

RESEARCH

Open Access



# Nurse managers' experiences of work well-being during the COVID-19 pandemic

Annika Ahlqvist<sup>1\*</sup> , Katja Pursio<sup>1</sup> , Anu Nurmeksela<sup>1</sup> and Tarja Kvist<sup>1,2</sup>

## Abstract

**Background** The prolonged COVID-19 pandemic affected healthcare professionals' work and well-being in numerous ways. Nurse managers, in particular, played a crucial and complex role in maintaining and leading healthcare services, ensuring the safety of both staff and patients, and supporting their teams. Gaining a deeper understanding of nurse managers' experiences and the factors influencing their well-being at work is essential for providing effective support in the future. The aim of this study is to describe nurse managers' experiences of work well-being during the COVID-19 pandemic.

**Methods** A qualitative interview study design was used. Semi-structured interviews were conducted in the fall 2021 between the third and fourth pandemic waves at a Finnish university hospital. Twelve nurse managers participated in online video interviews, and the data were analyzed using inductive content analysis.

**Results** Nurse managers' experiences of work well-being during the COVID-19 pandemic were classified into five main categories: meaningfulness of work, commitment to work, impaired physical and mental well-being, nature of work, and perceived support. These main categories included a total of 15 subcategories, reflecting a diverse range of experiences. The pandemic provided some positive experiences, allowing nurse managers to leverage their strengths and, for some, enhancing the meaningfulness and joy of their work. It also tested their mental and physical health, prompted some to consider leaving their roles, and highlighted a desire for recognition. Multiprofessional support was seen as essential.

**Conclusions** Recognition, encouragement, open communication, availability and multiprofessional social support are important ways of supporting nurse managers and enhancing their work well-being. Understanding factors that contribute to nurse managers' experiences during the pandemic will help organizations and nursing management develop sustainable work well-being and working environments in the future, especially during crises.

**Clinical trial number** Not applicable.

**Keywords** COVID-19, Interview study, Nurse manager, Pandemic, Work well-being

\*Correspondence:

Annika Ahlqvist  
annikahl@student.uef.fi

<sup>1</sup>Department of Nursing Science, University of Eastern Finland, Kuopio Campus, PL 1627, Kuopio 70211, Finland

<sup>2</sup>Wellbeing Services County of Central Finland, Jyväskylä, Finland



© The Author(s) 2025. **Open Access** This article is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License, which permits any non-commercial use, sharing, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if you modified the licensed material. You do not have permission under this licence to share adapted material derived from this article or parts of it. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by-nc-nd/4.0/>.

## Introduction

Nurse managers are key persons in nursing leadership, as they lead their units' daily work and are the main contacts between nurses, higher-position nurse leaders, physicians, other staff members, patients, and family members [1]. Their responsibilities encompass a wide range of tasks and requirements at the operational level [2–4] while also addressing broader goals, such as translating and implementing the organization's strategies, values, and vision into practice [4]. They can promote favorable work environments and cultures with their leadership, ensuring both high-quality patient care and positive work well-being for nurses [2, 5, 6].

In busy work environments with heavy workloads, it is challenging for nurse managers to remain visible and have enough time to support nurses' well-being [2, 7]. High pressure and unpredictable new circumstances, such as those during the COVID-19 pandemic, significantly change the conditions and raise the expectations placed on hospital nurse managers and their daily work [8, 9]. The COVID-19 crisis created a situation where a new threat had to be confronted rapidly without a clear vision or guidelines [8, 10]. Moreover, the uncertain duration of the crisis amplified the pressure. To succeed and cope in such a demanding job and work environment, nurse managers' personal well-being was critical.

## Background

Work well-being is a dynamic and complex concept, influenced by factors such as work–life balance, taking care of one's own vitality, managing feelings, giving and receiving support [11], job satisfaction, access to resources, and exposure to stress [12]. It encompasses positive work experiences, resilience, and the prevention of burnout. Specifically, resilience has been found to be significantly related to work characteristics (such as workload, resources, and free time) and job satisfaction. When resilience is perceived as high, experiences of work-related factors are more likely to be positive, and job satisfaction is higher [13, 14]. High self-reported resilience has also been found to be negatively related to the intention to leave nursing [13]. Emotional exhaustion and cynicism at work increase with burnout and are serious threats to well-being [15]. Additionally, professional well-being encompasses mental, physical, and occupational health, positive perceptions of the work environment, and conditions that promote success and satisfaction at work [16]. Therefore, it is not possible to describe and evaluate nurse managers' work-related well-being based on just one factor.

Research on nurse managers' work during the COVID-19 pandemic has been done around the world. Studies have focused particularly on nurse managers' experiences of the pandemic affecting nursing leadership [8, 9, 17,

18]. Additionally, nurse managers' stress levels [19, 20], mental health, coping behaviors and resilience [21, 22], as well as obstacles to their well-being [11], have been objects of research interest. Overall, previous findings are similar internationally in many aspects and are mutually supportive, as stated in a systematic review of nurse managers' perceptions of the COVID-19 outbreak [23].

The COVID-19 pandemic caused many changes to nurse managers' job descriptions and job content, without allowing them time to prepare. Working under pressure during the pandemic presented several challenges to their work well-being [18]. For instance, work pressure greatly increased due to demands from personnel, colleagues, hospital management, and, above all, patients [8, 19]. Central barriers to nurse managers' well-being were insufficient time to complete tasks under the cross-pressure of different parties' expectations and surviving ongoing personnel challenges [11, 20]. Nurse managers faced excessive work requirements and workloads [8, 9]. Daily work was complicated by the challenges of dealing with the unknown, the absence of protocols or supportive infrastructure, constant worries about the future, and a lack of protective equipment [17, 23]. Moreover, nurse managers had to show pronounced proactiveness in organizing, make ethically and managerially difficult decisions and take responsibility for them [9, 18, 23], actively engage in crisis communication and networking [8, 9, 17], and remain available and supportive to nursing staff [9, 24].

