



Safeguarding and Inspiring: In-Patient Nurse Managers' Dual Roles during COVID-19

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Table 2. Other impacts of COVID-19 on manager roles: Themes and example quotations

Themes	Subthemes	Example quotations
Managerial role changes during COVID-19	Changing scope and pace	“One of the biggest differences is in the complexity and the scope of the job because obviously COVID has put a whole new set of issues on the plate.”
	Longer work hours	“As they have tried to manage COVID, they’ve just basically downloaded huge amounts of work to the in-patient managers. At a certain point, we were doing 12-hour days, five days a week.”
	Managing and adapting to rapid change and uncertainty	“Information was changing so rapidly and given to us quickly. As a leader, you need to be on your toes and be able to respond. So, I knew that I would have to be available in the evenings to read the latest updates, I’d have to stay informed all the time.” “Being adaptable and trying different avenues of communication to get that information to your staff quickly because they needed it in the moment ...” “As leaders, we’re given [a] heads-up about some of the changes that are coming. However, with COVID, because it was so unknown and so new and the response ha[d] to be so quick, you had to shift from a planning and preparing [phase] to implement[ing] change and to just going with it.”
	Being a gatekeeper and making difficult decisions	“It’s a really hard decision to make, like our visitation policy around patients that are positive in the last 48 hours of life ...” “We’re always trying to make things work for families. We go out of our way to try to make sure that families are coming in. [...] Knowing that someone is going to die alone or that we have to restrict who can come in ... it just goes against what we’ve always done in the past and how we’ve always tried to encourage as much family presence as possible.”
Personal impact on managers	Increasing emotional burden	“Managing was challenging. I had my own anxiety and stress, and I wanted to role-model calm and nimbleness with all the changes and really try to present a balanced approach to all of these dynamic and very fluid changes and unpredictability. So looking at all these accumulated into a change implementation style that was very different from the one outside of the COVID period in that we had to act fast.”
	Feeling sandwiched	“I think it’s a tough call because, as managers, we have to support decisions that are made higher up from senior management and we don’t always necessarily agree with the decisions. And we certainly know sometimes that staff don’t agree with the decisions, but we are the ones that have to communicate what’s been decided. So, it puts managers in a very tough position because it seems like we’re just not liked by anyone. We’re not liked by staff because that’s the decision that’s made and they feel that we haven’t supported them and advocated for them.”

Themes	Subthemes	Example quotations
Strategies to navigate organizational and patient care challenges	Constant communication with staff	“You didn’t have time to think about how to best implement ... or let your team know, communicate it to your team. So that certainly was a difference for me, comparing pre-COVID and COVID, and certainly a challenge because the information was coming out so quickly and there was so much information ... [it was] certainly challenging to get all that to your staff in a timely manner.”
	Adaptive problem solving	“So, we have a big huddle board, and they [staff] needed a COVID board. So I started it, and then I came in one morning, and it was this beautiful board that they had done overnight with all of the COVID updates that I had highlighted, but then they also added their own things that they had found online. That was really good, too, because it was something they identified. I was able to see what they thought was important.”
	Collaborating with the nursing and interprofessional teams	“I found that [the] collaborative way of making that decision was helpful. Having a most responsible physician involved in the decision making was really important because I’m not a physician, I do not know much about the prognosis expectation or patient course, so it was really helpful.”
Supports and resources for managers	Support from other managers	“It really was our peer group supporting us and making sure we were okay. Obviously, we couldn’t do face to face as much as we would like, but it was really them texting us and making sure that me and my staff were okay.”