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Determining the Psychosocial Needs of the Nurses of COVID-19 Patients

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DETERMINING THE PSYCHOSOCIAL NEEDS OF THE NURSES OF COVID-19 PATIENTS

By

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Abstract

Nurses are a vital element of the COVID-19 healthcare crisis and have been since the beginning of the COVID-19 response. The professional strain put on nurses included, but is not limited to: changing professional roles, rapidly changing policies and procedures, an influx of patients—particularly of high acuity, and change in workplace morale. However, nurses also had to carry the burdens of living as a member of society, family member, friend, community member, and above all, simply as a person surviving a pandemic themselves. With all of the stressors nurses have endured, it stands to reason that their psychosocial needs have changed. This study examines the psychosocial needs of the COVID-19 nurse.

Keywords: COVID-19, Pandemic, Nurses, Psychosocial, Needs, Physical, Spiritual, Mental, Complementary and Alternative, Resources, Anxiety, Depression, Substance Abuse, Healthcare Administrator

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Chapter I. Introduction

Focus of Inquiry

In 2019, the world as we know it transformed from a place of comfortable function to a total disaster, reminiscent of a science fiction movie. The SARS-CoV-2 virus, which came to be known as COVID-19, swept from the markets of Wuhan, China, around the globe. COVID-19 is a respiratory virus in the coronavirus family and can cause mild to very severe symptoms (*Coronavirus Disease 2019 (COVID-19) – Symptoms,* 2021). As of September 8, 2021, the CDC has reported 652,480 deaths from COVID-19 in the United States alone (*COVID Data Tracker Weekly Review*, 2021). Symptoms include, but are not limited to, fever, chills, cough, shortness of breath, fatigue, body aches, headache, a net loss of taste or smell, sore throat, congestion, runny nose, and G.I. symptoms (nausea, vomiting, or diarrhea) (*Coronavirus Disease 2019 (COVID-19) – Symptoms,* 2021). Unlike other viruses that have caused a global scare (such as Ebola, for example), COVID-19 is spread via airborne droplets, meaning that one could be within a few feet of an infected person for a short period, never making physical contact, or being in close quarters with them, and still contract the deadly virus. Nurses found themselves in a unique position. They were a key member of public health response and society's most valuable tool, but they were also individual members of society themselves.

Statement of Problem

Arguably, the burden of COVID-19, particularly the psychosocial burden, was higher on nurses than the average American.

Need and Background for Study

According to the American Association of Colleges of Nursing (AACN) (2019), as of April 1, 2019, more than 3.8 million nurses are in the United States, with 84.5% employed. Letourneau (2020) noted that the U.S. Bureau of Labor Statistics reported a need for 1.1 million nurses to join the workforce to avoid a nursing shortage by 2022. It is no coincidence that the number of nurses needed to avoid a shortage after a pandemic has raged is nearly 129% of the current population of nurses on hand in the United States. The same article cites a survey of 1,200 nurses, 60%, who reported quitting their jobs or the profession due to the Pandemic. With an influx of pandemic patients, baby boomers (who have long been known to require a large amount of attention from the healthcare system [Graham, 2020]), and the general population, a loss in nurses could disastrously tax the healthcare system. Measures to prevent nursing burnout, loss of staffing, and enhance nursing wellness should be embraced by the healthcare community now more than ever. As such, it is imperative to study the needs of nurses so that the proper interventions or support services can be provided.

Purpose of Study

The purpose of this study is to determine the psychosocial needs of nurses working in direct contact with COVID-19 patients.

Research Question

What are the psychosocial needs of nurses working directly with COVID-19 patients?

Assumptions

Because this study is limited to nurses who work in the acute care setting, this study assumes that acute care nurses have more stressful experiences with COVID-19 patients than nurses of COVID-19 patients encountered in other settings. This study also assumes that the experiences of acute care COVID-19 nurses can be generalized into a short survey. This study assumes that nurses can articulate their needs during a crisis. Finally, this study assumes that despite the grand scale of the COVID-19 Pandemic, that healthcare administrators can and will be able to prioritize and make tangible changes to enhance wellness specific to their staff.

Limitations

This study had a low participation rate limited to acute care nurses and nurses in the United States. Additionally, this study was only performed during a fraction of the time nurses spent treating COVID-19 patients in acute care areas. A longitudinal study would perhaps serve to benefit the research question and purpose, as the needs of the nurse may change over time.

Chapter II: Literature Review

While there is some COVID-19 research beginning to emerge relating to this topic, it is not as comprehensive as the research from an event from the past that has nearly or entirely resolved, nor does it mainly address all of the different types of emergencies and disasters that can lend research to the study of COVID-19 psychosocial preparedness for nurses. This literature review seeks to identify select literature from both COVID-19 and the Great East Japan Earthquake.

General Disaster Management and Nursing

Said and Chang (2019) studied nurses' knowledge, skill competencies, and psychological preparedness in disasters ahead of the COVID-19 crisis. They performed a systematic review of research articles from five databases over 17 years. Their results yielded responses from 1443 nurses across 12 studies. Said and Chang (2019) define a disaster as a "serious threat or great destruction to the community, which causes huge losses and limits the community's functions and capabilities in many aspects" (Said and Chang, 2019, p.1). They have also determined that disaster preparedness is defined as "activities and measures taken in advance to ensure an effective response to the impact of hazards, including the issuance of timely and early warnings and the temporary evacuation of people and property from threatened locations" (Said and Chang, 2019, p.1). This study concludes that nurses have an insufficient knowledge base and skill set for emergency preparedness. It is necessary to increase skills across all nurses, perhaps even initiating a solid educational start at the undergraduate level. Additionally, psychological wellness needs to be enhanced in nurses in the setting of emergency preparedness so they, in turn, can be better prepared to render quality patient care.

Japanese Nurses, The Great East Japan Earthquake, and the Fallout

The Japanese culture is historically known for its sense of duty (Mizuno-Lewis & McAllister, 2007). Mizuno-Lewis and McAllister (2007) remark quite thoroughly on the nurse's role in Japanese healthcare, society, and family members. Generally speaking, the needs of society are considered more significant than the needs of the family. Therefore, it is incumbent on the Japanese nurse to answer their call of duty. This sense of duty is easily seen in the struggle that nurses endured during the Fukushima Daiichi disaster. The following two studies highlight the trials of Japanese nurses during this period, as they struggle to meet their needs and maintain their professional duties.

Sato et al., (2018) interviewed thirty-eight nurses in observation, qualitative formats (informal, formal, and in-depth interviews), and screened for post-traumatic stress disorder. The objective of the study was to "assess the psychosocial consequences among the nurses affected by the complex disaster of the Great East Japan Earthquake of 2011, to identify the nurses' coping strategies, and to explore possible countermeasures against complex disasters" (Sato et al., 2018, p.520). Eight themes were formed of the thirty-two concepts that emerged, which were as follows: initial acute stress, acute stress turning chronic, chronic physical and mental fatigue, occupational stress, fear of the impact of radiation on children's health, occupational satisfaction, positive influences of the disaster experience, and impact of mutual care through interpersonal cognition. Additionally, this study specifies that stressors included loss of healthcare infrastructure, staffing shortages, societal expectations, rising tension between staff members (particularly between those who stayed and those who evacuated), and choosing between family and work. They feared for their lives as well as the lives of others, reported

developing mental illnesses, such as PTSD (post-traumatic stress disorder) symptoms, and again specified regret when having to choose between family and work, and subsequently being indebted to the family for staying at work or guilty for evacuating. Many remarked on a resolve to improve their lives after having endured the experience of working through this complex disaster. The study supports mutual care to assist the psychosocial recovery of nurses (such as debriefing for R.N.s, colleagues, and family members), supporting interpersonal relationships and human resources, appropriate safety precautions, and considering the conflict nurses face between the workplace and home in such an encompassing emergency event.

Nakayama et al., (2019) also studied the struggles of nurses who worked during the Great East Japan Earthquake, the tsunami, and the Fukushima Daiichi Nuclear Disaster. Researchers performed nine interviews with nurses who worked in a psychiatric hospital in the Fukushima prefecture during the Great East Japan Earthquake. Common themes found include "(a) nurse's perceptions of their nursing duties, (b) responsibilities towards their patients, (c) conflicts and dilemmas amongst nurses, (d) and what sustained the nurses to continue to work" (Nakayama et al., 2019, p.271). Nurses remarked that even though they felt a responsibility to their families, they expected not much deviation from normal and were surprised when it was encountered in the initial moments and hours after the earthquake. During the tsunami, nurses who were caring for patients described a protective attitude towards their patients and the jarring experience of leaving certain patients behind while evacuating patients in groups, having to promise they would return for them. Some discussed fatally losing coworkers and realizing the devastation of the outside world. As this became an extended incident, nurses began to cope with

organizational rationing, distribution of meals, infection prevention and the maintenance of hygiene, transfer, and care of patients, and staffing issues and conflict. Nurses again described their family and their dedication to their job as their reason to continue working through adversity. This event made nurses reconsider their lifestyles and adapt their nursing behaviors to meet patient, hospital, and self-care needs during a disaster.

While an earthquake/tsunami/nuclear disaster is hardly a pandemic, there is justification for comparison. A pandemic is strictly biological in etiology at its basis; it has the propensity to fully encompass society, as was seen during the COVID-19 Pandemic. Also, earthquakes may only last a short time, but tsunamis do not discriminate when they crash upon shores, and neither does a nuclear disaster. Every single aspect of life can become a victim of the event. Because of the similarities in the toll on victims in natural disasters and a pandemic, the comparison between the disasters in Japan and the impact on nurses' experiences during a pandemic seems justified.

COVID-19 and Existing Research

The nurses who endured the Great East Japan Earthquake of March 2011 experienced a multifaceted effect. The event itself cascaded from one event to four major, interlinked events: the earthquake, the tsunami, the nuclear disaster, and the evacuations. More individualized events, such as nurses being held over at work, loss of power, loss of contact with family, and loss of resources, etc., occurred. The benefit of the above studies is that they were conducted well after the events of 2011. Nurses had time to recover and gather their thoughts on the Great East Japan Earthquake, the subsequent tsunami, the Fukushima Daiichi Nuclear Disaster, and the fallout before participating in research on the event's impact. Since the onset of COVID-19 in the United States, the existing

literature addressing the psychosocial needs of COVID-19 nurses shares some of the same themes noted above.

