b). Unlike permanent staff nurses who receive payment directly from the healthcare organization, travel nurses receive payment from the travel nursing agency that placed them, which, in turn, receives payment from the hospital (Pan Travelers, 2022). In addition to paid travel costs and lodging, the hourly rates of travel nurses are typically higher than those of permanent staff nurses, as noted by Pan Travelers (2022). During the pandemic, travel nurses received compensation ranging from \$5,000 to \$10,000 per week, according to Yang and Mason (2022).

Professional Career Path Choice During Pandemic

According to Odom-Forren (2022), despite the historical use of travel nurses to fill intermittent staffing gaps, only a small proportion of the nursing population had been willing to adapt to the travel lifestyle before the COVID-19 pandemic (Odom-Forren, 2022). Hansen and Tuttas (2022a) reported that historically, the travel nurse market had been stable, with a ratio of one travel nurse job opening per 1,000 permanent RN jobs. Bureau of Labor Statistics (BLS) data from 2019 showed that only 43,000 of the 2,982,280 registered nurses in the United States

were employed as travel nurses, which represented less than 2% of the total nursing workforce (U.S. Bureau of Labor Statistics, 2022).

In the past three years, there has been a rapid increase in demand for travel nurses across the country, with travel nurse job openings reaching nearly 50,000 nationwide in September 2021, despite a downward trend in hospital COVID-19 censuses (Hansen & Tuttas, 2022a). One of the largest staffing companies, Aya Healthcare, was reportedly booking 3,500 RNs per week during the summer of 2021, twice the number before the pandemic (Jacobs, 2021). At the same time, the pay for travel nurses significantly increased (Kane, 2022), with reports indicating that travel nurses earned between \$6,000 and \$10,000 per week during the pandemic, up from \$1,700 weekly in 2019 (Quammen, 2022).

Hospitals often used COVID-19 relief money or funds from the Federal Emergency Management Agency to pay the high rates charged by travel nurse agencies during the pandemic (Plescia, 2022). Interestingly, despite the downward trend in hospital COVID-19 census in 2022, the demand for travel nurses has been steadily increasing (Hansen & Tuttas, 2022a). This shift has created a significant change in the US nursing workforce, with more staff nurses leaving their permanent positions to work as travel nurses. Nursing workforce experts have coined this phenomenon, whereby permanent staff nurses may choose to stay or leave their permanent positions, as “professional choice” (Hansen & Tuttas, 2022a, p. 145).

Research Question

What are the staff nurses’ experiences of remaining in their permanent positions during the COVID-19 pandemic?

Relevance to the Discipline of Nursing

The shortage of nursing staff during the COVID-19 pandemic has created significant stress for health system administration (Haddad et al., 2022). Given the urgency of the situation, hospitals were compelled to use travel nurses as a quick solution to address staffing gaps (Yang & Mason, 2022). Consequently, demand for travel nursing services surged during the pandemic. According to The Washington Post, travel nursing grew by 35% in 2020 compared to the previous year, and this trend is expected to continue in the near future (Bernstein, 2021).

The high demand for travel nurses resulted in a commensurate increase in their wages. During the early COVID-19 surges, national wages for travel nurses increased by 25% (Evans & Carlton, 2021). Despite the improving numbers of COVID-19 hospitalizations, the hourly pay for travel nurses continues to rise at a rapid pace. At the beginning of 2022, travel nurses were paid between \$5,000 and \$10,000 per week, while the national average salary for permanent staff nurses was approximately \$1,400 per week (Yang & Mason, 2022). The significant disparity in compensation between permanent staff nurses and travel nurses can have negative effects on the morale of the former and may even prompt them to leave their permanent positions in favor of higher-paying travel nurse positions (Veenema et al., 2022).

As more nurses work through staffing agencies rather than directly for hospitals, a cascading effect and unforeseeable consequences can occur (Haddad et al., 2022). Yang & Mason (2022) pointed out such a shift in the structure of the nursing workforce could potentially jeopardize the financial viability of the healthcare industry and even put patient lives at risk (Yang & Mason, 2022). In light of the current healthcare climate, healthcare organizations must prioritize the implementation of strategic plans to mitigate the turnover rate of permanent staff nurses. Hansen and Tuttas (2022a) suggest several key leverage points for nurse leaders, such as

bolstering the support roles available for staff nurses, fostering a team mindset, promoting collaboration, utilizing empathy, exploring alternative nursing service delivery models, and engaging with re hireable staff (Hansen & Tuttas, 2022a).

Despite the proliferation of travel nursing as a viable option, it is important to acknowledge that many staff nurses have chosen to remain in their permanent positions. By proactively engaging with permanent staff nurses to understand their experiences of staying in their positions during the COVID-19 pandemic, this study can provide valuable insights and knowledge for healthcare organizations and nursing administration to develop effective retention strategies.

Justification for Studying the Phenomenon

The nursing shortage, an ongoing challenge, has been further exacerbated by the COVID-19 pandemic (Yang & Mason, 2022). Amidst the pandemic, the demand for travel nursing has surged, driven by a complex interplay of supply and demand factors that extend beyond high pay rates alone (Hansen & Tuttas, 2022a). Unfortunately, this has led to a significant turnover rate as staff nurses frequently depart from their permanent positions, placing strain on hospital budgets and compromising patient care outcomes (Farmer, 2021). Research over the past three decades has established the correlation between insufficient nurse staffing and a high turnover rate in hospitals, and unfavorable patient care outcomes, including diminished patient satisfaction, compromised quality of care, increased medical errors, and higher infection rates (Aiken et al., 2002; Clarke & Donaldson, 2008; Musy et al., 2021; Peng et al., 2023; Yang & Mason, 2022).

A comprehensive literature review overwhelmingly supports the notion that many exhausted nurses have left their permanent positions in pursuit of better pay (Farmer, 2021; Haddad et al., 2022; Raso & Fitzpatrick, 2022; Yang & Mason, 2022). This has resulted in a

concerning wage disparity between travel nurses and permanent staff nurses (Kane, 2021), which has had a negative impact on the nursing workforce during the COVID-19 pandemic (Haas et al., 2020). The practice of “price-gouging” by travel nurse agencies has faced widespread criticism, prompting hospitals to call for federal agencies to investigate the prices charged by these agencies (DiGregorio, 2022, para 7). Additionally, hospitals have urged the Federal Trade Commission to impose limits on the hourly rate of travel nurses, which has been offered generously for travel nurse positions (DiGregorio, 2022). Nursing legislation has also recommended that healthcare organizations hire more staff nurses, provide fair wages, invest in mental healthcare for staff nurses, and address pandemic-related trauma (Kane, 2022).

It is apparent that the primary emphasis of attention and discourse has been directed towards staff nurses who have departed from their permanent positions. Surprisingly, there exists a conspicuous dearth of research and consideration devoted to staff nurses who have made the decision to stay in their permanent positions throughout the COVID-19 pandemic. Grasping their emotions, experiences, and the challenges they encounter becomes imperative. Hence, conducting a comprehensive investigation becomes essential in order to glean valuable insights into their experiences during periods characterized by an augmented demand for travel nurses. Such an endeavor has the potential to furnish us with insights that facilitate the effective promotion of nurse retention, the mitigation of staffing shortages, and, consequently, the assurance of delivering high-quality patient care.

Researcher’s Perspective

As a nurse practitioner in a fast-paced vascular surgery practice, I have observed a concerning trend of seasoned nurses leaving their permanent positions. This phenomenon has had a detrimental impact on the scheduling of surgical cases, as staffing has become a significant

challenge in the operating room. Despite the hospital's efforts to retain staff by implementing retention bonuses and increasing staff nurse hourly rates, the problem has persisted. The resulting staffing shortages have led to canceled surgical cases, causing significant delays in patient care and extended hospital stays, ultimately frustrating surgeons and compromising patient outcomes. The organization has had to rely on travel nurses to maintain daily operations, a situation that has been further complicated by the sharing of compensation rates between travel and permanent staff nurses.

Judy C. was my preceptor when I first joined the healthcare organization 15 years ago. As a highly experienced critical care nurse, she had earned a reputation for being a compassionate and collaborative team member. Interestingly, she had a personal relationship with the current Chief Nurse Officer, with whom she had attended nursing school. At the age of 50, Judy lived in close proximity to the hospital, and had spent her entire nursing career at the same organization. She was a devoted mother to her college-aged son. When it was discovered that Judy had resigned to join a travel nurse agency, it came as a surprise to many of her colleagues. In contrast, Michele O. worked as a medical-surgical nurse in an orthopedic unit, where she demonstrated remarkable energy and enthusiasm. Despite 30% of her colleagues leaving for travel nursing positions between January and June of 2022, including some of her close friends, Michele had no plans to pursue travel nursing. Being an unmarried individual living alone, Michele had different motivations and priorities for her career than Judy.

As a healthcare professional who has borne witness to the significant transformations occurring within the nursing workforce in recent times, it has sparked my intellectual curiosity to embark upon an investigation into the experiences of staff nurses who have chosen to maintain their permanent positions during the COVID-19 pandemic. The nursing workforce has

undergone a paradigm shift, adopting a tours of duty mentality in response to this global crisis. Despite the notable attention afforded to staff nurses who have opted to depart from their permanent roles, it is imperative that we comprehend the encounters of those steadfast permanent staff nurses who have remained in their positions. The execution of a qualitative study, delving into the experiences of these enduring staff nurses during the COVID-19 pandemic, possesses the potential to yield profound insights into their distinctive perspectives and the challenges they have confronted.

Chapter II

LITERATURE REVIEW

Introduction

This chapter aims to provide a thorough and scholarly overview of the literature on the topic of staff nurses' experiences of staying in their permanent positions during the COVID-19 pandemic. This phenomenon is of particular interest due to the shift in the nursing workforce towards travel nursing as a viable career path option (Hansen & Tuttas, 2022a). To conduct this review, several reputable databases were included in the literature search, including Cumulative Index to Nursing and Allied Health Literature (CINAHL), ProQuest, PubMed, ScienceDirect, PsycInfo, Google Scholar, and ERIC (EBSCO). Specific keywords were employed, such as professional choice, career choice, career path choice, travel nursing, permanent staff nurse, nurse or nurses or nursing, and COVID-19 pandemic.

To ensure the highest quality of sources, inclusion criteria were limited to peer-reviewed articles published in the English language from 2010 to present. Relevant content from these articles was closely analyzed to identify articles for further review. Additionally, seminal articles and empirical studies were identified via references in research articles. A comprehensive review of the literature was conducted, which included critical evaluation and synthesis of the articles to provide a complete overview of the phenomenon. The gaps in the literature were also identified to support the rationale for this current study. Overall, this chapter provides a rigorous examination of the literature on staff nurses' experiences of staying in their permanent positions during the COVID-19 pandemic.

The Experiences of Nurses During the Pandemic

The World Health Organization (WHO) declared 2020 the International Year of the Nurse and the Midwife in commemoration of the 200th birthday of Florence Nightingale (World Health Organization, 2019). It is ironic that at the time of this declaration, neither the WHO nor nurses could have foreseen the critical role the nursing profession would play in responding to a global health crisis. The COVID-19 pandemic has had an unquestionably significant and negative impact on the nursing profession (Hass et al., 2020). Chan and colleagues (2021) summarized the adverse effects on nursing from COVID-19, which include burnout, exhaustion, moral injury, furloughs, layoffs, leaving the profession, substance use disorders and diversion, and even deaths and illnesses (Chan et al., 2021). In a study conducted in 35 states in the U.S. on healthcare professionals' mental health related to COVID-19, participants reported high levels of depressive symptoms, concern about their health, tiredness, current general anxiety, and past and future appraisal of COVID-related stress (Pearman et al., 2020). Nurses expressed feelings of frustration, being hailed as heroes, yet being forced to work without adequate prioritization of their safety (Arnetz et al., 2020). Furthermore, there have been significant increases in nurses with substance use disorder reported since March 2020 (Arble et al., 2023). While limited data are currently available on the number of nurses who have contracted or died from COVID-19, the Guardian and Kaiser Health Network (2021) estimate that nurses account for 32% of all healthcare worker deaths due to COVID-19 in the United States (The Guardian, 2021).

“Losing the Art and Failing the Science of Nursing” is how Stimpfel and colleagues described the experiences of nurses working during the COVID-19 pandemic (Stimpfel et al., 2022, p. 23). To gain a deeper understanding of the experiences of nurses across the United States during the first six months of the pandemic, a qualitative descriptive study was conducted

by Stimpfel and colleagues (2022), which interviewed 34 nurses working in various healthcare settings across 18 states. The findings of the study identified the overarching theme of barriers, which were expressed as disrupted nurse-patient connections, lack of personal protective equipment, fear of infection, lack of evidence-based guidance, and understaffing (Stimpfel et al., 2022). Additionally, the nurses reported experiencing camaraderie and strength as a second theme, which they found to be a facilitator in navigating the challenges presented by the pandemic (Stimpfel et al., 2022). It is important to note that since the study was conducted during the first six months of the pandemic, the findings solely reflect the experiences and views during that period.

A similar study was conducted in Iran and explored nurses' perceptions and experiences of the COVID-19 outbreak in the country (Kalateh Sadati et al., 2021). Unlike Stimpfel et al.'s study, where participants were interviewed remotely, Kalateh Sadati and colleagues conducted face-to-face interviews with 24 individuals from different cities in March 2020 and digitally recorded them. The participants were asked open-ended questions regarding their preparedness for the outbreak, concerns while working with confirmed COVID-19 patients, and problems faced in the hospital. After data analysis, the study identified themes including impaired preparedness, worst perceived risk, family protection, social stigma, and sacrificial commitment (Kalateh Sadati et al., 2021). It was apparent that all participants in the study encountered a perplexing realm brought about by the viral outbreak. The findings of both Stimpfel et al. and Kalateh Sadati et al.'s studies indicate that nurses worldwide experienced significant stress and overwhelming barriers during the beginning of the COVID-19 outbreak.

Another descriptive qualitative study was conducted in Spain between March and April 2021 to provide a comprehensive description of nurses' experiences at different levels of

healthcare during the COVID-19 health crisis. The study utilized videoconferencing on the Microsoft Teams platform to interview 19 nurses. The data collected was analyzed with two themes and four sub themes emerged. The first theme identified was the source of suffering and distress experienced by the nurses, which was their close contact with patients' miserable experiences during daily care delivery processes. The second sub-theme, limitations and difficulties from the organizational system, was also highlighted by participants and included short staffing, changes in working environments, and a lack of resources. The study's second theme centered around the repercussions of suffering for professionals. The participants reported increased anxiety, frustration, and emotional burden due to constant contact with suffering. Physical deterioration and social isolation were also reported by participants, with chronic fatigue and muscle tension being the most common presentation. Overall, the study confirmed that nurses continue to experience significant stress and exhaustion during the COVID-19 pandemic (Sánchez-Romero et al., 2022).

In the exploration of nurses' experiences during the COVID-19 pandemic, Green and colleagues (2022) conducted a descriptive-qualitative-phenomenological study on intensive care unit nursing staff in Israel who cared for COVID-19 patients that eventually died during the first two pandemic waves in 2020. The participants reported extreme frustration when fighting for the provision of intensive care, which didn't yield the desired results. The study aptly captured the disappointment and despair experienced by the nurses through the phrase "Fighting for Life and Being Unable to Win." Another crucial theme that emerged was nurses' emotional coping with patients' deaths. Participants described the death of COVID-19 patients as "penetrating all their barriers" and "spilling over into every aspect of their personal space." It is evident that the death of COVID-19 patients adversely affected nurses' mental health (Green et al., 2022, pp. 5-7).

In conclusion, the reviewed articles in this section provide compelling evidence that nurses across the globe have been experiencing high levels of stress and multiple challenges during the pandemic.

The Nursing Workforce Shifting During the Pandemic

It is widely acknowledged in the healthcare industry that ensuring an adequate supply of nurses with the appropriate skills is crucial to mount an effective response to pandemics (Roush, 2020). Unfortunately, the ongoing COVID-19 pandemic has exposed the vulnerability of the United States' healthcare system and the fragility of its nursing workforce (Haas et al., 2020). The impact of COVID-19 on the nursing workforce has been significant and concerning (Chan et al., 2021). According to a survey conducted by McKinsey in May 2021, 22% of nurses nationwide were contemplating leaving their current positions (McKinsey & Company, 2021). McKinsey's latest research ten months later found that 32% of nurses surveyed in the United States in November were considering leaving their current direct-patient-care roles (Berlin et al., 2022). While McKinsey's survey revealed nurses' intentions to leave, the annual National Health Care Retention and RN Staffing Report by Nursing Solutions, Inc. (NSI) in January 2022 presented alarming facts. The report was based on a comprehensive survey of 272 hospitals in 32 states, which revealed that the turnover rate for staff nurses increased by 8.4% in 2021, currently standing at 27.1%, exceeding all previous NSI surveys (NSI, 2023). The cost of turnover is having a profound impact on hospital margins, as per the NSI survey, which states that the average hospital loses between \$5.2 million to \$9.0 million annually due to the high staff nurse turnover rate (NSI, 2023). This alarming trend raises important questions, such as "where are the nurses?" and "where have they gone?"

Nurses are Leaving the Profession

The impact of the COVID-19 pandemic on the nursing profession has been substantial, and the trend of the “Great Resignation” is evident in the healthcare system as well. Due to the unparalleled demands resulting from the pandemic, some nurses have retired, quit, moved into non-direct care roles, returned to school, or left the profession altogether to pursue non-nursing career paths (Hansen & Tuttas, 2022a, p. 147).

In a cross-sectional, descriptive study by Raso et al. (2021), over 5000 nurses from a national sample rated their perceptions of the pandemic’s impact on their practice and their intent to leave their profession. Pandemic impact was rated high overall and was highest in nurses with 25+ years of experience (Raso et al., 2021). Nurses who rated the pandemic impact at the highest level had a higher intent to leave their position (Raso et al., 2021). This was the first published quantitative report of the perceived level of pandemic impact on direct care nurses in 2021. With the survey data, the researchers became concerned about impending instability in the workforce if the trend continued (Raso et al., 2021).

Similar concerns were expressed in a systematic literature review by Skillman and Toms in 2022. The review focused on the factors influencing nurses’ intent to leave acute care hospitals and explored the development of strategies to retain nurses. A total of 22 studies and 5 literature reviews across 17 countries were included. Common factors influencing nurses’ intent to leave acute care hospitals emerged from the reviewed literature, which included job satisfaction, staffing ratios/workload and resource adequacy, leadership (support, style, and recognition), and burnout (Skillman & Toms, 2022). Additionally, the review found that fear of COVID-19 among nurses was associated with decreased job satisfaction and increased intentions to leave acute care and the profession (Skillman & Toms, 2022). Although this systematic review

did not focus on whether nurses leave the profession or their current position, it emphasized that nursing turnover from acute care hospitals poses a significant threat to healthcare and nurse job satisfaction (Skillman & Toms, 2022).

