

Experiences of Irish Advanced Nurse Practitioners Delivering Nursing Care During the COVID-19 Pandemic

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ABSTRACT

Objective: The objective of this research was to explore ANP's experience in the delivery of advanced nursing care to patients and how the Covid-19 pandemic has affected the day-to-day work of ANPs as well as gaining an understanding of ANPs' perceptions of how the pandemic has influenced the delivery of care to patients and the personal impact of working as an ANP during the Covid-19 pandemic.

Background: The COVID-19 pandemic has affects healthcare staff and patients worldwide. Many studies have looked at the experiences of nursing staff during the pandemic but very few have examined the experiences of ANPs.

Study design and methods: A qualitative descriptive study was conducted examining the experiences of Irish ANPs during the COVID-19 pandemic. Semi-structured interviews were conducted with 15 ANP participants. Thematic analysis of interview transcripts was performed using a Castleberry and Nolan's (2008) five-step thematic analysis.

Results: Three themes and four sub-themes were found through thematic interview analysis. These themes were, 1. Adapting to COVID with subthemes fear and anxiety of covid, feeling supported, the advent of telehealth, 2. Impact of redeployment with subtheme not prepared for redeployment, 3. Primary Care and General Practitioners.

Conclusion: The identified themes provided insight into the experiences of Irish advanced nurse practitioners caring for patients during the COVID-19 pandemic. Each theme shed a personal light on the impact the COVID-19 pandemic had on the professional working lives of nurses working at an advanced level within Ireland. The finding of this study adds to a growing body of literature on the impact COVID-19 had on nursing. Advanced nurse practitioners are a cohort of nurses who had to adapt to the challenges of COVID-19 which impacted their professional and their personal lives.

Implications for research, policy, and practice: Understanding how ANPs experienced the COVID-19 pandemic as a group of healthcare professionals allows for better planning for future pandemics or crises using the skills of these professionals to better serve their patient populations as well as planning healthcare workforce more effectively.

What is already known about the topic?

- COVID-19 has had a great impact on nursing in both positive and negative ways.
- Nurses have had to adapt to challenges posed by the COVID-19 pandemic.

What this paper adds

- An insight into how COVID-19 impacted advanced nurse practitioners within Ireland.

Keywords: Nurse practitioner; Nurse; COVID-19; Qualitative Research; Ireland
Objective

INTRODUCTION

On the 31st of December 2019, COVID -19 was first reported by the World Health Organisation.¹ It was initially detected in Wuhan, Hubei Province, China. On January 30th, 2020, the WHO announced COVID-19 was a public health emergency due to the growing number of patients infected and resulting deaths. The 12th of March 2020 saw the WHO making a statement to the world that COVID-19 had become a pandemic.

Healthcare systems around the world prepared as best they could for the large volume of patients contracting and suffering from SARS-COV-2 as well as the expected deaths that accompanied these infections. Not since the 1918 Spanish Flu did the entire world face such a catastrophic healthcare crisis resulting in the upheaval of what was deemed 'normal life' pre-pandemic.

Advanced nurse practitioners (ANP) first commenced working within the Irish health system in 2002.² Since then, there has been an increase in the numbers of ANPs working across all health specialties with the benefits to patients being widely documented.³ The Irish Government has committed to increasing the ANP workforce to include a minimum 3% of the entire Irish workforce in a recent statement.⁴

Nursing as a profession has faced many challenges resulting from the COVID 19 pandemic with many studies such as Zamanzadh *et al.*⁵ examining the nursing experience during the pandemic, bringing to light the negative and positive consequences of working on the front lines of COVID-19. Yi *et al.*⁶ looked at the experiences of community nursing in Singapore during the COVID-19 pandemic as well as the adoption of patient triage measures and tele-health. These strategies were used to bypass lockdown events in the Singapore thereby allowing a continuance of ANP service

