



Qualitative research on nurses' experience in the event of sudden transfer to the COVID-19 patient care department

Kvalitativna raziskava o izkušnjah medicinskih sester ob prerazporeditvi na oddelke za oskrbo bolnikov s covidom-19

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Abstract

Background: The COVID-19 pandemic caused significant challenges worldwide, especially for healthcare systems. The rapid redeployment of nursing staff to COVID-19 care units introduced numerous psychological, organizational, and professional obstacles. Understanding these experiences is crucial for improving future healthcare management during emergencies.

Purpose: The purpose of this study was to explore the emotional, professional, and organizational challenges faced by nurses redeployed to COVID-19 care units, identify key issues and opportunities, and provide recommendations to improve nursing management during similar crises.

Methods: A qualitative study was conducted using semi-structured interviews with eight nurses and nursing technicians without prior experience in infectious disease care. Participants were selected through purposive sampling, and data were analysed using qualitative content analysis to identify themes and patterns.

Results: Redeployment elicited mixed emotional responses, including fear, stress, and uncertainty, as well as professional growth and resilience. A lack of formal training and organizational preparedness contributed to heightened anxiety. Participants emphasized the importance of peer support, effective communication, and tailored training for adapting to new roles.

Conclusion: The study provides valuable insights into the challenges and opportunities faced by nursing staff during redeployment to COVID-19 care units. Recommendations include implementing structured pre-deployment training, enhancing mental health support, and improving organizational strategies to better prepare healthcare systems for future crises.

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Izveček

Izhodišča: Pandemija covid-19 je povzročila velike izzive po vsem svetu, zlasti za zdravstvene sisteme. Hitro prerazporejanje medicinskih sester na oddelke za oskrbo bolnikov s covidom-19 je prineslo številne psihološke, organizacijske in strokovne težave. Razumevanje teh izkušenj je ključnega pomena za izboljšanje upravljanja zdravstvenega sistema v prihodnjih kriznih razmerah.

Namen: Namen študije je bil raziskati izkušnje medicinskih sester, prerazporejenih na oddelke za oskrbo bolnikov s covidom-19, s poudarkom na njihovih čustvenih odzivih, poklicnih izzivih in organizacijskih težavah. Prav tako je cilj prepoznati možnosti za izboljšanje organizacijskih rešitev in usposabljanja za boljšo pripravljenost na področju zdravstvene nege v prihodnje.

Metode: Kvalitativna študija je bila izvedena v obliki polstrukturiranih intervjujev z 8 medicinskimi sestrami in medicinskimi tehnikami brez predhodnih izkušenj s področja obravnave nalezljivih bolezni. Vzorčenje je bilo namensko, podatki so bili analizirani s kvalitativno analizo vsebine za identificiranje tem in vzorcev.

Rezultati: Prerazporeditev je sprožila mešane čustvene odzive, vključno s strahom, stresom in negotovostjo, hkrati pa tudi strokovno rastjo. Pomanjkanje formalnega usposabljanja in organizacijska negotovost sta povečala občutek tesnobe. Udeleženci so poudarili pomen podpore sodelavcev, učinkovite komunikacije in dodatnega usposabljanja za prilagoditev na novo delovišče.

Zaključek: Študija ponuja dragocene vpogled v izzive in priložnosti, s katerimi so se soočale medicinske sestre med prerazporeditvijo na oddelke za bolnike s covidom-19. Priporočila vključujejo uvedbo strukturiranega predhodnega usposabljanja, izboljšanje podpore za duševno zdravje in nadgradnjo organizacijskih strategij za boljšo pripravljenost zdravstvenega sistema na prihodnje krize.

1 Introduction

In December 2019, a group of patients with pneumonia of unknown cause was linked to the wholesale seafood market in Wuhan, China. In the airway epithelial cell samples of these patients, a previously unknown beta-coronavirus was identified as 2019-nCoV, called SARS-CoV-2 virus, and the new disease was called COVID-19. The high virulence of this virus and the possible rapid respiratory failure in patients have led to the onset of severe health challenges in many countries with the rapid spread of infections worldwide (1,2). The COVID-19 pandemic in Slovenia progressed in distinct phases, with the first wave managed through swift measures, leading to the declaration of the epidemic's end on May 15, 2020. However, a second wave in October 2020 brought renewed challenges, including surging infections and healthcare strain, with vaccination efforts only beginning in late December 2020.

