







Acute care nurse managers' definitions of and barriers to well-being: A thematic analysis of open-ended survey questions

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Abstract

Background: During the COVID-19 pandemic, acute care nurse managers functioned in a critical role by helping to advance the mission and goals of their organization while navigating a rapidly evolving healthcare landscape. This resulted in high levels of ongoing job-related stress which is linked to negative physical, psychological, and job-related outcomes. Little is known about the perceptions regarding their own professional well-being during this time.

Aim: The aim of this study was to qualitatively describe acute care nurse managers' perceptions of and barriers to their professional well-being.

Methods: Using a qualitative descriptive approach, nurse managers from a hospital system in the southwestern United States responded to two short-answer, survey-based questions in 2022: (1) "Describe the definition of nurse-manager well-being in your own words" and (2) "What do you feel is your biggest barrier to professional well-being?" Reflexive thematic analysis was utilized to analyze participant responses ($N=80$).

Results: Professional well-being is a complex concept influenced by the nurse manager's ability to navigate work-life balance; care for their own physical, emotional, and spiritual selves; give and receive support from stakeholders; and manage feelings of thriving vs. struggling in the role. Barriers most cited as influencing well-being included having too little time to get things done coupled with increasing workloads, feeling stuck in the middle among stakeholders, and coping with ongoing staffing challenges.

Linking Evidence to Action: The definition of and barriers to well-being are influenced by the specific needs and experiences of the nurse manager. While not all barriers can be immediately removed, the identification of individual and organization-specific barriers needs to be taken seriously, reviewed by those who can promote change, and evidence-based solutions for improvement piloted or implemented when feasible.

KEYWORDS

acute care, barriers to well-being, nurse managers, nurses, well-being, work-life balance

INTRODUCTION

Nurse managers (NMs) experienced significant stress and threats to their individual and professional well-being due to the COVID-19 pandemic (Aydogdu, 2022). Many healthcare workers experienced negative psychological outcomes, decreased job satisfaction, moral distress, and turnover (American Nurses Foundation [ANF], 2022). In a survey of NMs in 2020, nearly half indicated they were considering or might consider leaving their position in the next 6 months due to staffing concerns and the negative effect of work on their mental health (Moore, 2021).

Background

Professional well-being encompasses positive experiences combined with the right conditions at work that support workers to flourish in their environment (Chari et al., 2018). In healthcare workers, well-being is connected to the concepts of resilience and burnout and has downstream implications for delivering quality patient care (National Academies of Sciences, Engineering, and Medicine [NASEM], 2019). When professional well-being is threatened, workers may experience a decrease in their physiological and psychological quality of life. Additionally, Niinihuhta et al. (2022) described well-being in Finnish NMs as a dynamic concept that is comprised of their experiences and capability to meet the demands of the role, access to resources, and time of exposure to stress.

Prior to COVID-19, NM-related research explored variables thought to influence well-being including job satisfaction, occupational stress, and burnout. Job satisfaction in NMs from the United States (U.S.) has been linked to perceptions of meaningful work, equity, and boundaries supporting a healthy work-life balance (Kelly et al., 2019). Labrague et al. (2017) describe occupational stress in NMs as a pervasive phenomenon resulting from heavy workloads, limited social support and resources, and lack of autonomy. Burnout may occur when NMs are exposed to prolonged occupational stress (Niinihuhta et al., 2022). Strategies to manage NM stress and mitigate burnout include increasing the level of leadership support for them, ensuring access to appropriate resources, and teaching mindfulness-based interventions (Membrive-Jimenez et al., 2020). Labrague et al. (2017) suggested using mentorship programs, reducing role ambiguity, and affording NMs more autonomy in their role.