As COVID-19 research is still an emerging topic, attempts are being made to study the pandemic crisis and its facets. Talaee et al. (2020) undertook the responsibility of validating a questionnaire to evaluate stress and burnout in healthcare workers during the Pandemic. They assessed background information, the Pandemic's stress, utilized the Depression, Anxiety and Stress Scale-21 (DASS-21), and utilized six questions from the Copenhagen Burnout Inventory (CBI) to develop a 46-question questionnaire written in Persian. Sixty healthcare workers were tested through the test-retest method and the inter-cluster correlation coefficient method in the Masih Daneshvari Hospital in Iran. The statistics have allowed researchers to determine that this anonymous questionnaire is a valid tool to determine the stress and burnout in healthcare workers of the COVID-19 Pandemic. However, for this paper, the Talaee et al study was limited in its applicability to the psychosocial needs of the nurses of COVID-19 patients as the study was limited to 60 nurses in one facility and was not conducted in the United States, and was translated into Persian.

Although it is challenging to develop a tool to measure burnout and stress-specific to COVID-19 healthcare workers, there is current data through other avenues, specifically American nurses and essential workers. Czeisler et al. (2020) published the Morbidity and Mortality Weekly Report for the Centers for Disease Control and Prevention for the week of June 24-30, 2020. Findings were released on August 14, 2020. This research team studied 5,470 people over 18 during this one week regarding mental health, substance use, and suicidal ideation. Essential workers, including nurses, totaled

1,785 (or 32.6%) respondents. Of essential workers, 35.5% reported anxiety disorder, 33.6% reported depressive disorder, 42.4% noted anxiety or depressive disorder, and 38.5% reported COVID-19 related TSRD (trauma- and stress-related disorders) (this study classified TSRDs according to DSM-5 guidelines, examples of which include diagnoses of post-traumatic stress disorder, acute stress disorder, and adjustment disorder). Czeisler et al. (2020) scored symptoms to determine which respondents qualified as "symptomatic."

Additionally, nearly a quarter of essential worker respondents (24.7%) reported starting or increasing substance use to cope with COVID-19 pandemic-induced stress or emotions. Sadly, 21.7% of respondents reported seriously considering suicide within the 30 days before the study. Perhaps not surprisingly, 54% of respondents report at least one adverse mental or behavioral health symptom. Additionally, of the total 5,470 respondents, nearly 80% have not known someone who tested positive for COVID-19, 92.2% do not know someone who died of COVID-19, just over 90% reported not having previously received treatment for anxiety, depression, and over 95% reported never having been treated for PTSD. This study determined a significant leap in these figures from the second quarter of 2019 (double to triple). Essential workers were considered one of the subgroups who were disproportionally affected during the study period. Czeisler et al. (2020) determined that mental health disparities exist, and support systems must be put in place to support the mental health needs of people during the Pandemic. As it applies to this research paper, the limitations of Czeisler et al. (2020) include that the group studied was "essential workers" and did not further specify nurses versus other various essential workers during the Pandemic, or nurses in specific specialties for that

matter. Also, data specific to whether essential workers studied had known someone who had been diagnosed with COVID-19 or died, etc., would have presented valuable information regarding the mental health concerns of these affected essential workers.

While the following study was not conducted in the United States, it is nurse-specific. An et al. (2020) specifically researched the prevalence of depression and quality of life on emergency room (E.R.) nurses during the COVID-19 outbreak in China. Their findings concluded that depression was certainly prevalent in the E.R. nursing community during the COVID-19 outbreak. An et al. (2020) performed a national, cross-sectional survey from March 15-20, 2020 in China, using the Patient Health Questionnaire-Chinese version to study depression and the World Health Organization Quality of Life Questionnaire- Brief Version, as well as demographic information. Results showed that 1103 frontline E.R. nurses participated, with 43.61% reporting depression. This finding was significantly associated with hospital type (specifically tertiary hospitals), whether or not the participant delivered direct care to COVID-19 patients, were smokers, years of work experience, and quality of life. Depressed nurses reported a lower quality of life than nurses who did not report depression. Nurses reported the following factors as worsening their risk, prevalence, or occurrence of depression: high workplace pressure and workload, low control, low autonomy, powerlessness, shift work, exposure to resuscitation and death, fatigue, sense of helplessness, and a fear of the risk of infection. Nurses in this study also endured a mandatory 14-day quarantine (leading to isolation), reported fearing infecting friends and family. The final determination of An et al. (2020) is a recommendation that health officials provide services, including screening, preventative measures, financial support,

online counseling, and psychiatric treatment to nurses who directly care for COVID-19 nurses. Limitations of this study as it applies to this current research are that it is limited to research performed in and using tools specific to China.

Again, drawing from Chinese research, Hu et al. (2020) performed a cross-sectional study to evaluate frontline nurses' burnout, anxiety, depression, fear, and associated factors during the COVID-19 outbreak in Wuhan, China. This study was conducted in two hospitals in Wuhan, China. Both facilities sustained a significant influx of COVID-19 patients, which disturbed their regular organizational function. A total of 2860 beds and approximately 2600 nurses were involved in the response between the two facilities. The study thoroughly measured sociodemographic data and burnout using the Chinese version of Maslach Burnout Inventory: Human Services Survey (MBI-HSS) (which studies emotional exhaustion, depersonalization, and personal accomplishment). Anxiety was measured using the Chinese version of Zung's Self-Rating Anxiety Scale (SAS).

Depression was measured using the Chinese version of Zung's Self-Rating Depression Scale (SDS). Both of Zung's scales contain 20 items each. Fear was measured using the Fear Scale for Healthcare Professionals (FS-HPs), which was developed by the researchers for this study, containing eight assessment items. The Skin Lesion Scale was also created by researchers for this study to determine the prevalence of skin lesions in nurses who respond to the COVID-19 Pandemic. Self-efficacy was measured using the ten-point General Self-efficacy Scale, specifically the Chinese version. Resilience was measured with the Chinese version of the ten-item Connor-Davidson Resilience Scale-10 (Chinese version). Finally, social support was measured using the Chinese version of the

Multidimensional Scale of Perceived Social Support (MSPSS), containing 12 items. The findings of this study included results from 2014 nurses. This study determined that burnout, anxiety, depression, and fear were high in frontline nurses.

Skin lesions were common and were related to the use of (personal protective equipment) PPE. There was a negative correlation between mental health and self-efficacy, resilience, social support, and frontline work willingness, even though many nurses remained willing to work with COVID-19 patients. Burnout levels were determined to be high. Forty to 45% of nurses reported anxiety or depression. Fears include contracting the virus and spreading it to loved ones, with these fears being worsened by seeing their coworkers fall victim to COVID-19. There was a marked negative correlation between self-efficacy and resilience and anxiety, depression, burnout, and fear. These two qualities can positively affect disaster preparedness, work-related stress, and psychological health outcomes. A lack of social support was found to be a risk factor for developing adverse psychological outcomes. Psychological resources available to nurses were found to be beneficial to nurses. This study suggests improving organizational factors, such as staffing, resources, welfare, and living conditions to improve nursing willingness to work with COVID-19 patients, although the willingness overall was measured at a staggering 96.8%. Researchers also recommend providing interventions to address mental health issues, skin lesions, self-efficacy, resilience, social support, and ensuring a willingness to work. This study is limited by its location to just Wuhan, China, though its large sample size bolsters it. There was also a unique focus on skin lesions and a strong focus on willingness to work.

Fernandez et al. (2020) performed a systematic review of nurses' experiences during a respiratory pandemic. Researchers have identified in this study that nurses are at particular risk of exposure to infectious diseases, particularly during an epidemic or pandemic care. This study specified their research towards qualitative studies (both published and unpublished) that specifically discuss acute care hospital nurses in a pandemic or epidemic. This study does not specify COVID-19 but was limited to viral respiratory outbreaks, including SARS (Severe Acute Respiratory Syndrome), MERS (Middle East Respiratory Syndrome), Avian Influenza, and Swine Flu. Results revealed the importance of acknowledging the physical and emotional impact of the nature of this work on nurses and the need for the organization to respond appropriately.

Furthermore, nurses continued to feel a great sense of duty or obligation to work during the outbreak, though they felt they had to choose between their patients and their families. Nurses reported using patient care to quell anxiety (though that may seem to the layperson as contrary to logic). Nurses reported importance in camaraderie with coworkers, sharing the work, and appreciating and championing each other. Again, nurses reported fear of contracting the illness and spreading it amongst loved ones, and in this study, they reported practice of self-isolating to protect those loved ones from the possible transmission. Nurses described a loss of control regarding social, economic, and personal implications of living through an outbreak. It was again reported that anxiety was worsened when the death of a coworker occurred. Concerns regarding PPE were a common theme, as was conflicting information on infection prevention protocols. Protocols and guidelines were updated rapidly due to the quickly changing nature and information available surrounding the COVID-19 Pandemic, which meant that

information could change more than once daily, leading to anxiety. Nurses also felt inadequately trained for the situation. Lack of organizational preparedness puts a strain on nurses. Organizational strain included staffing shortages, staffing mixes that were not adequate for the patient population they were serving, and an overall lack of preparedness at all levels. This study concluded that organizations, governments, and healthcare leaders need to increase preparedness professionally and psychologically for nurses so that the adverse effects of this working environment do not take a toll on the strength of the workforce.

Nelson and Lee-Winn (2020) delve specifically into nurses' mental turmoil during the COVID-19 crisis. Their study describes what nurses endured. They noted mental anguish and fear for patients, family, friends, and themselves, specifically that they would be infected while rendering care. They remarked on a perceived lack of perception from administrators who are not at the bedside. Burnout was a common theme. Rapidly changing policies, procedures, and PPE requirements were a cause of stress. The additional role of nurses was the emotional support for each other and the patients because a lack of access to their loved ones caused an additional strain. Nurses reported that they felt they had to disconnect from their emotions to work with and cope with death and not be overwhelmed with grief and then not be able to work. Finally, nurses reported a sense of imposter syndrome, where they felt that being "thanked for their duty" was a regard that should be reserved for military personnel and not for nurses. They conclude with solid suggestions that hospitals should support nurses with mental health resources, conduct follow-ups and long-term mental health resources, implement

psychological first aid, and include daily huddles and debriefings to prioritize mental health issues and social support.