Due to the rapid increase in the number of patients in need of hospital treatment, new wards had to be set up, which required addressing several organizational issues, including the gathering of adequate ventilators, protective equipment, prioritization of limited mechanical respiration, end-of-life care and in particular, the provision of human resources (3,4). The COVID-19 pandemic has highlighted the urgent need to strengthen

the health workforce worldwide, both among physicians and nurses, as the role of nurses is described as crucial in the work of epidemic control groups (5). Data analysis showed that the COVID-19 crisis is an opportunity for nurses to be more aware of the depths of their field of work and profession and to perceive the actual value of nursing in practice (6).

During the COVID-19 pandemic and simultaneously lack of staff, not only patients but also those caring for them were stigmatized and discriminated against (7). Like society as a whole, the COVID-19 pandemic has disrupted nurses' everyday life. Uncertainty about the future, fear for oneself and loved ones, and stressful problems such as feelings of isolation, stigmatization and loss are present daily, which can represent very stubborn distress (8,9). Decades ago, the authors (10) warned that an epidemic under the right conditions can create a version of s.c. Hobbesian nightmares, where a war of all against all arises. With large outbreaks of new, fatal epidemic diseases, episodes of fear, panic, suspicion, and stigma can quickly follow, which can manifest as violence into mass outbreaks of moral strife or the search for potential solutions and personal conversion. Tan and colleagues (11) also stated that during the outbreak of the epidemic, patients were primarily cared for by women who

perceived the situation extremely emotionally.

The negative impact of stigmatization on specific groups of patients has been described in the past, especially in connection with certain infectious diseases and mental health diseases. They pointed out that stigma has a strong impact on the well-being of health professionals because they also live in stigmatized conditions due to their profession (12,13). The stigmatization of healthy people working with patients makes it difficult to provide health care to people with COVID-19 and leads to social isolation of the occupational group (14).

Due to the newly created work sites where the care of COVID-19 patients began, the redeployment of staff who had no experience in patient care in infectious disease departments was required. Understanding the experiences and feelings associated with relocating MS is crucial in providing good working conditions for employees, as in this way, we can work together to make changes that facilitate the process of adapting to a new job site. It is important to create an environment that allows employees to participate in improvements in the clinical environment and staffing, and additional training to work in the new work environment, which reduces the departure of nurses from the nursing profession (15). An adequate number of qualified staff and the provided technical and material resources, enables us to cope more successfully with future public health events (16).

The content of the nurses' training for work in the COVID-19 department includes providing instructions on using personal protective equipment, hand hygiene, surface disinfection, medical waste management, cleaning of patient care aids, and providing information on occupational exposure management. Due to the complicated process of applying and removing personal protective equipment, we recorded a study video at the University Medical Centre Ljubljana. We published it on the internal website for employees (Intranet), where all nurses could review the details of the installation and removal process of personal protective equipment (17). With this knowledge, nurses worked their 7, 10, or 12-hour shifts, providing nursing care to patients through double protection of their face shields, as well as experiencing how their patients, colleagues and later even family or loved ones died from the virus infection (3).

This study provides a unique perspective on the experiences of nursing staff redeployed to COVID-19 care units in Slovenia, focusing on the psychological, organizational, and professional challenges they faced. While similar studies have been conducted internationally, this is the first to examine these issues within the Slovenian

healthcare system. The study offers region-specific insights and recommendations to improve nursing management and preparedness for future health emergencies by addressing this gap.

2 Purpose

This study aimed to explore the experiences of nurses redeployed to COVID-19 care units, focusing on the emotional, professional, and organizational challenges they encountered. Specifically, the study aimed to answer the research question: What were the key challenges, dilemmas, and opportunities experienced by nurses redeployed to COVID-19 care units and how could these insights contribute to organizational improvements in nursing management?