NMs' levels of stress and burnout were exacerbated by their experiences during the pandemic. NMs in Spain reported high levels of emotional exhaustion and burnout and little sense of personal accomplishment (Membrive-Jiménez et al., 2022). In an integrative review by Aydogdu (2022), NM roles expanded during COVID to include taking care of patients and finding solutions for communication barriers between families and healthcare workers. NMs navigated the unknown while offering emotional

support and reassurance through frequent policy changes and political strife impacting the quality of care and worker safety. Emotions described by Turkish NMs included shock, disbelief, fear, and sadness (Ozmen & Arslan Yurumezoglu, 2022). NMs faced the moral burden of not knowing if they were making the right decisions and what the downstream impact would be on patients and staff. The extra-heavy workload placed on healthcare workers during this time added to job dissatisfaction and chronic stress for nurses and managers (Ozmen & Arslan Yurumezoglu, 2022).

The Systems Model of Clinician Burnout and Professional Well-Being asserts that professional well-being occurs within a broader system consisting of the external environment, the organization providing healthcare, and frontline care delivery (NASEM, 2019). These three levels influence job demands and resources, which are together known as system work factors. System work factors have a bi-directional relationship with the clinician's personality and coping strategies. The outcome of the intersection of system work factors and the clinician's characteristics can range from clinicians' well-being to burnout and has implications for patient care, healthcare organizations, and society (NASEM, 2019). Little is known about the well-being of NMs in acute care settings, especially during the prolonged public health crisis caused by COVID-19. Therefore, the aim of this qualitative-descriptive study was to describe NMs' perceptions of and barriers to professional well-being during the COVID-19 pandemic.

METHODS

Research design

A qualitative descriptive approach was used to explore participants' answers to two open-ended survey questions collected as a part of a larger research study with acute care NMs (Martin et al., 2023). Qualitative descriptive methods offer an interpretative approach, are designed to result in study findings that are closer to the data as given, and commonly utilize short-answer data and thematic analysis techniques (Kim et al., 2017).

Participants

Study participants were recruited from a 13-hospital healthcare system located in a large metropolitan area in the southwestern U.S. using convenience sampling. NMs who oversaw direct reports or served as program managers, spending greater than 50% of their work time in administrative responsibilities were eligible to participate. Charge nurses, nursing supervisors, and nursing directors were excluded from study participation. Upon review of the study application, the Institutional Review Board (IRB) deemed this study to be non-regulated research.

Data collection and analysis

All eligible NMs ($n=193$) working within the hospital system were contacted via email with an invitation to participate in the study, which was offered via REDCap®. A total of 80 NMs (41% response rate) elected to participate in the study over 21 days during March–April 2022. On average, 662 individuals with COVID-19 were hospitalized daily in this region of Texas during this time period (Texas Health and Human Services, 2023). After NMs viewed the informed consent information, they were provided with an initial opportunity to opt in or out of study participation. Continued participation was anonymous and voluntary and could be discontinued at any time during the study. All study data were downloaded from REDCap® and stored on a dual-authenticated, password-protected shared drive approved by the IRB and accessible only by the study researchers engaged in qualitative data analysis.

In the larger study, participants completed a web-based survey consisting of questions regarding their demographic and work characteristics, the Well-being Index for Nurses, and questions about their personal health perceptions and habits. Quantitative study results from these questions were analyzed separately and reported in (Martin et al., 2023). Participants also were asked to complete two open-ended short-answer questions in the survey with no character limit imposed. An analysis of these two questions is the focus of this qualitative descriptive report:

1. Describe the definition of NM well-being in your own words.
2. What do you feel is your biggest barrier to professional well-being?

Analysis of participants' demographic and work characteristics data included calculation of frequencies and percentages for categorical variables and means, standard deviations, and ranges for continuous variables.

We analyzed the participants' short-answer responses ($n=156$, 1–97 word length) to the study questions using reflexive thematic analysis (TA), a method used to analyze qualitative responses to identify common ideas or patterns (Clarke et al., 2015). The six-step process includes (1) reading and re-reading the content, (2) picking out words and phrases that relate to the research purpose, and (3) summarizing the content into one- or two-word codes. The researchers review these codes, look for patterns among them, and start consolidating them into themes (4). When a list of themes is generated, the researchers (5) define the central thought of the theme and link them with their related codes. Finally, the researchers (6) write up the analysis (Clarke et al., 2015).