While the focus of the previously mentioned studies has primarily focused on bedside nurses, the following studies shift their focus to different areas of nursing. Caroselli (2020) remarked on the COVID-19 crisis from the perspective of the nursing administrator, specifically on patient flow, provision of care, and staff support. Caroselli spoke as an administrator at a Veterans Affairs hospital in the New York Harbor Healthcare System (NYHHCS). While the primary role of V.A. hospitals is not to provide care to the public, in events such as a pandemic crisis, care is extended to the public. Caroselli (2020) noted that it was a drastic change for the hospital system to begin working as part of the public healthcare system, adjusting their outpatient and non-emergent services. Educators and managers were called to adjust their job roles to meet the new needs of the facility. Caroselli (2020) recognizes the need for administrators to understand the concept of "no light at the end of the tunnel" for staff nurses and the high value of staff safety. Consideration needs to be extended to staff nurses through education, safety, PPE, and assignment considerations. Administrators recognized the value of one-to-one support for staff, group support, and found value in providing staff with snacks, meals, ethics resources, and walkouts. Administrators should expect that there will be mental health consequences for staff. Finally, Caroselli (2020) made it clear that administrators must be role models during a time of crisis.

Finally, Johnstone and Turale (2014) review the ethical preparedness of nurses in public health emergencies and healthcare disasters. Their research revealed that there is not a clear understanding of the code of ethics for nurses in disasters as it applies to

ethical decision-making. Knowledge gaps include: education in disaster ethics, ethical challenges faced by nurses, whether ethical behavior from nurses can be ensured during a crisis, and how much risk and sacrifice can be reasonably expected of nurses in the event of a crisis. Twelve studies met the inclusion criteria for this systematic review to determine how nurses made ethical decisions, identify gaps and weaknesses in the ethics and ethics education process under the circumstances of a crisis, and improve the expectations of nurses in this predicament. Of the 12 studies included, only one specifically discussed disaster ethics, six alluded to disaster ethics, and five made no mention of ethics at all. However, all of the papers identified a lack of clinical and emotional preparedness of nurses in this area of care. Only three papers discussed ethical issues in a peripheral manner, such as increasing education on triaging during a crisis. The study remarked on the notion that people are less ethical in action than they perceive. More research is needed on altruism versus self-interest. The overall theme identified in the systematic review was that more preparation before a crisis results in less strain during the crisis.

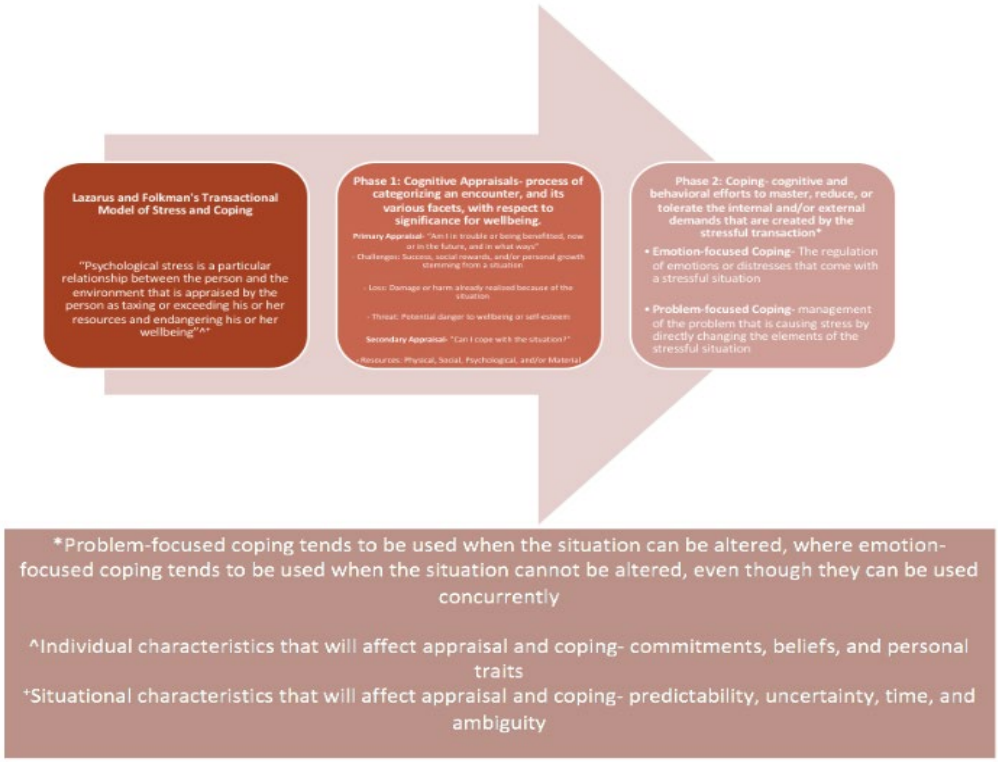
Theoretical Framework

To mitigate any ambiguity on the concepts of stress and coping, Lazarus and Folkman devised the Transactional Model of Stress and Coping. Lazarus and Folkman define psychological stress as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her wellbeing" (Lazarus and Folkman, 1984, p.19). This theory is divided into two phases: phase one, which evaluates cognitive appraisals, and phase two, coping. Furthermore, phase one can be divided into primary and secondary appraisal, and

phase two indicates two coping functions. Finally, they note factors that influence how people appraise and cope, which they evaluate as individual characteristics (commitments, beliefs, and personal traits), and situational characteristics (novelty/predictability, uncertainty, time, and ambiguity). This overly generalized explanation of the structure of the Transactional Model of Stress and Coping serves only to identify the pieces of their theory. The table below displays a visual representation of their theory.

Figure 1.

Lazarus and Folkman's Transactional Model of Stress and Coping



The primary appraisal would indicate danger, loss, threat, and challenge. The danger is self-explanatory, but there are physical dangers to emergency or crisis events at

every turn. A loss would indicate harm and damage that has already occurred. Possible examples include structural damage, damage to essential resources and delivery, physical injury, and emotional strain. As Lazarus and Folkman indicate, threat refers to potential dangers or risks to wellbeing and is also evident throughout the sequence of events around the COVID-19 disaster and any number of healthcare-impacting crises throughout history. In this particular case, an example is drawn from the Great East Japan Earthquake. The unpredictable earthquake triggered the events. The threats of a tsunami, nuclear disaster, and the strain of living with the disaster's fallout were realized. As nurses were separated from their families during this event, the threat can also encompass threats to the family that nurses may have to contend with, even from a distance (such as choosing to fulfill work obligations, even though a parent may risk not being able to protect their child). Rewards for nurses include maintaining professionalism, knowing their patients survive the incident unscathed, or knowing they assisted the hospital to maintain operations.

An example of secondary appraisal would be something that a nurse could do to help cope with the cause of their stress. For example, if the stressor in the Pandemic is a lack of PPE at work, the nurse may start bringing their own PPE to work.

The second part of the Transactional Model of Stress and Coping completes the model. Lazarus and Folkman refer to coping as "cognitive and behavioral efforts to master, reduce, or tolerate the internal and external demands that are created by a stressful situation." Lazarus and Folkman divide coping into two categories: emotion-focused and problem-focused. Problem-focused coping focuses on improving the problem, whereas emotion-focused coping concentrates on regulating emotion to deal

with the stressor. An example of emotion-focused coping would be managing anxiety, grief, sadness, seeking hope, endurance, or finding activities to reduce unpleasant emotions. Problem-focused coping is coping with the problem by reducing or eliminating the stressful characteristics of the situation. For example, if a power outage leads to no lighting, and it becomes difficult for nurses to give medications, powerful flashlights can help eliminate that stressor.

Finally, Lazarus and Folkman introduce both individual and situational characteristics which help people in their appraisal and coping process. Individual includes commitments, beliefs, and personal traits. Situational characteristics that can affect appraisal and coping are novelty, uncertainty, time, and ambiguity (Lazarus and Folkman, 1984).

Chapter III: Methodology

Research Design

A quantitative cohort study was designed to evaluate the needs of nurses of COVID-19 patients. The final study was designed based on the literature available at the time, and specialized to answer the research question.

Setting

A questionnaire was advertised via virtual flyer on the Nurses Talk Corona Facebook Page, which at the time contained approximately 8400 members. This post contained a description of the study and link to the QuestionPro survey. The questionnaire was acceptable via link that was accessible on the flyer. The survey accepted responses for 90 days, from March 2, 2021, to May 31, 2021. Voluntary participation was indicated by providing electronic consent and completing the survey. While Facebook is internationally-reaching, this study was limited to respondents in the United States.

Population/Sample

Participants were acute care nurses who had worked with COVID-19 patients. Qualified participants were nurses lived in the United States and worked with COVID-19 patients in acute care between March 2020 and May 2021. Participants had to be members of the Nurses Talk Corona Facebook page, as that was where the questionnaire was distributed. Criteria to join this group include answering some general questions, and being approved by an administrator.

Human Subjects

This study was reviewed and approved by the Arkansas Tech University Institutional Review Board (IRB), with the stipulation that mental health resource information was provided to all participants, regardless of if they chose to complete the survey. Mental health resources were presented to all participants during their course of participation. Identifying information was not collected. Furthermore, all questionnaires were assigned an anonymous identifying code by the QuestionPro software, to maintain the participants privacy, but to allow the researcher to view a questionnaire in full.

Instrumentation

A quantitative study was performed via a self-created questionnaire. The questionnaire was designed for the nurse to focus inward on his or her own experiences primarily instead of focusing on the facility or the Pandemic. Additionally, what sets this questionnaire apart from others reviewed in the literature is that it was conducted in the United States as a pilot study, and was conducted during the pandemic crisis, not afterward. This questionnaire was specific to the COVID-19 crisis only allowed for open-ended remarks to be made if the participant wished to do so. This self-created questionnaire, influenced by Talaee et al. (2020), contained 31 questions and a conclusion section, which allowed participants to make any final remarks in an open-ended response. Other than the demographic section and what has been specified above, areas of focus were studied using a four-point Likert-scale style response method (Strongly Agree, Agree, Disagree, Strongly Disagree). This method was chosen to provide participants with the optimal opportunity to respond both to specific questions and allow the participant to voice concerns that may not have been specifically addressed.