3 Methods

The study was conducted at the University Medical Centre Ljubljana (UKCL), Slovenia's largest and most prominent healthcare institution. During the COVID-19 epidemic from March 2020 to January 2021, UKCL served as the central hospital for treating COVID-19 patients, managing the majority of critical cases in the country. As the central hub for advanced medical care, UKCL played a pivotal role in Slovenia's pandemic response, offering specialized services, including intensive care and establishing dedicated COVID-19 wards. This strategic role made it a vital location for examining the experiences of nursing staff redeployed to COVID-19 care units.

This study utilized semi-structured interviews with open-ended questions designed to explore the experiences of nursing staff redeployed to COVID-19 care units at the University Medical Centre Ljubljana. Data were obtained using the method of semi-structured interviews with open-ended questions: an introductory question, six key questions with additional sub-questions, and a final question (Table 1). The study population consisted of 8 nursing staff members (nurses and nursing technicians) without prior experience managing infectious diseases. Participants were selected through purposive sampling, with inclusion criteria specifying a minimum of ten days of experience in COVID-19 patient care and a willingness to participate in the study.

Interviews were conducted in January 2021 in a quiet, private space, scheduled individually based on participants' availability to minimize disruptions caused by their high workloads. All interviews were audio-recorded to ensure accuracy and transcribed verbatim.

Table 1: Summary of questions.

Type of questions	Que. numb.	Questions
Introductory question	1.	Please describe your normal working day in the ward where COVID-19 patients are treated.
Key questions	2.	How did you feel when you found out that you would be reassigned to the ward where COVID-19 patients are being treated? (Who did you talk to about your feelings? If so, who was that person?)
	3.	How did you feel when you found out that you would be reassigned to the ward where COVID-19 patients are being treated? (Who did you talk to about your feelings? If so, who was that person?)
	4.	What do you think would help / enable you to get used to the new job site and work with COVID-19 patients?
	5.	How did you experience working in personal protective equipment? In your opinion, did this affect your establishment of communication and patient relationship?
	6.	To what extent has the work in the ward where COVID-19 patients are treated affected your personal life? Have you thought about the job or talked about it outside of working hours?
	7.	How have you dealt with the changes / feelings at work and in your personal life related to the COVID-19 epidemic? (Who did you talk to about your feelings? If so, who was that person?)
Final question	8.	Do you think that the work in the wards where COVID-19 patients are treated is well organized? What do you think is well organized and what needs to be improved?

Legend: Que. numb. – question number.

Transcripts underwent iterative reading to ensure familiarity and to extract recurring themes. Data analysis followed a qualitative content analysis approach (18), performed independently by two researchers to enhance reliability. Coding was conducted systematically to identify patterns, leading to the development of categories and subcategories reflective of the participants' experiences.

The research was approved by the National Medical Ethics Committee of the Republic of Slovenia (permit number: 0120-549/2020/3) and the Research Group in Nursing and Midwifery of the University Medical Centre Ljubljana.

4 Results

The findings are structured to address themes such as emotional responses, professional growth, challenges of redeployment, and the effectiveness of organizational support. The study found that redeployment to COVID-19 care units elicited fear, stress, and uncertainty among nurses, largely due to inadequate preparation and high-pressure environments (Table 2). While some reported professional growth and resilience, others faced burnout, with one nurse considering leaving healthcare

and another transferring to a less stressful department. These findings underscore the need for institutional support to address long-term impacts and improve retention.

4.1 Feelings upon redeployment

Most nurses cited mixed feelings during the redeployment, the positive part of which was mainly related to the perception of relocation as an opportunity for new challenges. Their feelings could be summarized into three subcategories related to positive feelings, negative feelings, and other experiences. The opportunity to get new challenges was mentioned by four participants (P2: "I went with one such little enthusiasm because of new challenges.", P3: "It was a small challenge for me."), Similar answers were given by the participants number P4 and P5, participant number P6 described it as a new experience for him (P6: "Because it's just one new experience.").

Four participants also described negative feelings (P2: "I may have been a little scared.", P4: "I was shocked.", P5: "I went to work with fear.", P6: "I was scared distress."), and three participants stated that they did not feel any special feelings.

