Leading In Crisis: Lived Experiences of Head Nurses to Covid–19 Pandemic Challenges in Covid-19 Tertiary Referral Hospitals

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ABSTRACT

This qualitative study explores the lived experiences of head nurses during the COVID-19 pandemic in tertiary referral hospitals in Iloilo City. Guided by Roy's Adaptation Model of Nursing, Crisis Leadership Theory, and Situational Leadership Theory, it highlights the challenges faced, leadership styles employed, and the impact of the crisis on nurse leaders' roles. Participants navigated severe resource shortages, staffing gaps, emotional strain, and rapidly evolving protocols. Their leadership styles ranged from autocratic to empathetic and transformational, reflecting adaptability and resilience. The study employed a descriptive phenomenological approach using Colaizzi's method and thematic analysis. Data were gathered through semi-structured interviews with six purposively selected head nurses—two each from Western Visayas Medical Center, West Visayas State University Hospital, and Iloilo Doctors Hospital. Participants had at least one year of experience in COVID-specific or emergency units and were currently employed. This study upholds ethical standards, ensuring informed consent and participant confidentiality. Conducted from February to August 2024, the research provides localized insights, which may not be generalizable to other settings. The findings underscore the importance of emotional intelligence, crisis preparedness, and leadership flexibility in managing public health emergencies. This research offers insights for policy-makers, hospital administrators, and nursing educators in strengthening leadership capacity and supporting nurse leaders in future crises.

INTRODUCTION

The COVID-19, also known as Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV 2) posed a devastating effect on the health care systems that was already overwhelmed by the burden of disease and shortage of resources. The COVID-19 outbreak came as a shock to all sectors throughout the world and no one was prepared for such a deadly virus. It spread across the globe and has affected all health service departments especially nursing (Jiwana, 2021). The World Health Organization (WHO) together with the Centers for Disease Control and Prevention (CDC) and the Department of Health (DOH) played an essential role in the response to the COVID-19 pandemic and were tasked in giving guidelines that changed rapidly, disseminated information to healthcare institutions, established safety protocols and strict implementation of these guidelines. According to Health Secretary Francisco Duque (2021), Philippines was hit hard by the COVID-19 in May 2021, despite having a response plan. The number of patients admitted in hospitals overwhelmed healthcare facilities and the provinces in the Philippines, with limited resources. The increased infection rate, both locally and internationally, resulted in a high mortality rate and many health professionals succumbed to the virus. The pandemic, which is a threat to all humanity, has undoubtedly brought greater challenges to healthcare workers, especially nurses who, according to WHO (2020), represent majority of the healthcare workers in the world.

Nurses became the backbone of the healthcare system during this unprecedented time, and the nursing workforce was led by head nurses whose responsibility is to ensure the delivery of nursing care and perform other managerial tasks for the smooth running of the healthcare system (Birks, 2020).

The role of head nurses within healthcare systems has long been a linchpin in ensuring the provision of effective patient care and the smooth operation of healthcare units. These dedicated professionals, also known as nurse managers and head nurses, have traditionally shouldered significant responsibilities that span patient care

coordination, staff management, budgeting, and quality assurance. Their expertise and leadership have been vital in maintaining the integrity and efficiency of healthcare institutions worldwide.

However, the emergence of the COVID-19 pandemic in recent years brought about a seismic shift in the responsibilities and expectations placed upon head nurses. In the face of such extraordinary challenges, head nurses were called upon to adapt and innovate, taking on roles and responsibilities that were hitherto uncharted in the history of modern healthcare.

Head nurses have had to face the challenge and threat of managing the crisis with precarious health supplies and resources, a changing workforce and exhausted staff who must cope with fear, uncertainty and the helplessness of not being able to assure humanized care for patients with COVID-19 and their families (Hofmeyer, 2020).