In 2021, Duran and colleagues conducted a descriptive cross-sectional research study to investigate the factors affecting nurses' professional commitment during the pandemic (Duran et al., 2021). Professional commitment refers to the harmony between an individual's beliefs and professional objectives (Chang et al., 2015) and has been found to be a significant factor affecting nurses' turnover rate (Chiang et al., 2016; Gellatly et al., 2014; Haydari et al., 2016). Duran et al.'s study included 600 nurses working in three state hospitals in Turkey. The collected data were analyzed using the SPSS 22.0 program. In addition to socio-demographic information, the Perceived Organizational Obstruction Scale (5 items; $\alpha = .86$) and the Nursing Professional Commitment Scale (26 items; $\alpha = .94$) were utilized to assess employee perception of organizational obstruction and nurses' level of professional commitment respectively. Linear regression analysis was applied to study the prediction level of the independent variables for nurses' professional commitment. Age, gender, education, and years of experience were found to have no statistically significant prediction of professional commitment. The three factors negatively correlated with professional commitment were "intention to leave the profession" ($\beta = -.337, p < .001$), "whether the nurse chose the profession willingly" ($\beta = -.211, p < .001$), and "perception of organizational obstruction" ($\beta = -.127, p = .005$). The two factors positively correlated were "family support" ($\beta = .153, p < .001$) and "job satisfaction" ($\beta = .126, p = .007$). Based on the findings, the researchers also provided strategy plans to strengthen nurses' professional commitment. Although Duran et al.'s study was well-designed, it is difficult to derive causal relationships from this type of design. The study offers possible relationships

between variables. However, in addition to the socio-demographic variables and perception of organizational obstruction, there might be other factors affecting nurses' professional commitment. Future studies can be strengthened by inclusion of a theoretical framework to guide the study and a broader sample to increase external validity.

Nurses are Leaving the Organization

In recent times, the nursing profession has experienced a surge in nurses leaving their permanent positions to take up travel nursing. According to Odom-Forren (2022), this trend is in addition to the already increasing number of nurses who are leaving the profession altogether. It is worth noting that unlike professional commitment, organizational commitment refers to the sense of dedication that employees feel towards their employing organizations (Kivak, 2020). The reasons why employees may feel committed to their workplaces vary and may include factors such as attachment to the employer, the cost of living, and a sense of obligation to stay (Kivak, 2020). During the pandemic, travel nursing gained popularity, and many nurses opted to leave their permanent staff nurse positions (Hansen & Tuttas, 2022a). Apart from the perks of being able to choose a preferred geographical location to work and control the work environment, the significantly higher pay offered by travel nursing during the pandemic was undoubtedly a factor contributing to the increase in resignations (Kane, 2022). However, it is not clear whether pay/money was the sole contributing factor to the high nursing turnover rate.

A descriptive correlational study was conducted by Shayestehazar and colleagues (2022) to investigate the factors influencing job retention and organizational commitment among nurses working during the COVID-19 outbreak. The study sample included 172 hospital nurses. The researchers utilized two instruments, the Anticipated Turnover Scale and the Meyer and Allen Organizational Commitment Questionnaire, in addition to collecting demographic data. The

Anticipated Turnover Scale (12 items; $\alpha = .61$) was designed by Hinshaw and Atwood in 1984 to assess individuals' expectations or intentions to leave their current job or organization in the future, based on a five-point Likert scale ranging from strongly agreed to strongly disagreed. The Meyer and Allen Organizational Commitment Questionnaire (24 items; $\alpha = .82$) was developed by Meyer and Allen in 1991 to measure an individual's commitment to an organization. The questionnaire consists of three components of organizational commitment: affective commitment, continuance commitment, and normative commitment. Affective commitment reflects an individual's emotional attachment and identification with the organization. Continuance commitment pertains to the perceived costs or sacrifices associated with leaving the organization. Normative commitment refers to a sense of obligation or moral responsibility to remain with the organization (Allen & Meyer, 1990).

Data analysis of this study was performed using several statistical methods, including descriptive statistics, Pearson's correlation test, independent t-test, one-way ANOVA test, and linear regression analysis in SPSS version 16. The results revealed job retention ($M = 37.70$, $SD = 3.35$) had a positive correlation with organizational commitment ($M = 75.96$, $SD = 8.37$) during the COVID-19 pandemic ($r = .337$, $P < .001$). The components of organizational commitment were affective commitment ($M = 25.03$, $SD = 3.55$), normative commitment ($M = 24.66$, $SD = 3.05$), and continuance commitment ($M = 24.30$, $SD = 3.92$). Notably, the demographic variables, including age, gender, marital status, shift type, and level of education, had no significant relationship with job retention and organizational commitment, except for work experience, which had a significant effect on both ($\beta = .28$, $p = .01$, and $\beta = .10$, $p = .02$, respectively). Experienced nurses demonstrated higher levels of organizational commitment and were less likely to leave the organization (Shayestehazar et al., 2022). While Shayestehazar's

study confirmed the strong positive relationship between job retention and organizational commitment, the specific factors that contribute to organizational commitment and strategies to improve staff nurses' levels of organizational commitment were not explicitly identified.

In this section of the literature review, a significant number of studies focus on the phenomenon of nurses departing from their organizations, particularly highlighting travel nursing as a prevalent trend in current literature. Our literature search yielded ample evidence concerning this specific aspect.

Travel Nursing During the Pandemic

Due to the overwhelming number of COVID-19 patients, hospital capacities have been pushed to their limits, leading to a significant increase in the demand for nurses. Unfortunately, the pandemic has caused many staff nurses to retire, resign, or even leave the nursing profession altogether. As a result, hospitals have been forced to hire short-term travel nurses to fill the gap. According to a report by the Washington Post, the demand for travel nurses surged by 35% during the pandemic (DiGregorio, 2022). The significant increase in demand has resulted in substantially higher pay rates for travel nurses, which can be as much as two to three times higher than those for permanent staff nurses (Yang & Mason, 2022). Since the beginning of 2022, travel nursing has garnered a great deal of attention from the media. The majority of articles published on travel nursing have focused primarily on the pay differences between travel nurses and permanent staff nurses. However, this pay discrepancy can negatively impact permanent staff nurses' morale and lead to staff nurse resignations. It is important to note that many former staff nurses who have resigned due to low pay may return as travel nurses, enticed by the considerable increase in hourly rates (Yang & Mason, 2022).

In recent years, researchers have undertaken studies to gain insights into the

lived experiences of travel nurses and permanent staff nurses during the COVID-19 pandemic and to explore the impact of these experiences on their motivations to remain in their current positions or to change their career paths. Hansen and Tuttas (2022) conducted a qualitative, descriptive, phenomenological study in which they interviewed 30 nurses, including ten veteran travel nurses, ten new travel nurses, and ten permanent staff nurses. The aim of the study was to investigate how the working experience during the pandemic influences nurses' motivation, happiness, stress, and career decisions. Upon conducting a comprehensive analysis of the recorded interview data, the researchers identified five themes that emerged from the interviews. These themes included: (1) the pandemic's impact on nurses' career path choices; (2) growing animosity between permanent staff nurses and travel nurses; (3) the impact of happiness and stress levels on career decisions; (4) the extensive emotional impact of the pandemic on nurses; and (5) the need for support from hospital management. It was not surprising that the most frequently cited reason for the nurses' decisions to take up travel nursing was the higher hourly pay differential. On the other hand, permanent staff nurses appreciated the stability of their compensation packages, the balance and compatibility with personal and family life circumstances, and the sense of team camaraderie that came with their permanent job status. The findings of this study provided a new perspective into the perceptions and factors that influenced the career path decisions of both travel nurses and permanent staff nurses during the pandemic. This study underscores the importance of supporting nurses in their professional and personal lives, especially during times of crisis such as the COVID-19 pandemic.

In the limited body of literature pertaining to travel nursing during the pandemic, Raso et al. (2021) conducted a study investigating the perceptions of travel nurses with regard to their work environment, authentic leadership, well-being, and pandemic impact in 2021. The research

team administered a questionnaire to 76 travel nurses in the United States, utilizing the Authentic Nurse Leadership Questionnaire (29 items; $\alpha = .98$) reflecting the attributes of an authentic nurse leader, the Critical Elements of a Healthy Work Environment Scale (16 items; $\alpha = .80$) measuring the health of the work environment in the participants' work units, the Nurse Well-Being Index (9 items; $\alpha = .94$) assessing multiple dimensions of distress with higher scores indicating lower well-being, and the Pandemic Impact Question "on a scale of 0-10, how affected was your practice area by the COVID-19 pandemic?". The study revealed that authentic nurse leadership during the pandemic was positively perceived by the travel nurses (Raso et al., 2021). However, they reported experiencing a lack of a healthy working environment, poor nurse well-being index, and high pandemic impact. Although this study featured a limited sample size, the findings bear important implications for the future of the nursing workforce.

Professional Career Path Choice

In general, it is widely acknowledged that the disruptions to the nursing workforce since the COVID-19 pandemic have resulted in an increased utilization of travel nurses (Hansen & Tuttas, 2022a). The high demand for travel nurses, coupled with the limited supply of permanent staff nurses, has led to a significant elevation of the hourly pay rate for travel nurses, which was reported to have increased by 238% during the pandemic (Bannow & Christ, 2021). Apart from the higher pay, several other factors motivate nurses to transition to a travel work arrangement, including the sense of increased flexibility and freedom to schedule breaks between contracts (Hansen & Tuttas, 2022a).

In the article "Professional Choice 2020-2021: Travel Nursing Turns the Tide," Hansen and Tuttas pointed out that the pandemic has brought more visibility to travel nursing as a career option and that the strain on the nursing workforce will persist. They offered several leverage

points for nurse leaders to create a more effective practice environment to face today's challenges. Along with hiring adequate supporting staff and considering team nursing models with shorter shift durations, Hansen and Tuttas emphasized the need to embrace a teaming mindset and enhance collaboration between permanent staff nurses and travel nurses (Hansen & Tuttas, 2022b).

In a recent editorial blog, Sherman alerted nursing leaders that current nursing career path trends are shifting away from traditional long-term employment models. She described teaming as a developed skill that cultivates highly reliable nursing teams in an environment of frequent turnover. Promoting interprofessional collaboration, inspiring team culture, and knowing the conditions that best attract nurses to your facility and/or unit are some ways to achieve this (Sherman, 2021).

Conclusion

After conducting a comprehensive analysis of the existing literature pertaining to staff nurses' experiences of maintaining their permanent positions during the COVID-19 pandemic, it becomes evident that there is a notable scarcity of information concerning the experiences of permanent staff nurses in relation to their continued tenure in their respective positions. Despite a wealth of studies exploring the motivations and experiences of staff nurses who have chosen to leave their permanent roles, a conspicuous research gap exists regarding the experiences of permanent staff nurses who have made the decision to remain in their positions. Ultimately, it is imperative that we focus on promoting and retaining this critical group of nurses. Hence, employing a phenomenological qualitative study appears promising in yielding invaluable insights and enriching our comprehension of the experiences of permanent staff nurses who have made the deliberate choice to remain in their permanent positions.

Chapter III

METHODS

Introduction

The present study employed a qualitative phenomenological research design to address the research question of what the staff nurses' experiences of remaining in their permanent positions during the COVID-19 pandemic are. The selection of participants was based on convenience sampling and snowball sampling, which aimed to identify and recruit permanent staff nurses who were willing to participate in the study. This section elaborates on the data collection and analysis methods utilized in the study, along with measures taken to ensure the trustworthiness of the findings. Furthermore, the section discusses the steps taken to protect the rights and welfare of the human subjects involved in the study.

Design

The qualitative phenomenological study is a research method that focuses on exploring how people perceive and interpret the world around them (van Manen, 1990). Phenomenology is a philosophical approach that emphasizes the subjective nature of human experience (Husserl, 2012), and qualitative research is a method of inquiry that seeks to understand the complexities and nuances of human experiences (Saldana, 2011).

To conduct a qualitative phenomenological study, a variety of data collection techniques such as interviews and observations are typically employed to gather rich and detailed information about participants' experiences (Husserl, 2012). The data are then analyzed to identify common themes and patterns, enabling researchers to gain a deeper understanding of the phenomenon being studied from the participants' perspectives (van Manen, 2017).

The primary objective of a qualitative phenomenological design study is to develop an in-depth understanding of a particular phenomenon or experience from the participants' subjective viewpoint. This methodology emphasizes the importance of examining the personal experiences of individuals in the context of the phenomenon being studied to gain a comprehensive understanding of it (Husserl, 2012).

Procedures

Participants

This study aimed to recruit staff nurses with at least three years' experience at bedside providing direct patient care during the COVID-19 pandemic. Phenomenological designs require that all participants "have experienced the phenomenon and must be able to articulate what it is like to have lived that experience" (Husserl, 2012, p. 10). Given that the World Health Organization (WHO) declared the pandemic on March 11, 2020 (Cucinotta & Vanelli, 2020), at least three years of bedside experience allows for the inclusion of participants with experience beyond the COVID-19 pandemic.

The study initially employed convenience sampling, as it is an economical and efficient way to recruit participants from a specific organization (Polit & Beck, 2021). A recruitment flyer was disseminated via email by the New Jersey State Nurses Association, with the aim of reaching out to nurses in New Jersey State. The designated contact person within the New Jersey State Nurses Association was kindly requested to share this pertinent information through an email contact list. The comprehensive flyer encompassed vital details pertaining to participation in the study, the specific inclusion criteria, as well as the researcher's contact information. Interested participants were encouraged to directly contact the researcher to initiate a discussion regarding the intricacies of the study. Any inquiries or concerns expressed by the participants

were promptly addressed, ensuring utmost clarity and transparency. Furthermore, in order to accommodate the convenience of the participants, interview appointments were scheduled in a manner that best suits their individual preferences.

Once the study commenced, snowball sampling was also employed. Initial participants were inclined to reach out to RNs they knew who would satisfy the study's inclusion criteria, articulate their experiences, and exhibit potential interest in participating. To safeguard the rights of individuals referred to by these early participants, certain precautions were implemented. For instance, I provided my contact information to a trusted intermediary who would communicate with these individuals. They would then contact me at their discretion, and I refrained from reaching out to them prior to their initiation of contact.

Eligibility criteria for participation in the study include three years of full-time experience as staff nurses providing direct patient care at bedside during the pandemic and proficiency in the English language. Conversely, exclusion criteria involve participants who are non-fluent in English and/or who had experience as travel nurses during the pandemic.

Sample Size

The determination of sample size is an important aspect of qualitative research. Saturation, as defined by Glaser and Strauss (1967), is the commonly accepted guideline for determining sample size in qualitative studies (Glaser & Strauss, 1967). Saturation is achieved when data analysis reaches a point where no new data is emerging, and the current data is adequately explaining the phenomenon under investigation (Glaser, 1999). In other words, saturation occurs when researchers have gathered sufficient information to understand the study's subject matter, and additional data collection is no longer necessary to achieve a comprehensive understanding of the phenomenon. It is recommended that the adequacy of the

final sample size be evaluated continuously during the research process (Thorne, 2020). An initial approximation of sample size for this study was planned as 12 to 15 participants. Data saturation was reached with 13 participants.

Setting

The participants were given the option of choosing in-person or remote interviews based on their preferences. The in-person interviews were conducted in natural settings, such as homes, libraries, or parks when weather permits. The use of remote methods in qualitative social research has gained popularity since the pandemic (Howlett, 2021). While some studies report adverse effects such as difficulties in building trust and establishing bonds between researchers and participants (Valdez & Gubrium, 2020), other studies point out advantages, such as cost-effectiveness, time efficiency, and flexibility in attire and location (Deakin & Wakefield, 2014). For this study, remote interviews were conducted via the secure online platform Microsoft Teams through Seton Hall University (SHU). In both settings, the interview locations were kept private and secure and free from interruptions or eavesdropping. A comfortable and safe environment was created to facilitate the interview process.

Establishing Rapport

The establishment of rapport is crucial in qualitative research, as it helps foster a trusting and positive relationship between the researcher and participant. Creating a safe and comfortable environment that enables participants to share their personal experiences and attitudes is a key component of rapport-building (DiCicco-Bloom & Crabtree, 2006). The aim of the interviewer is to encourage participants to share as much information as possible, in their own words and unselfconsciously (Johnson, 2002).

To establish rapport in different stages of the interview, several strategies were implemented. In the initial introduction phase, I introduced myself to the interviewees, explained the research objectives, and outlined the purpose of the study. These actions helped participants understand the significance of the research and how their involvement would contribute to its success. As a meticulous interviewer, I listened respectfully and attentively to participants, asked open-ended and non-threatening questions, and showed genuine interest in their responses. During the entire interview, the environment was kept comfortable, private, and conducive to open communication. Participants were made to feel at ease, and the conversation was allowed to flow without any undue pressure. Additionally, it is imperative to acknowledge and appreciate cultural and gender differences while conducting the study (DiCicco-Bloom & Crabtree, 2006). To ensure the research is conducted with utmost respect and sensitivity, I made a conscientious effort to refrain from utilizing any language that could potentially be offensive or derogatory towards the participants. Furthermore, I understand that demonstrating empathy is crucial for fostering trust between myself and those involved in the study (Lincoln & Guba, 1985). By building a positive and collaborative relationship with participants, I ensured that the research was conducted with integrity and was more likely to yield accurate and insightful results, as recommended by McGrath et al. (2019). Upon concluding the interview, I expressed my sincere gratitude to the participants for their invaluable contribution to the study. This act of appreciation served to acknowledge the significance of their input to the research (McGrath et al., 2019).

Data Collection

Following approval of the Seton Hall University Institutional Review Board in July 2023, the researcher conducted two interviews for each participant, which were either face-to-face or online via SHU Microsoft Teams. The participants had the flexibility to choose their preferred

mode of interview. It was either both interviews face-to-face, both interviews online, or a combination of both. The primary objective of the first interview was to establish a rapport and trust between the researcher and participant, initiate the process of data collection, and enable participants to share their personal experiences and stories. This stage of the interview was crucial to the success of the study and lasted approximately 60-90 minutes, depending on the participant's needs and pace, ensuring the collection of high-quality data in a relaxed environment. The second interview took place 2-3 weeks after the first interview, primarily intended for discussing the initial analysis, clarifying any misconceptions, and debriefing with participants. A formal demographic survey was not administered. The information, such as age, gender, ethnicity, marital status, level of education, years of working experience, and units of work, were collected naturally during the interview process. At the end of each interview, I shared my contact information with the participants to enable them to reach out if needed.