Table 2: Categories, subcategories and codes of participants' answers.

Category	Subcategory	Code
Feelings upon redeployment	Positive feelings	New challenges (P2, P3, P4, P5), new knowledge (P3), new experience (P6)
	Negative feelings	Fear (P2, P5), shock (P4), distress (P6)
	Other feelings	No special feelings (P1, P7, P8)
Support person (talk person)	Coworkers	Colleagues (P4, P5, P6)
	Family members	Husband (P1), daughter (P1, P2, P3), other family members (P4, P6)
	Friends	Friends (P3)
Experiencing the 1st day	Positive feelings	Known team (P1), observation (P3), anticipation (P4)
	Negative feelings	Stress (P2), lost (P3, P5)
	Other feelings	There were no problems (P1, P6)
	Professional growth	Lots of new things (P2), sharing experiences (P2), team help (P3, P7), good cooperation (P1)
Additional training	In a pre-organized form	Assigned person (P6)
	Own-initiative organization	Turned to the leader (P3)
	Informal training	Introduction by team leader (P1), by co-worker (P1, P2, P4, P5, P7, P8)
Getting used to a new job site	Before the start of work	Preliminary interview (P2, P5), written instructions (P3, P5), additional expertise (P5), acquaintance with administrative programs (P5)
	At the start of work	More time to deploy to a new job site (P4, P6, P8)
Experiencing work in personal protective equipment	Impact on employees	Difficult breathing (P1), heat (P1, P5, P7), fear of improper use (P2), difficult undressing and dressing OVO (P2, P3), equipment quality concerns (P3, P4), stress (P3), sweating (P4, P6, P5, P7), discomfort (P6), impaired vision due to misted glasses (P5, P8)
	Impact on patients	Poor speech comprehension (P1, P4, P5, P8), fear (P2), non-recognition of the employee's face (P4), emotional impact (P5)
Impact on personal life		Not affected (P1, P2), negative feelings at the death of the patient (P1), stress due to different working hours (P4), professional growth (P5), awareness of the value of life (P5)
Coping with the epidemic	Negative feelings	Fear of the unknown (P1), devotion to destiny (P5), lack of personal contacts (P3, P6, P7, P8)
	Other feelings	Relaxation through sport (P4), using psychological support within the service (P8)
Organization of work	Challenges	Initial problems (P3), space constraints (P5)
	Suggestions for improvements	Organizing the permanent presence of employees in the red zone (P4, P8), uniform instructions (P7), selection of employees according to the internal interests of employees (P8)

Four participants (P2, P4, P5 and P6) were able to perceive both positive and negative feelings, part of which was fear and shock at the time of relocation, along with the opportunity to acquire new knowledge.

Three participants (P1, P7 and P8) did not show any special feelings.

4.2 Support person in the professional and private life of the participants

We found out that most nurses turn to their family for conversation and support. Two participants (P7 and P8) stated that they had not talked to anyone about their

transfer to new work environment in the COVID-19 department. Participants P4 and P6 talk about their work when they need support to help both family and co-workers (P4: “Mainly with co-workers and at home.”; P6: “Both at work and at home.”). One participant (P3) turned to friends for conversation and support.

4.3 Experiencing the first day at a new job site

Most nurses reported positive feelings (P1, P3, and P4) and feelings associated with further professional and personal growth (P1, P2, P3, and P7) on the first redeployment day. Two participants stated that they had no particular problems (P1 and P6). Negative feelings were described by three participants (P2, P3, and P5), of which P2 and P3 participants, in addition to negative feelings, also described opportunities for professional growth (P2: “I gave the initiative to go and learn something new.”; P3: “And I wanted to learn something new or repeat some knowledge.”).

4.4 Additional training for acquiring knowledge related to working on a new job site

When participants were asked about additional training before being introduced to work, we found out that most participants had an informal form of training, where most of the initiative to pass on information was taken by other employees (P1, P2, P4, P5, P7, and P8). Only one participant said that he was previously assigned a person to be introduced to the job (P6: “Yes, the person was assigned to me, we agreed to that.”). One of the participants stated that he obtained the information on his own initiative through the leader (P3: “I just turned to the one whom I saw that was the leader and stuck to it and watched what she was doing.”).