provision and care to those requiring the service. Porter and Readman.⁷ studied the experiences of burns and plastics nurses and the influence practice changes had on them and their patients. It was found that the need for extra personal protective equipment (PPE) caused communication barriers with patients and that promoting patient self-care was prioritised over direct patient care. In a mixed-methods study by Cengiz *et al.*⁸ it was found that Turkish nurses faced some difficulty with the additional requirement of PPE while also suffering mental, organisational, physical, and social strain while working on the front line of the COVID-19 pandemic. Similarly negative experiences were identified by Gray *et al.*⁹ in their study of nursing during COVID-19 but with the addition of coping strategies being employed by nurses such as limiting exposure to news or information and not talking to friends or family about SARS-COV-2 or the pandemic. Wood *et al.*¹⁰ found Advanced practice nurses reported staff shortages and a lack of PPE during the initial months of the pandemic with nearly half of the respondents considering leaving the nursing profession during and after the pandemic. Newly graduated and novice nurses found that they had difficulty in finding employment, adapting to rapid changes, lack of education during the pandemic and experiences of anxiety.^{11,12}

MATERIALS & METHODS

Research Design

A descriptive qualitative approach was taken in design of this study. It was important to understand the thoughts, feelings, and emotions of each ANP in this study without quantifying the nature of their COVID-19 pandemic journey.

Semi structured interviews were performed with a thematic analysis used to analyse data. Rigor and trustworthiness were assured through use of the consolidated criteria for reporting qualitative studies checklist (COREQ) and a reflective journal kept by the primary investigator during the

interview and data analysis phases of the study.¹³

Participants

Purposive sampling was utilized when recruiting participants. An invitation email was sent with an attached participant information leaflet by the Irish association of advanced nurse and midwife practitioners (IAANMP) to members of the association which included candidate or registered advanced nurse practitioners who were all providing advanced nursing care during the period of the COVID-19 pandemic. Once an initial reply was received from participants agreeing to take part in the study, a consent form and interview schedule were sent out via email. Zoom was the platform used to conduct and record each interview. 16 participants were recruited with 15

interviews completed. One participant unable to attend the scheduled interview due to sickness.

Data Collection

Semi-structured interviews were offered both face-to-face and online with the online format chosen by all participants due to the ongoing spread of SARS-COV-2 within the community at the time. An interview schedule was used to guide each interview. Audio recordings of each interview were undertaken using Zoom. Transcription of each interview was completed verbatim by the primary researcher.

Data Analysis

Castleberry and Nolen’s five-step process to thematic analysis (table 1) was used to analyse the study data.¹⁴

Table 1: Castleberry and Nolen’s five-step process to thematic analysis.

Compiling	Taking data from interviews and transferring it into a workable format. Interviews were transcribed verbatim into Microsoft word.
Disassembling	This step involves searching through the data to identify similarities and differences within interview statements. Similar meaningful statements were highlighted by the principal investigator on Microsoft word.
Reassembling	Statements of similarity were analysed as a group to identify themes and sub-themes amongst the data.
Interpreting	Identifying the relationships between statements of similarity to further define themes and sub-themes as they emerge from the data.
Concluding	The research question posed is answered using the emerging themes and sub-themes from the raw data analysis.

Eventual themes were identified and used to define the experiences of advanced nurse practitioners during the COVID-19 pandemic.

Ethical Considerations

Ethical approval was granted by the College of Medicine, Nursing, and Health Sciences Research Ethics Committee (no. 22-037). Informed consent was taken before each participant interview and confidentiality was

assured. All data was stored on a secure cloud-based account as designated by the National University of Ireland, Galway. This was in full compliance with the universities GDPR guidelines.

RESULT

Four main themes and six subthemes were identified upon analysis of the data (Table 3).