Due to negative emotions, role conflicts and confusion, increased tasks outside of nursing management, and exhaustion, the need for coping strategies and support increased during the COVID-19 pandemic [17, 18]. Previous studies have highlighted increased stress levels, particularly among young nurse managers with less management training or experience [19, 20, 25]. The risk of poor well-being increased if work stress negatively impacted nurse managers' free time and thus affected their personal lives [20]. The pressure arising from work duties was, however, only one factor causing stress. Fear about the pandemic, concern for their families' safety, and insufficient leisure time maintained stress [11, 24, 25] and caused other symptoms, such as despair and anxiety, that impair well-being [18, 21]. Anxious nurse managers have been reported to display more maladaptive coping strategies such as denial, behavioral disengagement, and self-blame [21].

Despite the existence of findings about nurse managers' experiences of the COVID-19 pandemic, there has been a need for further research to gain a deeper understanding of their work well-being in the context of a crisis. The aim of this study is to describe nurse managers' experiences of work well-being during the COVID-19 pandemic. Conducting the study between the third and fourth pandemic

waves offered a unique possibility to examine these experiences from a broader perspective.

## Methods

### Study design

A qualitative descriptive study design, utilizing semi-structured interviews, was used to achieve the study's aim. This approach is well-suited for exploring relatively unknown topics [26] and gaining a comprehensive understanding of a phenomenon [27]. The study followed the consolidated criteria for reporting qualitative research (COREQ) guidelines [28] to strengthen the quality of reporting [29].

### Study setting and sampling

Nurse managers were recruited from one of the five Finnish university hospitals using purposeful sampling. In this context, nurse managers are an organization's full-time employed unit managers, responsible for one or multiple hospital units and leading their staff. In the Finnish context, nurse managers report to nurse directors [1]. All university hospitals in Finland are public hospitals that offer specialized medical care, execute international research, engage in innovation and development activities, and provide healthcare professionals with training and education [30]. They played an important role in caring for COVID-19 patients who required specialized advanced-level care during the pandemic, as they served larger special responsibility areas and hospital districts [30].

A single university hospital was selected for the study to ensure efficient data collection within a defined time-frame while also considering potential recruitment challenges during the pandemic. The study's inclusion criterion was working as a nurse manager during the COVID-19 pandemic. The hospital's chief nursing officer sent an invitation letter to the nurse managers ( $N=46$ )

by email at the end of May 2021. Twelve nurse managers, representing various specialties, consented to participate in the study. To maintain anonymity, their units are not reported.

### Data collection

The data for this article were collected through an interview study on nurse managers' experiences during the COVID-19 pandemic, conducted in the fall of 2021. The study addressed two distinct research questions: one focused on nurse managers' daily leadership work, with results already published [8], and the current research question examining their work well-being during the pandemic. The same nurse managers responded to both research questions.

Individual semi-structured interviews were carried out between August and September 2021 during the third and fourth waves of the COVID-19 pandemic. The interview guide's functionality was pretested on one nurse manager, and the pretest data were included in the analysis. The interview guide is presented in Table 1.

Nurse managers were interviewed individually through online video calls (audio and visual) by the first author. Interviews were video-recorded and lasted 31 to 61 min, with 41 min being the average length.

### Data analysis

The first author was responsible for conducting interviews, transcribing them, and performing preliminary data analysis. Both the transcription and analysis phases were conducted manually and verbatim. The data were analyzed using inductive content analysis because it is particularly well-suited for exploring a new phenomenon [31, 32]. The data analysis approach was based on the process described by Kyngäs and Elo [31]. The interview data were carefully reviewed multiple times, and all the relevant and important phrases and paragraphs (meaning units) were marked with colors [32]. All the meaning units were compiled in a table (Word file) and then condensed and anonymized in another table and file. Careful efforts were made to ensure that the units were long enough to retain context and meaning [33]. Anonymized meaning units were also assigned numerical codes for tracking purposes. Subsequently, condensed data were sorted into fitting categories according to their content, which formed subcategories [33]. The next phase was abstraction, where subcategories were grouped into main categories based on their cohesion and similarities [27, 31]. Saturation was achieved when the data began to recapitulate and no new novel perspectives emerged [34, 35].

All the phases were carried out systematically and documented in individual files and folders, ensuring the analysis process was easy to track and review at any

**Table 1** Interview guide

---

**Main question:**

1. Please describe how the COVID-19 pandemic has affected your work well-being

**Probing questions:**

2. How do you feel the pandemic has affected your

- Job satisfaction or meaningfulness of work?
- Resources and coping at work?
- Work safety?
- Overall well-being?
- Motivation and commitment to work?

3. During the COVID-19 pandemic, what kind of support have you received and from whom?

4. What kind of leadership, support, or guidance were you hoping to receive during the COVID-19 pandemic?

**Final question:**

5. What do you think and how do you feel? Is there anything else that you would like to discuss, add, or tell me more about?

---

point. Authors AN and TK supervised all analysis process phases and KP evaluated the development and content of the sub- and main categories. The results reflect the research team's consensus. All the interviews as well as the stages of the analysis process were conducted in Finnish. The categories and direct quotations were translated into English as accurately as possible, ensuring that the tone and content truthfully reflected the participants' original expressions, while maintaining clarity and readability.

### Ethical considerations

Nurse managers were provided with an information sheet in advance. The information sheet contained key details about the study, voluntary participation and data protection. All the nurse managers gave their informed consent to participate and agreed to have the interviews recorded. Nurse managers' units were not described in the study due to the confidential interview setting and to uphold the promised anonymity.

The Committee of Research Ethics of the University of Eastern Finland approved the study design (Decision Number: 2/2021, date January 1, 2021). The study organization granted permission for the study according to its permission guidelines. Throughout the study, the EU General Data Protection Regulations (GDPR) [36], the principles of Research Integrity (RI) [37] and the Declaration of Helsinki [38] were carefully followed.