Areas of specific focus beyond demographics included: the participant's role as a nurse, the physical and emotional impact of being a COVID-19 nurse, the relationship of the participant to their healthcare organization, what resources would be helpful to the participant if offered, and what resources were offered. Open-ended questions were available for participants to express any further comments.

Once participants followed the link on the virtual flyer distributed on the Nurses Talk Corona Facebook page, they were taken to an informed consent page. If they provided their consent, the questionnaire was launched. QuestionPro software analysis revealed that a total of 85 participants viewed the survey, with 14 consenting. However, only eleven (N=11) participants completed the survey, with three aborting the survey before completion for reasons unknown.

Data Collection

Responses were automatically received, stored, and coded by the QuestionPro software and made available to the researcher for review. Once the 90-day period was over, data was securely exported to the researcher's computer for final data analysis.

Data Analysis

The data collected were analyzed using the QuestionPro survey software from March 2, 2021- May 31, 2021. These data were analyzed from August 2021 to October 2021. The researcher evaluated both raw data and cross-tabulated data. Demographic data were cross-tabulated against research questions to reveal insight about the participants. Anonymity was preserved during this process by not collecting personal information and by the QuestionPro software automatically assigning unidentifiable codes to surveys.

Summary

While the turnout could have been more significant, the design presented a sound and reliable method for this study. As a pilot study, this questionnaire provided a strong starting point for further research on the topic of the needs of the nurses of COVID-19 patients.

Chapter IV: Findings

The findings did show insight towards the research question, which was “what can healthcare administrators do to aid in the wellbeing of nurses during a pandemic or crisis?". Throughout the 90-day study period (March 2, 2021, to May 31, 2021), a total of 14 participants consented to the study, with 11 (*N=11*) completed questionnaires submitted for analysis.

Data were collected and analyzed using the secure online QuestionPro survey software. The analysis provided included pie charts, tables, and means for each question on the questionnaire. Data could be further analyzed using custom crosstabulation data. This was presented in a table format.

Demographics

This questionnaire contained five questions that examined the demographical background of participants. All participants (*N=11)* responded to the age section. Examination of the age of participants concluded that no participants reported age of below 18 years or above 64 years, with participant ages evenly dispersed among other age groups: 18-24 (9.09%), 25-34 (27.27%), 35-44 (18.18%), 45-54 (27.27%), and 55-64 (18.18%).

Only 10 (*n=10*) participants reported the U.S. state in which they resided. One participant chose to not disclose their location. Of the reported locations, four participants (40%) reported living in New Jersey, two (20%) in Maine, and Florida, Arizona, Texas, and New York each had one (10%) of participants reported living there.

Only *n=10* participants responded to the question regarding marital status. Six options were provided for participants to select, and were selected as follows: four

identified as Single or Never married (40%), four as Married (40%), zero as Separated (0%), one as Divorced (10%), one as Widowed (10%), and zero as Prefer not to say (0%).

All eleven (*N=11*) participants were amenable to responding to how many years of experience they had as a nurse. Six nurses (54.5%) indicated years of experience in following time brackets: 0-1 years as a Registered Nurse, 2-5 years as a Registered Nurse, and 6-10 years as a Registered Nurse. Three (27.3%) participants reported 10-20 years as a Registered Nurse. Two (18.2%) respondent reported years of experience as a Registered Nurse in following categories: 20-30 years and 30-40 years. No respondents reported greater than 40 years as a Registered Nurse.

The final demographical question examined the area of nursing in which the respondent works. Options were vast to cover many aspects of nursing. Options included: Medical-Surgical, Intensive care, Pediatric Intensive Care, Emergency Department, Administration/Education, Maternal Child Health/Women's Health, Oncology, Orthopedics, Outpatient/ Community, Pediatrics, Perioperative/Procedural, Psychiatric, and Other. Respondents reported the following: three identified as Medical-Surgical (27.27%), three as Intensive Care (27.27%), one as Oncology (9.09%), one as Pediatrics (9.09%), and three as Other (27.27%).

You and Your Role as a COVID-19 Registered Nurse During a Pandemic

The following questions were assessed using a four-point Likert Scale: Strongly Agree—Agree—Disagree—Strongly Disagree. This section also included five questions. All 11 (*N=11*) participants responded to all questions. Data is presented in the table below. For cross tabulation, refer to Appendix A.

Table 1

You and Your Role as a COVID-19 Registered Nurse During a Pandemic

You and Your Role as a COVID-19 Registered Nurse During a Pandemic					*N=11*
	Strongly Agree	Agree	Disagree	Strongly Disagree	Total
Did you feel a sense of duty to work as a Registered Nurse during the COVID-19 Pandemic?	7 (64%)	2 (18%)	2 (18%)	0	11
Do you consider the risk of bodily harm a standard risk of being a Registered Nurse?	5 (46%)	2 (18%)	2 (18%)	2 (18%)	11
Did the thought of going to work provoke more anxiety or stress than actually being at work?	5 (46%)	3 (27%)	3 (27%)	0	11
Did you feel torn between your obligations to yourself and family and your obligations to work?	5 (46%)	2 (18%)	3 (27%)	1 (9%)	11
Did you encounter increased social isolation due to your role as a Registered Nurse?	6 (55%)	2 (18%)	3 (27%)	0	11

Did You Feel a Sense of Duty to Work as a Registered Nurse During the COVID-19 Pandemic?

A sense of duty was reflected as positive-leaning responses amongst all most groups with a few outlying responders. Positive responses were received from both single or never married and married respondents. Medical-surgical, intensive care, oncology, pediatric, and one nurse of unspecified specialty also reported a strong sense of duty. Two (18.18%) nurses of unspecified specialty disagreed with experiencing a positive or positive leaning sense of duty to work as a Registered Nurse during the COVID-19 Pandemic. Also of note, generally speaking, there was a strong sense of duty to work as a

registered nurse during the COVID-19 Pandemic amongst nurses of all years of experience, except for nurses who reported having 6-10 years of experience. Finally, it was noted that the respondent from Arizona reported they strongly disagreed with the notion of feeling a sense of duty to work as a Registered Nurse during the COVID-19 Pandemic.

Do You Consider the Risk of Bodily Harm a Standard Risk of Being a Registered Nurse?

Generally, when cross-tabulated by demographics, the data was scattered. The most outstanding results are that respondents from New Jersey and New York are opposite despite the closeness in the geographic distance and the historically known commuter relationship between the two states. All four respondents localizing themselves to New Jersey "strongly agree" with the above statement, whereas one New York respondent "disagrees." Also, consistent with the previous question, respondents with 6-10 years of experience strongly disagreed, in contrast with the respondents in other groups. Again, this may warrant more research on nurses with 6-10 years of experience.

Did the Thought of Going to Work Provoke More Anxiety or Stress Than Actually Being at Work?

Overall, the data showed scattered concentrations in all demographic areas. However, there were high concentrations of Registered Nurses of positive and positive-leaning results for medical-surgical and intensive care nurses (with one intensive care nurse outlier) and both married and single or never married respondents.

Did you feel torn between your obligations to yourself and family and your obligations to work?

Single or never married and married nurses generally reported positive-leaning results, in that they tend to agree or strongly agree that they are torn between their obligations to themselves and family and their obligations to work. Except for one outlier in the medical-surgical category, medical-surgical and intensive care nurses all strongly agree that they are torn between obligations. However, the older the respondents age, the less obliged they felt. This inverse correlation opens questions regarding nurses' obligations to themselves, family, and work with age, mainly related to the COVID-19 Pandemic.

Did you encounter increased social isolation due to your role as a Registered Nurse?

Respondents provided generally varied responses except for the following significant data. Social isolation due to the role of a Registered Nurse trended down with age. Additionally, social isolation was reported highest amongst single or never married and married respondents. Finally, intensive care nurses all strongly agreed that they encountered increased social isolation. However, medical-surgical nurses provided scattered results. This trend is not in keeping with the previous questions where medical-surgical and intensive care nurses generally responded to similar responses. Otherwise, based on demographics, the responses to this question were scattered.

The Physical and Emotional Impact of the COVID-19 Nurse

It is easy to speculate that the physical and emotional impact on the COVID-19 nurse can have long-standing consequences for the individual nurse. While this study focused on the individual nurse and his or her experiences and needs, every nurse

together creates the nursing workforce that administrators, hospitals, and the public rely on in the time of any crisis, much less a pandemic. Therefore, a closer look at the experiences of the individual is warranted. They are summarized in the table below. For cross tabulation, refer to Appendix B.

Table 2

The Physical and Emotional Impact of the COVID-19 Nurse

The Physical and Emotional Impact of the COVID-19 Nurse					***N=11***
	Strongly Agree	Agree	Disagree	Strongly Disagree	Total
Did you feel heightened anxiety for your own health while caring for COVID-19 patients?	5(46%)	2(18%)	3(27%)	1(9%)	11
Did you feel an increased importance or need to make advanced plans in the event of your incapacitation or death (i.e., obtain an advanced directive, obtain life insurance, clarify wishes with loved ones)?	4(36.4%)	3(27.2%)	4(36.4%)	0	11
Have you felt any decline in your physical health as a direct result of being a COVID-19 Nurse?	1(9%)	5(46%)	3(27%)	2(18%)	11
Have you felt any decline in your mental health as a direct result of being a COVID-19 Nurse?	3(30%)	3(30%)	3(30%)	1(10%)	10
Do you feel it will take a prolonged period (greater than six months to one year) for your physical and/or mental health to recover once the COVID-19 Pandemic has ended?	2(18%)	7(64%)	2(18%)	0	11

Did you feel heightened anxiety for your own health while caring for COVID-19 patients?

Based on demographics, the data were evenly scattered. However, it is of note that four of five respondents (80%) over the age of 45 report they agree or strongly agree with this statement. It is unclear from this study if this is related to pre-existing health conditions that may exist with age and the risk of COVID-19. More research is warranted to determine a further link.

Did you feel an increased importance or need to make advanced plans in the event of your incapacitation or death (i.e., obtain an advanced directive, obtain life insurance, clarify wishes with loved ones)?