PhD-prepared nurses experienced in qualitative analysis and with previous experience working as NMs (RU, SH, and DF) analyzed the study data. Each researcher coded the data independently using an inductive approach and created a codebook of potential codes and sub-themes. The research team met together on several occasions to discuss the emerging codes and develop the study themes and subthemes, creating evidence for dependability and confirmability in qualitative data analysis (Nowell et al., 2017). When a contextually

rich, relevant, and thick-written summary of the findings is created, the reader can reflect on whether the findings are transferrable to their own setting and experiences, which adds additional evidence for rigor (Nowell et al., 2017).

As an additional data analysis method to explore the data and triangulate the results with our inductive thematic analysis, the research team conducted an exploratory analysis of the definitions for NM well-being using NVivo's explore and word frequency query function (QSR, released March 2020). The results of this analysis are reported in Table S1. In addition, after all data analysis was completed, 12 NMs were contacted via email with a request to volunteer to read over the study results and share their feedback as a form of member-checking. Ten NMs responded with their feedback, a sample of which is also summarized in Table S1. The standards for reporting qualitative research (SRQR) guidelines (O'Brien et al., 2014) were followed for reporting this study.

RESULTS

The study sample ($N=80$) was mostly female (86.3%; $n=69$) and white (70%; $n=56$), with an average age of 46.2 years. The majority worked in large hospitals (46.8%; $n=36$) in acute care settings (27.5%; $n=22$). See Table S2 for additional demographic information and work characteristics of the participants.

Inductive thematic analysis of participant answers to the two study questions yielded several rich themes to describe NM's definitions of well-being and barriers to well-being. The study questions and their associated themes and sub-themes are listed in Table S3.

The definition of nurse manager well-being

Four key themes emerged to describe participants' definition of well-being: (1) navigating work–life balance, (2) investing in yourself, (3) giving and receiving support, and (4) thriving versus struggling in the role. These key themes are described below and additional quotes to support them are offered in Table S4.

Navigating Work–Life balance

Establishing and adhering to boundaries between work and home is important to NM well-being. The details of achieving work–life balance may vary depending on the individual and the type of unit or program they are managing. NMs in this study wanted to be able to separate their work and home responsibilities without sacrificing or compromising one over the other. They expressed a desire to be fully present in the moment and effective in their management roles, rather than finding their thoughts frequently switching between their work and non-work responsibilities during the day. One participant indicated, “Manager well-being is being able to separate work and home, effectively, without sacrificing either.” Participants

wanted to keep their work within a reasonable number of hours, felt pressure to take work home with them, or felt guilty for not working more than expected to get the job done. NMs also connected their well-being with a feeling of being able to be “off the clock” and having enough personal time, paid time off, or uninterrupted time away from the job to keep themselves healthy, as another participant concluded, “I want to meet the demands of my job but maintain my personal life, health, and relationships.”

Investing in yourself

A second theme that emerged was an awareness that well-being as a manager must also include their own responsibility to invest in and care for their inner lives or selves. They equated a sense of balance, peace, or contentment as prerequisite to NM well-being. Caring for one's mind, body, emotional, and spiritual self was seen as essential to well-being as an NM, although several admitted it was hard to set aside time to do this. Investing in a balanced self was believed to help mitigate the stressors encountered by NMs, improve their physical and mental energy, and might help them not to feel so overwhelmed. As one participant offered, “Nurse manager well-being means taking care of myself physically and emotionally. Celebrating achievements. Taking time to reflect.”