### Rigor and reflexivity

The five fundamental principles of research integrity – credibility, confirmability, dependability, transferability [39 as cited in 27], and reflexivity [27, 40] – were carefully and truthfully followed. The research process, data analysis, and results were meticulously reviewed and critically discussed by the research team until a consensus on the most accurate interpretation was reached. Recordings and the first author's word-to-word interview transcripts provided a strong basis for the process. All the study's key information is offered openly. However, to ensure the nurse managers anonymity, their working units were not specified, which may weaken the transferability of the results.

The nurse managers were willing and motivated to share their experiences. They offered a comprehensive and diverse range of perspectives on the subject, which made the data versatile. No prior connections existed between the first author and the nurse managers or the study organization. Regarding reflexivity, the researchers recognized and actively discussed personal experiences, thoughts and professional identities to avoid bias throughout the process [8].

## Results

### Characteristics of participants

A total of 12 nurse managers participated in the study. Three were male, and nine were female. Five nurse managers had bachelor's degrees and additional training, while seven had master's degrees. Their ages ranged from 38 to 61 years, with 51 years being the average. Work experience as a nurse manager varied from 3 months to 26 years, with 9 years being the average length.

### Qualitative themes

The five main categories that described nurse managers' perceptions of their experiences of work well-being during the COVID-19 pandemic were *meaningfulness of work, commitment to work, impaired physical and mental well-being, nature of work, and perceived support*. Within these categories, there were 15 subcategories (Fig. 1). The results present a wide range of experiences from individual participants. The illustrative quotations have been selected for their relevance and representativeness.

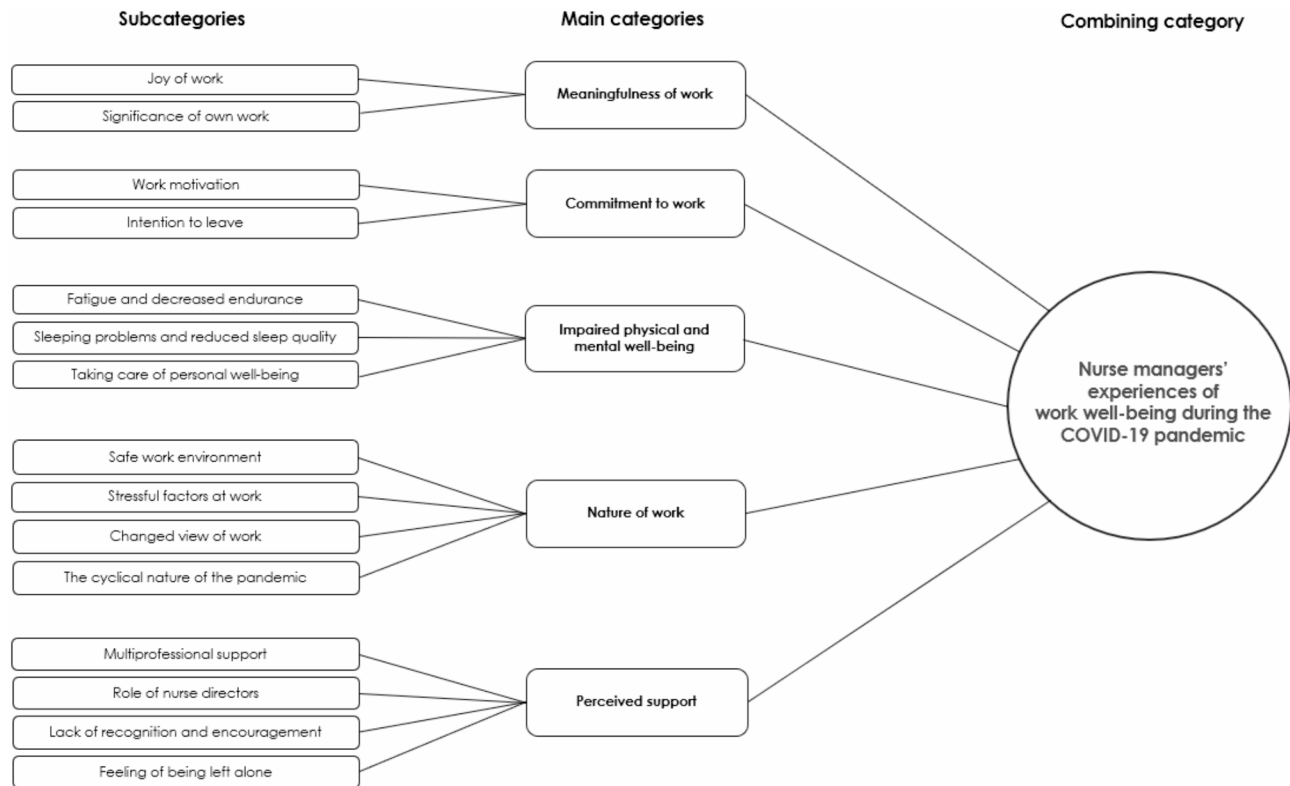
### Meaningfulness of work

The first main category, *meaningfulness of work*, consists of two subcategories: *joy of work and significance of own work*.

**Joy of work** Nurse managers felt that joy towards their work decreased, stayed unchanged, or increased during the COVID-19 pandemic. Factors that decreased joy were increased stress, living one day at a time, focusing time on equipping and organizing staff resources, and limited possibilities for free thinking and planning broad strategies. On the other hand, some felt that their feeling of joy remained unchanged. A satisfactory working atmosphere partly supported that experience. Facing new challenges, solving problems, and engaging in crisis leadership were pleasant tasks, and COVID-19 allowed nurse managers to utilize their strengths and abilities as leaders. Moreover, receiving favorable feedback and experiences of success were positive reinforcements and empowering factors. For these reasons, some nurse managers reported an increase in the joy of work.