The data across all demographics were varied. Further research on this particular question may perhaps be better studied later, such as after COVID-19 Pandemic has been eradicated in the area in which the study is being conducted or with larger sample size.

Have you felt any decline in your physical health as a direct result of being a COVID-19 Nurse?

The responses cross-tabulated for this question varied. However, for respondents who reported working in intensive care, all respondents reported agreeing with the Nurse. Further research can be conducted on the types of physical health decline nurses are experiencing, so these needs can be addressed as needed in the future.

Have you felt any decline in your mental health as a direct result of being a COVID-19 Nurse?

Such as with the results on physical health, the data was scattered, except for responses from intensive care nurses. However, intensive care nurses reported they

STRONGLY agree that they felt a decline in their mental health due to being a COVID-19 nurse. For all other demographics, including other nursing specialties, the responses were scattered as far as reported declines in mental health.

Do you feel it will take a prolonged period (greater than six months to one year) for your physical and/or mental health to recover once the COVID-19 Pandemic has ended?

Nine of the participants (81.81%) report that it will take greater than six months to one year for their physical and/or mental health to recover once the COVID-19 Pandemic has ended.

The Healthcare Organization and the COVID-19 Nurse

Just as a nurse works for a healthcare organization, a healthcare organization has a responsibility to its nurses. Responses are noted in the table below. For cross tabulation data, refer to Appendix C.

Table 3

The Healthcare Organization and the COVID-19 Nurse

The Healthcare Organization and the COVID-19 Nurse					***N=11***
	Strongly Agree	Agree	Disagree	Strongly Disagree	Total
My unit, hospital, and/or organization has provided an adequate mix of healthcare workers for managing high acuity patients.	3(27.3%)	2(18.1%)	3(27.3%)	3(27.3%)	11
My unit, hospital, and/or organization communicated well with COVID-19 nurses.	2(18.1%)	3(27.3%)	4(36.4%)	2(18.1%)	11
Rapid changes in healthcare policy and procedures increased my stress and/or anxiety level.	5(46.5%)	4(36.4%)	2(18.1%)	0	11
I felt that my safety was prioritized as much as possible.	1(9.1%)	2(18.1%)	4(36.4%)	4(36.4%)	11
I felt nervous filling nursing roles that are not my daily role or to which I haven't been fully oriented.	3(27.3%)	4(36.4%)	2(18.1%)	2(18.1%)	11

My Unit, Hospital, and/or Organization has Provided an Adequate Mix of Healthcare Workers for Managing High Acuity Patients

Respondents of most age groups tend to disagree with the above statement. However, respondents in 45-54 and 55-64 both had positive-leaning responses only. Results were evenly distributed by respondents in New Jersey, one (9.09%) in each response category. Otherwise, the responses varied.

My Unit, Hospital, and/or Organization Communicated Well With COVID-19 Nurses

The results varied amongst all demographics. The implication is that not all forms of communication work for each nurse, or generally, not all units, hospitals, and

organizations communicate well. This statistic encourages nurse managers and hospital administrators to evaluate their communication methods, particularly in a pandemic or time of crisis.

Rapid Changes in Health Care Policy and Procedures Increased My Stress and/or Anxiety Level

Responses across all demographics tended to provide positive-leaning responses that rapid changes in healthcare policy and procedures increased stress and/or anxiety level. Notably, neither length, work experience, nor the area of specialty appeared linked to reduced stress or anxiety in response to rapid changes. This discovery warrants more research on stress and anxiety reduction techniques in response to rapid changes in policy and procedure in the workplace.

I Felt My Safety was Prioritized as Much as Possible

All demographic areas except one tend to provide negative leaning responses to this question (disagree or strongly disagree). The only outlying demographic was years of experience. Respondents with 2-5, 20-30, and 30-40 years of experience provided positive-leaning responses to this question. Further research may be warranted into these respondents expressly, what specialty of nursing they are in, or more information about the facility at which they work, as opposed to respondents who provided negative-leaning responses.

I Felt Nervous Filling Roles that are not my Daily Role or to Which I Have not Been Fully Oriented

Generally, demographics tend to provide positive-leaning responses, particularly in age, marital status, years of experience, and area of specialty. Geographical location yielded slightly more scattered results, including a scattering of results across all respondents from New Jersey. More research can be done to see if these responses are impacted by the time the COVID-19 virus peaked in certain geographical regions and if the area of specialty and geographic location have a correlation in this area.

Resources to Support the Needs of the COVID-19 Nurse

Perhaps this questionnaire's most crucial area of questioning is what sort of resources nurses feel they would benefit from. It is incumbent upon healthcare administrators and nurse managers to identify which resources would benefit the nurses they work with so they can provide these resources. In keeping with the research highlighted in the above literature review, working to benefit nurses can only benefit the healthcare organization, and by extension, the public. For crosstabulation data, refer to Appendix D.

Table 4.

Resources to Support the Needs of the COVID-19 Nurse

Resources to Support the Needs of the COVID-19 Nurse					***N=11***
	Strongly Agree	Agree	Disagree	Strongly Disagree	Total
I am able to identify what my psychosocial needs are.	2(18.1%)	8(72.8%)	1(9.1%)	0	11
I would benefit from MENTAL HEALTH RESOURCES if provided to me (i.e., individual therapy, group therapy, debriefing).	3(27.3%)	6(54.6%)	2(18.1%)	0	11
I would benefit from SOCIAL RESOURCES if provided to me (i.e., housing, transportation, food and medication access, household supplies, childcare).	1(9.1%)	6(54.5%)	4(36.4%)	0	11
I would benefit from SPIRITUAL CARE RESOURCES if provided to me (i.e., R.N. only religious services, visits from religious leaders, supplies for religious rituals).	1(9%)	5(45.5%)	5(45.5%)	0	11
I would benefit from PHYSICAL CARE RESOURCES if provided to me (i.e., medical care, expanded benefits, COVID-19 testing and care).	6(54.6%)	2(18.1%)	3(27.3%)	0	11
I would benefit from COMPLEMENTARY AND ALTERNATIVE THERAPY RESOURCES if provided to me (i.e., yoga, acupuncture, exercise, aromatherapy, reiki, art therapy, pet therapy, nutritional support, massage).	7(63.6%)	3(27.3%)	1(9.1%)	0	11

I am Able to Identify What my Psychosocial Needs Are

For respondents indicating 0-1 year of experience, they were able to identify their needs. After this, respondents provided negative-leaning responses, which disappeared after 10-20 years of experience.

I Would Benefit From MENTAL HEALTH RESOURCES if Provided to me (i.e., individual therapy, group therapy, debriefing)

Most respondents in all categories responded that they "agree." A small amount reports they "strongly agree." This indicates that, by far, the vast majority of the respondents report that they would benefit from mental health resources. This opens the opportunity for healthcare administrators and nurse managers to investigate further what mental health resources would be beneficial and provide them to staff. These statistics strongly encourage healthcare administrators and nurse managers to firmly implement mental health resources in light of the COVID-19 Pandemic.

I Would Benefit From SOCIAL RESOURCES if Provided to Me (i.e., housing, transportation, food and medication access, household supplies, childcare).

Demographics of age, experience, and specialty provided generally split responses. Otherwise, the results are scattered. This may indicate that the individual does not assess social resources as important at this time or that if provided by the healthcare administrator or nurse manager, they will not be heavily utilized by staff (either immediately or overall). This may warrant more research and can be re-evaluated on an event-by-event basis.

I Would Benefit From SPIRITUAL CARE RESOURCES if Provided to Me (i.e., R.N. only religious services, visits from spiritual leaders, supplies for religious rituals).

Respondents did generally show an interest in using spiritual care resources if they were provided to them. The interest in spiritual care resources is positive-leaning in the demographics of age and years of experience, and then start to taper off at the age of 45-54 and 10-20 years of experience, respectively. There was also noted strong interest in

spiritual care resources amongst both medical-surgical nurses and intensive care nurses. Once again, overall, spiritual care resources were generally positively looked upon by respondents.

I Would Benefit From PHYSICAL CARE RESOURCES if Provided to Me (i.e., medical care, expanded benefits, COVID-19 testing and care).

Respondents across all age groups reported positive or positive leaning responses, indicating they would strongly agree or agree they would benefit from physical care resources if provided to them. At 10-20 years of experience, there is a dip in the reported benefit of receiving these types of resources. Otherwise, the results are generally scattered. This warrants more research on what types of resources are desired and by which nurses. Perhaps a study individualized to each facility would be warranted.

I would benefit from COMPLEMENTARY AND ALTERNATIVE THERAPY I Would Benefit From (i.e., yoga, acupuncture, exercise, aromatherapy, reiki, art therapy, pet therapy, nutritional support, massage).

By age and marital status, there are positive and positive-leaning responses overall. There are generally positive-leaning responses (agree) across the demographic of experience. Interestingly, medical-surgical and intensive care nurses, who tended to agree in other research areas, responded differently in this area. Intensive care nurses reported positive responses (strongly agree and agree), whereas medical-surgical nurses leaned slightly towards negative responses, though some respondents agreed with this statement. This finding also warrants more research, as this resource is particular to the work setting and the individual.

Resources Available to COVID-19 Nurses

Offering services is half the battle. Understanding the utilization or lack of utilization is the other half. For crosstabulation, refer to Appendix E.

Table 5.

Resources Available to COVID-19 Nurses

Resources Available to COVID-19 Nurses	Yes	No	*N=11*
I used resources provided to me by my unit, hospital, and/or organization.	3(27.3%)	8(72.7%)	11

I Used Resources Provided to Me by my Unit, Hospital, and/or Organization.

The vast majority of respondents in all age groups responded that they had not used the resources provided to them. Nurses who reported having more experience than not were more likely to use the resources provided to them. Interestingly enough, one pediatric nurse respondent and two nurses of an "other" specialty reported using resources that were made available to them.

If "Yes", What Were They?

Respondent A: "PPE"

Respondent B: "Literature on the new COVID 19 updates, vaccines and equipment such as PPE and cleaning supplies"

Four other respondents indicated "None", "None available", or "Not Applicable". The remaining respondents did not answer this open-ended question.

If "Yes", were they beneficial? If not, why were they not beneficial?