This phenomenological research aims to investigate the multifaceted roles of head nurses, both before and during the COVID-19 pandemic, with a particular focus on how these roles have evolved in response to the challenges posed by the pandemic. Additionally, it aims to fill this gap by exploring the lived experiences of head nurses in response to COVID-19 pandemic challenges in a selected hospital in Iloilo City. Much of the hardships of nurses have been experienced amidst COVID-19 resulted decisions about nurses, but never with nurses. Understanding the experiences of frontline head nurses during the COVID-19 pandemic is the key to design training programs and organizational strategies that facilitate better management of future situations with similar epidemiological and clinical characteristics (Rosser, 2020).

Statement of the Problem

Generally, this study aims to explore the lived experiences of head nurses to COVID-19 pandemic challenges in COVID-19 tertiary referral hospitals.

Specifically, this study seeks to answer the following questions:

1. What are the challenges experienced by the head nurses in response to the COVID-19 pandemic?
2. What leadership styles and adaptive strategies did the head nurses employ both before and during the management of COVID-19 protocols?
3. How did their COVID-19 pandemic experience impact the role as nursing leaders?

METHODOLOGY

This study employed a qualitative phenomenological research design to explore the lived experiences of head nurses in managing the challenges brought about by the COVID-19 pandemic in tertiary referral hospitals in Iloilo City. A purposive sampling technique was utilized to select six (6) head nurses from Western Visayas Medical Center, West Visayas State University Hospital, and Iloilo Doctors Hospital. Participants were required to have at least one year of experience as head nurses assigned in the Emergency Room and/or COVID-19 areas during the pandemic.

Data were collected through face-to-face semi-structured interviews using a researcher-developed interview guide that underwent validation by academic experts. Prior to data collection, participants were informed of the study's purpose and procedures and voluntarily provided informed consent. Interviews were audio-recorded, transcribed verbatim, and securely stored to ensure confidentiality and data protection.

The collected data were analyzed using Colaizzi's phenomenological method and thematic analysis. The process involved familiarization with the data, extraction of significant statements, formulation of meanings, clustering of themes, development of exhaustive descriptions, and validation of findings through member checking with the participants. Ethical principles, including voluntary participation, informed consent, confidentiality, anonymity, and secure data management, were strictly observed throughout the study.

To ensure the rigor and trustworthiness of the research, the criteria of credibility, dependability, confirmability, and transferability were applied. Trustworthiness was established by fostering rapport and creating a supportive environment that encouraged participants to openly share their experiences. Credibility was enhanced through participant validation of transcripts and findings. Dependability was maintained through a systematic and well-documented research process, while confirmability was ensured through audit trails and efforts to minimize researcher bias. Transferability was supported by providing rich and detailed descriptions of participants' lived experiences, enabling readers to assess the applicability of the findings to similar contexts. To promote research utilization, the study findings will be disseminated through professional presentations, conferences, peer-reviewed publications, and stakeholder communications to facilitate knowledge translation and evidence-based practice.

RESULTS AND DISCUSSION

Theme 1: Challenges Experienced by Head Nurses During the COVID-19 Pandemic

The COVID-19 pandemic presented significant challenges for head nurses, testing their leadership, adaptability, and resilience. Three major subthemes emerged: lack of preparedness and infrastructure, staff shortages and training gaps, and adapting to changing protocols and guidelines.

Subtheme 1.1: Lack of Preparedness and Infrastructure.

Participants described inadequate hospital preparedness, including shortages of PPE, medical equipment, isolation facilities, and manpower. Head nurses were compelled to manage limited resources, establish makeshift COVID-19 units, and ensure patient and staff safety despite infrastructural constraints.

Subtheme 1.2: Managing Staff Shortages and Training Gaps.

Staffing shortages caused by infections, quarantines, and workforce limitations increased the burden on head nurses. The deployment of newly hired and inexperienced nurses further required continuous supervision, mentoring, and training, adding to managerial responsibilities while maintaining quality patient care.