*On the other hand, it is a bit intriguing, but I felt that in this kind of pandemic setting, my work has felt even more fulfilling. ... I really enjoy my work.*  
(NM4)

**Significance of own work** Some nurse managers' narratives revealed a feeling of enhanced significance in their work. Work during the pandemic was described as concrete, important, and meaningful at the unit, organizational and healthcare industry levels. Recognizing



**Fig. 1** Nurse managers' experiences of work well-being during the COVID-19 pandemic

the significance of one's specialty within an organization heightened nurse managers' sense of importance.

*I think my work is important and the time has made the importance more concrete – someone has to be between the staff and ward operations, someone who guides, organizes, informs and also works as 'a bumper.' (NM 5)*

#### Commitment to work

The main category of *commitment to work* consists of two subcategories: *work motivation and intention to leave*.

**Work motivation** In nurse managers' narratives, they described their work motivation in three forms: decreased, unchanged, or increased. A few nurse managers reported that their work motivation was higher before the pandemic when work was not restricted to daily survival due to staffing shortages and changes. However, several nurse managers reported that their motivation had stayed the same or strengthened. Individual psychological capital, one's way of looking at life, placing oneself in the larger context of the world, giving value to other things in life, and being grateful for having a job were named as meaningful factors behind motivation.

*It has decreased my work motivation, because this job has turned into just surviving from one day to another so that we have enough staff here. Supporting staff is also really tough work; they need so much support, and our abilities are not enough, even though there are three of us [nurse manager and assistant nurse managers]. We all try our best, but it feels that we are not enough. (NM 3)*

**Intention to leave** A few nurse managers reported that the pandemic prompted them to consider other work and career options, either occasionally or more seriously. Some had started to send out job applications or shifted partly to other work tasks. Moreover, a few nurse managers stated that if they had been younger and had more working years left, they would have had stronger intentions to find new positions. Reasons behind the intention to leave included stress, a deteriorating staff situation, difficulty finding deputies, lack of work partners, lack of personal resources, and having to do nursing duties along with their management and leadership duties.

*Now I feel that I no longer have enough resources for this, as I had hoped. I feel that this is a job where you have to be 110% committed, and if you start working with 'half-effort,' then everyone is going to suffer. (NM7)*

### **Impaired physical and mental well-being**

The third main category, *impaired physical and mental well-being*, consists of three subcategories: *fatigue and decreased endurance*, *sleeping problems and reduced sleep quality*, and *taking care of personal well-being*.

**Fatigue and decreased endurance** The COVID-19 pandemic, especially at its onset and throughout 2020, challenged nurse managers' endurance. Nurse managers reported that they did not have enough energy after work; their personal resources were limited; and their feelings of fractiousness, cynicism, and tiredness had started to rise. Additionally, they struggled to recover normally from work because private life was also restricted, so they could not participate in normal stress-reduction habits, and working days were long. Moreover, nurse managers were often unable to pause and listen to themselves during the most hectic times. A few nurse managers reported brain fog symptoms and increased migraine headaches due to the use of masks, frequent computer use, and answering hundreds of phone calls.

*At the end of 2020, I felt that my fatigue increased. Nurses were tired; we started to get back to our daily routine, started reception operations, faced normal patient flow, and tried to unload the patient queues. It was really a tough time. (NM 8)*

**Sleeping problems and reduced sleep quality** Some nurse managers expressed changes in their previously great or good ability to sleep. Problems were described as waking up during the early morning hours, a reduced ability to sleep, and insomnia. One nurse manager said she had to get help from a physician and obtain sick leave because her sleeping problems had worsened after coming back from annual leave. Problems with sleep and an inability to recover at night weakened nurse managers' ability to work and resulted in tired mornings in the workplace.

*When working hours are long, the phone rings constantly, there are plenty of worried people around you, and you try really hard to 'keep wheels on the rolling' – you are so in working mode that it affects your sleep. And waking up in the morning hours. Then you start to remember who said what you forgot to do. It has affected a lot. (NM 11)*

**Taking care of personal well-being** Taking care of personal well-being was highlighted in the nurse managers' narratives. The pandemic was described as a demanding period, and the nurse managers emphasized the importance of learning to focus on their personal well-being to cope. Nurse managers said they needed to, for example, recognize factors that weakened their work well-being

and pay attention to them, learn how to take care of their individual needs and listen to themselves, monitor recovery and get adequate sleep, obtain additional exercise, enjoy hobbies, and spend time outdoors. They needed to make conscious efforts to leave their workday behind. In one leadership team, visible tiredness led to collective caretaking so that no one worked overtime.

*What I think helped was the change in my own mindset. So that you do not think anymore, 'When does this end?' But you start to think one day at a time. ... You have to learn to think about what you can do at this moment and stop stressing about the future too much. Because no one can give you the answer of when this gets easier. (NM 4)*

### **Nature of work**

The fourth main category, *nature of work*, consists of four subcategories: *safe work environment*, *stressful factors at work*, *changed view of work and cyclical nature of the pandemic*.

**Safe work environment** Nurse managers stated that they felt safe in their work environment at the hospital. The pandemic was not a personal threat to them as managers or to their safety in their workplaces. Some nurse managers stated that it felt much safer being in their workplace than being outside in the world.

*We had all the needed equipment, isolation possibilities, and it was very strict where we could move in the ward. ... There is a higher risk of getting a COVID-19 infection in the outside world, like in the local supermarket; I was never afraid here. (NM 6)*

**Stressful factors at work** The nurse managers described the COVID-19 period as burdensome: workweeks felt oppressive, workdays became long, and the amount of work was enormous. At times, the pandemic increased problems in work communities. Trying their best but receiving angry phone calls, receiving negative feedback from staff, and being "a general spittoon" decreased nurse managers' work well-being. The lack of clear instructions and the inability to use gained knowledge also added stress.