Table 3: Themes and sub-themes identified from interview transcripts

Name	Description
Adapting to Covid	Examples of how ANPs adapted to the COVID-19 pandemic
<i>Fear & Anxiety of covid</i>	How fear and anxiety affected ANPs during COVID-19
<i>Feeling supported</i>	ANPs feeling supported in their role during COVID-19
<i>The advent of telehealth</i>	Experiences of telehealth during the covid-19 pandemic

Impact of redeployment	How redeployment impacted ANPs
Not prepared for redeployment	ANPs not feeling prepared for redeployment
Primary Care and General Practitioners	Experiences of ANPs with primary care and general practitioners

The themes identified through thematic analysis of interview data involved the adaptation each ANP to their work environment and role during the pandemic. Telehealth practices became common place for some ANPs while others had already embraced these practices pre-pandemic. Fear and anxiety were present in the experiences of ANPs during the COVID-19 pandemic but also a sense of support from colleagues and nursing management. ANPs discussed how redeployment affected them personally and professionally in both positive and negative ways. Information surrounding the SARS-COV-2 virus and pandemic rules and regulations influenced the working practices of ANPs while adding to the already stressful environment the pandemic had created. Some ANPs described a lack of or no information surround pandemic guidelines in their specialities. The relationship some ANPs had with primary service or general practitioners was troublesome as patients were not seen physically or were advised to come into the acute or emergency services which impacted on an already struggling system given the high impact COVID-19 was having. The caused concern for ANPs as their perception was that little or no primary care support was available to patients in the community and this impacted negatively on each ANPs experience treating their patients.

Adapting to COVID-19

ANPs had positive and negative experiences in adapting to COVID. Environments were altered drastically in some circumstances to see and treat patients safely. Emergency departments were examples of how a complete environment change affected how ANPs and their colleagues were required to adapt to a change during the pandemic. *“So it was adapted. And what happened was the emergency department was split into*

three. We had a COVID ED, we had a non-COVID ED...My primary goal is that this person can't stay here because I don't want them in the COVID ED.” (ANP 2)

Clinics and outpatient departments were also adapted to treat patients during COVID-19 with some new areas being purpose built during the pandemic period to cater for those patients.

“And for years and years, they've been talking about making OPD rooms there, you know, COVID came and that really push that along, so it's out of the clinic area. And it's very nice, clean setting.” (ANP 12).

Given the potential spread of the SARS-COV-2 virus amongst patients within the clinical environment, the extra weight of responsibility was felt but some to ensure the environment was safe to see and treat patients.

“I would say that the impact of it on ANPs, Well, from my own point of view, I suppose, personally, would have been definitely, you would have felt a bigger weight of responsibility looking after patients in this environment.” (ANP 1).

Fear and Anxiety of COVID

A negative impact on ANPs described were increased fear and anxiety concerning the SARS-COV-2 virus

“...we were all kind of scared of being exposed to COVID I suppose. It was a huge fear.” (ANP 8).

“There was a lot of fear around, especially in the nurses.” (ANP 12).

Feeling Supported

Some ANPs identified positive experiences during redeployment with feelings of

supported from their colleagues and management teams.

"I feel very supported. Yeah, by the consultants, and by the nurses." (ANP 3).

"Yeah, to be honest, I did really, there was a great sense of, of everyone been in the same boat, and you know, doing what you can to try and get through it..." (ANP 6).

"Management were absolutely brilliant, when I needed to leave home and get accommodation that was sorted for me, I didn't even have to think about it." (ANP 5).

The advent of Telehealth

Telehealth was promoted in specialities during the pandemic due to social distancing restrictions and guidelines aimed at halting the spread of the SARS-COV-2 virus. Some ANP services had already embraced virtual or telephone consultations with their patient cohorts prior to the pandemic.

"...we did an awful lot of virtual and virtual conversations with patients and appointments and things like that. So, we would have conducted, we have a pro forma that we use in clinic, and we would have done the same thing over the phone." (ANP 3).

The positive and negative aspects of telehealth were discussed by ANPs. One of the positives identified were flexibility for patients who could attend a clinic online or on the phone while not having to take time from work or find childcare.

"And some of them loved us, and they liked that they didn't have to take time off work, liked the flexibility around it." (ANP 12).

In chronic disease management, ANPs treat their patient for many years, getting to know the patient well and this familiarity allows for more effective and efficient virtual care to be given.

"...we know our patients very well, of course, we can do a lot of the clinics over the phone." (ANP 12).