Giving and receiving support

Central to their definition of NM well-being was the ability to give to and receive support from their direct reports, nurse leaders, and even from significant others outside the workplace for the work they perform. Participants wanted to advocate for, build relationships with, and assist in the professional development of their nursing staff. They also want to feel supported, trusted, and appreciated by their direct reports and their own nurse leaders, as this NM shared, “It's feeling successful in your role, being there to support your employees and getting support from your leaders as well.” Managers linked their own well-being to having clear expectations, being checked on, and being heard by their leaders. Participants felt it was important to receive support for practice change and improved care, assistance to manage difficulties, and administrative help for certain tasks. Some NMs indicated a need to know that leadership recognizes their value, specifically, that they are not viewed as replaceable. NMs also disliked only receiving leadership communication when something was wrong or being made to feel guilty when requesting time off.

Thriving versus struggling in the role

The final theme connected to well-being in NMs was thriving vs. struggling in the role. Thriving means feeling good about the work they are doing. It includes effectively managing job demands,

experiencing success in their role, having the energy to pursue growth or change within their department, or feeling passionate, happy, caring, or creative in their work. They can balance needs and priorities of their leaders and their direct reports. Having realistic expectations and maintaining flexibility is key, as one participant explained in their definition, “It's setting realistic expectations for yourself. Giving yourself and others grace when needed. Knowing you are HUMAN and that you can ask for help. Focusing on routine and habits.” When NMs are struggling in the role, their well-being is negatively affected. They reported feeling overwhelmed, stressed, anxious, and like they could not catch up. When struggling in the role, NMs battled feelings of failure and guilt related to extended work hours, undone work, and taking work home. NMs worry about work when they are not there. As one participant offered, “NM well-being is feeling balanced. Not overwhelmed.”

Barriers to professional well-being

Three key themes emerged regarding barriers to well-being faced by NMs: (1) time and workload, (2) feeling stuck in the middle, and (3) staffing challenges. A description of these themes is below with additional supporting quotes in [Table S5](#).

Time and workload

Many participants shared that they needed more time to complete their responsibilities, such as office tasks, time with staff, and patient rounding. They receive multiple action items from different sources which results in an uncomfortable awareness that there may be too many tasks assigned or things to implement without enough time to do them. This contributes to NM stress and undermines their well-being. Participants reported working from home after hours or on weekends as a method to catch up. NMs felt an unspoken expectation, whether placed on them by themselves, their units, or leaders, to be available and accountable 24/7, even when on vacation. This perception of a need for nonending availability undermines manager well-being and was viewed by some as unsustainable, as illustrated by this participant:

I do not have a work-life balance. Managers are expected to be available 24/7 which is not sustainable. There is so much work to do, it regularly takes 50–60h/week or more. So many things are left undone that it weighs on you when you are off.

Stuck in the middle

A second theme describing NM's barriers to well-being is feeling stuck in the middle and lacking support from their direct reports, nurse leaders, or human resources. Everyone wants something

from this first level of nursing leadership. The number of corporate changes exponentially increased as the threat from COVID-19 decreased, creating potentially unrealistic expectations for NMs who were caught in the middle. One participant shared, "When everyone wants something from you it starts to get stressful. I believe there should never be this many things to implement at one time." Resources to implement changes may sometimes be limited and there may be co-existing expectations for rapid change with high compliance. NMs in this study reported feeling stressed and overwhelmed by the timing and frequency of these changes. A few participants identified a lack of empathy and support from higher-ranking nurse leaders, including few or limited well-being checks, as a barrier to well-being.

Staffing challenges

Staffing challenges represent a third barrier to NM well-being. Changes in nurse employment patterns and staffing challenges, already problematic, were exacerbated by COVID-19. Staff leaving for more pay or a different work setting resulted in staffing shortages, while financial challenges from COVID-19 impacted productivity and staffing ratios on units. Staffing-related stress and staff dissatisfaction with long work hours or lack of equitable compensation negatively affected NM well-being. One participant identified, "There's dissension from FT [fulltime] staff towards contract RNs because of pay disparity secondary to supply and demand of RNs." NMs reported that they sometimes worked alongside staff in their units to fill gaps and alleviate staff stress. NM leadership work was expected to continue and yet went undone, creating a barrier to well-being.