*If you think about last year [2020], when COVID-19 was acute, you do not remember too much about it, because we worked quite a lot back then. ... If I would have had to continue that year, I would not have been able to handle the workload anymore (NM 11)*



**Changed view of work** Nurse managers observed that the COVID-19 pandemic was an instructive period. It was a “*harsh learning experience about a crisis*”, but it was not without its advantages. For example, some nurse managers stated that the pandemic had taught them a lot about life and that all things do not always go according to one’s plans. It taught nurse managers to be more compassionate towards themselves and to accept that they do not always know everything; it also changed personal attitudes toward work. A few nurse managers said they were now more advanced in calendar management, they could work more effectively, their work was more structured, and their work could be performed in a shorter time frame. Facing a collective threat also enhanced collaboration inside the organization.

*This pandemic period has taught me a lot more about what life is. And on the other hand, that everything doesn’t go as I expect or imagine. The level of crisis consciousness has increased significantly during this time. ... I think it has actually been very enlightening. (NM4)*

**Cyclical nature of the pandemic** When discussing work well-being, it was clear that the pandemic’s cyclical nature affected the nurse managers’ experiences. In the fall 2021, the pandemic was described as the new normal, and the work situation was better than it was in the spring 2021 or in 2020. There was more “space to breathe” and work. Besides, the COVID-19 pandemic did not burden the nurse managers in the same way as it had previously. However, the nurse managers still emphasized the need to get back to normal, everyday working life. Society was still in an uncertain situation with the pandemic.

*Nobody can live in a crisis situation forever. (NM 7)*

#### **Perceived support**

The fifth main category, *perceived support*, consists of four subcategories: *multiprofessional support*, *role of nurse directors*, *lack of recognition and encouragement* and *feeling of being alone*.

**Multiprofessional support** Nurse managers received support from several different categories of professionals: physicians, nurse directors, nurse manager colleagues, assistant nurse managers, their own staff, staff from the hygienic ward, well-being coordinators, and work counselors. The forms of support they received included listening, talking, chatting, information sharing, reflection, expressing emotions, recognizing others’ emotions, and being there for each other. Due to the lack of an appropriate informal forum, some nurse managers assembled a group and started having regular morning coffee with

colleagues, which the nurse managers described as restorative. It fulfilled the need for a place where one could talk freely without a strict schedule. Nurse managers described unit physicians as important co-workers. Their experiences of receiving support varied: some nurse managers said they received enough support from multiple sources, and some said they did not have many people to turn to. Furthermore, some nurse managers resorted to alternative support services during the pandemic: psychologists from occupational health care, rehabilitation from Kela (an independent social security institution), and work counselling focused on leaders.

*A physician specialized in infectious diseases was my greatest support, as he could change the guidance, give recommendations, ensure things are going as they should and lead the operations of the ward. (NM 11)*

*I felt it was enough that I had my great working partners; it was daily ventilation. ... We could talk, criticize the world, and then have with a good feeling the next couple of hours. (NM 6)*

**Role of nurse directors** Nurse directors play an important role as nurse managers’ leaders. Over half of the nurse managers reported that they had received enough support from their nurse directors. They praised actions such as being easily accessible and approachable, coming to a ward and being present, understanding different situations, giving guidance, listening, and asking, “How are you doing?” However, some nurse managers desired additional support from their leaders. They reported difficulties in contacting nurse directors, unreturned phone calls, a lack of open conversations and listening, and a lack of interest in nurse managers’ well-being and coping.

*My nurse executive was a deputy who had started in January; she was quite new like me. But I am very grateful for all the guidance she gave me. She came to see us in the ward quite often even though it was a busy period. I felt she was an important support for me. ... She was easy to reach, even though she had a lot of COVID-19-related meetings. (NM 8)*

**Lack of recognition and encouragement** Some nurse managers felt that they and their staff had not received enough meaningful acknowledgment from their top management and their organization. They had received gratitude on a general level but no special recognition. They also desired organizational encouragement and communication that “*we are in this together and we will survive together*” (NM 7). Feelings of inequality also arose when

staff from other healthcare organizations were rewarded with money for their efforts during the COVID-19 pandemic.

*I would hope that someone would say, 'Thank you, without you we would not have survived.' I feel it is so significant what nurse managers, the closest leaders to staff, have had to do. They have faced such a storm and being the carrying force so that the staff will manage and survive, so, some sort of acknowledgment would not hurt. (NM 7)*

**Feeling of being alone** Although the nurse managers reported feeling supported, the “big picture” also included some experiences of loneliness and isolation. For example, nurse managers stated that their working groups had not offered the necessary support, they had felt alone in the middle of everything, and they had received insufficient peer support from people who understood the specialties of unit operations. Furthermore, changes in senior physicians had created challenges and led them to long for permanent physician working partners. Deeper reflection and debriefing on pandemic experiences were recognized as important steps to take.

*As an immediate supervisor, I feel that we have received very little. Looking both upwards and downwards in the organization, we have been in the middle, but nothing special has been offered that is tailored for us. (NM 10)*

## Discussion

This study revealed nurse managers' diverse experiences of work well-being during the COVID-19 pandemic. The wave-like progression was central to the nature of the pandemic. Conducting interviews between the third and fourth waves enabled nurse managers to reflect not only on the onset of the pandemic but also on the various stages and their journey to the present. Nurse managers reported that COVID-19 had impacted their work and work well-being more strongly in 2020 and the spring of 2021; thus, when the new COVID-19 wave came in the fall 2021, the conditions were already more manageable. Nurse managers described a variety of diverse experiences related to their work well-being. The interviews identified several burdensome and stressful factors encountered during the period, but they also highlighted a number of positive experiences. Martin et al. [20] found that in the spring of 2022, the majority of nurse managers in the southwestern United States reported that work-related stress continued to affect their personal lives, and they frequently felt overwhelmed by their workload. This finding contrasts with the results of the present study, as

the situation in the Finnish context was improving by the fall of 2021.