Respondent A: "Beneficial"

Respondent B: "Benef"

Four other respondents indicated “Not applicable”, “Not available”. “Unavailable”, or “N/a”.

What Psychosocial Resources Would you Like Provided in the Event of a Healthcare Crisis?

Respondent A: “Individual Therapy”

Respondent B: “Beneficial, never was prepared for a pandemic, will help for future epidemics”

Respondent C: “More mental health (services) offered more frequently. Easier access to mental and physical health therapies”

Respondent D: “Therapy session”

Respondent E: “Not sure”

The above responses show that while there were, at best, mixed reports on the perception of the prioritization of safety in the workplace regarding the COVID-19 Pandemic, nurses who responded positively did remark on PPE, cleaning supplies, and literature when asked what was provided to them. There were no responses regarding the provision of mental health or psychosocial resources provided. Furthermore, while respondents remarked that there was an assortment of beneficial resources across categories, they generally specified mental health resources.

Additional Comments

Respondent B: “It affected nurses in different ways, especially if they were not used to death or dying patients and that affected (their) anxiety and depression due to afraid of bringing it home to family or friends, getting it themselves, and most of all being stuck in the house due to restrictions everywhere”.

Respondent B's comment shows a culmination of the above concerns, where nurses were afraid for their health, their loved ones, their mental health at work, the effects of being around constant death and dying, not being used to working in certain conditions, and the overall restrictions of the public quarantine they were subjected. Respondent B was the only respondent to provide additional comments. There is a strong universality in what they bring to the table across other nurses who reported in this study and those in the literature reviewed previously in this paper.

Chapter V. Conclusion

Summary

The purpose of this study was to determine the psychosocial needs of nurses who worked directly with COVID-19 patients during the COVID-19 Pandemic. Eligible respondents were American, English-speaking nurses who provided direct care to COVID-19 patients from March 2020 to May 30, 2021. The questionnaire was available from March 2, 2021, to May 31, 2021. This questionnaire, a self-created tool, was completed by 11 participants. It was submitted to QuestionPro software for analytics. It was analyzed and interpreted.

Discussion

The findings of this study are supportive of the literature discovered in the literature review. Both nurses in this study and nurses included in research from the aftermath of the Great East Japan Earthquake discuss the difficulties balancing family and personal life and devotion to work, as well as the struggles of working in an impaired work environment. These similar findings were reflected in the research of Sato et al., (2018) and Nakayama et al., (2019).

Nurses in the research discussed in the literature review who had been a part of the COVID-19 response reported PPE concerns, communication issues between coworkers as well as their employers, concerns for physical and mental health risks, concerns for family members, and overall stress. Specifically, An et al (2020), Hu et al (2020), Fernandez et al (2020), and Nelson and Lee-Winn (2020) discuss the same themes. This was echoed in this current research.

Conclusions

The findings of this paper, in the literature review, theoretical framework review of Lazarus and Folkman's Transactional Model of Stress and Coping, the raw data presented in tables, and the demographic v. topic crosstabulation data presented in discussion, strongly suggest that more can be done to meet the psychosocial needs of COVID-19 nurses. This pilot study shows that nurses have an array of highly personalized mental, physical, spiritual, social, and complementary and alternative therapy needs that the healthcare organization can provide. It also shows that nurses feel the strong effects of working with COVID-19 patients, such as a decline in their physical and mental health, increased social isolation, and fear of safety. These findings are similar to the conclusions made by Nelson & Lee-Winn (2020). Nurses remarked about a need to feel safe and remarked firmly on a need for better communication and training to potentially help alleviate any psychosocial stressors caused by the COVID-19 workplace. Much or all of these findings can be ameliorated by efforts put forth by nursing and healthcare administrators.

During a pandemic, it is not just about the profession or calling "nursing" for the nurse. Their whole life is swept up in the crisis, which can have an impact on their work. A healthcare organization and a nurse have a symbiotic relationship. However, it must be the type of symbiosis where both parties benefit instead of benefiting the other. If the healthcare organization expects the nurse to come to work, provide care under duress, and remain a functioning and loyal employee, it is incumbent upon the healthcare organization to bring their best to work, lessen the duress, and remain to function and loyal to their nurses.

Possible benefits to the healthcare organization may include less nursing burnout, higher staff retention, possible fewer reportable medical errors, and lower hospital costs. Benefits to the nurse are possibly innumerable, as they are highly personalized to the individual nurse. While more research is warranted on the topics of pandemic burnout and nursing support, this research recommends that the first step is to survey their nurses and assess their own culture and work to meet the psychosocial needs of their nursing staff and organization in a pandemic.

Implications

There is a strong possibility that this research applies to other crises, such as future pandemics, epidemics, natural disasters, terrorism events, and other instances where adversity is high and emergency management is paramount. However, due to the small sample size, this study is not generalizable, and warrants further investigation with a. larger sample size.

While the overall goal of this researcher is to champion the nurse, the research question remains "what can healthcare administrators do to aid in the wellbeing of nurses during a pandemic or crisis?". This research implies that the nursing leader or healthcare administrator can do more to support the nurse more personally during a pandemic.

Recommendations

Recommendations going forward would be to use this questionnaire, or a custom-tailored version of this questionnaire, to survey nurses by facility, as needs may vary amongst different facilities. Also, as the individual facility or healthcare organization would potentially contribute to providing nurses resources to cope with caring for

COVID-19 (or other crisis) patients, the organization should tailor its resources to the specific needs of its staff.

Additionally, this study could again be performed as a longitudinal study, as the needs of the nurses of COVID-19 patients may fluctuate over time.

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Appendix A

	Did you feel a sense of duty to work as a Registered Nurse during the COVID-19 Pandemic?					Do you consider the risk of bodily harm a standard risk of being a Registered Nurse?					Did the thought of going to work provoke more anxiety or stress than excitedly being at work?					Did you feel torn between your obligations to yourself and family and your obligations to work?					Did you encounter increased social isolation due to your role as a Registered Nurse?				
	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Strongly Agree	Agree	Disagree	Strongly Disagree	Total
Age																									
Under 18	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
18-24	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0
25-34	3	6	0	0	9	2	1	0	0	3	3	3	1	0	7	1	1	1	0	3	2	1	0	0	3
35-44	3	2	0	0	5	2	1	0	0	3	2	2	1	0	5	1	1	0	0	2	2	1	0	0	3
45-54	1	1	1	0	3	1	1	1	0	3	1	1	1	0	3	1	1	0	0	2	1	1	1	0	3
55-64	1	1	0	0	2	2	0	0	0	2	1	1	0	0	2	1	0	0	0	1	1	0	0	0	1
Above 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	7	2	1	0	10	5	2	2	0	11	8	3	3	0	11	3	2	1	0	6	6	2	1	0	9
In which US state do you live?																									
Alabama	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Alaska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Arizona	0	0	1	0	1	0	0	0	0	0	0	0	1	0	1	0	0	1	0	1	1	0	0	0	1
Arkansas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
California	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Colorado	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Connecticut	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Delaware	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Florida	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0
Georgia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Hawaii	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Idaho	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Illinois	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Indiana	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Iowa	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kansas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Kentucky	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Louisiana	0	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	2
Maine	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Maryland	0	0	0	0	0	0	0	0	0	0	0	0	2	0	2	0	0	0	0	0	0	0	0	0	0
Massachusetts	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Michigan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Minnesota	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Mississippi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Missouri	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Montana	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nebraska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Nevada	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
New Hampshire	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
New Jersey	3	0	1	0	4	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	2	0	0	0	2
New Mexico	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
New York	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1	1	0	0	0	1	0	1	0	0	1
North Carolina	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
North Dakota	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ohio	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Oklahoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Oregon	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pennsylvania	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Rhode Island	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South Carolina	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
South Dakota	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tennessee	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Texas	0	0	1	0	1	0	0	0	0	0	0	0	1	0	1	0	0	1	0	1	0	0	0	0	0
Utah	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Vermont	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Virginia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Washington	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
West Virginia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wisconsin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Wyoming	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	7	2	1	0	10	5	2	2	1	10	5	2	3	0	10	5	2	2	1	10	6	2	2	0	10
Marital Status																									
Single or Not Married	4	0	0	0	4	2	1	1	0	4	2	1	1	0	4	2	1	1	0	4	3	1	0	0	4
Married	3	1	0	0	4	2	1	0	0	3	3	0	1	0	4	3	0	0	0	3	2	1	1	0	4
Separated	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0	1
Widowed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Prefer not to	0	1	0	0	1	1	0	0	0	1	0	2	0	0	2	0	2	0	0	2	0	1	0	0	1
Total	7	2	1	0	10	5	2	2	1	10	5	2	3	0	10	5	2	2	1	10	6	2	2	0	10
How many years have you worked as a Registered Nurse (RN)?																									
0-1	2	0	0	0	2	1	0	1	0	2	1	0	1	0	2	1	0	0	0	1	2	0	0	0	2
2-10	2	6	0	0	8	2	1	0	0	3	2	3	0	0	5	1	1	0	0	2	1	1	0	0	2
10-20	1	2	0	0	3	1	1	1	0	3	1	1	1	0	3	1	1	0	0	2	1	0	1	0	2
20-30	1	0	0	0	1	1	0	0	0	1	0	0	1	0	1	0	0	1	0	1	0	0	0	0	0
Greater than	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Total	7	2	0	0	11	5	2	2	0	11	5	2	3	0	11	3	2	3	0	8	4	1	1	0	6
In what area of nursing do you work?																									
Medical Surg	2	1	0	0	3	2	1	0	0	3	2	0	1	0	3	2	0	1	0	3	1	1	0	0	2
Intensive Ca	3	0	0	0	3	2	1	0	0	3	2	0	1	0	3	2	0	1	0	3	1	1	0	0	2
Pediatric Int	0	0	0	0	0	0	0	2	0	2	0	0	1	0	1	0	0	0	0	0	1	0	0	0	1
Emergency D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrati	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Maternal Ch	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Oncology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient /	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Pediatrics	0	1	0	0	1	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	1	0	0	0	1
Psychiatric	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	7	2	0	0	11	5	2	2	0	11	5	2	3	0	11	3	2	3	0	8	4	1	1	0	6