DISCUSSION

The purpose of this qualitative study was to describe NMs' definition of and perceived barriers to their professional well-being. Although the COVID-19 pandemic affected the well-being of healthcare workers, it is important to acknowledge that multiple factors influence NM well-being, including (1) the inner and personal (or non-work) world of the individual, (2) the realities of their employment environment, and the (3) continually evolving regional or national healthcare climate (NASEM, 2019).

Well-being in NMs is a complex phenomenon, and some elements of this phenomenon may be perceived similarly by NM's in the U.S. and around the world. For these participants, professional well-being consisted of navigating work-life balance, investing in yourself, giving and receiving support, and feelings of thriving vs. struggling in the role. The need for work-life balance is commonly identified in NM-related research. Prepandemic, Kelly et al. (2019) noted that higher levels of satisfaction with work-life balance significantly predicted lower levels of burnout in U.S. nurse leaders. Raso (2021) noted that in 2020, 54% of U.S. NMs responded positively to the

question "Would you say you have work-life balance?" Additional challenges to NM work-life balance consistent with pandemic literature included the pressure to make themselves available 24/7 and ensure staff awareness about ever-changing policies and practices (Aydogdu, 2022; White, 2021).

NMs in the current study acknowledged the need to invest in themselves by taking actions to support their previously nonprioritized needs for mental and physical health. This is similar to findings reported by White (2021) in which U.S. NMs worried about the physical and emotional health of their staff during the pandemic. NMs encouraged their staff to take time off and prioritize self-care when possible but did not always extend this concern to themselves. In pre-pandemic qualitative research, nurse leaders verbalized a need to be intentional about self-care, downtime, and work-life balance, suggesting these activities should be viewed as a leadership strength and not a weakness (Kelly et al., 2019).

NMs identified that both giving and receiving support from their teams, leadership, and families was important to their professional well-being. NMs who perceive a lack of support are more susceptible to burnout and resignation ideation (Membrive-Jimenez et al., 2020). Gab Allah (2021) noted that Egyptian NMs who reported increased severity of challenges and lower levels of organizational support during COVID-19 might experience anger and stress lasting after the pandemic along with increased risk for burnout and turnover. In contrast, NMs who reported increased support from their leaders during the pandemic felt it helped alleviate workplace pressure (Aydogdu, 2022). Support from peers, especially that which increases feelings of solidarity and cohesion, is also important to professional well-being and can result in increased motivation for NMs (Niinihuhta et al., 2022; Ozmen & Arslan Yurumezoglu, 2022;). The availability of social support from peers and supervisors is an example of a job resource, which can help alleviate some of the adverse effects of increased job demands (NASEM, 2019).

The experiences of these NMs revealed that they are thriving and sometimes also struggling in their role. Thriving means they are effectively managing the demands of the job and feeling successful. Struggling in their role negatively affects NM well-being. Joy in one's work is a similar concept to thriving (Raso, 2021). Top sources of joy for U.S. NMs during the pandemic included making a difference through work on projects, unit benchmarks, and committees. Other contributors to NMs' workplace joy include having their opinions included in decisions, having opportunities for growth and development, and interacting with patients and families (Raso, 2021). Hahn et al. (2021) found in a prepandemic qualitative study that optimism and engagement in cascading leadership relationships where reciprocal empowerment and mentoring occurs may also provide a source of joy.