In this study, nurse managers described that the nature of their work had changed and become stressful in many ways, which had reduced some nurse managers' work motivation and led them to consider other job possibilities. The focus of their work had shifted from advance planning to addressing daily problems [23], and in many ways, work had become a matter of daily survival. Nurse managers had encountered changed work duties, a lack of partners, a lack of resources and substitute staff, and negative feedback. Similar descriptions of work, accompanied by increased intentions to leave, have been observed internationally [20, 21]. Working conditions, job demands, one's sense of control at work, leadership, and group work have all been found to have significant relationships with work-related well-being [12].

Despite the hardships they faced, some nurse managers in the study had gained strength from feelings of joy and meaningfulness in their work, opportunities to use their leadership skills, seeing the success of their actions, and gratitude for their jobs and opportunities to work. One can interpret that they had good resilience [13]. All the nurse managers reported that their work environments were safe, and they were not afraid of getting infected. This experience contrasts with findings from previous study on nurses' perspectives, which reported significant fear about the risk of infection [41].

In this study, nurse managers expressed that the pandemic had affected their physical and mental well-being: fatigue, endurance problems, cynicism, and tiredness had increased. Additionally, symptoms such as migraines, sleeping problems, and brain fog were reported. Although burnout was not explicitly addressed in this study, other studies [22, 42] have identified high levels of both work-related and personal burnout among nurse managers in 2021. Nurse managers focused more attention on their well-being and coping because they noticed the increased demands of the COVID-19 pandemic period. Paying attention to one's work well-being is crucial, as it has been recognized that work-related stress negatively impacted nurse managers' personal lives and overall health during the pandemic [20]. Previous studies have highlighted various coping strategies used by nurse managers. These include resilience, withdrawal behavior, self-care, taking control of one's life, and receiving support from colleagues and multidisciplinary teams, all of which helped them manage challenging day-to-day situations [9, 18, 25, 43]. Additionally, it has been acknowledged that some nurse managers require further knowledge and training to effectively cope with and navigate crises [9].

This study's findings reveal that diverse, multilevel support was essential to the nurse managers' well-being



at work during the COVID-19 pandemic. This is consistent with other studies [18, 23]. The support received was often multi-professional, but the nurse managers also benefitted from collegial support in a more relaxed environment. The nurse managers in the study perceived the nurse directors' role as meaningful and essential. Their visibility, presence, guidance, and genuine interest in nurse managers well-being were praised and called for. Results from a Turkish university hospital [18] and several different hospital settings in the USA [43] support these findings. Overall experiences of received and needed support varied in the study. Hence, it is essential to identify each individual's unique support requirements. It must be considered that each nurse manager's situation was unique because unit characteristics, operational activities, the COVID-19 situation, and staff numbers varied.

As reported in this study, supporting nurses during the pandemic was demanding. To care for others, nurse managers must receive sufficient support in the right form. A healthy work environment, authentic leadership, and nurses' well-being are important aspects of recovering from the past and ensuring an adequate nurse workforce in the future [44]. It is essential for nurses and nurse managers to receive personal acknowledgment, meaningful rewards, and recognition.

Overall, the results suggest that prioritizing the well-being of nurse managers is essential during times of crisis. A healthy work environment enhances nurse managers' resilience. Since nurse managers play a pivotal role in leading nurses and ensuring high-quality care, it is paramount that they receive adequate support, opportunities for reflection, and necessary resources during a crisis. Given that hospital units differ in many respects, the COVID-19 pandemic impacted each unit in unique ways. This is reflected in the varying experiences reported in the study. In addition to providing appropriate support and creating sustainable working conditions, it is vital to address the holistic needs of the nurse manager, the unit, and the evolving situation during a crisis. To better prepare for future challenges, organizations must analyze and learn from these crisis experiences [8]. Healthy and motivated nurse managers are crucial in shaping a resilient future for healthcare and nursing.

### Strengths and limitations

This study has a few strengths and limitations.

One strength is the timing of the interviews. Nurse managers had experienced the beginning and first waves of the pandemic and had time to reflect on what had happened. Motivated nurse managers produced rich and diverse data, allowing for multifaceted views of the subject. The context of a university hospital was both relevant and well-suited for the study, offering a broad range

of medical specialties and advanced-level patient care across specific special responsibility areas (geographical regions) and hospital districts. The university hospital and its units had to prepare to care for COVID-19 patients while ensuring continuity of operations or reassessing them as necessary.

In the study, nurse managers described their experiences of work well-being during the pandemic. Their individual understanding of the concept may have differed. However, the data reached saturation and produced a cohesive description.

Regarding limitations, just one university hospital was included in the study. This hospital was not the one caring for the highest number of COVID-19 patients in Finland. Accordingly, the results may have varied in some respects if the university hospital with the highest COVID-19 patient load had been included in the study. Moreover, due to the qualitative study design and the limited number of participants at a single university hospital, the results may not be widely generalizable.

### Conclusion

This study offers practical and versatile knowledge about nurse managers' experiences of work well-being during the COVID-19 pandemic. On the one hand, the pandemic provided experiences of success, enabled the nurse managers to use their strengths, and enhanced the meaningfulness and joy of their work. On the other hand, the nurse managers' mental and physical health was tested, intentions to leave arose, and they received insufficient recognition. Being available and present and providing recognition, encouragement, open communication and multiprofessional social support are important ways of supporting nurse managers and ensuring their work well-being, while also considering their working conditions.

To gain a more comprehensive understanding of nurse managers' work well-being, it is essential to examine these experiences across multiple time points, as the pandemic was a prolonged crisis with several waves. This study provides valuable insights from a holistic perspective, spanning from the onset of the pandemic to the experiences across multiple waves. It offers a view into the Finnish university hospital context and broadens the international understanding of nurse managers' work well-being. However, the findings and recommendations are not culturally specific and can be taken into account internationally when planning crisis preparedness and developing structures to support nurse managers' work well-being during a crisis.