In this study, a semi-structured interview was employed as a qualitative research method to collect data. This approach blends features of structured and unstructured interviews to allow for a more flexible and open-ended discussion while enabling the researcher to gather comprehensive information through a series of predetermined questions that align with the research question (Polit & Beck, 2021). A list of open-ended questions that are relevant to the research topic guided the interview while providing space for spontaneity and adaptability. Probes or follow-up questions were used to clarify responses or delve deeper into a topic.

Throughout the interview process, I remained attentive to the flow of the conversation, knowing when to pose questions and when to listen actively to the participant's experience. Strategies such as silence was employed to give participants time to express themselves in a meaningful way (Ely et al., 1991). In order to cultivate comprehension, elucidating techniques

were employed such as restating information and inquiring with phrases such as “have I accurately grasped your message?” or “could you expound upon your idea?”. Good interviewers exhibit a personal interest and attention to participants by actively listening, nodding their heads, and using appropriate facial expressions (Bogdan & Biklen, 2003, p. 47). Furthermore, the participant’s needs were duly taken into consideration. This entailed minimizing interruptions, ensuring a serene working environment, turning off mobile phone ringers, strictly adhering to scheduled start and end times, and expressing appreciation for their invaluable time and unwavering participation (Bogdan & Biklen, 2003; Ely et al., 1991).

To ensure the collection of high-quality data, the interviews were recorded using SHU Microsoft Teams and stored in the researcher's SHU Microsoft Streams. It is important to note that Microsoft Teams utilizes encryption to ensure data security. Participants had the option to disable their camera and utilize audio-only if they felt uncomfortable with the video component of Microsoft Teams. For in-person interviews, a recording device, such as a recording pen, was utilized to capture the conversations. The recording pen was utilized exclusively for the purpose of data collection, with access to the recorded interviews restricted solely to the researcher throughout the study. The audio files were securely stored and safeguarded within a locked cabinet in the researcher's office. Access to the cabinet limited to the researcher alone, ensuring the utmost confidentiality and protection for the audio files.

Following the interviews, the researcher transcribed the recordings to generate a transcript, which was saved on a password-protected computer. Any personally identifiable information was meticulously anonymized during transcription and analysis to maintain participant confidentiality. Once the data analysis was complete, all recorded interview data were permanently deleted. However, the transcriptions will be retained for a minimum of three years.

Questions included:

Opening questions:

- Tell me a little bit about yourself.
- I understand you have been a nurse working at the bedside since the beginning of the Pandemic. Could you tell me what it was like to be a nurse during the pandemic?
- Could you share with me what it felt like when you were taking care of your first COVID patients?

Exploration question:

- How long have you been working in your current permanent position?
- Can you describe your overall experience of working as a staff nurse in your current permanent position?
- What are the specific aspects or features of your current permanent position that you find most satisfying or rewarding?
- Could you identify any challenges or difficulties you have encountered while staying in your permanent position as a staff nurse?
- Have you ever considered leaving your permanent position? If so, what were the reasons behind those thoughts, and what ultimately made you decide to stay?
- What factors have contributed to your decision to stay in your permanent staff nurse role?
- Are there any particular factors that you believe can improve the working environment at the bedside?

Ending questions:

- Is there anything else you would like to tell me?
- Is there anything that you think I should have asked?

Data Analysis

In qualitative phenomenology studies, data analysis involves exploring the lived experiences of participants to identify patterns and themes that emerge from the data (Husserl, 2012). The first step was to transcribe the data, which entailed converting handwritten notes or audio recordings into a written format. Subsequently, the data was read and re-read to identify patterns and themes. In some cases, researchers may immerse themselves in the data to obtain a deeper understanding of the participants' experiences (Ely et al., 1991). Coding is a technique used to identify significant concepts and themes that emerge from the data (Husserl, 2012). Upon analyzing the data, analogous concepts and themes were methodically categorized in accordance with the participants' experiential accounts and the fundamental structure of the data. The next step was to seek connections between categories, identify overarching and core themes, and interpret the themes in relation to the research question and existing literature. In order to facilitate unexpected themes and patterns to emerge, it is essential to maintain an environment of openness and flexibility throughout the research process (Lincoln & Guba, 1985). It should be noted that the data analysis process in qualitative phenomenology studies is not a linear process and may involve moving back and forth between different steps (Polit & Beck, 2021). In this study, the analysis was undertaken by the researcher, while the diligent oversight and review of the study process and findings were carried out by the dissertation chair.

Trustworthiness

The concept of trustworthiness, which is synonymous with rigor, pertains to the level of confidence that can be placed in the quality of a study's methods, interpretation, and data (Husserl, 2012). In qualitative research, the trustworthiness of results is dependent upon the availability of sufficient, appropriate, and saturated data (Lincoln & Guba, 1985). Thus, this

study employed specific protocols and procedures to enhance trustworthiness and ensure that the findings are credible to readers.

Lincoln and Guba (1985) proposed four standards for promoting trustworthiness in qualitative research: credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). Credibility, which is regarded as the most critical criterion, denotes the degree of confidence in the veracity of the findings, and pertains to the extent to which researchers' representations accurately reflect participants' experiences (Lincoln & Guba, 1985). Techniques utilized to bolster credibility include prolonged engagement with participants, peer-debriefing, member-checking, and reflective journaling (Connelly & Peltzer, 2016). Specifically, the current study employed member-checking, in which participants were interviewed twice to provide feedback on the accuracy and interpretation of their data, thus ensuring that the findings were trustworthy and representative of their experiences.

Transferability refers to the extent to which findings can be generalized to other contexts or populations (Husserl, 2012). It is supported by providing thick descriptions of the collected data to enable readers to decide whether the findings are applicable to their own contexts (Korstjens & Moser, 2018; Lincoln & Guba, 1985). In this study, detailed field notes and logs were maintained to provide a rich and thorough description of the research context, participants, and methods used. Any potential biases or assumptions that may affect the transferability of the findings were acknowledged through reflexivity, transparent methodology, member checking, and peer review.

Dependability refers to the stability of data over time and under various conditions of the study (Husserl, 2012). It is supported by ensuring transparency in the research process, which requires a well-documented and logical research process (Lincoln & Guba, 1985; Tobin &

Begley, 2004). Procedures for dependability included maintenance of an audit trail of process logs and peer debriefing. The research process and findings were discussed with my dissertation chair and committee members, to identify possible sources of bias or error. Furthermore, as part of the member-checking process, participants were requested to review the research summary and provide feedback on the accuracy of the findings.

Confirmability seeks to establish that the findings are reflective of the data and not influenced by the researcher's personal experience or beliefs (Lincoln & Guba, 1985). Methods for achieving confirmability include maintaining an audit trail of data analysis and methodological memos or logs (Connelly & Peltzer, 2016). Detailed notes were maintained throughout the research process, which were subject to in-depth discussions during peer-debriefing sessions with the dissertation chair and/or committee members. Moreover, data collection continued until data saturation was achieved, ensuring that the sample size was adequate and the findings were representative.

Protection of Human Subjects

The protection of human subjects is a fundamental ethical concern in any research study. Informed consent is a critical step in ensuring that participants are fully informed about the study's purpose, procedures, risks, and benefits, and have the opportunity to ask questions before they agree to participate (Husserl, 2012). This study followed the standard form from The Institutional Review Board at Seton Hall University, which included essential components such as study goals, procedure, sponsorship, potential risks, potential benefits, confidentiality and privacy, data sharing, conflict of interest disclosure, and contact information. The consent form was consistent with the participants' reading level to ensure understanding (Grace et al, 2017).

Confidentiality is crucial to protect participants' privacy and prevent any unauthorized disclosure of their personal information. The signed informed consent was stored in a password-protected document. Participants' identities were assured not to be disclosed. Anonymous identifiers such as participant numbers or pseudonyms were used. Additionally, the participants' autonomy was respected, and they were allowed to withdraw from the study at any point and for any reason.

Potential harm to participants were minimized by ensuring that the study procedures were not physically or emotionally harmful. In the event that participants experienced any harm during the course of the study, such as emotional distress or re-traumatization, diligent measures were taken to ensure their well-being. Necessary support and resources were offered as needed. This included the provision of comprehensive emotional support services, facilitating access to support groups tailored to their specific needs, and making appropriate referrals to qualified social workers who could provide specialized assistance. As indicated, participants were encouraged to seek support from local licensed mental health professionals such as psychologists, therapists, or counselors. Overall, protecting human subjects in a qualitative study requires careful planning and attention to ethical principles. Steps must be taken to ensure that participants are treated with respect, their privacy is protected, and their welfare is safeguarded.

Chapter IV

PARTICIPANT INTRODUCTION

Vignettes

Each participant contributed distinct perspectives and experiences to the research investigation. To facilitate the reader's acquaintance with the individual participants, vignettes were meticulously created by drawing from their interview responses. These vignettes incorporated verbatim quotations from each participant. These narrative constructs aim to offer the reader a meaningful insight into the participants' backgrounds, perspectives, and individual understanding of nurses' experiences during their work. Pseudonyms were utilized as a safeguard to ensure confidentiality and to protect the privacy of each participant.

Sophia

I conducted a virtual participant interview with Sophia, a registered nurse in her late twenties. Sophia had recently relocated to Texas following her husband's job transfer.

Four years ago, she completed her Bachelor of Science in Nursing (BSN) program in New Jersey and commenced her nursing career at a small community hospital. A year later, she was able to advance to a larger academic university medical center in New Jersey. Currently, she has assumed a new role in a Post Anesthesia Care Unit (PACU) at a teaching hospital in Texas. Despite the shifts in hospital settings, Sophia remained steadfast at the bedside.

Reflecting on her journey, Sophia acknowledged the challenges presented by the pandemic, which began shortly after she started working at the first hospital. "It was a difficult time for all of us," Sophia recollected, pausing briefly before continuing. "However, I was quite content at the second hospital. I had many friends there." she expressed. "It was a culture where I

felt they acknowledged the shared challenges we were going through,” she explained. “They genuinely cared about the well-being of both staff and patients.”

Throughout our conversation, Sophia shared her impressions of Texas, emphasizing the warmth of the people, the state's unique culture, and the adjustments she faced after moving. Despite the significant change, she embraced her new environment and expressed enthusiasm about meeting remarkable individuals and the friendly nature of Texans. “Texans are incredibly friendly and make you feel welcomed,” she remarked, sharing stories of new friends and neighbors who had gone out of their way to assist her in settling in.

Sophia also discussed healthcare in the South, stating, “I had heard that healthcare in the South was bad, but I don’t know... we have a very strict nurse-patient ratio. It is actually better than in New Jersey.” She continued, “I am set to begin my Family Nurse Practitioner program this fall, so I need to have a less demanding job while I am in school. I am very happy that the nurse-patient ratio here is quite favorable.”

Overall, Sophia appeared optimistic about her new journey in Texas and highlighted the welcoming community and the improved work conditions that align with her future academic pursuits.

Michael

Michael, a registered nurse in his thirties who recently married, presented as a Latino gentleman with a composed demeanor and a deep voice. During the interview, Michael communicated a sense of calm as he discussed his perspective.

“I find joy in being a bedside nurse,” he stated, “I take pleasure in assuming responsibility for my patients and providing the care they require.” He explained that his

decision to pursue nursing arose from a genuine interest in patient interactions, which has been a guiding principle throughout his six-year career.

In 2017, Michael completed an associate nursing program, marking the commencement of his nursing journey. His experiences in various hospitals have molded his viewpoints. Just before the pandemic, he decided to switch jobs to a unionized hospital because he believed in the protective measures provided by such a workplace. Michael valued these measures for ensuring employee rights and acknowledges the significance of staffing ratio protection in preventing workforce overload.

“I have pets. I have a house to pay for. I rely on a consistent income to meet financial obligations,” Michael explained. “The benefits and retirement plans contribute to my financial security.” Furthermore, the staffing ratio holds considerable importance in his considerations beyond the financial security that a unionized institution offers.

However, Michael encountered an ironic twist in his story when the hospital where he works went on strike during the summer, specifically regarding nurse-to-patient ratios. The situation remains unresolved, emphasizing the challenges and complexities inherent in the healthcare profession. “I hope for a swift resolution,” Michael expressed. “The strike needs closure. We need to go back to our patients.” He added, “Nursing is more than a job for most of us, but adequate staffing is crucial for serving our patients.” As the interview wrapped up, Michael stated, “The world might change, hospitals could go on strike, and challenges may persist, but the commitment to patient care will stay the same.”

Judy

Judy has been a registered nurse for over two decades. Graduating from nursing school in 2000, Judy's professional trajectory has been characterized by a commitment to the night shift.

Despite briefly assuming a leadership role as the assistant manager for the night shift, her fervor for direct patient care drew her back to the front lines as a staff nurse. “I didn’t like the politics in my management position. I enjoy the bonds formed at the bedside more and the moments of connection with my patients.” Judy explained. She has been in the same unit for the past ten years.

Several years ago, Judy earned her master’s degree in nursing education. In addition to being the preceptor for the new hire nurses on the unit, she also serves as a clinical instructor in an associate degree nursing program and imparts her wealth of knowledge and experiences to the next generation of nurses. Reflecting on her role, Judy shared, “I like to teach. Teaching has always been one of my passions.” However, the prospect of proceeding to full-time teaching presents a challenge. She continued, “Unfortunately, I really can’t. I would have to take a significant pay cut, which is not feasible at this time. My son is still in medical school, and I make more money being at the bedside, I guess because I have been here for many years.”

Recently, the hospital where Judy works increased the hourly rate again for bedside nurses, introducing more complexity to her decision-making process on focusing exclusively on teaching. She mused, “maybe when my son graduates, I might consider full-time teaching.” Judy’s experiences highlight the varied aspects of a nurse’s career, including mentorship, leadership, diversity, and the ongoing balance between teaching and patient care.

Michele

Michele, in her forties, has been divorced for several years and lives independently. Despite a brief marriage in her 20’s, she deliberately chose a single and child-free lifestyle. She expressed contentment with her current situation, stating, “I am very happy by myself. No one said we have to get married.” Michele found joy in travel and spending time with friends and

considered these activities as cherished pastimes. Recently returning from a trip to Santorini, she proudly shared her vacation pictures.

Michele has been a bedside nurse in the same med-surg unit for the past 18 years. She has been approached numerous times for non-bedside positions by other ancillary departments. However, she has consistently declined such offers. Michele viewed her coworkers not only as colleagues but as integral parts of her professional life. Her commitment is rooted in the connections formed with her colleagues, whom she considered as an extended family.

Despite holding only an associate degree, Michele firmly believed that being a good nurse extends beyond advanced degrees. She expressed her perspective, stating, “I don't think a degree has much to do with being a good nurse. My patients consider me a wonderful nurse because I am always there for them. I advocate for them.” Notably, the hospital where she works is pursuing Magnet status and is encouraging nurses without a bachelor's degree to obtain one. In response to evolving healthcare requirements and an emphasis on higher education among nurses, Michele remained steadfast in her stance, asserting that she had no plans to return to school. She pragmatically added, “If a bachelor's degree becomes a requirement here, I might have to find another job.”

Yara

Yara's interview was taking place during a family road trip, an event initially slated for a few hours of travel. Given the opportunity to converse while her husband assumed the driving responsibilities, Yara, an Asian woman in her late thirties with two children, shared insights into her professional journey.

Yara holds a bachelor's degree in nursing with 16 years of experience at bedside. During the initial phase of her career, Yara devoted nearly a decade to a non-unionized community

hospital, specifically within a telemetry unit. Her tenure was marked by a close collaboration with a dear colleague who eventually transitioned to the role of a nurse practitioner. Yara had not been happy since the departure of her friend. Following a meticulous search, Yara opted to join a unionized hospital, primarily driven by the allure of higher compensation. It is noteworthy that Yara steadfastly remained committed to her role at the bedside despite changing hospitals.

Ironically, the unionized hospital, despite offering the region's most competitive remuneration, started a strike during the summer months. The hospital administration consistently emphasized the institution's commitment to top-tier compensation. However, the core focus of the strike was on advocating for an improved nurse-patient ratio, an element Yara passionately espoused. In her own words, she expressed, “we are on strike not solely for financial considerations; we are asking for a better nurse-patient ratio. Our motivation is not all about money; we are concerned about the quality of patient care.” After a long pause, Yara sighed, “I hope they can get to an agreement soon. I need to go back to work. Staying home indefinitely drives me crazy.”

Lily

Lily, a woman of African American descent in her mid-sixties, entered the room with a demeanor that spoke volumes in its soft-spoken nature. Seated across from me at the table, she began sharing her story in a calm and conversational manner.

Possessing 26 years of experience in the nursing profession, Lily expressed a commitment to continue her service until her physical capabilities necessitate otherwise. Central to her professional ethos is a genuine affection for her patients and a deep camaraderie with her colleagues. Noteworthy is her active participation in celebrating various life events, including birthdays, baby showers, graduations, and other milestones, with her fellow healthcare

professionals. She expressed, “I like planning those parties with my colleagues. We always have fun together.” The celebration of life events with colleagues serves as a manifestation of the supportive environment she has cultivated over her extensive career.

Academically, Lily holds a bachelor's degree. She participated in all continuing education activities the hospital offers and enjoyed advancing her professional knowledge. In her discourse, she conveyed a passion for ongoing learning, stating “I appreciate all the in-services; they keep me updated and sharp. Attending various professional conferences is also something I like to do. I do enjoy sharing the knowledge I acquire with my colleagues.”

A distinctive aspect of Lily's professional life was her preference for three 12-hour shifts. This work schedule not only aligns with her lifestyle but also allows her valuable time with her family. She emphasized the significance of these extended shifts in affording her the flexibility to engage in domestic activities and to indulge in her love for travel. The structured nature of her work hours, coupled with extended periods off duty, contributes significantly to her overall well-being and work-life balance.

Cheryl

Cheryl, a Filipino woman in her sixties, has dedicated over two decades to critical care nursing. Outside of work, she found joy in spending time with her family, especially her recently arrived grandchildren. On a daily basis, she travelled a significant distance of 120 miles to work at the hospital, where she has been a longstanding member of the team. Despite her efforts to secure local employment that aligns with her financial expectations, Cheryl has faced challenges and found these attempts to be unsuccessful.