Subtheme 1.3: Adapting to Changing Protocols and Guidelines

Frequent revisions of COVID-19 protocols required head nurses to rapidly adapt and effectively communicate updates to their teams. Ensuring compliance, providing guidance, and supporting staff amid uncertainty highlighted the critical role of leadership during the pandemic.

Theme 2: Emotional and Psychological Challenges

The COVID-19 pandemic imposed substantial emotional and psychological burdens on head nurses as they navigated uncertainty, increased responsibilities, and concerns for the safety of their staff, patients, and families. Three subthemes emerged: managing fear and anxiety among staff, coping with burnout and mental health issues, and utilization of online platforms for communication and support.

Subtheme 2.1: Managing Fear and Anxiety of Staff.

Head nurses faced the challenge of addressing staff fears of infection, uncertainty about the disease, and concerns for their families. Through empathy, reassurance, effective communication, and emotional support, they helped their teams cope with anxiety and maintain their commitment to patient care.

Subtheme 2.2: Coping with Burnout and Mental Health Issues.

The prolonged demands of the pandemic contributed to burnout, stress, and mental health challenges among head nurses. Heavy workloads, resource limitations, and the responsibility of leading teams during a crisis intensified emotional exhaustion, highlighting the need for mental health support and supportive leadership.

Subtheme 2.3: Utilization of Online Platforms for Communication and Support.

To overcome physical distancing restrictions, head nurses relied on online platforms for communication, training, virtual meetings, and psychological support. These digital tools enabled continuous information sharing, staff engagement, and team cohesion during the pandemic.

Theme 3: Leadership and Strategic Responses

The COVID-19 pandemic required head nurses to demonstrate strong leadership, adaptability, and strategic decision-making to manage rapidly changing healthcare demands. Two key subthemes emerged: implementing strategic plans and actions and advocating for staff while managing upward communication.

Subtheme 3.1: Implementing Strategic Plans and Actions.

Head nurses responded to the crisis by revising work schedules, strengthening infection prevention and control measures, conducting continuous staff training, and fostering teamwork. They utilized innovative approaches, such as hybrid learning and collaborative decision-making, to ensure continuity of care, staff safety, and service quality despite resource and staffing challenges.

Subtheme 3.2: Advocating for Staff and Managing Upwards.

Head nurses served as vital advocates for their staff by communicating concerns, securing support from management, and addressing issues related to workload, burnout, and mental well-being. Despite experiencing their own emotional and professional challenges, they worked to create supportive environments, promote staff welfare, and maintain effective communication between frontline workers and hospital leadership.

Theme 4: Leadership Evolution and Strategies During the COVID-19 Pandemic

The COVID-19 pandemic prompted significant changes in the leadership approaches of head nurses as they adapted to rapidly evolving healthcare challenges. Two key subthemes emerged: evolution of leadership styles and transition to coaching and empowerment.

Subtheme 4.1: Evolution of Leadership Styles.

During the early stages of the pandemic, head nurses shifted from democratic and laissez-faire leadership styles to a more authoritative approach to ensure compliance with protocols, maintain safety, and respond effectively to the crisis. This transition enabled timely decision-making, clear communication, and strict implementation of infection control measures.

Subtheme 4.2: Transition to Coaching and Empowerment.

As systems and protocols became established, head nurses gradually adopted coaching, transformational, and empowering leadership styles. They focused on staff development, emotional support, collaboration, and professional growth, fostering resilience, confidence, and teamwork among nurses.

Theme 5: Effective Leadership Strategies During the Pandemic

The COVID-19 pandemic required head nurses to employ effective leadership strategies to ensure patient safety, maintain team performance, and respond to rapidly changing healthcare demands. Two key subthemes emerged: communication and delegation and strict adherence to safety protocols.