### Recommendations for further research

Nurse managers' work well-being requires further post-pandemic research due to changes in the current work environment. The importance of supporting well-being at

work was highlighted after the first wave of the pandemic. However, it is important to further investigate whether well-being support has developed and been implemented as part of a constant structure. Conducting quantitative research to assess nurse managers' current organizational commitment and job satisfaction levels would provide insight into future needs and development at the regional and national levels. Additionally, after the pandemic, qualitatively exploring visions of the future of the nurse manager profession would be insightful. Understanding the lessons organizations and nursing management have learned as well as the outcomes achieved would be an important continuation of the research conducted during the pandemic. This knowledge would be internationally significant, as it would enhance preparedness for future pandemics and contribute to the development of more resilient health care systems.

#### Acknowledgements

We express our appreciation to all nurse managers involved in the study, as well as to the university hospital's CNO for offering their valuable time to support this study.

#### Author contributions

AA: Responsible for conceptualization and design, methodology, data collection, data analysis, creation of tables and figures, writing the manuscript. KP: Responsible for evaluation of data analysis, validation and writing the manuscript. AN & TK: Responsible for conceptualization and design, methodology, evaluation and supervision of data analysis process phases, validation, writing the manuscript, overall supervision of the research. The final version has been approved by all authors.

#### Funding

There were not sources of funding.

#### Data availability

Data is not available due to its confidential nature and to protect study participants privacy.

#### Declarations

##### Ethics approval and consent to participate

All the nurse managers provided their informed consent to participate and agreed to the recording of interviews. The study design received approval from the University of Eastern Finland's Committee of Research Ethics (Decision Number: 2/2021, date January 1, 2021). Additionally, permission was granted by the study organization in line with its guidelines.

##### Consent for publication

Not applicable.

##### Competing interests

The authors declare no competing interests.

Received: 3 November 2024 / Accepted: 7 April 2025

Published online: 29 April 2025

#### References

1. Kvist T, Voutilainen A, Eneh V, Mäntynen R, Vehviläinen-Julkunen K. The self-organizing map clustered registered nurses' evaluations of their nurse leaders. *J Nurs Manag*. 2019;27:5.
2. Nurmeksela A, Mikkonen S, Kinnunen J, Kvist T. Relationships between nurse managers' work activities, nurses' job satisfaction, patient satisfaction, and medication errors at the unit level: a correlational study. *BMC Health Serv Res*. 2021;21:296.
3. Nurmeksela A, Kinnunen J, Kvist T. Nurse managers' work content: development of the questionnaire and results of the pilot study. *Scand J Caring Sci*. 2020;34:4.
4. González-García A, Pinto-Carral A, Pérez-González S, Marqués-Sánchez P. Nurse managers competencies: a scoping review. *J Nurs Manag*. 2021;29:6.
5. Hult M, Terkamo-Moisio A, Kaakinen P, Karki S, Nurmeksela A, Palonen M, Häggman-Laitila A. Relationships between nursing leadership and organizational, staff and patient outcomes: A systematic review of reviews. *Nurs Open*. 2023;10:9.
6. Pursio K, Kankkunen P, Mikkonen S, Kvist T. Organizational characteristics of nursing practice environments related to registered nurses' professional autonomy and job satisfaction in two Finnish Magnet-aspiring hospitals: structural equation modeling study. *BMC Nurs*. 2024;23:1.
7. Miller M, Hemberg J. Nurse leaders' perceptions of workload and task distribution in public healthcare: A qualitative explorative study. *J Clin Nurs*. 2022;32:3557–67.
8. Ahlqvist A, Nurmeksela A, Kvist T. The COVID-19 pandemic challenged nurse managers' daily leadership work: a qualitative study. *J Nurs Manag*. 2023;8191426.
9. Jääski T, Talvio H, Kuha S, Kanste O. Crisis management competencies needed in a hospital setting during the COVID-19 pandemic: A qualitative study of nurse leaders. *Nurs Open*. 2024;11:3.
10. Turnipseed DL, VandeWaa EA. Crisis leadership during and after the COVID pandemic: astute nurse leaders make the difference. *J Nurs Adm*. 2022;52:3.
11. Urban RW, Martin SD, Foglia DC, Henson JS, Belz JN, Bilton VR. Acute care nurse managers' definitions of and barriers to well-being: A thematic analysis of open-ended survey questions. *Worldviews Evidence-Based Nurs*. 2023;20:6.
12. Niiniluhta M, Terkamo-Moisio A, Kvist T, Häggman-Laitila A. A comprehensive evaluation of factors affecting nurse leaders' work-related well-being. *Leadersh Health Serv*. 2022;35:3.
13. Sihvola S, Nurmeksela A, Mikkonen S, Peltokoski J, Kvist T. Resilience, job satisfaction, intentions to leave nursing and quality of care among nurses during the COVID-19 pandemic—a questionnaire study. *BMC Health Serv Res*. 2023;23:1.
14. Zhao Y, Wang H, Sun D, Ma D, Li H, Li Y, Zhang X, Xie Z, Sun J. Job satisfaction, resilience and social support in relation to nurses' turnover intention based on the theory of planned behaviour: a structural equation modelling approach. *Int J Nurs Pract*. 2021;27:6.
15. Kelly LA, Gee PM, Butler RJ. Impact of nurse burnout on organizational and position turnover. *Nurs Outlook*. 2021;69:1.
16. Chari R, Chang C-C, Sauter SL, Petrun Sayers EL, Cerully JL, Schulte P, Schill A, Uscher-Pines L. Expanding the paradigm of occupational safety and health: A new framework for worker Well-Being. *J Occup Environ Med*. 2018;60:7.
17. Dobrowolska B, Gutysz-Wojnicka A, Dziurka M, Ozdoba P, Ozga D, Penar-Zadarko B, Markiewicz R, Markiewicz-Gospodarek A, Palese A. Intensive care nurse managers' experiences during the first wave of the Covid-19 pandemic: implications for future epidemiological crises. *PLoS ONE*. 2023;18:8.
18. Ozmen S, Arslan Yurumezoglu H. Nurse managers' challenges and opportunities in the COVID-19 pandemic crisis: a qualitative descriptive study. *J Nurs Manag*. 2022;30:7.
19. Boned-Galan A, Lopez-Ibort N, Ana Isabel Gil-Lacruz AI, Gascon-Catalan A. Stress impact of COVID-19 in nurse managers. *Heliyon*. 2023;9:8.
20. Martin SD, Urban RW, Foglia DC, Henson JS, George V, McCaslin T. Well-being in acute care nurse managers: A risk analysis of physical and mental health factors. *Worldviews Evidence-Based Nurs*. 2023;20:2.
21. Middleton R, Loveday C, Hobbs C, Almasi E, Moxham L, Green H, Halcomb E, Fernandez R. The COVID-19 pandemic—A focus on nurse managers' mental health, coping behaviours and organisational commitment. *Collegian*. 2021;28:6.
22. Pallesen KS, McCormack B, Kjerholt M, Borre LZ, Rosted E, Hølge-Hazelton B. An investigation of the level of burnout and resilience among hospital based nurse managers after COVID 19 — A cross-sectional questionnaire-based study. *J Nurs Manag*. 2022;30:8.
23. Leppäkoski T, Mattila E, Kaunonen M. Nursing managers' experiences of facing the COVID-19 pandemic in their work: A systematic review. *Nurs Open*. 2023;10:7.
24. Balogun M, Opeyemi Dada F, Oladimeji A, Gwacham-Anisobi U, Sekoni A, Banke-Thomas A. Leading in a time of crisis: exploring early experiences of