Barriers to NM well-being

Three themes emerged to describe barriers to NM well-being: (1) too little time coupled with increasing workload, (2) feeling stuck

in the middle, and (3) staffing challenges, all of which represent job demands and threats to professional well-being as described by NASEM (2019). Ozmen and Arslan Yurumezoglu (2022) found that during the pandemic, Egyptian NMs took on more responsibilities, heavier workloads, and longer work hours. Raso (2021) noted that most (73%) U.S. NMs reported working 41–60h/week during the pandemic. NMs took on additional responsibilities such as supporting the emotional well-being of staff, ensuring adequate resources and patient safety, and constantly communicating and educating about decisions and policy changes. Professional well-being of NMs is at risk when job demands placed on an individual exceed their ability to cope (NASEM, 2019). NMs' experiences of feeling stuck in the middle may arise from many sources, including managing requests and expectations from one group of stakeholders (e.g., leaders, ancillary departments, staff) that may not always be understood or well-received by other healthcare team members. Limited resources (Raso, 2021) and a perceived lack of support from leaders, peers, or staff (Aydogdu, 2022) during the pandemic exacerbated this feeling. Pandemic-related staffing challenges added yet another well-being barrier, increasing stress for NMs. Many NMs elected to take patient loads on top of their administrative responsibilities. They balanced supporting the orientation of contract employees and newly hired experienced nurses while providing extra support to newly licensed nurses who struggled to adapt to the high-pressure pandemic environment (Aydogdu, 2022; Ozmen & Arslan Yurumezoglu, 2022).

Limitations

Study limitations include a convenience sample from a single hospital system, which limits the study reporting to only those who chose to respond to the survey. Views of the NMs who did not respond are unknown. Qualitative data collected via short-answer questions are limited because study participants cannot be contacted for further questions or clarification of their answers. Additionally, data collected during COVID-19 is uniquely situated within the timeline of the pandemic and may not fully represent non-pandemic times. Study strengths included the number of NM participants, the variety of acute care hospital sizes represented, and the use of three researchers plus NVIVO for data analysis.

Linking evidence to action

- Improving NM well-being and removing barriers starts with identifying needs for work–life balance, reflecting on how they are investing in themselves, exploring needs for giving and receiving support, and boosting their ability to thrive while reducing the struggle.
- Barriers exist which influence NM well-being, including having too little time to get things done coupled with increasing workloads, feeling stuck in the middle among stakeholders, and coping with ongoing staffing challenges.

- It is likely that additional barriers to well-being exist that are unique to the manager, unit type, or size and location of the facility.
- Organizations and nurse leaders must initiate conversations with NMs about identifying and prioritizing the removal of barriers to their well-being.
- Although not all barriers can be immediately removed, organization-specific barriers needs to be taken seriously, reviewed by a team of stakeholders who can promote change, and evidence-based solutions for improvement piloted or implemented when feasible.
- When organizations do not prioritize NM well-being, this may contribute to higher levels of NM stress, lower job satisfaction, and promote resignation ideation.

Recommendations for future research

Further exploration of NM perspectives about solutions to support their own well-being and reduce barriers is needed using focus groups and interviews. Interventions to improve well-being at the individual level within healthcare workers have been developed and demonstrated to be effective (Melnyk et al., 2020), but few interventional studies focus specifically on NMs and nurse leaders. More research is needed to determine whether organization-level changes such as reduction in meetings, addition of support staff, changes in work hours or location, or a rotating manager on-call system can make a meaningful difference in NM well-being.

CONCLUSION

This qualitative descriptive study gave NMs an opportunity to have a voice by sharing their own thoughts and experiences related to well-being. NMs believe that well-being includes navigating work–life balance and that a requisite investment themselves is needed. Well-being is bolstered by the support of others, and mixed feelings of thriving vs. struggling in the role are common. Increasing workloads, feeling stuck in the middle, and ongoing staffing challenges serve as barriers to NM well-being. The findings of this study provide a rich description of NMs' well-being that is helpful to understand before exploring options to create meaningful change.

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DATA AVAILABILITY STATEMENT

Due to the sensitive nature of qualitative data, study data are not available for sharing.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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