In 2014, Cheryl reached a significant academic milestone by obtaining her master's degree. This achievement led to her transition into the role of a nurse practitioner, where she

secured a position in a cardiologist's office. While enjoying the autonomy and professional satisfaction that came with her new role, she still harbored a subtle yearning for the meaningful personal connections formed at the bedside. Cheryl expressed, "I miss being at the bedside. I did communicate with my patients as a nurse practitioner. But it is different... the interaction with the patients and their family members at the bedside and aiding them through the most challenging times is something I truly miss." Eventually, she made the decision to return to the bedside and resumed her role as a critical care nurse.

With over two decades of experience in critical care nursing, Cheryl has become a valued member of her unit and a trusted figure among her patients. Beyond her professional role, she has built lasting relationships, fostering strong connections with both colleagues and supervisors. In the unit, Cheryl is known not only for her clinical competence but also for the friendly camaraderie she maintains within her professional circle. She has formed several friendships with colleagues, even traveling and attending conferences together. Cheryl herself acknowledged a sense of genuine contentment and a high level of satisfaction in both her professional and personal life.

Maya

Maya, a Chinese American came to the USA during her childhood with her parents. In her early thirties, Michele lives on her own and is not tied down by family responsibilities. The details of Maya's path into nursing are quite interesting.

After finishing high school, Maya faced an uncertain future and didn't know what to do in her future. It was a chance encounter with a close friend, who was in the process of applying to nursing school, that sparked a realization in Maya. As she assisted her friend with the application, it dawned on her that nursing wasn't merely a job but a compelling calling to help

others. Motivated by this newfound insight, Maya made the decision to pursue nursing education. She enrolled in a nursing school and eventually earned a Bachelor of Science in Nursing (BSN). Her career started in a med-surg respiratory unit and smoothly transitioned to a critical care unit due to the demands of the pandemic in 2020.

Maya was deeply connected to the critical care environment, where she experienced a greater sense of fulfillment in providing heightened patient care compared to the med-surg setting. This field allowed her the time needed to attend to her patients more thoroughly. She explained, “we have at most two patients every day. Although the patient’s acuity level is high, it is still better than having seven or eight patients in a med-surg unit.” In addition to managing her time effectively in the critical care unit, Maya was consistently involved in an ongoing learning journey, constantly refining her skills and expanding her knowledge as a critical care nurse. She noted, “I feel like I'm learning something new every day at work. The regular in-services are valuable, and the senior nurses are fantastic mentors. I learned a lot from them too.” Moreover, the camaraderie among her colleagues contributes to Maya's overall positive professional experience in her unit. Maya and her fellow nurses also spent time together outside of work. “We are like sisters,” She smiled.

Terry

During my study, I was introduced to Terry by another participant with a strong recommendation: “you have to meet her. She would be a perfect participant for your study. She is the person you want to talk to.” Soon after, our meeting took place in her peaceful backyard. As we engaged in our conversation, it quickly became apparent that Terry possessed a profound willingness to share her stories. She is a Caucasian woman in her sixties. Terry dedicated more than 30 years to bedside nursing as a critical care nurse. Now, in the phase of life where her

husband has retired, and her children have matured, she drew immense joy from the company of her grandchildren.

Terry's professional allegiance has been unwavering; she has remained within the same unit for the entirety of her career. What sets her apart is a deliberate choice. She has never aspired to administrative roles like charge nurse or manager. With a bachelor's degree in nursing, Terry has maintained a steadfast commitment to direct patient care. The idea of becoming a nurse practitioner has never crossed her mind. Her contentment lies in the quiet satisfaction derived from being present at the bedside. While many of her colleagues think about retirement, Terry doesn't see it happening anytime soon for her.

During the interview, Terry shared a special project she had been working on. Throughout the pandemic, Terry noticed the profound sadness families experienced when they couldn't say goodbye to their loved ones. Driven by care and understanding, Terry began saving the last heartbeats of patients by retaining their EKG strips. These thin paper tracings are stored in clear bottles, symbolizing the final heartbeat of those who have passed away. Terry referred to these bottled memories as “the last beat of life” with sincere emotion. Family members who have received these special keepsakes warmly appreciate Terry's thoughtful project. Terry took joy in witnessing an increasing number of her colleagues joining in this wonderful and meaningful undertaking.

Nicole

Nicole is a registered nurse from New York with a bachelor's degree in nursing. She is in her thirties. She recently got engaged and purchased a home in New Jersey, sharing life with her fiancé who is also a registered nurse involved in travel nursing. Nicole is notable for her great sense of humor. Throughout the interview, Nicole was able to effortlessly infuse moments of

levity into the conversation, showcasing her ability to balance professionalism with a lighthearted charm.

Nicole currently holds a position referred to as a “float nurse”, characterized by its flexibility to work in different hospital units based on demand. She expressed satisfaction with the role, citing the opportunity to collaborate with diverse colleagues, care for patients in various specialties, and receive better compensation. According to Nicole, “there are often so many unnecessary complexities and shenanigans among nurses everywhere. I am glad I don’t have to commit to any specific nursing units.” Working in different units allows her to avoid getting entangled in office politics and gossip, which she perceives as prevalent among nursing professionals. Additionally, Nicole’s preference for the “float” role stems from her enjoyment of patient care and the varied experiences it offers. She stated, “with these many years of experience as a float nurse, I feel I can work anywhere.” Her primary source of professional satisfaction resided in the diverse aspects of patient care rather than engaging in interpersonal dynamics within the workplace. Lastly, the pay for being a float nurse is quite attractive. “While it may not match the earnings of a travel nurse, it is definitely better than that of a floor nurse, referring to a bedside nurse who is hired by a specific unit.” Nicole explained.

George

George is in his sixties. During the initial phase of the interview, he appeared reserved, offering concise responses with simplicity. However, as the conversation unfolded, George gradually opened and provided insights into his extensive nursing career.

In his earlier career, George found himself confined to a desk as an IT professional, an experience he did not relish. His innate desire for interpersonal interaction and a yearning to make a tangible impact on people's lives prompted him to explore a different path. Opting for a

career change, he embarked on a journey to become a nurse. George returned to school, earned an associate degree in nursing, and started working as a registered nurse.

With 16 years of nursing experience under his belt, George has found his niche in a specialized medical unit focusing on oncology. To him, diving into this challenging field isn't just about a job – it's a commitment to something larger, where compassion and care weave into the intricate tapestry of healthcare. Shifting from the tech world to healthcare, he has experienced firsthand how career paths can evolve and showcased the pursuit of personal fulfillment in a dynamic way.

Beyond his professional accomplishments, George has earned a reputation as a respectful colleague in the workplace. His demeanor reflected not only his dedication to the medical field but also his ability to foster positive relationships within the team. George humbly stated. “I believe that mutual respect and open communication are essential in a collaborative environment. It's not just about the tasks we perform but the connections we build together. I'm grateful to work in a supportive team.”

Allison

Allison, a seasoned professional on the brink of retirement, found herself at the crossroads of her long career. She often jokes about her age, “How old am I? I have a Medicare card already.” With an Associate degree and over four decades of commitment to nursing, she has been a fixture in the same hospital, working across different units but always at the bedside.

A few years ago, Allison experienced the loss of her husband, a moment that could have signaled a slowdown in pace. However, retirement wasn't in her immediate plans. Though her grownup children aren't physically present in her daily life, they offer distant support. Living

alone, Allison discovered solace and purpose within the hospital walls, where, as she put it, “life is work, and work is life.”

During the interview, it was clear that Allison's interactions with patients are filled with a unique blend of warmth and humor. Mastering the art of seamlessly incorporating jokes into her caregiving, she has created an atmosphere that transcends the typical clinical setting. Utilizing her great sense of humor, Allison used jokes to forge connections and effortlessly put her patients at ease. She believed that the easygoing atmosphere surrounding her held the therapeutic essence of laughter.

Colleagues value having Allison around not just for her wealth of knowledge but also as an easily approachable “sister” with a joke or a laugh for every situation. Allison has never found the job stressful; instead, she eagerly looks forward to coming to work every day. With a chuckle, she remarked, “I don't need to be paid for work. The joy I get from working pays me already.”

Amanda

Amanda, a woman in her thirties, is navigating the complexities of being pregnant with her second child while already managing the lively energy of her 3-year-old. As a nurse with a bachelor's degree since 2016, she has remained dedicated to the same hospital and unit for the past seven years. She notes, “I like the telemetry unit. Staying in one place lets me see the difference we make in our patients’ lives, and that's pretty rewarding.”

Known for her easygoing attitude at work, Amanda is admired for her calming demeanor and competence. Her belief in maintaining a balance between job responsibilities and family life has made her a steady presence in the hospital. She doesn't buy into the idea of relentlessly chasing after money for work. Her close friend from nursing school works at a different hospital

a few miles north and makes seven dollars more per hour by doing the same work in a telemetry unit. However, it doesn't entice Amanda to switch jobs. She is happy where she is. In her mind, working comfortably and maintaining a sense of balance in her life are far more valuable than the allure of a higher paycheck. She added, "my job satisfaction extends beyond the monetary aspect."

As Amanda looks forward to the arrival of her second child, she found herself navigating the delicate balance between motherhood and a demanding career. Her journey mirrors not only the challenges but also the rewards of striking a middle ground in life. For Amanda, professional and personal fulfillment are not conflicting but rather complementary elements of "a well-rounded and satisfying existence."

Chapter V

FINDINGS: THE EXPERIENCES DURING THE PANDEMIC

This chapter describes the experiences of being a nurse at bedside during the pandemic (03/2020 – 05/2023). The World Health Organization (WHO) on March 11, 2020, has declared the novel coronavirus (COVID-19) outbreak a global pandemic (WHO, 2020). On May 5, 2023, more than three years since COVID-19 was designated as a pandemic, the WHO declared an end to the global Public Health Emergency (PHE) for COVID-19. The U.S. Department of Health and Human Services (HHS) declared the same announcement for the United States, effective on May 11th, 2023. During this timeframe which captures the initial onset, peak, and subsequent phases of the crisis, healthcare professionals grappled with unprecedented challenges posed by the virus. Nurses at the bedside played a critical role during this period, facing a myriad of challenges such as a surge in patient numbers, shortages of essential medical supplies, and the constant threat of exposure to the virus. From the extensive data collected, four overarching themes emerged to encapsulate the experiences of these bedside nurses during the pandemic: (1) *Ethical dilemmas faced*; (2) *A sense of professional duty*; (3) *An abundance of support received*; (4) *A deep camaraderie forged among colleagues*.

Ethical Dilemmas Faced

Sophia recounted her traumatic experiences during the pandemic. She offered a poignant glimpse into the profound challenges faced on the frontline.

Patient care was entirely different from what we learned in school. I think I traumatized a lot of patients. Our ICU faced an overflow situation and we were compelled to accommodate multiple patients in a single room. This lack of privacy was not only ethically troubling but also emotionally taxing for patients who witnessed their

roommates succumb to the illness. I was doing postmortem care in such an exposed environment right in front of other patients without any shielding of dividers or curtains. (Sophia, 2023)

Michele characterized her initial pandemic experience as “hell” and shared a traumatic incident of fighting for a ventilator for her patient.

I'll never forget this case involving a 72-year-old patient with only a history of knee osteoarthritis, who was undergoing a knee procedure and contracted COVID. He was in severe respiratory distress, needing a ventilator. On the other hand, there was a 30-year-old patient whom the intensivist wanted to give the only remaining ventilator to, instead of to my 72-year-old patient. This individual had a troubling medical history – non-compliant, frequent flyer, with diabetes, hypertension, and several vascular ulcers. I argued that just because he is 72, it doesn't mean he couldn't survive. Despite his age, he appeared healthier than the 30-year-old. We engaged in a back-and-forth, a situation I found hard to believe I had to navigate. The entire ordeal felt like absolute insanity. It is like hell. (Michele, 2023)

Allison faced ethical dilemmas when she had to stop resuscitation efforts on patients in cardiac arrest, fearing virus transmission via CPR. She shared her story.

I clearly recall the first COVID death I witnessed—a healthy 33-year-old man. We were kind instructed not to perform CPR, even if that's what he would have wanted. At that time, we didn't have any available ventilators. If we did manage to resuscitate him, someone would have had to manually bag him until one of the ventilated patients either recovered or passed away. That was just impossible to do due to short staffing and high

chance of transmission. We had to let go of a 33-year-old who we might have been able to save. This decision continues to haunt me; it was an incredibly difficult pill to swallow. (Allison, 2023)

The ethical challenges nurses experienced during the pandemic were not ones anyone would anticipate in nursing. Reflecting on the challenging circumstances, Judy articulated her deep concerns during the pandemic, stating,

It was a challenging experience. In that certain circumstance, we were dealing with more than what we were capable of doing. It was a difficult time. Everything I had learned seemed to be thrown out the window as we aimed to do our best to keep these patients alive without resorting to extreme measures. The entire ordeal was incredibly challenging, fundamentally reshaping my understanding of nursing. (Judy, 2023)

The ethically traumatic experiences shared by healthcare professionals during the COVID-19 pandemic shed light on the seismic shift in priorities and practices within the field of nursing. As traditional norms were set aside, a profound transformation occurred, thrusting healthcare providers into uncharted territory. The narratives paint a vivid picture of the emotional and ethical toll exacted on those at the frontline.

The focus on sustaining lives under extreme circumstances presented healthcare professionals with unprecedented ethical dilemmas. The struggle to allocate limited resources, such as ventilators, and the heart-wrenching decisions regarding the cessation of resuscitation efforts due to the fear of virus transmission through CPR weighed heavily on the shoulders of nurses like Allison. In her recollection, she described the haunting decision to forego potentially life-saving interventions, a choice that continued to reverberate in her conscience. Moreover,

Michele's account of advocating for a 72-year-old patient over a younger individual, based on health status rather than age, highlighted the ethical tightrope nurses navigated. The sheer incredulity of having to engage in such debates during a healthcare crisis underscores the unprecedented ethical complexities that defined this period. The lasting trauma experienced by both patients and nurses speaks to the enduring impact of these ethical challenges. For patients, the absence of customary practices, such as privacy during critical care and the inability to receive potentially life-saving interventions, left indelible emotional scars. Simultaneously, nurses found themselves grappling with the weight of decisions that deviated from the core tenets of their profession.

The recurring theme of these narratives unveils the ethical crucible in which healthcare professionals found themselves. The abandonment of traditional nursing practices became a necessary but emotionally taxing adaptation to the demands of the pandemic, leaving a lasting imprint on the collective psyche of both caregivers and those under their care.

A Sense of Professional Duty

In addition to the trauma experienced by healthcare professionals during the COVID-19 pandemic, another powerful theme emerged concurrently. Amidst the challenges and resource constraints, these nurse participants found motivation in the deep-seated conviction that their work was not merely a job but a calling to help in a time of need. As Judy expressed,

It was just horrendous. We were working a lot more hours with fewer resources, put it that way. But behind all of that, I know I have a calling to help these people. No one else would if I didn't. I am a nurse. I signed up for this. Was I worried about bringing the virus home? Of course, I was. I stayed in a hotel room with a couple of my colleagues in

the beginning for a few weeks. But none of us called out for one day from work, no one. (Judy, 2023)

Amanda returned to work in March 2020 when her daughter was still an infant. Despite the option to prolong her maternity leave, she chose to resume work shortly after the pandemic was officially announced. In her own words,

My daughter was an infant at that time. I didn't want to bring any virus home. So, I was wearing an N95 at home as well. I had to wear it literally 24 hours every day except during meals. So that was like a lot of stress on physical part breathing wise. I opted not to take my family leave, which would have granted me another 24 weeks to stay home. I felt I was needed at the bedside for my patients. With many of my colleagues were ill and the unit consistently short-staffed, I would feel guilt by staying home. (Amanda, 2023)

Lily shared a similar experience, as her husband underwent a hip replacement shortly before the onset of the pandemic. While her husband was in the crucial postoperative recovery phase, Lily found herself torn between home responsibilities and professional duties, and eventually decided to return to work. In her own words, she reflected on the challenging circumstances, saying,

Joel, my husband, was recovering from surgery, and I couldn't be there for him. Once I returned to work at the hospital, we probably didn't share the same room for about four months, precisely when he needed me the most. But what can I do? Sometimes our personal lives do get compromised when it is needed. (Lily, 2023)

During the pandemic, baby monitors were employed as a strategy to minimize potential transmission risks between the patients and the nurses. However, Yara held a distinct perspective on this measure.

To limit the time spent in the room, we had to use baby monitors to observe the patients. Nevertheless, certain patients required physical attendance, particularly those with dementia who faced challenges in verbalizing their needs and were at high risk for falls and other accidents. Some patients were incontinent and required frequent changes.

Although management advised against making frequent trips to patients' rooms, we found it was hard to adhere to this type of suggestions. We were in and out of the patient's room as many times as needed to ensure patients did not climb out of bed, pull IVs, or face other potential risks. (Yara, 2023)

At one point, the allocation of N95 masks became limited, and healthcare providers were cautioned against wasteful use. Yara detailed the struggle during this period, acknowledging the hospital's efforts amid widespread shortages. Despite the challenges, she personally took the initiative to purchase N95 masks separately, incurring considerable expenses due to the elevated costs of the masks during that time. She expressed,

I just can't watch my patients on the baby monitors without going into the room and knowing they just need someone holding their hands. I am a nurse. Florence Nightingale held the soldiers' hands when she started nursing. It did help when someone was physically there with them when they were scared and frightened. On several occasions, I observed an increase in my patient's pulse oximetry readings after I simply held their hands and eased their anxiety. It was truly remarkable to witness. Such moments made me so proud to be a nurse. (Yara, 2023)

Nurses demonstrated exceptional dedication in exceeding conventional expectations for their patients. They found satisfaction in helping patients with needs that surpassed medical treatment. Terry shared a beautiful story that she personally observed.

In the middle of the COVID chaos, Eddie ended up in our unit and was about to be put on a ventilator. People were scared because once you were on it, getting off wasn't always a sure thing. There was a high chance Eddie would stay on the ventilator long term. With that thoughts in mind, Eddie's fiancée decided to get married right there in the hospital before the intubation. Eddie hopped on a video call with his fiancée and a Justice of the Peace, and they said their vows. I, a nurse who didn't know Eddie before, ended up as a witness to this impromptu wedding. After the heartfelt moment, I switched gears back to my regular nursing duties and helped get Eddie ready for the ventilator. Once everything settled down, I headed outside to the parking lot. Under the open sky and surrounded by the hospital's beeping sounds, I signed their marriage certificate. Eddie, against the odds, pulled through—a real miracle. Thinking back, it's a story that sticks with me. In the middle of all the tough stuff, there was this unexpected moment of love and hope. I love to be a nurse. (Terry, 2023)

The narratives from these bedside nurses working throughout the pandemic saw their responsibilities as going beyond those of a typical job. Despite the challenges of long hours and limited resources during the COVID-19 crisis, these nurse participants described experiences with their patients that were driven by a deep sense of professional duty.