Subtheme 5.1: Communication and Delegation as Key Strategies

Effective communication and task delegation were identified as essential leadership practices during the pandemic. Head nurses relied on clear, two-way communication to keep staff informed, address concerns, and promote teamwork. Delegating responsibilities according to staff competencies enhanced operational efficiency and enabled healthcare teams to respond effectively to evolving challenges.

Subtheme 5.2: Ensuring Safety Through Strict Adherence to Protocols.

Maintaining safety for both patients and healthcare workers required strict enforcement of infection prevention and control protocols. Head nurses adopted a firm and decisive leadership approach when necessary to ensure compliance with guidelines while remaining adaptable to changing circumstances. Clear communication and consistent monitoring were crucial in reinforcing safety measures and minimizing risks.

Theme 6: Positive Impact of the COVID-19 Pandemic on Nurse Leadership Roles

Despite the challenges brought by the COVID-19 pandemic, nurse leaders experienced significant personal and professional growth. Three key subthemes emerged: enhanced communication and listening skills, strengthened leadership and team cohesion, and personal and professional development.

Subtheme 6.1: Enhanced Communication and Listening Skills.

The pandemic improved nurse leaders' ability to communicate effectively, actively listen, and collaborate with staff across all levels. These skills fostered teamwork, strengthened relationships, and supported better patient care and staff engagement.

Subtheme 6.2: Leadership and Team Cohesion.

Nurse leaders strengthened team unity by leading through example, promoting collaboration, and providing guidance during challenging situations. Their resilience, adaptability, and supportive leadership helped maintain morale and foster a cohesive work environment.

Subtheme 6.3: Personal and Professional Growth.

The pandemic served as a catalyst for growth, enabling nurse leaders to develop resilience, critical thinking, decision-making, emotional intelligence, and leadership competencies. Participants also reported improvements in interpersonal relationships, self-confidence, and overall professional effectiveness.

Theme 7: Negative Impact of the COVID-19 Pandemic on Nurse Leadership Roles

While the COVID-19 pandemic strengthened many leadership competencies, it also had significant negative effects on nurse leaders. Two major subthemes emerged: increased stress and burnout and challenges in maintaining staff morale and unity.

Subtheme 7.1: Increased Stress and Burnout.

Nurse leaders experienced heightened stress, burnout, and emotional exhaustion due to increased workloads, infection risks, staff turnover, role overload, and prolonged separation from their families. Balancing managerial responsibilities, direct patient care, and personal well-being created significant psychological and physical strain.

Subtheme 7.2: Challenges in Maintaining Staff Morale and Unity.

The pandemic created difficulties in sustaining team cohesion, as stress, uncertainty, and varying approaches to patient care led to divisions among staff and inconsistencies in practice. Nurse leaders struggled to maintain morale while simultaneously addressing staffing challenges, emotional distress, and the need for effective collaboration.

Theme 8: Insights and Realizations as a Nurse Leader During the COVID-19 Pandemic

The COVID-19 pandemic provided nurse leaders with valuable insights that reshaped their understanding of leadership. Three key subthemes emerged: the importance of empathy and open communication, growth through adversity, and leadership beyond the workplace.

Subtheme 8.1: The Importance of Empathy and Open Communication.

Nurse leaders realized that understanding staff concerns, actively listening, and maintaining open communication were essential for motivating teams, building trust, and sustaining morale during crises. Empathy and transparency became critical components of effective leadership.

Subtheme 8.2: Growth Through Adversity.

The challenges of the pandemic served as opportunities for personal and professional growth. Nurse leaders developed stronger leadership, decision-making, planning, resilience, and adaptability skills, enabling them to navigate complex situations more effectively.

Subtheme 8.3: Leadership Beyond the Workplace.

Participants recognized that leadership extends beyond formal work hours and responsibilities. Being accessible, supportive, and emotionally present for staff became a vital aspect of leadership, emphasizing the importance of commitment, role modeling, and holistic support.