The negative aspects of telehealth identified were the inability of some patients to use the technology required to have a virtual consultation, the lack of physical contact some ANPs feel is required to perform certain reviews and the inability to establish a therapeutic rapport with a patient.

"...many people want it, they want to be in the room with you. And because I suppose, because they're crying and they're you know, they're upset, and they want to kind of have that human connection." (ANP 11).

Impact of Redeployment

During the rapid increase of SARS-COV-2 positive patient presentations to acute care services, nursing staff from all grades were redeployed away from their regular role to areas of need. Staffing numbers in these areas were bolstered using nurses to facilitate safe and effective healthcare during each COVID-19 surge. Negative experiences by ANPs gave rise to feeling unprepared to treat the patients they now found their care.

"I was flung into the COVID Ward, and you know... And use machines like non-invasive ventilation and things like that you know completely over that like come out there the first day and I cried like I've never cried before." (ANP 12).

Not prepared for redeployment

Experiences of feeling unprepared or working within an area of unfamiliarity was described by some ANPs.

"And then redeployment happened probably about Christmas time, 2021 and then and I suppose that was nerve racking because you were going back up to the wards. And you hadn't been on the wards in a while." (ANP 5).

“...I wasn't even sent back to my paediatric environment, I guess I was in the deep end, but no zero support.” (ANP 7).

Primary Care and General Practitioners

ANPs felt that primary care and general practitioners did not support their patients during the pandemic. Lack of primary care support from public health nursing and the inability of patients to see general practitioners impacted their patient's access to appropriate healthcare which in turn impacted on ANPs in their roles during the COVID-19 pandemic.

“...public health nursing. That was shocking, you know, they stopped seeing patients at all in our area.” (ANP 13).

“I suppose I feel GPs have a lot to answer for still, I still think they need to get back to kind of dealing with their patients, something that I found very hard during the pandemic was their lack of involvement with their patients.” (ANP 8).

Given the inability of patients to attend general practitioner services it was felt patients had no place to go except the emergency departments, placing further strain on an area already dealing with the growing COVID-19 pandemic.

“Where are the GPs? There's just a huge delay in seeing the GP. So, patients are presented to ED now with everything and anything.” (ANP 10).

The themes identified from the data, highlight the complexity of the pandemic and how it affected not only the individual ANP but also how it shaped the environment each clinician found themselves in. Some positives were identified, including necessary changes made to healthcare such as improved facilities, the benefits of virtual healthcare in some circumstances and feeling of support during the pandemic.

Negative aspects of the COVID-19 pandemic resulted in fear and anxiety effecting ANPs as they worked closely with SARS-COV-2 positive patients. The fear of potential infection from SARS-COV-2 and possibly spreading of the virus to patients or family members produced much anxiety. Another negative issue affecting ANPs was the strain felt during redeployment to areas unfamiliar to them. Redeployment of ANPs shut down the ANP services as their positions were not back filled. ANPs felt a responsibility to the patients who came to depend on that service especially when it came to chronic disease management

Information surrounding the COVID-19 pandemic added to the strain on clinicians due to the frequent changes and update of knowledge concerning the virus. This gave rise to confusion and difficulty in implementing guidance on COVID-19.

A clear concern for ANPs was the perceived lack of primary care services and support from general practitioners was felt as general practitioners ceased seeing patients face to face and, in some circumstances, resulted in increased emergency department visits. The added strain on the acute care services was felt through the inability of primary care services to see and care for patients and this was described by several participants.

DISCUSSION

The study highlights several important findings which will now be discussed considering the current literature.

Adaptation to the new environments because of the COVID-19 pandemic was a necessary part of many ANPs experience given the physical environmental changes as well as the changes in their day-to-day nursing roles. Kim and Kim had similar findings when interviewing 23 nurses caring for COVID-19 patients over a six-month period.¹⁵ They found that some nurses felt underprepared to work in unfamiliar and complex areas such as ICU and struggled with the need for extra PPE for long periods of time. In contrast to this, some nurses

developed an ability to cope by embracing new skills in caring for critical patients and feeling a sense of camaraderie with their colleagues.