Judy worked through long shifts with scarce resources, driven by a steadfast sense of duty and a calling to assist those in need. Similarly, Amanda opted to come back to the frontline

during a challenging period, foregoing an extended maternity leave, spurred by an inherent sense of being crucial at the bedside. Lily's personal sacrifice, caught between family responsibilities and professional duties, highlights her sense of professional duty. Nurses like Yara went above and beyond standard practices; their resolve to be physically present, whether utilizing baby monitors or personally obtaining protective gear, exemplifying their dedication to offer compassionate care despite challenges. Eddie's hospital wedding stands out as a meaningful illustration of personal caring beyond the expected role of a nurse. The nurse, unintentionally shifting from healthcare provider to a witness of love, highlights the unforeseen roles nurses take on in an effort to meet patient's needs.

In reflection, these narratives provide evidence of resilience, sacrifice, and an unwavering dedication of these nurses during the pandemic. Their stories convey a profound calling to serve and alleviate suffering, not merely attributable to professional obligation.

An Abundance of Support Received

During the pandemic, nurses encountered an immense outpouring of support from their families, communities, and society at large. Nicole mentioned that nearby restaurants graciously provided nourishing meals for the nurses.

As a bedside nurse navigating the tumultuous waves of the pandemic, I've been genuinely taken aback by the incredible outpouring of support from our community. Every day, we were treated to a banquet of dishes from local restaurants, some of which we didn't even know but graciously sent us meals on a regular basis. It felt like a daily festival from every conceivable direction. A local grocery store even contributed hand lotions for us. And to top it off, there was a delightful spread of coffee and donuts every morning.

Sometimes we even didn't know where they were from. But they all added a sweet touch to our challenging days. (Nicole, 2023)

Aside from the food, George appreciated viewing the uplifting cards from the community posted visually on the hospital lobby walls.

Walking down the hospital hallways, I can't help but notice the postcards and greeting cards hanging up, filled with words of encouragement and gratitude. It's a daily reminder that there's strength in our supportive community, letting us know we're not alone in this challenging journey. The thoughtfulness of those who took the time to express their appreciation, even without knowing us personally, is a powerful motivation. It's nice to see the collective effort to boost morale and recognize the dedication we bring to our roles as healthcare providers. As a bedside nurse, I'm genuinely grateful for the ongoing support that makes the hospital a place not just of healing but of connection and shared humanity. (George, 2023)

During the pandemic time, with a surge in demand for healthcare providers, some hospitals received direct help from army physicians. Cheryl recounted her experience of receiving supportive assistance from the physicians sent by the army.

So, let me tell you about this incredible time when army doctors joined our unit. It was like a breath of fresh air – their presence brought this amazing vibe of teamwork and professionalism to our daily grind. They didn't hesitate to jump into the frontline with us during this crazy demanding period. It was like a shared mission, all about taking care of our patients and making sure everyone's well. We were like this super tight-knit crew. I'm telling you, we clicked. The army doctors have their special skills and just seamlessly

became part of our healthcare family. It wasn't just about boosting our medical know-how; it was this whole supportive vibe that went beyond the usual boundaries of our medical worlds. (Cheryl, 2023)

Yara, with two little kids at home, reflected on how grateful she was for her husband's help. She couldn't thank him enough for taking care of the kids and providing full support while she was at work during the pandemic.

Handling two little ones at home is not that easy. Whether it was managing routines, bedtime stories, or offering comfort when needed, he went above and beyond. I appreciate him as the reliable anchor in our home, ensuring not only their care but also showering them with love and attention. This support gave me the freedom to throw myself into my work, knowing that our family was in good hands. I am thankful for his support. Without him, I won't be able to do what I needed to do during that difficult time. It's not flashy, but he truly made a world of difference. (Yara, 2023)

Maya shared a heartfelt gesture from her neighbor that left a lasting impression. Upon returning home late after a long day at work, Maya saw displayed in her neighbor's window, a poster illuminated by surrounding candles, bearing the words "Thank you, Maya."

I was exhausted that day. As I pulled into my driveway, something caught my eye – on my neighbor's window, a post board glowed with the warm light of surrounding candles. The words "Thank you, Michele" were written on it. In that moment, a surge of emotions overwhelmed me. It was so unexpected, yet it touched the depths of my weary heart. I sat there for a while... During these trying times, the simple act of gratitude provided a profound sense of encouragement and made all the difficult moments worth it. (Maya, 2023)

The endless stories shared by the nurses during the interviews provided examples of the importance of various sources of support. From the generosity of local restaurants and grocery stores providing nourishing meals and essentials to uplifting cards from strangers, the community's acts of kindness became a source of encouragement and motivation. The assistance from army physicians fostered a sense of teamwork and professionalism among healthcare providers. Moreover, the unwavering support of family, such as Yara's husband, played a crucial role in enabling healthcare professionals to navigate the challenging times. Maya's neighbor's simple yet heartfelt poster board served as a poignant reminder of the impact that a small act of gratitude can have on a weary soul. Together, these narratives paint a picture of resilience, unity, and shared humanity during a period of heightened demand for healthcare providers, emphasizing the profound impact of support on both professional and personal fronts.

A Deep Camaraderie Forged Among Colleagues

Eleven of the thirteen nurse participants spoke about how they developed a deep sense of camaraderie with colleagues while working through the challenges of the pandemic. Examples from several of these nurse participants follow here.

During the pandemic, we found ourselves relying on each other more than ever. It was like a safety net, knowing we had each other's support. We formed this tight-knit bond, a real sense of unity, that carried us through the toughest moments. It's incredible how much stronger we became as a team because of it. (Judy, 2023)

Absolutely, we were there for one another every step of the way. It was remarkable to see how we evolved into this cohesive unit, where every interaction was meaningful and driven by a common goal. It went beyond just working together – it was a genuine

commitment to each other, almost like a family. I believe that's what true friendship looks like. (Amanda, 2023)

We were there for each other. We would call each other at home, checking in on each other's well-being. If someone fell ill, we would reach out to see how they were managing and coping. In those moments, it wasn't just about the work; it was about knowing that someone cared. We formed a strong support system for each other. (Lily, 2023)

Despite the heavy workload and constant challenges, hardly anyone called in sick. Even in the toughest moments, we were there for each other, showing up to work without hesitation. It was all about solidarity – none of us wanted to burden our colleagues with additional stress by calling out. We knew that by being present, we were easing the load for everyone else. (Michele, 2023)

I often felt like management didn't care too much, but the one thing we had left was each other. We were a team, supporting one another through the toughest of times. Our little gang wasn't just about work; it was about being there when life got tough. In those moments, our team was more than just colleagues; we were like a bunch of friends who had each other's backs. (Allison, 2023)

The sentiments expressed by Judy, Amanda, Lily, Michele, and Allison painted a clear picture of a shared bond that helped them to transcend the challenges of the pandemic. Judy's revelation of finding solace in the unspoken bonds among bedside nurses underscored the profound impact of camaraderie on individual well-being. Amanda's reflection on the

metamorphosis of their team into a closely bonded unit emphasized the intentional and caring connections that were fostered on the unit where she worked. Lily's account added depth to this theme, emphasizing the practical and emotional support that defined their camaraderie. As the demands of the pandemic intensified, several nurses including Michele, Judy, Lily, Allison, and Cheryl spoke about how their steady commitment and dedication to each other promoted unity within their team and fostered resilience. This acknowledgment speaks to the essential role of colleagues in providing support and companionship. The narratives of these bedside nurses form a compelling testament to the profound impact of camaraderie in navigating the challenges of the pandemic. Beyond the professional life, their shared experiences created a support system that transcended duties and titles, transforming colleagues into friends and fostering a spirit of resilience that defined their collective journey. The strong commitment to each other, the intentional cultivation of supportive connections, and the shared sense of purpose underscore the importance of camaraderie as a powerful force during the pandemic.

Chapter VI

FINDINGS: THE EXPERIENCES POST-PANDEMIC

This chapter focuses on the experiences of nurse participants who remained in their permanent positions as bedside nurses during the pandemic and continued in that role into the post-pandemic period (05/2023 – present). The term “post-pandemic,” adopted by the public and media post May 2023, aligns with the World Health Organization and U.S. government's definition: “Although COVID-19 persists as a technical pandemic, it no longer constitutes a public health emergency.” (WHO, 2023, para. 7). An analysis of the data revealed four themes that provide valuable insights into the experiences of these bedside nurses in the post-pandemic period: (1) *Nurses experience a loss of significance*; (2) *Nurses experience a lack of support*; (3) *The return of the joint commission*; (4) *An exodus of bedside nurses post-pandemic*.

Nurses Experience a Loss of Significance

Post-pandemic, the bedside nurses in this study reported feeling less valued by the hospital and the healthcare team, experiencing a loss of significance in their roles. This reflects the shift in how the nurse participants perceived their significance in the post-pandemic landscape. During the peak of the pandemic, the tireless efforts of these bedside nurses garnered widespread appreciation and recognition. The outpouring of support, ranging from gestures as simple as food deliveries to the heightened visibility of administrative presence on the units, underscored a collective acknowledgment of the pivotal role nurses played in the healthcare system. However, things started to change in the post-pandemic period. One participant shared,

I just think people were more appreciative of nurses during the pandemic. You know, they were treating you like you mattered, whereas I kept saying to enjoy it because it'll go back to where it was after COVID, which it has. You don't see the administration coming

around to say hi and ask you what they can do for you anymore. I don't remember the last time I saw our nursing care director. It must have been a while ago. During the pandemic, I saw her pretty much every day I was working. (Allison, 2023)

Another nurse Nicole chuckled at the notion of being labeled as “heroes” during the pandemic, a title bestowed upon healthcare providers. In her hospital, a dedicated parking lot close to the hospital building had been designated for nurses, offering convenience as they entered the facility. The pathway along the hallway was adorned with expressions of gratitude through thank-you signs and hero tributes, fostering a positive environment for the nursing staff. However, this uplifting scenario changed following the pandemic when the previously allocated parking lot was rescinded. Nurses were directed to park in an alternative lot, necessitating a walk of at least 15 minutes. Nicole went on to express her sentiments, saying,

I work the night shift and finish my shift at midnight, and while I don't mind a 15-minute walk to the parking lot, it has become far from pleasant. The only route to the new nursing parking lot is littered with loose construction materials, and, and, there are multiple unemptied trash cans every night with open lids with a foul smell. The experience of walking through this environment at midnight is far from enjoyable. We reported to the hospital administration multiple times. Nothing has been done about it. I suppose we're no longer considered heroes, after all... haha. (Nicole, 2023)

Another nurse participant reflected on her experiences, stating,

They definitely made you feel important back in those days, I mean during the pandemic. I honestly think the hospital administration was nicer. I worked four days a week consistently throughout the pandemic, basically overtime every single week. I didn't mind

at all because they made us feel appreciated, whether through morning coffee and food, verbal expressions of gratitude, or an attitude of ‘how can I help you?’ But I can't do it now, for sure. Regardless of the pay, it's not worthwhile. Currently, it is an extra \$200.00 plus time and a half or whatever for people to come in nowadays. Sadly, no one wants to come in anymore. Our well-being used to be a priority at one point, but nowadays, they seem to care more about whether we did the medication reconciliation at discharge or provided the patient with a smoking cessation package. (Cheryl, 2023)

The experiences shared by the nurses during the pandemic reflected a time when their efforts were not just acknowledged but actively appreciated. However, as the immediate aftermath of the crisis faded, and the post-pandemic reality emerged, a sense of disillusionment set in. Following the pandemic, the nurse participants found themselves navigating a different landscape where the tangible support and appreciation that were once palpable seemed to have dissipated, leaving a noticeable void in their morale. The acknowledgment that “everything is different” and “we are not important anymore” captures the nuanced shift in the dynamics of the nurse's role within the healthcare system post-pandemic. The once prevalent attentiveness from administrators appeared to have diminished, and the tangible gestures of gratitude to become less frequent.

This shift in perception holds significant implications for the professional morale of nurses. The stark contrast between the heightened importance assigned to nurses during the pandemic and their apparent devaluation post-pandemic contributed to the nurse’s sense of neglect and marginalization. The narrative underscores the need for a continuation of recognition and support for nurses, not limited to the pandemic period.

Nurses Experience a Lack of Support

In addition to experiencing a diminished sense of importance, these bedside nurses in this study articulated a collective sentiment that the robust support they once enjoyed during the pandemic has dissipated. One of the nurses described the pronounced staffing challenges prevalent in the post-pandemic period,

We had a 3:1 patient-nurse ratio in the med-surg units during the pandemic. That wasn't it. There was so much assistance from other non-clinical departments. These auxiliary efforts helped with blood sugars, vitals, and bathroom walks. However, they are all gone nowadays. Current scenario is we have to manage 7 to 8 patients per shift. If you discharge one patient, another patient will be immediately assigned to you. At times, we can get overwhelming 10 patients in one shift. (Michelle, 2023)

Similarly, Amanda underscored the indispensable role played by “runners” during the pandemic. The runners were individuals from ancillary departments deployed to the bedside for support. These runners seamlessly facilitated the workflow, assisting in tasks ranging from acquiring supplies to retrieving medications from the pharmacy and procuring patient meals from the cafeteria. Expressing an understanding of their return to their original departments, Amanda voiced a desire for alternative solutions, “How about getting us some volunteers? They can serve as the runners. The runners were extremely helpful. Sometimes you felt they were life savers. We miss them so much.”

Another nurse verbalized an overall decrease in support from the hospital. She explained, Oh, we definitely had much more support during the pandemic. We had a turning team that came to your unit every 2 hours to turn your patients. You could pick up the phone to call the administration, and they would run for you for anything. They wanted us to just

focus on taking care of the patients. I wish we could have that kind of support now.
(Yara, 2023)

Nurse Michael raised a perplexing concern about the unexplained failure to fill recently vacated nursing positions. Despite the departure of two nurses from bedside roles, the expected corresponding job positions had not been posted. When inquiring, the manager cryptically attributed the absence of new postings to the elimination of positions, leaving the nursing staff in a perpetual state of understaffing. Michael expressed puzzlement as to why vacated positions are not being filled and the units are short staffed. He stated, “We are very confused about how a nursing position could be eliminated while the unit's beds and patient volume have not changed. We not only lost all the support we had, but we also work understaffed every day nowadays.”

In addition to the lack of staff support, Sophia expressed concerns about the hospital administration's diminished focus on the well-being of the staff. She recounted a recent incident involving her colleague, who faced a threat from a patient's family member. The family member, upset with Sophia's nursing colleague, resorted to searching the nurse's name online and discovered her home address. Subsequently, the individual returned and verbally threatened Sophia's nursing colleague.

We reported the incident to the hospital administration, but I was surprised by their lack of action. They claimed there was no clear evidence. What more evidence do you need? Your staff is not feeling safe. It is very necessary that steps be taken to address it. This situation is very disappointing. (Sophia, 2023).

Cheryl reflected on her former manager's exemplary professionalism and intelligence during the COVID-19 pandemic. Unfortunately, she was let go after the pandemic, reportedly

because she refused to increase the patient-nurse ratio, resulting in a lot of overtime on our unit.

Cheryl recalled,

She was such a professional and smart woman. She proposed drilling a hole in the wall for IV lines, which significantly saved time and increased efficiency for the nursing staff. She was always there with us on the unit during the entire COVID time. We now have a new manager, and the 1-to-3 nurse-patient ratio has become the norm, which was quite rare in the past. (Cheryl, 2023)

The testimonies of these bedside nurses painted a worrisome picture of a significant drop in the support they used to get during the pandemic. Michele noted a significant increase in expected patient-nurse ratios. The absence of crucial support, such as the invaluable role played by “runners” highlighted by Amanda, exacerbated the challenges faced by nurses managing increased patient loads. The unexplained failure to fill vacant nursing positions, as raised by Michael, added another layer of complexity to the situation, leaving the nursing staff perpetually understaffed. Sophia's account of a security incident gave evidence of a lack of safety support for nursing staff. The overall sentiment among the nurse participants was one of disappointment and concern for their working conditions.

The Return of the Joint Commission

The suspension of regular surveys by the Joint Commission, initiated on March 16, 2020, marked a pivotal moment in healthcare evaluation protocols. Upon the resumption of routine surveys in 2023 (post-pandemic period), hospitals across the board started preparing for the rigorous scrutiny imposed by the Joint Commission. The reinstatement of regular surveys post-pandemic by the Joint Commission created frustration and challenges among the nurse participants.

Allison, expressing a sentiment shared by many participants, raised pointed questions about the timing and the purpose of the renewed focus.

Seriously? the Joint Commission is back? I had almost forgotten there is such a thing. We just got a little better, and now the Joint Commission decides to return? We definitely survived without them. They should just go back to the rocks they hid under when we were wearing hefty bags back in 2020 (PPE shortage in pandemic). (Allison, 2023)

Nicole conveyed a similar feeling regarding the Joint Commission survey, stating, Isn't it ironic? Suddenly, you care about the tape marks on the wall (one of the Joint Commission requirements is no tape marks on the wall). Where were you when we had to use the same N-95 mask for three shifts? Where were you when we had to fashion our isolation gowns from garbage bags? (Nicole, 2023)

Lily empathized with her manager as preparations for the Joint Commission surveys unfolded.

It was quite amusing to see my manager running around to notify everyone 'they're coming any day now!' Watching her spend several entire work days to remove the adhesive residue from the wall and door by using a plastic razor scraper was entertaining too. We tried to ask her whether we should extend the same diligence to the patient's body. Because pretty much every single patient has some residual tape marks on them. (Lily, 2023)

Yara found herself reprimanded by her manager due to the Joint Commission survey. While administering medication to one of my patients, I heard the roommate attempting to get out of bed. I rushed to assist the roommate and left the medication cups on the top

of the medication cart. Guess what, the mock surveyor happened to be passing by. So, I got caught. I was then written up for not attending the medication but attending the patients. Can you believe this? (Yara, 2023)

Michele regarded the entire process as a scam. She felt that surveyors were simply intent on collecting their agency's survey fee and move on. "But they have to find something. It seems like they are required to find something... They dinged us because we weren't charting "cough and deep breath" every hour while there was a physician's order."