Appendix B

		Did you feel heightened anxiety for your own health while caring for COVID-19 patients?					Did you feel an increased importance or need to make advanced plans in the event of your incapacitation or death (i.e., obtain an advanced directive, obtain life insurance, clarify wishes with loved ones)?					Have you felt any decline in your physical health as a direct result of being a COVID-19 Nurse?					Have you felt any decline in your mental health as a direct result of being a COVID-19 Nurse?					Do you feel it will take a prolonged period (greater than six months to one year) for your physical and/or mental health to recover once the COVID-19 Pandemic has ended?				
		Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Strongly Agree	Agree	Disagree	Strongly Disagree	Total
Age	Under 18	0	0	1	0	1	0	1	0	0	1	0	1	0	0	1	0	1	0	0	1	0	1	0	0	1
	18-24	0	1	0	0	1	0	1	0	0	1	0	2	0	0	2	0	2	0	0	2	0	3	0	0	3
	25-34	1	1	0	0	2	0	2	0	0	2	0	3	1	0	4	1	1	0	0	2	0	2	0	0	2
	35-44	2	0	1	0	3	1	1	1	0	3	0	2	1	0	3	0	2	0	0	2	0	2	0	0	2
	45-54	1	0	1	0	2	1	1	0	0	2	0	1	1	0	2	0	2	0	0	2	0	1	1	0	2
	55-64	0	2	1	0	3	0	2	1	0	3	0	1	0	0	1	0	1	0	0	1	0	2	0	0	2
	Above 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	5	2	3	1	11	4	3	4	0	11	1	5	3	2	11	1	3	2	1	7	0	10	2	0	12
	Alabama	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Alaska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Arizona	0	0	1	0	1	0	1	0	0	1	0	1	0	0	1	0	0	1	0	1	0	0	0	0	0
	Arkansas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
	California	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Colorado	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Connecticut	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Delaware	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Florida	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Georgia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Hawaii	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Idaho	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Illinois	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Indiana	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Iowa	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Kansas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Kentucky	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Louisiana	0	0	0	0	0	0	0	0	0	0	0	2	0	0	2	0	0	0	0	0	0	2	0	0	2
	Maine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Maryland	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Massachusetts	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Michigan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Minnesota	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
In which state do you live?	Missouri	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Montana	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Nebraska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Nevada	0	2	0	0	2	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	New Hampshire	1	0	0	0	1	1	0	0	0	1	0	3	1	0	4	0	1	1	0	2	0	4	0	0	4
	New Jersey	0	2	0	0	2	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	New Mexico	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	New York	1	0	0	0	1	1	0	0	0	1	0	1	0	0	1	0	1	0	0	1	0	1	0	0	1
	North Carolina	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	North Dakota	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Ohio	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Oklahoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Oregon	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pennsylvania	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rhode Island	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	South Carolina	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	South Dakota	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Tennessee	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Texas	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Utah	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Vermont	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Virginia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Washington	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	West Virginia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Wisconsin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Wyoming	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	4	2	3	1	10	3	3	4	0	10	1	4	3	2	10	3	3	3	1	10	2	6	2	0	10
Marital Status	Single or Not Married	1	1	1	0	3	2	1	1	0	4	0	3	1	0	4	2	1	0	0	3	0	4	0	0	4
	Married	3	0	1	0	4	2	1	1	0	4	0	1	2	0	3	1	2	0	0	3	0	4	2	0	6
	Separated	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Divorced	0	0	1	0	1	1	0	0	0	1	0	0	0	0	0	0	0	1	0	1	0	1	0	0	1
	Widowed	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	4	2	3	1	10	3	3	4	0	10	1	4	3	2	10	3	3	1	0	10	2	6	2	0	10
How many years have you worked as a Registered Nurse (RN)?	0-1	1	0	0	0	1	1	1	0	0	2	0	1	1	0	2	1	0	1	0	2	0	2	0	0	2
	2-5	1	0	0	0	1	0	1	0	0	1	0	1	0	0	1	0	1	0	0	1	0	1	0	0	1
	6-10	2	1	0	0	3	1	1	0	0	2	0	1	1	0	2	1	1	0	0	2	0	1	1	0	2
	11-20	1	0	0	0	1	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	1	0	0	1
	20-30	1	0	0	0	1	1	0	0	0	1	0	0	0	0	0	1	0	0	0	1	0	1	0	0	1
	30-40	1	0	0	0	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
	Greater than 40	0	1	0	0	1	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	5	2	0	0	11	4	3	0	0	11	1	3	1	0	5	3	1	1	0	5	0	7	1	0	8
In what area of nursing do you work?	Medical Surg	2	0	1	0	3	1	2	0	0	3	1	1	1	0	3	1	1	0	0	2	0	2	1	0	3
	Intensive Care	2	0	1	0	3	1	2	0	0	3	0	0	0	0	0	0	0	0	0	0	0	2	1	0	3
	Pediatric Int	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Administrator	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Maternal Ch	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Oncology	0	1	0	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Orthopedics	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	1	0	1	0	1	0	0	1
	Pediatrics	1	0	0	0	1	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
	Perioperative	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Psychiatric	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
	Other	2	2	2	1	7	3	2	3	0	8	1	2	1	1	5	1	1	2	1	5	2	2	1	0	5
	Total	5	2	3	1	11	4	3	4	0	11	1	6	3	2	11	3	3	3	1	10	2	7	2	0	11

Appendix C

		My unit, hospital, and/or organization has provided an adequate mix of resources for managing high acuity patients.				My unit, hospital, and/or organization communicated well with COVID-19 nurses.				Rapid changes in health care policy and procedures increased my stress and/or anxiety level.				I felt my safety was prioritized as much as possible.				I felt nervous filling roles that are not my daily role or to which I have not been fully oriented.			
		Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Strongly Agree	Agree	Disagree	Strongly Disagree	Total
Age	Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	18-24	0	0	1	0	1	0	0	1	0	1	0	0	1	0	1	0	1	0	0	1
	25-34	1	1	0	1	3	0	2	0	1	3	0	2	0	1	3	0	2	0	1	3
	35-44	1	1	0	1	3	1	0	1	1	3	0	2	0	1	3	0	2	0	1	3
	45-54	1	1	0	1	3	1	0	1	1	3	0	2	0	1	3	0	2	0	1	3
	55-64	3	2	0	0	5	2	3	0	0	5	2	3	0	0	5	2	3	0	0	5
	65 and 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	6	4	1	3	14	4	5	2	3	14	2	7	1	4	14	2	8	0	4	14
In which US state do you live?	Alabama	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Arizona	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Arkansas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	California	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Colorado	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Connecticut	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Delaware	1	0	0	0	1	0	1	0	0	1	0	1	0	0	1	0	1	0	0	1
	Florida	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Georgia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Hawaii	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Idaho	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Illinois	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Indiana	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Iowa	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Kansas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Kentucky	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Louisiana	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Maryland	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Massachusett	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Michigan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Minnesota	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Mississippi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Missouri	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Nebraska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Nevada	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	New Hampshi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	New Jersey	1	0	0	0	1	0	1	0	0	1	0	1	0	0	1	0	1	0	0	1
	New Mexico	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	New York	4	1	0	0	5	1	3	0	0	4	1	3	0	0	4	1	3	0	0	4
	North Carolina	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	North Dakota	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Ohio	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Oklahoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Oregon	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pennsylvania	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rhode Island	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	South Carolin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	South Dakota	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Tennessee	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Texas	1	0	0	0	1	0	1	0	0	1	0	1	0	0	1	0	1	0	0	1
	Utah	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Vermont	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Virginia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Washington	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	West Virginia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Wisconsin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Wyoming	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	6	2	0	2	10	2	5	3	0	10	1	2	4	3	10	2	4	2	2	10
Marital Status	Single or Nev	1	0	2	1	4	0	3	1	0	4	0	1	2	1	4	1	3	0	0	4
	Married	4	2	0	0	6	2	1	0	0	3	1	1	0	0	2	0	1	0	0	1
	Separated	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Widowed	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Prefer not to s	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	5	2	2	1	10	2	4	1	0	7	1	2	2	1	6	1	4	0	0	5
How many years have you worked as a Registered Nurse (RN)?	0-1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	2-5	1	0	0	0	1	0	1	0	0	1	0	1	0	0	1	0	1	0	0	1
	6-10	2	0	0	0	2	0	1	0	0	1	0	1	0	0	1	0	1	0	0	1
	11-20	2	2	1	0	5	1	3	1	0	5	1	3	1	0	5	1	3	1	0	5
	21-30	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	30+	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Greater than t	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	5	2	1	0	8	1	5	1	0	7	1	4	1	0	7	1	4	1	0	6
In what area of nursing do you work?	Medical Surgi	1	1	0	1	3	1	2	0	0	3	1	1	0	1	3	0	2	0	1	3
	Intensive Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pediatric Inte	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Administration	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Maternal Child	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Orthopedics	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Outpatient Cli	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pediatrics	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Psychiatric	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rehabilitation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other	1	0	0	0	1	0	1	0	0	1	0	1	0	0	1	0	1	0	0	1
	Total	2	1	0	1	4	1	3	0	0	4	1	2	0	1	4	0	3	0	1	4