Fear and anxiety surrounding SARS-COV-2 was described by ANPs due to gravity of consequence some people suffered after contracting the virus. An initial lack of treatments and the potential to spread the virus to colleagues, patients and loved ones added to this fear and anxiety. Gray *et al.* also found fear of contracting the virus a key factor in the experiences of nurses during the COVID-19 pandemic.⁹ Falatah found fear of COVID-19 to be a major contributing factor to nursing burnout, stress, and staff turnover.¹⁶

Some ANPs described a feeling of support from their colleagues and nursing management. A sense of camaraderie was present in some ANP pandemic experiences. Cadge *et al.* found that the sense of camaraderie in a United States intensive care unit was essential in the promotion of staff wellbeing during the pandemic.¹⁷ Courson *et al.* had a similar result amongst nurses in a rural hospital, some feeling supported while some felt unsupported in the role and unappreciated despite the essential need for their skills.¹⁸

Telehealth was utilised by several specialities during the COVID-19 pandemic. It allowed for safe patient consultation without physical contact with ANPs while following guidelines on social distancing. Andrews *et al.* found that healthcare practitioners and patients had an overall satisfied with the quality of care given and received during telehealth consultations.¹⁹ This finding was reflected in a study by O'Reilly *et al.* in a review of a virtual trauma assessment clinic in Ireland, with a patient positive satisfaction rating of 97% while also producing a cost-saving of €101 per virtual clinic consultation versus a face-to-face consultation.²⁰

A drawback concerning telehealth was the lack of access to the technology required for virtual communication. Breton *et al.* found primary care physicians using telehealth

could provide some patients with telehealth consultation safely and effectively, but also found many patients did not have the knowledge of, or access to the technology required to establish telehealth consultations.²¹ Doraiswamy, Abraham and Mamtani recommend that definitions, boundaries, protocols, monitoring, data privacy and evaluation are urgently needed in telehealth to better inform and protect both patients and practitioners as virtual healthcare matures.²²

The need for redeployment of ANPs to other areas with excessive volumes of SARS-COV-2 patients was a necessary step taken by nursing management during the pandemic period. This caused a sense of occupational strain stress for some ANPs due to the lack of familiarity to the areas they were being redeployed to and leaving their patients without a service in their absence. Ballantyne and Achour found some nurses who were redeployed described feeling fear and anxiety because of redeployment and a perceived lack of support from senior nurses and nursing management.²³ In contrast to this, they also found some nurses described a willingness to work in areas of greater need as well as a chance to develop skills that would benefit their careers after the period of redeployment came to an end.

ANPs expressed concerns over the lack of support from primary care services during the COVID-19 pandemic. The issue highlighted was patients' inability to access general practitioner services face-to-face and extra demand for acute services as a result. General practitioners did embrace telehealth during the pandemic, as did many other areas of healthcare, so that they could comply with public health guidelines as well as protect themselves and their staff from SARS-COV-2 infection.²⁴ A study examining Polish general practitioner patients who had a telehealth or telephone consultation instead of a physical face to face consultation, advised they were satisfied with the service they were provided by the general practitioner.²⁵ In a large

survey study, involving 10,089 patients in the United Kingdom between April 2019 and December 2020 it was found that patients had difficulty finding and booking appointments with general practice and that some telehealth appointments were not deemed adequate in addressing concerns patients had for their chronic illnesses.

CONCLUSION

This study was conducted to gain an understanding of the experiences ANPs practitioner had during the COVID-19 pandemic in Ireland. A qualitative descriptive approach was undertaken to identify emerging themes from semi-structured interviews. The study findings are illuminated in several themes relating to the positive and negative experiences of ANPs caring for patients during the COVID-19 pandemic. Some ANPs felt support from their peers and management teams with a sense of camaraderie which influenced team dynamics positively. Redeployment was a necessary activity during the pandemic, but some felt it was enforced without adequate preparation. The stress and strain of COVID-19 combined with practices of redeployment produced fear and anxiety amongst some ANPs which had significant professional and personal effects on them.

Declaration by Authors

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