George shared a comparable experience.

The Joint Commission reprimanded us because a resident inadvertently left his coffee mug on the nursing station counter. This was in July, and the resident was new, having missed the memo. It is truly remarkable that we all navigated the presence of coffee mugs without incident when the Joint Commission was not here. (George, 2023)

These nurses experienced resentment for this renewed focus on meticulous and seemingly unimportant details, such as tape marks on walls, after having successfully faced the broader and more serious challenges experienced during the pandemic.

An Exodus of Bedside Nurses Post-Pandemic

The post-pandemic landscape witnessed a significant phenomenon—the escalating turnover rate among healthcare staff, particularly bedside nurses. Many nurses who left permanent bedside jobs chose to become travel nurses, while others chose nursing roles outside of bedside nursing. While travel nursing has been a longstanding practice, it certainly became more popular during and after the pandemic. Nurses who opted for this path cited various reasons, prominently financial incentives.

Judy expressed a prevailing sentiment among nurses and emphasized the disheartening reality of colleagues departing. The migration of nurses towards travel nursing increased as the pandemic neared its end, with many drawn by the potential for better pay. Judy stated,

They don't stay. People were just leaving, and most of them were going into travel.

Because apparently, you're doing the same amount of work, so why not get more money for it? And that's how a lot of nurses were thinking, just travel to get more money. (Judy, 2023)

Amanda echoed this sentiment, highlighting that the post-pandemic era saw a surge in travel nursing due to the significantly higher salaries it offered.

That travel nursing, I think that's one of the significant things that emerged from the pandemic, post-pandemic. They find that travel nursing pays a much higher hourly rate, and that's the main reason why a lot of them leave. Well, if I'm doing all this work, why not get paid for it? That's some of the responses I hear from the travel nurses. When they came to our unit, and I asked them why did you decide to get up and leave? That was one of the biggest things they mentioned—the money. (Amanda, 2023)

Terry expressed concern about the rising proportion of travel nurses. She noted that on an average day, there were more travel nurses than full-time nurses on her unit. This shift in the workforce dynamic raised concerns about continuity and familiarity within the hospital environment. In her words,

It is kind of weird. When we're working, you may have like two or three full-time nurses on the unit, and the rest are travel nurses. There was one day when I was the only full-time employee on the unit. (Terry, 2023)

Nicole shared a similar experience in her workplace, as the majority of faces appeared new and unfamiliar. She laughed, “I don’t know anyone anymore. I don't even know who works for the hospital and who's a travel nurse. They all look so new to me.”

Lily provided a nuanced perspective on the role of travel nurses, acknowledging their hard work but highlighting the need for support due to their unfamiliarity with hospital units.

The travel nurses are okay; some are hardworking nurses. But you have to help them because they are new to the hospital and the units. They usually have little or no training prior to starting. Sometimes they have to ask where the supplies are, etc. (Lily, 2023)

Cheryl illuminated the complex emotions surrounding travel nursing. She mentioned a potential source of animosity among colleagues. The perception of performing the same job while receiving substantially higher pay generated resentment. Cheryl emphasized the additional responsibility of training and supporting travel nurses for the full-time nurses, despite the significant wage gap.

I do see some of the other nurses having, you know, a little bit of animosity towards the travel nurses or feeling like they're doing the same job as us but getting sometimes double or triple the pay. We would basically have to train these people who are coming in and making triple our salary to do the same job. (Cheryl, 2023)

In addition to bedside nurses choosing to become travel nurses, Michael noticed that many nurses sought alternative paths such as administration, education, or provider roles like nurse practitioners, driven by a desire for reduced stress and risk. The decision to step away from bedside care became a multifaceted choice and reflected the diverse opportunities available to nurses. He explained,

Many of them left for travel nurses... but that is not only it. As I mentioned earlier, some nurses leave the bedside to do something else. There are so many choices for the nurses... administration, education, or nurse practitioners. Those roles are supposed to have less stress and lower risk. (Michael, 2023)

The post-pandemic scenario witnessed a notable shift in nursing dynamics, marked by an increasing reliance on travel nurses. Nurses described feelings underappreciated and suffered less personal and institutional support in the post-pandemic period. Many chose travel nursing as an alternative, a trend accentuated during and after the pandemic. Financial incentives were a key driver for choosing travel nursing; however, other bedside nurses chose to seek nursing roles that might provide less stressful demands.

Chapter VII

FINDINGS: EXPERIENCES OF WHY NURSES STAYED

In the preceding chapter, the nurse participants described observations of nurses, with whom they had worked during the pandemic, who transitioned away from permanent bedside roles. Many nurses opted for alternative capacities such as different nursing roles in the field or engaged in travel nursing. This phenomenon has contributed to a notable increase in the turnover rate among bedside nurses, potentially affecting patient care outcomes (Shah, et al., 2022). Nevertheless, these nurse participants in this study did remain at the bedside since the onset of the pandemic despite the prevalent trend of departures. Considering that leaving the bedside promises a less stressful environment and enhances financial remuneration, it raises the question of why these nurse participants stayed in their roles as bedside nurses. This chapter explores the underlying factors and considerations that these nurse participants expressed regarding their decision to remain in their positions as bedside nurses. The data analysis yielded two themes, along with corresponding sub-themes: (1) *Bedside nursing is enjoyable*: sub-themes-(enjoying interaction with patients, enjoying the ability to advocate for patients, enjoying seeing patients getting better); (2) *Camaraderie in the workplace*.

Bedside Nursing is Enjoyable

Upon querying the participants regarding the rationale behind their decision to remain in their current positions, a predominant response emerged, with the majority of interviewees expressing a desire for “being at bedside”. This inclination toward their roles prompts a closer examination of the specific aspects of bedside nursing that resonate with the participants. An exploration of the precise elements that contribute to the participants’ satisfaction in their roles as

bedside nurses is beneficial for a comprehensive understanding of their motivations and preferences within the professional domain.

Enjoying Interaction with Patients

Nursing constitutes George's second career, succeeding his initial role as a database administrator and computer programmer, which offered a more lucrative salary than that typically associated with nursing. When deliberating a career change, George expressed his discontent with prolonged desk work and expressed a preference for engaging with people. Reflecting on a pivotal moment when a nurse provided invaluable comfort during his wife's illness, George made a conscious decision to pursue a career in nursing.

I didn't really like sitting at the desk all day long. I like interacting with people. When my wife was sick, there was a nurse who was always there comforting, which made a huge difference. After giving thorough thinking, I decided to pursue nursing. (George, 2023)

When looking around for potential transitions within the hospital setting, George considered roles in the outpatient infusion center and stress test lab but found none aligned with his preferences and interpersonal inclinations as effectively as bedside nursing. Resolute in his commitment to this aspect of healthcare, George explained the motivation behind his enduring dedication,

I work in an oncology unit. We nurses provide comprehensive support to sick cancer patients, including medical, emotional, and physical dimensions. No one else can give the kind of support the patient needs but our nurses. This is the part I enjoy my work the most. Many patients have told me that every time they get hospitalized in our unit, they feel immediately better as soon as they see me. I am very proud of hearing that. (George, 2023)

Financial considerations do not dominate my decision. I entered nursing with a substantial reduction in salary compared to my prior role. But I have never regretted. What I really enjoy is the relationship I develop with my patients at bedside. Sometimes it's about trust; Sometimes it's about empathy; sometimes it's about understanding; sometimes it's about the professional intimacy. (George, 2023)

In the exploration of the factors that contribute to nurses' dedication to bedside care, Lily expressed a deep sense of satisfaction derived from providing direct and holistic patient care. Lily emphasized the joy found in making patients feel better through seemingly small yet impactful actions. According to Lily,

I love to make my patients to feel better. Sometimes it doesn't have to take a lot... listening to what they need to say, repositioning them for comfort, a little bit backrub, and even helping them brushing their teeth. Those are little things I love to do for my patients. And trust me, the patients love those little things as well. (Lily, 2023).

Allison, known for her exceptional sense of humor, consistently employed the art of humor by cracking jokes and making interactions with her patients engaging and enjoyable. She also found personal satisfaction in the ability to bring laughter and uplift the spirits of those under her care. The act of making patients laugh not only serves as a source of joy for Allison but also contributes to the overall well-being of the patients. She said,

Let me tell you, I make my patients laugh. But again, not only telling them jokes. I use therapeutic communication skills as well. Laughter is a powerful medicine. I believe in its ability to enhance the healing process. I've seen firsthand how laughter can have a

positive impact on their overall well-being. In those moments, I know I've played a role in brightening their day. Seeing their smiles makes me feel good too. (Allison, 2023)

Michele described how meaningful it was for her to interact positively with her patients.

She expressed,

I usually have a positive rapport with my patients; they all love me. I believe I am a personable and approachable individual. I genuinely enjoy interacting with them, finding satisfaction in cultivating positive relationships. For me, chatting with patients is an important part of my professional responsibility and will enhance the well-being of those I serve. (Michele, 2023)

My favorite Maya Angelou quote has always been: I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel. (Michele, 2023)

The participant Maya embodied a strong sense of empathy and responsibility in her role.

She acknowledged the need for assistance and support among those entrusted to her care.

Serving as a nurse in the critical care unit, she expressed,

I've always aspired to be an "angel," guiding the vulnerable, and now I feel like I have my dream job. Many people have asked me whether I am going back to school to become a nurse practitioner. I've considered it, but I don't believe being a nurse practitioner would afford me the opportunity to guide my patients 24/7 at the bedside. (Maya, 2023)

Enjoying the Ability to Advocate for Patients

Michael expressed how rewarding it was for him to work in the challenging environment of the intensive care unit and emphasized the personal enjoyment he experienced in the position of being able to advocate for his patients.

During the multidisciplinary rounds, especially when the intensivist is leading discussions, I feel empowered when I present my patients. It's a chance to talk about the plan for the day. The team looks at you as you are in absolute charge of the patients. Taking on this responsibility makes me an advocate, speaking up for the patient's best interests and passionately fighting for their optimal care. Advocating for those who can't do it themselves brings a deep sense of humility, and it's really gratifying, even though it comes with challenge. (Michael, 2023)

Judy has many years of experience at the bedside. She is very confident in her clinical knowledge and nursing skills. She shared,

Having worked as a bedside nurse in the cardiac unit for many years, I have a deep understanding of each patient with a cardiac condition. The satisfaction I get from my work comes from both caring for the patients and realizing my ability to be their advocate. As a nurse committed to patient advocacy, finding fulfillment in this role significantly adds to my overall professional satisfaction. They are sick; they are weak; they depend on you; and you need to advocate for them. (Judy, 2023)

Nicole reported that she strongly advocated for her patients. According to her, if she didn't advocate for her patients, no one else would or would not do as good job as the bedside nurse like her. She shared a compelling story,

In the middle of the night, my post-leg bypass patient complained of leg pain. I administered the prescribed post-op pain medication, but I sensed that this pain was more than typical post-op discomfort. My instincts told me something else was happening – I suspected compartment syndrome. So, at 2 am, I called the surgeon, who was extremely reluctant to come in. I insisted, saying, ‘You have to come; something is not right here. He might need a fasciotomy.’ Eventually, he came in, and the patient was taken back to the operating room immediately. If we had waited until the second day, the leg might be dead by then. I believe I saved his leg. (Nicole, 2023)

The commitment of these nurse participants to advocating for their patients is firmly grounded in the understanding of its crucial importance and at the same time, these nurses derived satisfaction from their efforts to provide timely and effective patient care as bedside nurses.

Enjoying Seeing Patients Getting Better

To many nurse participants in this study, the nursing profession involves not only observing the hardships experienced by patients but also deriving satisfaction from their improvement, particularly when one has contributed to the positive outcome. Having dedicated four decades to the practice of bedside nursing, Terry offered her insights on this matter.

I wouldn't necessarily call it a calling, but this is what I'm doing, and I feel strongly about it. Every action I take is meaningful to me. While I understand I can't control the outcome – I'm not God– I can do my best and offer my utmost to help people. The sense of satisfaction comes in when you see your patients are getting better. (Terry, 2023)

Similar feelings were shared by Yara. She expressed,

After a few days off and returning to work, I have a habit of checking on the patients I took care of during my last shift. I feel very happy if I see them getting better. If I find out things are otherwise, I can get very sad. You know, it's a natural feeling. Sometimes, you feel like coming back to work because you want to know how the patients you took care of are doing. (Yara, 2023)

Amanda verbalized the most gratifying aspect of her job was to witness the recovery of patients. This became particularly poignant during the pandemic.

The most rewarding aspect of my job is seeing the improvement of my patients. Particularly during the pandemic, when patients are discharged, their gratitude knows no bounds. They express their appreciation by holding your hand and giving you hugs. It always brings tears to my eyes. (Amanda, 2023)

From the very beginning of my career in this profession, my commitment has been unwavering and immediate. It is a simple yet profound desire to help patients recover. Despite the uncertainties surrounding patient outcomes and knowing the limitations within my control, my dedication to providing optimal care remains the same. (Amanda, 2023)

These nurse participants experienced a deep connection with their patients' welfare and derived enjoyment from: the genuine liking for interaction with patients, the gratifying feeling of advocating for the patients, and the profound satisfaction derived from witnessing patients' improvement. The participants emphasized the significance of building genuine connections and engaging with patients on a personal level. These nurses found fulfillment and enjoyment in their roles which contributed to their decision to remain as bedside nurses.

Camaraderie in the Workplace

Another noteworthy theme that emerged from this study was the significance of interpersonal relationships within the workplace, especially the camaraderie between colleagues. One participant, Allison, articulated the essence of this theme and addressed the pivotal role of the work environment and the intrinsic link between a positive working environment and the enduring commitment of bedside nurses. She asserted, “if the working environment is good, if the people that you work with are the people that you love, of course, you're going to stay.”

During the interview, Sophia iterated and expounded upon the significant relationships she had cultivated with her colleagues. She referred to them as the “girls” with whom she shared her professional milieu. They worked cohesively, offering mutual support and caring about each other’s well-being. Sophia believed the reciprocal nature of this camaraderie fostered an environment characterized by collective support and professional solidarity.

They are nice girls, and I love working with them. If it weren't for my husband's job relocation, I would never have wanted to leave them. We worked together so well. We still keep in touch and call each other periodically after my move. (Sophia, 2023)

Yara's experience offered a counterpoint to the narrative and illustrated the influence of changes in interpersonal dynamics on the job satisfaction and retention of bedside nurses. Notably, Yara's prolonged professional association with her close friend Susan spanned over a decade. Unfortunately, Susan recently transitioned to a nurse practitioner role, leading to her departure from the bedside. Yara expressed how Susan's exit had a significant impact and altered the overall satisfaction and enjoyment of working on the unit.

I was sad when Susan left; she was my closest working companion. She had encouraged me multiple times to pursue further education and become a nurse practitioner like her.

However, I doubted whether I could get the same level of joy from the role as I do from being at the bedside. Susan's departure undeniably diminished the joy of working on the unit. When another hospital extended a job offer with a higher salary, I made the decision to accept it. (Yara, 2023)

In Cheryl's professional life, she enjoys a strong bond with a close-knit group of colleagues who migrated together from the Philippines years ago. They share not only similar ages but also a history of migrating. This shared experience has created a deep connection, with their husbands knowing each other well and their children growing up together. They not only work together but also spend holidays and attend conferences as a group. After becoming a nurse practitioner and working in a cardiologist's office, Cheryl realized she missed the companionship of her former colleagues. Consequently, she made the decision to leave her nurse practitioner position and return to bedside nursing to work alongside her friends as she missed the camaraderie of close relationship experienced in a bedside nursing role on a hospital unit. She recalled, "Oh, boy, I missed them dearly. I recall the routine of calling them every day on my way home, eager to hear about the day's events at work. Is that a bit crazy?"

Among the participants, Michele carries the potential and characteristics to become a travel nurse, including being single, having no children, and having a passion for travel. As a matter of fact, she did experience periods of frustration, which made her update her resume and prepare to leave bedside nursing. However, when contemplating leaving her bedside nursing job, she considered the strength of her relationships with her colleagues.

The true reason that I stayed is because I love who I work with. The unit I am working on is what I call... a dysfunctional family. It's not that I am going to miss my job; it's that I

will miss the people who I work with. It's the camaraderie. You don't get this kind of camaraderie, it's very rare to find. (Michele, 2023)

The theme of “Camaraderie in the Workplace” illuminates the importance of meaningful interpersonal relationships among colleagues. This sense of camaraderie appears to enhance job satisfaction and contributed to why many of these nurses chose to stay in their permanent positions as bedside nurses. Overall, this theme emphasizes the contribution of positive workplace relationships as valuable to the well-being and commitment of bedside nurses.

Chapter VIII

FINDINGS: IMPROVING THE BEDSIDE WORK ENVIRONMENT:

WHAT IS NEEDED?

The findings presented in this chapter reveal practical insights and recommendations provided by the nurse participants which they believed could contribute to an improved bedside work environment. These nurses were asked “Are there any particular factors that you believe can improve the working environment at the bedside?” Three key themes emerged from the study on this topic: (1) *Let the nurse be a nurse*; (2) *Provide support instead of reprimands*; (3) *Educational support for bedside nurses*.

Let the Nurse be a Nurse

Within the context of the interviews conducted for this study, a recurring sentiment is evident among the participants regarding the varying levels of support provided to bedside nurses within hospital environments. Many participants observed and experienced nurses undertaking a multitude of tasks which would normally be undertaken by ancillary personnel. These included drawing labs, picking up medication from the pharmacy, transporting patients, ordering patient meals, assisting with feeding, fixing the broken printers, and emptying trash cans. These additional responsibilities were reported to hinder nurses from concentrating on their primary duties. Some examples of these additional non-nursing responsibilities reported by participants follow.

Allison had to work as a patient transporter. The hospital consistently faced staffing shortages on the transportation team, particularly after 3 pm in the afternoon. When patients needed to be transported, the administration instructed nurses to undertake this responsibility. Allison shook her head in disapproval, reflecting the challenges posed by this additional role.

Can you imagine? We had to bring the patients to the CT scan, and in the meantime, my other 7 or 8 patients are left unattended. While it might be suggested that other nurses can cover, they also have their own set of patients. It is not fair for my other patients to suffer due to these competing demands on our time and attention. (Allison, 2023)

Nicole emphasized the need for additional support staff to alleviate the burden of non-nursing tasks, urging leadership to enable nurses to fulfill their primary roles without encroaching on tasks outside their professional scope.