4.5 The process of getting used to the new job site

The participants saw opportunities for an easier introduction to the work, especially in a more appropriate introduction before the start of the work. They described that it would be easier for them to start working in the department if they had a preliminary conversation with their superiors (P2 and P5), received written instructions (P3 and P5), gained additional expertise (P5: “Maybe you go over, I don’t know, for example, the most common medicines, how you prepare medicines, what certain investigations mean.”) and if I were to get acquainted with

administrative programs (P5: “How to use the digital information system BIRPIS and how to work with all the papers and all that.”). When they start working, it would be easier for them to get used to it if they had more time to get used to the new job site (P4, P6, and P8).

4.6 Experiencing work in personal protective equipment

When experiencing work in personal protective equipment, it should be noted that some participants were accustomed to working in personal protective equipment, as they come from work sites from operating rooms. Participants listed two subcategories of impacts: impact on employees: difficult breathing (P1: “You breathe harder, and you’re hot.”), heat (P1, P5, and P7), fear of improper use of personal protective equipment (P2: “But I didn’t know if I’m doing it right, but other staff helped me, now I believe I know how to protect myself and when to get dressed. You need to know where and when you take off your clothes.”), difficult undressing and dressing of personal protective equipment (P2 and P3), concerns about the quality of equipment (P3: “This is a disaster from protection, it would be better to go inside in a regular uniform.”; P4: “These coats are made from a different material than the one in the operating room, in those coats you sweat a lot; your glasses are dripping.”), stress (P3: “Stress alone, work is a little different, but then you get used to moving slower.”), sweating (P4, P6, P5, and P7), discomfort (P6), poorer vision due to misted glasses (P5 and P8), and impact on patients: poor comprehension of speech and instructions (P1, P4, P5, and P8), fear (P2: “I have a feeling they are a little afraid of this.”), unrecognized the employee’s face (P4: “Well, he sometimes barely realizes who is who.”) and the emotional impact (P5: “One said last time that it was nice that despite not feeling our skin-to-skin touch he feels the connection as they know we have to be in these masks.”; P3: “Impersonal contact and people are also a little apathetic.”).

4.7 The impact of work on the COVID-19 department on personal life

When participants were asked how working in the COVID-19 department affected their own personal lives, we obtained answers related to gaining a higher level of professional growth (P5: “I learned a lot on a professional level.”). Two of the participants stated that their lives had not changed as a result of working in the new department, as there were restrictions at the state

level to the extent that there was no difference before and after the relocation. Stressors due to changed working hours (P4: “The only thing that affected me was multi-shift work.”) and awareness of the value of life and negative feelings at the time of the patient’s death were also described (P1: “When someone dies. When patients collapse. That’s when you think about that every patient collapsed suddenly, that is the only thing you think about.”).

4.8 Coping with the COVID-19 epidemic

Most participants stated that they lacked personal contacts (P3, P6, P7 and P8). The subcategory of negative feelings also includes fear of the unknown (P1: “Because no one knows anything concrete about how it happens, what it really is, how it will unfold.”) And devotion to fate (P5: “I just threw myself into it and got used to it, now I’m waiting to become better, you follow the reports, you watch these hospitalizations, you hope it will be good.”). One of the participants described relaxing with sports (P4: “I’m going to play sports; I just need to put some feelings out, and then I’m half OK.”). A P8 participant described using psychological support within the service.

4.9 Organization of work in the COVID-19 department

When asked about the organization of work in the COVID-19 department, most participants rated the organization positively (P1, P2, P3, and P6), but participant number P4 said the work was not well organized. In the subcategory of challenges, the participants described the initial problems that were later resolved (P3: “We are quite well organized, there were more problems in the beginning.”), among them space constraints in the locker room and clinic (P5: “Space constraints in the infirmary where we all gathered, space constraints as far as the wardrobe is concerned.”). We have included several codes in the subcategory of proposals for improvements: organizing a permanent presence of employees in the red zone (P4 and P8), uniform instructions for employees (P7: “My opinion is that completely precise instructions should be given.”) and the selection of employees according to their inner interests (P8: “Some people just don’t know why they’re here, it’s not all about finances, you’re here because of patients to help them.”).