Appendix D

		I am able to identify what my psychosocial needs are.					I would benefit from MENTAL HEALTH RESOURCES if provided to me (i.e., individual therapy, group therapy, debriefing).					I would benefit from SOCIAL RESOURCES if provided to me (i.e., housing, transportation, food and medication access, household supplies, childcare).				
		Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Strongly Agree	Agree	Disagree	Strongly Disagree	Total
Age	Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	18-24	0	1	0	0	1	0	0	1	0	1	0	0	1	0	1
	25-34	0	2	1	0	3	1	2	0	0	3	0	2	1	0	3
	35-44	1	1	0	0	2	1	1	0	0	2	0	2	0	0	2
	45-54	0	1	2	0	3	0	3	0	0	3	0	1	2	0	3
	55-64	0	1	1	0	2	0	2	0	0	2	1	0	1	0	2
	Above 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	1	6	4	0	11	2	8	1	0	11	1	5	5	0	11
In which US state do you live?	Alabama	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Alaska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Arizona	1	0	0	0	1	1	0	0	0	1	0	1	0	0	1
	Arkansas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	California	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Colorado	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Connecticut	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Delaware	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Florida	0	1	0	0	1	0	1	0	0	1	0	1	0	0	1
	Georgia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Hawaii	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Idaho	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Illinois	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Indiana	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Iowa	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Kansas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Kentucky	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Louisiana	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Maine	0	1	1	0	2	1	0	1	0	2	0	1	1	0	2
	Maryland	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Massachuset	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Michigan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Minnesota	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Mississippi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Missouri	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Montana	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Nebraska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Nevada	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	New Hampsh	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	New Jersey	0	3	1	0	4	0	4	0	0	4	1	1	2	0	4
	New Mexico	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	New York	0	1	0	0	1	0	1	0	0	1	0	1	0	0	1
	North Carolin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	North Dakota	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Ohio	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Oklahoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Oregon	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pennsylvania	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rhode Island	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	South Carolin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	South Dakot	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Tennessee	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Texas	0	0	1	0	1	0	1	0	0	1	0	0	1	0	1
	Utah	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Vermont	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Virginia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Washington	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	West Virginia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Wisconsin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Wyoming	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	1	6	3	0	10	2	7	1	0	10	1	5	4	0	10
Marital Status	Single or Nev	0	3	1	0	4	1	2	1	0	4	0	2	2	0	4
	Married	0	3	1	0	4	0	4	0	0	4	1	2	1	0	4
	Separated	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Divorced	1	0	0	0	1	1	0	0	0	1	0	1	0	0	1
	Widowed	0	0	1	0	1	0	1	0	0	1	0	0	1	0	1
	Prefer not to	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	1	6	3	0	10	2	7	1	0	10	1	5	4	0	10
How many years have you worked as a Registered Nurse (RN)?	0-1	0	2	0	0	2	0	1	1	0	2	0	1	1	0	2
	2-5	0	1	1	0	2	1	1	0	0	2	0	1	1	0	2
	6-10	1	0	1	0	2	1	1	0	0	2	0	1	1	0	2
	10-20	0	1	2	0	3	0	3	0	0	3	0	1	2	0	3
	20-30	0	1	0	0	1	0	1	0	0	1	0	1	0	0	1
	30-40	0	1	0	0	1	0	1	0	0	1	1	0	0	0	1
	Greater than	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	1	6	4	0	11	2	8	1	0	11	1	5	5	0	11
In what area of nursing do you work?	Medical Surg	0	2	1	0	3	0	3	0	0	3	1	0	2	0	3
	Intensive Ca	0	2	1	0	3	1	1	1	0	3	0	2	1	0	3
	Pediatric Inte	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Emergency D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Administratio	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Maternal Chi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Oncology	0	1	0	0	1	0	1	0	0	1	0	1	0	0	1
	Orthopedics	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Outpatient/ C	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pediatrics	0	0	1	0	1	0	1	0	0	1	0	0	1	0	1
	Perioperative	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Psychiatric	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other	1	1	1	0	3	1	2	0	0	3	0	2	1	0	3
	Total	1	6	4	0	11	2	8	1	0	11	1	5	5	0	11

		I would benefit from SPIRITUAL CARE RESOURCES if provided to me (i.e., R.N. only religious services, visits from spiritual leaders, supplies for religious rituals).					I would benefit from PHYSICAL CARE RESOURCES if provided to me (i.e., medical care, expanded benefits, COVID-19 testing and care).					I would benefit from COMPLEMENTARY AND ALTERNATIVE THERAPY RESOURCES if provided to me (i.e., yoga, acupuncture, exercise, aromatherapy, reiki, art therapy, pet therapy, nutritional support, massage).				
		Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Strongly Agree	Agree	Disagree	Strongly Disagree	Total	Strongly Agree	Agree	Disagree	Strongly Disagree	Total
Age	Under 18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	18-24	1	0	0	0	1	1	0	0	0	1	1	0	0	0	1
	25-34	2	1	0	0	3	2	1	0	0	3	1	1	1	0	3
	35-44	2	0	0	0	2	1	1	0	0	2	1	1	0	0	2
	45-54	1	1	1	0	3	2	0	1	0	3	0	3	0	0	3
	55-64	0	0	2	0	2	1	1	0	0	2	0	1	1	0	2
	Above 64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	6	2	3	0	11	7	3	1	0	11	3	6	2	0	11
In which US state do you live?	Alabama	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Alaska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Arizona	1	0	0	0	1	1	0	0	0	1	1	0	0	0	1
	Arkansas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	California	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Colorado	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Connecticut	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Delaware	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Florida	0	1	0	0	1	1	0	0	0	1	0	1	0	0	1
	Georgia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Hawaii	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Idaho	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Illinois	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Indiana	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Iowa	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Kansas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Kentucky	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Louisiana	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Maine	2	0	0	0	2	1	1	0	0	2	2	0	0	0	2
	Maryland	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Massachuset	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Michigan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Minnesota	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Mississippi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Missouri	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Montana	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Nebraska	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Nevada	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	New Hampsh	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	New Jersey	1	1	2	0	4	3	1	0	0	4	0	2	2	0	4
	New Mexico	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	New York	1	0	0	0	1	0	1	0	0	1	0	1	0	0	1
	North Carolin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	North Dakota	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Ohio	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Oklahoma	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Oregon	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pennsylvania	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rhode Island	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	South Carolin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	South Dakot	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Tennessee	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Texas	0	0	1	0	1	0	0	1	0	1	0	1	0	0	1
	Utah	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Vermont	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Virginia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Washington	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	West Virginia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Wisconsin	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Wyoming	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	5	2	3	0	10	6	3	1	0	10	3	5	2	0	10
Marital Status	Single or Nev	3	1	0	0	4	3	1	0	0	4	2	1	1	0	4
	Married	1	1	2	0	4	2	1	1	0	4	0	3	1	0	4
	Separated	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Divorced	1	0	0	0	1	1	0	0	0	1	1	0	0	0	1
	Widowed	0	0	1	0	1	0	1	0	0	1	0	1	0	0	1
	Prefer not to	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	5	2	3	0	10	6	3	1	0	10	3	5	2	0	10
How many years have you worked as a Registered Nurse (RN)?	0-1	1	1	0	0	2	2	0	0	0	2	1	1	0	0	2
	2-5	2	0	0	0	2	1	1	0	0	2	1	0	1	0	2
	6-10	2	0	0	0	2	2	0	0	0	2	1	1	0	0	2
	10-20	1	0	2	0	3	0	2	1	0	3	0	3	0	0	3
	20-30	0	1	0	0	1	1	0	0	0	1	0	1	0	0	1
	30-40	0	0	1	0	1	1	0	0	0	1	0	0	1	0	1
	Greater than	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Total	6	2	3	0	11	7	3	1	0	11	3	6	2	0	11
In what area of nursing do you work?	Medical Surg	1	0	2	0	3	2	0	1	0	3	0	1	2	0	3
	Intensive Ca	3	0	0	0	3	1	2	0	0	3	2	1	0	0	3
	Pediatric Inte	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Emergency D	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Administratio	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Maternal Chi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Oncology	0	1	0	0	1	1	0	0	0	1	0	1	0	0	1
	Orthopedics	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Outpatient/ C	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pediatrics	0	0	1	0	1	0	1	0	0	1	0	1	0	0	1
	Perioperative	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Psychiatric	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Other	2	1	0	0	3	3	0	0	0	3	1	2	0	0	3
	Total	6	2	3	0	11	7	3	1	0	11	3	6	2	0	11

Appendix E

I used resources provided to me by my unit, hospital, and/or organization.

		Yes	No	Total
Age	Under 18	0	0	0
	18-24	0	1	1
	25-34	0	3	3
	35-44	0	2	2
	45-54	2	1	3
	55-64	1	1	2
	Above 64	0	0	0
	Total	3	8	11
In which US state do you live?				
	Alabama	0	0	0
	Alaska	0	0	0
	Arizona	0	1	1
	Arkansas	0	0	0
	California	0	0	0
	Colorado	0	0	0
	Connecticut	0	0	0
	Delaware	0	0	0
	Florida	1	0	1
	Georgia	0	0	0
	Hawaii	0	0	0
	Idaho	0	0	0
	Illinois	0	0	0
	Indiana	0	0	0
	Iowa	0	0	0
	Kansas	0	0	0
	Kentucky	0	0	0
	Louisiana	0	0	0
	Maine	0	2	2
	Maryland	0	0	0
	Massachuse	0	0	0
	Michigan	0	0	0
	Minnesota	0	0	0
	Mississippi	0	0	0
	Missouri	0	0	0
	Montana	0	0	0
	Nebraska	0	0	0
	Nevada	0	0	0
	New Hampsh	0	0	0
	New Jersey	1	3	4
	New Mexico	0	0	0
	New York	0	1	1
	North Carolin	0	0	0
	North Dakota	0	0	0
	Ohio	0	0	0
	Oklahoma	0	0	0
	Oregon	0	0	0
	Pennsylvania	0	0	0
	Rhode Island	0	0	0
	South Caroli	0	0	0
	South Dakot	0	0	0
	Tennessee	0	0	0
	Texas	0	1	1
	Utah	0	0	0
	Vermont	0	0	0
	Virginia	0	0	0
	Washington	0	0	0
	West Virginia	0	0	0
	Wisconsin	0	0	0
	Wyoming	0	0	0
	Total	2	8	10
Marital Status				
	Single or Ne	0	4	4
	Married	1	3	4
	Separated	0	0	0
	Divorced	0	1	1
	Widowed	1	0	1
	Prefer not to	0	0	0
	Total	2	8	10
How many years have you worked as a Registered Nurse (RN)?				
	0-1	0	2	2
	2-5	0	2	2
	6-10	1	1	2
	10-20	1	2	3
	20-30	1	0	1
	30-40	0	1	1
	Greater than	0	0	0
	Total	3	8	11
In what area of nursing do you work?				
	Medical Surg	0	3	3
	Intensive Ca	0	3	3
	Pediatric Inte	0	0	0
	Emergency D	0	0	0
	Administratio	0	0	0
	Maternal Chi	0	0	0
	Oncology	0	1	1
	Orthopedics	0	0	0
	Outpatient/ C	0	0	0
	Pediatrics	1	0	1
	Perioperative	0	0	0
	Psychiatric	0	0	0
	Other	2	1	3
	Total	3	8	11