- health facility leaders during the COVID-19 pandemic in Nigeria's epicentre. *Leadersh Health Serv.* 2022;37:1.
25. Chen Y, Jiang H, Shen Y, Gu H, Zhou P. Nurse managers' experience during the COVID-19 pandemic in China: A qualitative study. *Nurs Open.* 2023;10:11.
  26. Doyle L, McCabe C, Keogh B, Brady A, McCann M. An overview of the qualitative descriptive design within nursing research. *J Res Nurs.* 2019;25:5.
  27. Polit DF, Beck CT. Nursing research, generating and assessing evidence for nursing practice. 10th ed. Wolters Kluwer. 2016;819:945–7.
  28. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care.* 2007;9:6.
  29. Altman DG, Simera I, Hoey J, Moher D, Schulz K. EQUATOR: reporting guidelines for health research. *Open Med.* 2008;2:2.
  30. Finlex. Laki sosiaali- ja terveydenhuollon järjestämisestä annetun lain muuttamisesta, 1189/2022. 2023. <https://www.finlex.fi/fi/laki/alkup/2022/20221189>. Accessed 20 May 2024.
  31. Elo S, Kyngäs H. The qualitative content analysis process. *J Adv Nurs.* 2008;62:1.
  32. Vaismoradi M, Turunen H, Bondas T. Content analysis and thematic analysis: implications for conducting a qualitative descriptive study. *Nurs Health Sci.* 2013;15:3.
  33. Lindgren B-M, Lundman B, Graneheim UH. Abstraction and interpretation during the qualitative content analysis process. *Int J Nurs Stud.* 2020;108:103632.
  34. Saunders B, Sim J, Kingstone T, Baker S, Waterfield J, Bartlam B, Burroughs H, Jinks C. Saturation in qualitative research: exploring its conceptualization and operationalization. *Qual Quant.* 2018;52:4.
  35. Hennink M, Kaiser BN. Sample sizes for saturation in qualitative research: a systematic review of empirical tests. *Soc Sci Med.* 2022;292:1.
  36. General data protection regulation (GDPR). 2018. <https://gdpr-info.eu>. Accessed 16 Jan 2024.
  37. Finnish National Board on Research Integrity (TENK). Responsible Conduct of Research (RCR). <https://tenk.fi/en/research-misconduct/responsible-conduct-research-rcr> (7.9.2023). Accessed 20 Mar 2024.
  38. World Medical Association. WMA Declaration of Helsinki– Ethical Principles for Medical Research Involving Human Participants. 13.12.2024. <https://www.wma.net/policies-post/wma-declaration-of-helsinki/>. Accessed 1 Apr 2025.
  39. Lincoln YS, Guba EG. Naturalistic inquiry. Newbury Park, CA, USA: Sage; 1985.
  40. Korstjens I, Moser A, Series. Practical guidance to qualitative research. Part 4: trustworthiness and publishing. *Eur J Gen Pract.* 2018;24:1.
  41. Chaudhary P, Payal, Nain P, Pooja, Rana P, Verma P, Yadav P, Poonam, Prerna, Kashyap G, Kumar R. Perceived risk of infection, ethical challenges and motivational factors among frontline nurses in Covid-19 pandemic: prerequisites and lessons for future pandemic. *BMC Nurs.* 2024;23:1.
  42. Montgomery AP, Patrician PA. Work environment, resilience, burnout, intent to leave during COVID pandemic among nurse leaders: a cross-sectional study. *J Nurs Manag.* 2022;30:8.
  43. Chipps E, Kelley MM, Monturo C, Baldwin J, Miller PS, O'Mathúna D, Roberts H, Smith J, Tucker S, Zellefrow C. Reflections from the Middle - Exploring the experience of nurse managers across the united States during the COVID-19 pandemic. *J Nurs Adm.* 2022;52:6.
  44. Raso R, Fitzpatrick JJ, Masick K. Perceptions of US nurses and nurse leaders on authentic nurse leadership, healthy work environment, intent to leave and nurse well-being during a second pandemic year: a cross sectional study. *J Nurs Manag.* 2022;30:7.

## Publisher's note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.