5 Discussion

The findings indicate that redeployment to COVID-19 care units elicited a complex interplay of emotional

responses among nursing staff, ranging from fear and uncertainty to a sense of professional growth and altruism. These observations align with existing literature, such as Sun et al. (19), which describes the coexistence of negative and positive emotions among healthcare providers during pandemics. At the onset of redeployment, participants reported heightened negative emotions—primarily anxiety, fear of infection, and helplessness—due to unfamiliar environments and perceived unpreparedness. However, as they adapted, they experienced personal growth, professional fulfilment, and enhanced camaraderie, as also noted in Galehdar et al. (6).

A significant finding was the need for formalized training and clear guidelines prior to deployment. Many participants felt unprepared, which exacerbated their anxiety and reduced their perceived efficacy. These findings corroborate studies in Iran and Italy (21,26), emphasizing the importance of simulation-based training programs, structured onboarding procedures, and ongoing professional education tailored to emergency care settings. Such interventions not only alleviate emotional distress but also enhance healthcare providers’ readiness to tackle future crises (23).

The study highlights the critical role of organizational and public health measures in supporting healthcare staff. Participants’ concerns regarding personal protective equipment (PPE)—including discomfort, limited mobility, and fear of improper use—reflect global challenges faced during the pandemic (6,26). A study conducted in Spain revealed similar issues, particularly with PPE shortages, which impacted the safety and morale of healthcare staff, highlighting the need to ensure a stable supply of high-quality equipment (24). Addressing these challenges requires robust supply chains, regular quality checks, and transparent communication strategies. Additionally, adopting innovative solutions, such as TeleHealth applications to improve communication hindered by PPE, could significantly enhance patient care and healthcare workers’ efficiency.

Importantly, the results underscore the long-term impact of working in high-stress environments, particularly on mental health, with participants frequently citing the psychological toll of witnessing patients’ suffering and death, consistent with previous studies (6,20,25,27). This prolonged exposure can lead to burnout and post-traumatic stress disorder (PTSD), underscoring the need for regular mental health screenings, access to psychological counselling, and the establishment of peer support networks (25). In line with these concerns, Morley and colleagues (22) called on policy makers to ensure that the voices and perspectives of MS

are included in both local and global decision-making on work organization. Such interventions are critical for safeguarding the well-being of healthcare professionals and ensuring the sustainability of healthcare systems during public health emergencies.

Based on these findings, we propose several practical interventions to strengthen support for healthcare staff during future crises. These include:

1. Simulation-based training programs to enhance preparedness and reduce anxiety prior to redeployment.
2. Improved organizational support, such as clear communication channels, mentorship programs, and regular feedback mechanisms.
3. Sustained investment in mental health support, including counselling services, peer-support initiatives, and resilience-building workshops.
4. Innovative technological solutions like staff support platforms to overcome challenges posed by the use of PPE.

Future research should focus on longitudinal studies to assess the long-term effects of redeployment on healthcare professionals and evaluate the efficacy of implemented interventions. Comparative studies across healthcare systems can also provide valuable insights into best practices for workforce preparedness and resilience in emergency situations. We aim to contribute to a more robust and supportive healthcare environment

by aligning these recommendations with broader public health measures.

6 Conclusion

This study provides valuable insights into the experiences of nurses redeployed to COVID-19 care units in Slovenia. The study identifies that redeployment elicited a complex interplay of negative emotions, such as fear and stress, intertwined with professional growth and resilience. The novel contribution of this research lies in uncovering the critical role of informal peer support and teamwork in facilitating adaptation to new roles, as well as the significant shortcomings in formal training and organizational preparedness during the early stages of the pandemic. These findings highlight the urgent need for structured pre-deployment programs, comprehensive mentoring, and mental health support systems to reduce stress and enhance workforce retention. This study represents the first qualitative exploration of nursing redeployment during COVID-19 in Slovenia, providing region-specific insights that contribute to global discussions on improving healthcare systems' preparedness for future public health crises.

Conflict of interest

None declared.

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