They need to provide us with more patient care technicians. Nurses are distracted by too many other patient care tasks, such as putting patients on the bedpan, feeding them, and assisting with baths. I couldn't participate when the physician was making rounds because I was in the middle of cleaning a patient's incontinence. I'm not saying these tasks aren't important. It would be so much better if there were enough support; then, I could focus on what I need to do as a nurse. (Nicole, 2023)

Michele articulated the difficulties she faced in balancing various non-nursing tasks and talked about the complex nature of her responsibilities. She expressed,

I don't think you need a lot of money to staff the auxiliary department. However, they don't want to. I have a feeling they know the nurses will do it anyway. Why not save a penny? But you have to understand, nurses could use all the time to perform what a nurse needs to do for the patients. How about making sure the lines are cleaned so they don't get infections? How about repositioning the patients on time so they don't get pressure ulcers? Come on, let the nurse be a nurse. We can't be the maintenance guy, housekeeper, computer technician, and mechanics at the same time. (Michele, 2023)

Michael specifically emphasized how he experienced differing requirements and demands on nursing responsibilities in two different hospitals.

I think this hospital is doing better than others because they have more support than others. The hospital I worked at in the past never had enough physical therapists. The nurses are literally doing physical therapists' work. It is not that I couldn't do the range of motion. But by the end of the day, we are nurses. We are not physical therapists. Yes, I can do range of motions. But I didn't chart or check the labs when the physicians made rounds or speak to the family members when they called. Management comes to tell you that you left late; you were overtime, why? Oh, because I was doing range of motions. (Michael, 2023)

I like the hospital I am currently working in. We have a cardiac rehab team that comes to my unit every day and walks with our ECMO patients. We know there are so many benefits to ambulating for the patients. By knowing the rehab team is here, it puts our minds at ease. The nurses can do whatever they have to do. We are so much better supported here. If a new medication is being ordered, a pharmacy technician will deliver it right away. The computer is not working? The help desk is a phone call away. They want to make sure patient care is not delayed, and nurses don't get frustrated. (Michael, 2023)

Multiple participants voiced the collective plea: "Let the nurse be a nurse." These participants shared their experiences and spoke about the challenges faced when nurses are burdened with additional responsibilities beyond their professional scope. The importance of prioritizing nursing duties to ensure optimal patient care is asserted. As the study participants

advocate for a shift towards enabling nurses to fulfill their primary roles, the overarching message echoes – a call for a healthcare environment that values and supports the professional responsibilities of nurses, allowing them to prioritize patient care and maintain professional integrity.

Provide Support Instead of Reprimands

In the ongoing exploration of strategies to enhance the working environment for these bedside nurses, a particularly compelling theme surfaced – “Nurses need to be supported, not reprimanded.” In their everyday work, navigating unprecedented challenges, nurses seek support for both their professional well-being and the enhancement of the quality of patient care. Insights gleaned from interviews conducted with these frontline healthcare providers provide evidence that there is a need for improvement.

Amanda shared an incident where being just 30 seconds late led to a reprimand and a meeting with the manager for being reminded about punctuality.

I understand the policies and protocols. I know the importance of being on time.

However, I was delayed because I had to assist a lost elderly woman in the lobby in finding the outpatient testing area. There was no one around, and I felt obligated to help her. That was why I was late. Unfortunately, no one wanted to hear that. I ended up with a write-up. (Amanda, 2023)

Amanda's situation prompts questions about striking a balance between strict adherence to rules and understanding the unforeseen demands that nurses may encounter while delivering patient-centered care. This instance highlights the potential need for greater understanding and support for nurses in their daily responsibilities. Another nurse Yara found it particularly

insulting to be constantly under the supervision that implies a lack of trust in the conscientious professionals dedicated to patient care.

We are a group of conscientious professionals who take patient care seriously. My night shift team keeps the floor running, handling any problem that comes our way without the need for managerial oversight. However, when the manager walks in and finds a coffee cup on the nursing station desk, we face scrutiny for minor oversights like forgetting to cross a 'T' or dot an 'I.' This critique often comes from someone who hasn't touched a patient in years, if ever. There is just so much ridiculous nit-picking. (Yara, 2023)

Yara's frustration became evident when managers focus on minor issues, like a coffee cup on the nursing station desk, instead of recognizing the team's competent handling of essential patient care tasks. This discrepancy in attention highlights the need for a more balanced and understanding approach from management.

Maya found herself disturbed that her manager would wake her up in the middle of her sleep to address a missed fall assessment.

Did my patient fall during my shift? No, because I was consistently present, implementing a fall prevention strategy. If I happen to forget to conduct the fall assessment once in a blue moon, please inform me when I arrive for my next shift.

There's no need to wake me up in the middle of the day for such matters, especially when I have to work later that night. It's about maintaining professionalism and respecting each other's work schedules. (Maya, 2023)

Maya hoped her manager would have been respectful of her need for sleep following the completion of her night shift responsibilities, especially for a non-urgent assessment.

George believed that management could share some nursing care responsibilities. He stated,

Rather than searching for nurses across the unit, managers could assist with tasks like putting patients on the bedpan. Instead of reprimanding nurses for not documenting hourly rounding in the logbook, managers could occasionally help with recording since they see us in the rooms frequently. These little things can create a collaborative and supportive work environment. (George, 2023)

Nurse participants reported instances where rigid adherence to rules conflicted with the unforeseen demands that nurses faced while delivering patient-centered care. The experiences shared by these bedside nurses serve as reminders of the ongoing need for improvements and adjustments within the healthcare system to foster a collaborative, supportive, and effective working environment for bedside nurses. As the healthcare landscape continues to evolve, embracing a supportive environment for bedside nurses is crucial for ensuring both their professional well-being and the quality of patient care.

Educational Support for Bedside Nurses

Bedside nurses in this study spoke about the need for continuing education programs that would provide education outside of completing a more advanced academic degree and voiced a need for educational programs that would enhance their practical knowledge and skills. Several nurses explained that it was common for nurses to receive tuition reimbursement from their employers to complete a more advanced degree but found that there was no financial support to enhance their skills as bedside nurses. Additionally, these nurses noted that once the advanced degree was achieved nurses would often leave their position at the bedside.

Nurse Yara explained,

I just don't understand some of the hospital policies. They are willing to pay thousands of dollars for nurses to get their advanced degrees and support them to leave the bedside. However, for those who stay at the bedside, if they want to attend a professional conference or an advanced workshop, they have to pay for it themselves. Does this make sense? (Yara, 2023)

Lily questioned the notion that an advanced degree is the only path forward, stating "You don't always need an advanced degree to advance in your career." Lily reported that she actively engaged in various continuing education classes and skills workshops, covering topics like peritoneal dialysis, ECMO, and LVAD, et. al. Her possession of certifications in procedures, such as de-clotting PICC lines and accessing Port-A-Cath devices, demonstrates her commitment to continuous learning for its practical benefits in providing better patient care. Lily explained that while some certifications are offered in-house at no personal cost, others required the nurse to obtain external funding, with no reimbursement provided.

Maya's transition from a med-surg unit to a critical care unit marked a pivotal point in her career. She was happy with the abundance of learning opportunities available in critical care highlighting the value of unit-specific education initiatives. "All the continuing education and training make me feel like I am getting smarter. I was nervous when I just transferred here. The ongoing trainings definitely boosted my confidence. I consider this as career advancement." Maya reported. Maya's experience underscores the importance of tailoring professional development to the unique needs of a specific nursing role. Financial support for continuing educational opportunities for bedside nurses has the potential to contribute to the bedside nurses' professional growth and to foster a culture of continuous learning and skill development.

Addressing policy inconsistencies and promoting financial re-imbursement for a variety of educational opportunities that support bedside nurses in their roles carries the potential to enhance role satisfaction and retention of bedside nurses.

Chapter IX

SUMMARY AND DISCUSSION

This chapter provides an overview of the study's findings, placing them within the context of existing literature. The discussion explores how these findings contribute to the current body of knowledge and considers their practical and research implications.

Summary of the Study

The primary aim of this study was to comprehend the experiences of staff nurses who opted to stay in their permanent bedside positions amidst the challenges presented by the COVID-19 pandemic. Addressing the research question, “What are the experiences of staff nurses who chose to remain in their permanent positions during the COVID-19 pandemic?” entailed a thorough exploration of nurses' professional lives, with a focus on their experiences at the bedside. Thirteen nurses recruited from New York, New Jersey, and Texas were interviewed to gain insights into the realities faced by bedside nurses who remained in their permanent positions during the pandemic. Understanding these experiences necessitates a contextual examination of their roles as bedside nurses. Furthermore, the study sought to ascertain the motivations behind their decision to remain at the bedside despite widespread turnover and attrition within the nursing profession. Additionally, participants were queried regarding potential strategies to improve conditions and incentivize nurses to continue working at the bedside.

Methodology

A phenomenological approach was employed to investigate the lived experience of bedside nurses during the pandemic. Thirteen nurses, each possessing a minimum of three years' experience at the bedside providing direct patient care during the COVID-19 pandemic, were

recruited via convenience and snowball sampling. Most of these nurses are from the state of New Jersey, with the exception of one who recently relocated to Texas and another who was in the process of moving within New Jersey. Data saturation was achieved following the completion of 13 sets of participant interviews, which were conducted either in person or remotely based on individual preferences. Utilizing a two-interview methodology, the primary objective of the initial interview was to foster rapport and trust between the researcher and participants, facilitate the commencement of data collection, and encourage participants to candidly share their personal narratives. Subsequently, a second interview was scheduled 2-3 weeks later to discuss preliminary analyses, address any ambiguities, and provide participants with an opportunity for debriefing. All participants willingly participated in both interviews. Each interview lasted approximately 60-90 minutes, tailored to accommodate the participant's needs and pacing, thereby ensuring the collection of high-quality data in a relaxed environment. Data analysis was conducted concurrently with data collection. Transcribed interviews were read and re-read for commonalities and differences. Transcripts were coded and recoded. Analytic memos and reflective memos were written to organize thoughts and findings. Transcripts were reviewed several times. After all data were transcribed, the process of seeking connections between categories, identifying overarching and core themes, and interpreting the themes in relation to the research question was begun.

Findings

During the COVID-19 pandemic, these bedside nurses faced numerous challenges, including heightened risk of infection, scarcity of resources, and emotional strain. The constant need for personal protective equipment and strict infection control measures changed the nature of patient care, creating barriers to human connection. Despite these challenges, the nurses

demonstrated resilience and solidarity and worked tirelessly to provide compassionate care. Their experiences highlighted the importance of adaptability and teamwork in navigating unprecedented circumstances.

The Experiences of Bedside Nurses During the Pandemic. The experiences shared by the participants in this study during the COVID-19 pandemic illuminated ethical dilemmas they faced, a sense of professional duty that drove them forward, an abundance of support they received from various sources, and a deep camaraderie forged among colleagues. These narratives provided an in-depth insight into the challenges and accomplishments experienced by healthcare professionals on the frontline.

Firstly, the ethical dilemmas recounted by several nursing participants provided insight into the unprecedented challenges they encountered in providing care during the pandemic. From navigating overcrowded ICUs to making difficult decisions about resource allocation and resuscitation efforts, the participants were confronted with moral and emotional complexities that tested their professionalism. Secondly, among the turbulence and trauma of the pandemic, nurse participants found comfort and motivation in their deep sense of professional duty. Driven by a need to help others and alleviate suffering, they demonstrated unwavering dedication and resilience in the face of adversity and embodied the true spirit of nursing. Thirdly, the abundance of support received by the participants from their families, communities, and colleagues played a crucial role in sustaining them through the challenges of the pandemic. Acts of kindness such as providing meals, sending cards of encouragement, and helping with childcare demonstrated the power of solidarity and compassion in times of crisis. Lastly, a deep camaraderie forged among colleagues emerged as a cornerstone of the participants' experiences during the pandemic. Through mutual support, shared experiences, and a sense of unity, the participants formed bonds

that transcended professional duties and provided invaluable emotional and practical support throughout the crisis.

The Experiences of Bedside Nurses Post-Pandemic. The post-pandemic era unveiled a complex and challenging landscape for the participants in this study, marked by nurses experiencing a loss of significance and support, as well as a subsequent exodus of bedside nurses post-pandemic.

As the immediacy of the crisis faded, the participants struggled with a sense of disillusionment and felt undervalued and neglected with decreased support. The stark contrast between the heightened importance assigned to nurses during the pandemic and their apparent devaluation post-pandemic underscores systemic issues within healthcare infrastructure that require attention. The testimonies of the participants painted a concerning picture of a significant drop in the support they once received, with pronounced staffing challenges and unexplained failures to fill vacant positions exacerbating their workload and jeopardizing patient care. Additionally, the return of accrediting bodies like The Joint Commission sparked mixed responses, with nurses questioning the timing and priorities of renewed scrutiny considering broader challenges faced during the pandemic. Furthermore, the prevalence of travel nursing as an alternative path highlighted underlying concerns regarding continuity of care, familiarity within hospital units, and resentment among full-time nurses for perceived wage disparities and added responsibilities.

The Reasons that the Participants Remained in Their Positions as Bedside Nurses. The findings from this study explored why the nurse participants chose to remain in their bedside roles despite the prevailing trend of transitions away from permanent bedside positions observed

during the pandemic. The investigation of their motivations revealed two overarching themes: bedside nursing is enjoyable and camaraderie in the workplace.

Many of the nurse participants expressed how much they enjoyed bedside nursing, and this merged as a predominant factor influencing the participants' decisions to stay in their current roles. They expressed a deep satisfaction derived from various aspects of bedside nursing, including the interpersonal interactions with patients, the ability to advocate for patients, and the fulfillment gained from witnessing patients' improvement. These narratives highlighted the intrinsic rewards associated with bedside nursing, outweighing considerations of financial remuneration or a less stressful work environments. Secondly, the theme of workplace camaraderie emerged as another significant factor contributing to nurses' retention in their bedside roles. The participants emphasized the importance of positive relationships with colleagues and the sense of belonging and support within their work environment. The camaraderie among colleagues was described as a source of motivation and job satisfaction, fostering a cohesive and supportive atmosphere that transcended the challenges of the job. While travel nursing may not attenuate the aspect of patient interaction, the camaraderie within the workplace significantly contributes to retaining nurses in their permanent staff positions rather than pursuing travel opportunities. Collectively, the findings illuminate the multifaceted nature of the participants' commitment to bedside nursing, which is grounded in both the intrinsic rewards of patient care and the supportive relationships within the workplace.

Suggested Strategic Measures to Improve Bedside Nurses' Work Environment. The findings from this study highlighted three crucial areas for improving the working environment for bedside nurses: let the nurse be a nurse, providing support instead of reprimands, and educational support for bedside nurses.

The first theme emphasized the need to relieve nurses of non-nursing tasks that detract from their ability to focus on patient care. Participants expressed frustration with having to fulfill roles outside their professional scope due to staffing shortages or inadequate support systems. By ensuring that nurses can prioritize their nursing duties, hospitals can enhance patient care quality and alleviate the burden on frontline healthcare providers. The second theme addressed the importance of fostering a supportive work culture rather than resorting to punitive measures. The participants shared instances where strict adherence to rules clashed with their commitment to patient care, leading to feelings of frustration and disillusionment. Managers must adopt a more understanding approach, acknowledging the challenges nurses face and providing the necessary support to navigate them effectively. The third theme captured the sentiment that while these nurse participants valued higher education, they wanted financial support for education that would provide practical skills development and ongoing learning opportunities with relevance to bedside nursing, regardless of their career path.

Comparisons to Existing Literature: Experiences of Bedside Nurses During the Pandemic

The findings of this study align with several pertinent observations within the existing literature. For instance, an investigation into the work experiences of hospital nurses amidst the COVID-19 pandemic in Canadian and American healthcare settings highlighted prevalent issues of burnout, mental health challenges, stress, and coping mechanisms at the one-year mark (Menard et al., 2023). Similarly, utilizing a constructivist grounded theory approach, Kelley et al. (2022) explored the narratives of nurses from various hospital sites across the eastern, midwestern, and western regions of the United States. Their research revealed the presence of significant challenges and ethical dilemmas, including instances of moral distress and moral outrage among participants. Furthermore, Littzen-Brown et al. (2023) documented reports of

significant suffering from nurses in the United States during the pandemic, identifying barriers to effective nursing practice and suboptimal care delivery. Additionally, Gordon et al. (2021) conducted a qualitative examination focusing on critical care nurses caring for COVID-19 patients, highlighting short-term coping strategies such as support from coworkers and family members. The study also underscored the profound emotional toll of the pandemic, manifesting in anxiety, fear, helplessness, worry, and empathetic distress, along with physical manifestations including sleep disturbances, headaches, exhaustion, and breathlessness.

Through a synthesis of these studies, a comprehensive understanding emerges regarding the multifaceted challenges faced by nurses amidst the COVID-19 pandemic. The previous studies have predominantly highlighted negative sentiments. They outlined challenges such as the shortage of Personal Protective Equipment (PPE), widespread burnout, stressors, and physical discomfort among nursing professionals (Gordon et al., 2021; Gray et al., 2021; Kelley et al., 2022; Littzen-Brown et al., 2023; Menard et al., 2023). Undoubtedly, the emergence of the COVID-19 pandemic took a toll on nurses' well-being, patient care delivery, and organizational effectiveness. Ethical dilemmas featured prominently in existing research, cast a shadow over the professional landscape. However, within the cohort under this study, participants shared several positive experiences as well, acknowledging instances of camaraderie and robust support networks within their professional circles as well as experiencing a sense of professional duty. While previous research mentioned support as important to nurses, this study provided additional deep description of specific subjective positive experiences that contributed to the participants remaining as bedside nurses in their permanent position roles. The fact that this study was conducted in 2023 just following the pandemic, allowed the participants to reflect on their experiences of the pandemic over the past three years. This timeframe provided an opportunity

for nurses to recall acts of kindness and support during challenging times. Secondly, this study interviewed nurses who choose to remain in their roles as bedside nurses and so it would be expected that their responses would include some positive reasons for their choices to do so. Therefore, this study contributes to the literature by providing rich description of the reasons these nurses chose to remain in their roles as bedside nurses.

Comparisons to Existing Literature: Experiences of Bedside Nurses Post-Pandemic

This study aimed to capture the firsthand experiences of bedside nurses who had endured the pandemic and continued in their permanent staff nurse roles thereafter. Extensive research was conducted through a comprehensive literature review to explore contemporary published articles concerning the experiences of bedside nurses during the post-pandemic period. Despite the thorough review, no existing literature specifically delved into the experiences of bedside nurses who opted to remain in their roles both during the pandemic and in the subsequent post-pandemic era.

Contributions of This Study to the Literature

Numerous studies have delved into the multifaceted challenges confronting bedside nurses during the pandemic, high turnover rates during the pandemic, factors precipitating transitions to travel nursing, and broader issues concerning the nursing workforce (Egel & Patton, 2022; Nyhus, 2022; Tolksdorf et al., 2022). However, a gap exists in the current literature, as there is a lack of research that describes the experience of bedside nurses who have remained in their permanent positions amidst these challenges. Understanding the motivations and underlying reasons for these nurses' decision to persist in their roles despite adversities can provide invaluable insights for hospital administrations seeking to foster a supportive environment conducive to retaining bedside nursing staff. By elucidating the factors contributing

to the retention of bedside nurses, hospital administrators can cultivate a workplace culture that acknowledges and addresses the unique needs of this vital segment of the healthcare workforce. Furthermore, the results of the study describe potential avenues for enhancing the bedside nursing experience from the perspective of frontline practitioners. Insights garnered from participants' narratives can inform targeted interventions aimed at optimizing working conditions, bolstering professional satisfaction, and ultimately fortifying retention efforts.

The implications of such research extend beyond individual healthcare institutions, resonating with broader systemic concerns regarding nursing shortages and their impact on patient care outcomes. By addressing the specific concerns voiced by bedside nurses, hospitals can mitigate turnover rates, alleviate financial burdens associated with recruitment and training, and ultimately enhance the quality of patient care delivery. Thus, this study not only contributes to the scholarly discourse surrounding nursing workforce dynamics, but also offers actionable recommendations for healthcare administrators striving to ameliorate the challenges faced by bedside nurses in current healthcare settings.

Implications

According to van Manen (1990), phenomenological inquiries are oriented towards understanding the depths of phenomena rather than merely resolving problems. Nevertheless, the findings and insights garnered from this study pose notable implications for practical application.

Why Nurses Chose to Stay at the Beside

This study explored the factors influencing the nurse participants' decisions to remain in their permanent bedside positions despite prevalent trends of departures observed during the pandemic and post-pandemic. While existing literature has extensively documented the challenges leading nurses away from permanent bedside roles (Egel & Patton, 2022; Nyhus,

2022; Tolksdorf et al., 2022), this study is unique in its focus on those who chose to stay. The participants articulated two primary themes driving their commitment in their permanent position: bedside nursing is enjoyable and camaraderie in the workplace.

Firstly, the fact that the nurses in this study found their work as bedside nurses to be enjoyable emerged as a dominant motivation for many participants. Interactions with patients were cited as particularly rewarding, with nurses deriving satisfaction from providing direct patient care. Additionally, participants expressed a sense of fulfillment derived from interaction with the patients, advocating for their needs, and witnessing their improvement. These narratives underscored the sense of purpose and professional satisfaction experienced by these bedside nurses. Based on the findings of this study, it's clear that retaining nurses in bedside roles would likely be enhanced by hospitals taking practical steps. To keep nurses working at the bedside, it behooves hospital administrations to create an environment that supports them in their roles instead of pulling these nurses away from the bedside. Giving bedside nurses autonomy and encouraging behaviors that support their work can make a difference. Granting autonomy means more than just acknowledging nurses' expertise; it involves providing them with the freedom to make clinical decisions within their scope of practice. This can potentially boost their sense of professional empowerment and contribute to their investment in their work, which can lead to higher job satisfaction and retention rates.

Secondly, the theme of camaraderie in the workplace emerged as a crucial factor in nurses' retention at the bedside. The nurse participants in this study emphasized the importance of positive interpersonal relationships and the supportive environment fostered by their colleagues. This sense of camaraderie was characterized by mutual support, shared experiences, and genuine care for one another. The departure of close colleagues was cited as a significant

influence on job satisfaction and retention, highlighting the interconnectedness between workplace relationships and nurse commitment. These findings have important implications for healthcare organizations seeking to promote nurse retention and enhance patient care outcomes.

To cultivate positive workplace relationships and bolster camaraderie among bedside nurses, several concrete strategies were suggested by the nurse participants. Such as, regular team-building activities and social events tailored to the nursing staff can foster a sense of community and teamwork. Nurses proposed that these events could include team lunches, off-site retreats, or department-wide celebrations. Additionally, one of the nurses recommended establishing mentorship programs pairing experienced bedside nurses with newer staff members to facilitate knowledge sharing and professional support, thereby strengthening interpersonal connections. Providing opportunities for cross-training and collaboration among different units or specialties within the hospital was suggested by another participant. Furthermore, two of the nurse participants proposed creating designated spaces within the hospital where nurses can gather for informal discussions or breaks to facilitate spontaneous interactions and relationship-building. Lastly, another participant suggested soliciting feedback from bedside nurses through regular surveys or focus groups in an effort to communicate bedside nurses' motivations and preferences to leadership. This has implications for enabling targeted interventions to optimize working conditions and promote long-term career satisfaction. By implementing these strategies, hospitals can not only mitigate turnover rates but can enhance a cohesive and supportive environment with the potential to strengthen overall nurse retention and patient care outcomes.

Nurses' Suggested Strategies to Improve the Bedside Work Environment

This study also sought input from the nurse participants on ways to enhance bedside nursing. The implications drawn from the findings presented in this study are of value to

healthcare institutions, administrators, policymakers, and other stakeholders involved in nursing workforce management and patient care delivery. The participants suggested ways they believed could improve the quality of the bedside nursing environment. These suggestions are identified and discussed in this section.

Firstly, nurses in this study reported a lack of administrative resource support, finding their time often consumed with non-nursing tasks and made suggestions to improve their working environment. This entailed not only ensuring adequate staffing levels but also implementing systems and protocols streamline ancillary tasks, that would allow nurses to dedicate their time and expertise to direct patient care. Practical examples included hiring additional patient care technicians to assist with non-clinical tasks, such as transporting patients or restocking supplies; utilizing volunteer services for roles like runners; and establishing a strong technical support team so nurses would not have to address their own computer issues, among others. Moreover, establishing regular check-ins or debriefing sessions with nursing supervisors were identified as an opportunity for nurses to voice concerns and receive support in addressing workload challenges.

Secondly, providing support instead of reprimands for minor issues was seen as crucial to fostering a positive work environment for bedside nurses. Rather than focusing solely on corrective measures when mistakes occur, it was suggested hospitals provide constructive support and guidance to nurses. Identifying the root cause of the incomplete charting and implementing measures to prevent recurrence can be viewed as an effort to prevent recurrence rather than disapproval. This could involve providing additional training or implementing process improvements to ensure thorough and timely documentation of assessments. Additionally, creating peer support networks or mentorship programs where experienced nurses

can offer guidance and advice to newer staff members was identified as a valuable strategy to support and promote professional growth.

Lastly, the emphasis on educational support for bedside nurses highlights the importance of ongoing education and skills enhancement in an ever-evolving healthcare landscape. Several participants voiced a need for healthcare institutions to invest in providing opportunities for nurses to acquire specialized training, certifications, and competencies relevant to their practice areas. Practical examples included offering workshops or continuing education courses on topics such as wound care management or advanced life support techniques. Additionally, financially supporting nurses in pursuing certifications in specialized areas, such as critical care or oncology nursing, was identified as a way to enhance their clinical expertise and contribute to improved patient outcomes.

Overall, the implications derived from the findings underscore the need for healthcare institutions to prioritize the well-being, professional development, and support of bedside nurses. By reevaluating support structures, adopting a supportive management approach, and investing in nurses' ongoing education and skills enhancement, hospitals can create environments that foster resilience, promote excellence in patient care, and ultimately, drive positive outcomes for both healthcare providers and the patients they serve.

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Appendix A

Interview Guide

How long have you been working in your current permanent position?

Can you describe your overall experience of working as a staff nurse in your current permanent position?

What are the specific aspects or features of your current permanent position that you find most satisfying or rewarding?

Could you identify any challenges or difficulties you have encountered while staying in your permanent position as a staff nurse?

Have you ever considered leaving your permanent position? If so, what were the reasons behind those thoughts, and what ultimately made you decide to stay?

What factors have contributed to your decision to stay in your permanent staff nurse role?

Are there any particular factors that you believe can improve the working environment at the bedside?

Appendix B

SOLICITATION EMAIL

Hello everyone,

I'm Huifang Cheng, a PhD student at Seton Hall University, College of Nursing. I'm currently working on my dissertation titled "The Experiences of Staff Nurses Who Remained in Their Permanent Positions During the COVID-19 Pandemic."

The nursing profession has always faced a shortage of nurses, and the COVID-19 pandemic has made it even worse as more nurses leave their permanent positions or the profession altogether. This shortage has caused a lot of stress for healthcare administrators, forcing hospitals to rely on travel nurses as a temporary solution. The high demand for travel nursing services has led to a high turnover rate among staff nurses, putting a strain on hospital budgets and compromising patient care. While much attention has been given to staff nurses who have left their permanent positions, there is a lack of research on those who have chosen to stay during the pandemic. It's crucial to understand the experiences, challenges, and emotions of staff nurses who have remained in their permanent positions during this time. That's why I'm conducting this study.

I'm looking to interview staff nurses who have at least three years of experience providing direct patient care at the bedside during the pandemic. Each participant will be asked to take part in two interviews, which can be done remotely via Microsoft Teams or in person, depending on your preference. Each interview will last about 60-90 minutes, and there will be a gap of approximately 2-3 weeks between the two interviews.

During the interviews, I will ask open-ended questions related to the research topic, allowing room for spontaneous conversation and adaptability. I may also ask follow-up questions to explore specific topics in more depth. Your participation in this study is completely voluntary, and you can withdraw at any time without any consequences.

Furthermore, if you choose to participate, your identity and any identifying information will be kept confidential throughout the study. To protect your privacy, unique identifiers or codes will be used to track the data while keeping personal information separate.

The recorded interviews will only be accessible to me, and the transcripts will be stored securely on a password-protected computer. Once the data analysis is complete, all recorded interview data will be deleted. Additionally, any personally identifiable information will be carefully anonymized during transcription or analysis to ensure your confidentiality.

If you're interested in participating in the study or if you have any questions, please feel free to contact me at huifang.cheng@student.shu.edu. You're also welcome to share the attached flyer with anyone you think might be a good fit for the study.

Warmest regards,
Huifang Cheng, MSN, RN, AGPCNP-BC
Seton Hall University

Appendix C
STUDY FLYER

Seton Hall University
Institutional Review Board

Approval Date
JULY 5 2023

Expiration Date
JULY 5 2024

**SEEKING VOLUNTEERS FOR A
RESEARCH STUDY**

The purpose of this research study is to explore the experiences of staff nurses who remained in their permanent staff nurse positions during the COVID-19 pandemic.

To participate in this study, you must:

- Be a registered nurse
- Have at least three years of full-time experience providing direct patient care during the pandemic

Participation in this study involves:

- Two interviews, either in-person or remotely
- Each interview will last about 60-90 minutes
- Approximately 2-3 weeks between the two interviews

* Participation is completely voluntary and you can withdraw at any time without any consequences.

* Your identity will be kept confidential throughout the study. Anonymity will be well maintained.

* The transcripts of the interview will be stored securely on a password-protected computer. Once the data analysis is complete, all recorded interview data will be deleted.

To find out more information about this study, please contact
Huifang Cheng at Huifang.cheng@student.shu.edu



Seton Hall University
400 South Orange Ave
South Orange, NJ 07079

(973) 761-9000

Study Title: The Experiences of Staff Nurses Who Remained in Their Permanent Positions
During the COVID-19 Pandemic

Principal Investigator: Huifang Cheng
College of Nursing
Seton Hall University

Appendix D

INFORMED CONSENT



Informed Consent Form

Seton Hall University
Institutional Review Board

Approval Date

JULY 5 2023

Expiration Date

JULY 5 2024

Title of Research Study: The Experiences of Staff Nurses Who Remained in Their Permanent Positions During the COVID-19 Pandemic

Principal Investigator: Huifang Cheng MSN, RN, AGPCNP, PhD student

Department Affiliation: Seton Hall College of Nursing

Sponsor: This research is supported by the Seton Hall College of Nursing

Brief summary about this research study:

The following summary of this research study is to help you decide whether or not you want to participate in the study. You have the right to ask questions at any time.

The purpose of this study is to explore the experiences of staff nurses who remained in their permanent staff nurse positions during the COVID-19 pandemic.

Your participation in this research study is expected to be for 60-90 minutes during two separate interviews, either in-person or remotely.

You will be one of 12-15 people who are expected to participate in this research study.

Purpose of the research study:

The purpose of this study is to explore the experiences of staff nurses who remained in their permanent staff nurse positions during the COVID-19 pandemic.

What you will be asked to do:

Your participation in this research study will include:

If you agree to take part in the study, you will be asked to sign a consent form, which will be sent to you by email. Once you've completed this form at your convenience, we will schedule the first interview at a time that works best for you and in a way that you prefer, either remotely or in person.

For a remote interview, we will send you a link to a Microsoft Teams meeting via email. The interview will be conducted through a teleconference and will be recorded both in audio and video format.

If you prefer an in-person interview, we will discuss and agree on a suitable location beforehand, such as your home, libraries, or parks when the weather permits.

The first interview is expected to last between 60 to 90 minutes. During this interview, you will be asked to share a bit about yourself and your position. I will ask you to share your experiences as a staff nurse who continued working in your permanent position during the COVID-19 pandemic.

Sample questions include:

- Can you describe your overall, day to day experience of working as a staff nurse in your current permanent position during the pandemic?
- Have you ever considered leaving your permanent position? If so, what were the reasons behind those thoughts, and what ultimately made you decide to stay?
- Are there any particular factors or circumstances that you believe contribute to your overall job satisfaction and job commitment?

By the end of the first interview, I will make sure to answer any questions and address any concerns you may have. At that time, we will schedule a second interview, which will take place approximately

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Informed Consent Form

2-3 weeks later. This second interview is expected to last between 60 to 90 minutes. During this interview, we will focus on discussing any further thoughts that you wish to share, answer any questions you might have, clear up any questions that I might have after reviewing our interview, and have a debrief with you as a participant.

Your rights to participate, say no or withdraw:

Participation in research is voluntary. You can decide to participate or not to participate. You can choose to participate in the research study now and then decide to leave the research at any time. Your choice will not be held against you.

Potential benefits:

There may be no direct benefit to you from this study. However, you may obtain personal satisfaction from knowing that you are participating in a project that contributes to new information.

Potential risks:

The risks associated with this study are minimal in nature. Your participation in this research may include:

1. We understand that participating in interviews can sometimes bring up strong emotions or distress. We want to assure you that you have the freedom to stop participating at any time if you feel uncomfortable and resume only if and when you feel comfortable. Your well-being is important to us, and we want to minimize any potential negative effects on you.
2. We want to address the concern of keeping your information confidential during the research. It's important to note that the only information we will collect that identifies you is your email address. This will be used solely for communication about the interviews and will be destroyed after the study is completed. By taking these precautions, we are committed to upholding the highest ethical standards in research and ensuring the protection of all participants.

Confidentiality and privacy:

Efforts will be made to limit the use or disclosure of your personal information. This information may include the research study documents or other source documents used for the purpose of conducting the study. These documents may include audio recordings, video recordings and transcriptions of the recordings. We cannot promise complete secrecy. Organizations that oversee research safety may inspect and copy your information. This includes the Seton Hall University Institutional Review Board who oversees the safe and ethical conduct of research at this institution.

The remote interview is being hosted by Microsoft Teams and involves a secure connection. Terms of service, addressing confidentiality, may be viewed at <https://privacy.microsoft.com/en-us/privacystatement>. Upon transcription of the interview, any possible identifiers will be deleted by the investigator. You will be identified only by a unique subject number or pseudonym. Your email address, which may be used to contact you to schedule a study visit will be stored separately from your interview data. All information will be kept on a password protected computer only accessible by the research team. The results of the research study may be published, but your name will not be used.

Data sharing:

De-identified data from this study may be shared with the research community at large to advance knowledge. We will remove or code any personal information that could identify you before files are shared with other researchers to ensure that, by current scientific standards and known methods, no one will be able to identify you from the information we share.

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Informed Consent Form

Cost and compensation:

You will not be responsible for any of the costs or expenses associated with your participation in this study.

There is no payment for your time to participate in this study.

Conflict of interest disclosure:

The principal investigator and members of the study team have no financial conflicts of interest to report.

Contact information:

If you have questions, concerns, or complaints about this research project, you can contact the principal investigator Huifang Cheng at the College of Nursing of Seton Hall University: (973) 542-6200 or 123 Metro Boulevard, Nutley, NJ 07110 or huifang.cheng@student.shu.edu, or the dissertation advisor Judith Lothian at (973) 761-9273 or judith.lothian@shu.edu, or the Seton Hall University Institutional Review Board ("IRB") at (973) 761-9334 or irb@shu.edu.

Audio and/or video recordings will be performed as part of the research study. Please indicate your permission to participate in these activities by placing your initials next to each activity.

I agree I disagree

The researcher may record my audio and/or video interview. In understand this is done to help with data collection and analysis. The researcher will not share these recordings with anyone outside of the study team.

I hereby consent to participate in this research study.

Signature of participant

Date

Printed name of participant

Signature of person obtaining consent

Date

Huifang Cheng

Appendix E

IRB LETTER OF APPROVAL



July 5, 2023

Huifang Cheng
Seton Hall University

Re: Study ID# 2023-477

Dear Huifang,

The Research Ethics Committee of the Seton Hall University Institutional Review Board reviewed and approved your research proposal entitled "The experience of staff nurses who remained in their permanent positions during the COVID-19 pandemic" as resubmitted. This memo serves as official notice of the aforementioned study's approval as exempt. Enclosed for your records are the stamped original Consent Form and recruitment flyer. You can make copies of these forms for your use.

The Institutional Review Board approval of your research is valid for a one-year period from the date of this letter. During this time, any changes to the research protocol, informed consent form or study team must be reviewed and approved by the IRB prior to their implementation.

You will receive a communication from the Institutional Review Board at least 1 month prior to your expiration date requesting that you submit an Annual Progress Report to keep the study active, or a Final Review of Human Subjects Research form to close the study. In all future correspondence with the Institutional Review Board, please reference the ID# listed above.

Thank you for your cooperation.

Sincerely,


Mara C. Podvez, PhD, OTR
Associate Professor
Co-Chair, Institutional Review Board

Office of the Institutional Review Board
Presidents Hall - 400 South Orange Avenue - South Orange, New Jersey 07079 - Tel: 973.275.4654 - Fax 973.275.2978 -
www.shu.edu

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