Theme 9. Perspectives from Head Nurses During the COVID-19 Pandemic

The COVID-19 pandemic profoundly shaped the perspectives of head nurses, accelerating their leadership development while exposing them to significant responsibilities, isolation, and personal challenges. Their experiences highlighted the importance of resilience, self-preparation, adaptability, and living with a greater appreciation for the present moment.

Subtheme 9.1: Accelerated Growth and Maturity

The pandemic served as a catalyst for rapid personal and professional growth among head nurses. Faced with increased responsibilities and high-stakes decision-making, they developed stronger leadership skills, emotional intelligence, resilience, and adaptability. Many viewed the crisis as a transformative learning experience that strengthened their ability to lead, mentor others, and support their teams effectively.

Subtheme 9.2: The Burden of Responsibility and Isolation

Head nurses experienced immense pressure during the pandemic, often carrying the responsibility of managing patient care, staffing shortages, and team welfare while coping with fears of infection and transmitting the virus to their families. Feelings of isolation were common, particularly when staff members became ill or quarantined. Despite these challenges, solidarity and teamwork among healthcare workers helped alleviate some of the emotional burden.

Subtheme 9.3: Importance of Self-Preparation and Coping Mechanisms

The crisis underscored the need for nurse leaders to prioritize self-preparation, self-awareness, and effective coping strategies. Participants recognized that they could not lead effectively without maintaining their own well-being. Building resilience through self-care, emotional regulation, and a balanced perspective enabled them to navigate challenges, prevent burnout, and better support their teams.

Subtheme 9.4: Reflections on Impermanence and the Present Moment

The pandemic heightened awareness of life's uncertainty and impermanence, leading nurse leaders to focus on the present and act decisively. Participants realized the importance of addressing challenges immediately, prioritizing meaningful actions, and valuing what truly matters in leadership and patient care. This perspective fostered adaptability, mindfulness, and a stronger commitment to serving others during times of crisis.

DISCUSSION

The study explored the lived experiences of head nurses in managing the challenges brought about by the COVID-19 pandemic, focusing on the difficulties they encountered, the leadership styles they employed, and the impact of these experiences on their roles as nursing leaders. The findings are best understood through the lens of Sister Callista Roy's Adaptation Model (1976), which emphasizes individuals' ability to adapt to environmental changes to maintain stability and effectiveness. Complementing this framework are Ian Mitroff's Crisis Leadership Theory (2007), which highlights resilience and decisive leadership during crises, and Hersey and Blanchard's Situational Leadership Theory (1996), which emphasizes the need for leaders to adjust their leadership styles according to the demands of a situation and the needs of their followers.

The COVID-19 pandemic presented unprecedented challenges for head nurses, exposing deficiencies in healthcare preparedness, resource allocation, and workforce capacity. Participants described overwhelming conditions characterized by shortages of personal protective equipment (PPE), limited medical resources, inadequate isolation facilities, and rapidly increasing patient admissions. These challenges were further intensified by staffing shortages resulting from infections, quarantine protocols, and fear of exposure among healthcare workers. Consequently, head nurses were required to manage patient care while simultaneously training and supervising inexperienced personnel who were abruptly deployed to high-risk areas. The constantly evolving COVID-19 guidelines and protocols further complicated their responsibilities, requiring them to communicate changes effectively, ensure compliance, and make timely decisions to protect both staff and patients.

Consistent with Roy's Adaptation Model, head nurses demonstrated remarkable adaptability in responding to these environmental stressors. Their leadership approaches evolved according to the demands of the crisis. During periods requiring immediate action and strict adherence to safety protocols, many adopted an autocratic leadership style characterized by decisive decision-making and firm implementation of policies. However, as the pandemic progressed, participants recognized the importance of balancing authority with empathy. They provided emotional support, flexibility, and reassurance to their staff, acknowledging the fear, anxiety, and uncertainty experienced by frontline healthcare workers. This adaptive leadership reflects the principles of Situational Leadership Theory, wherein leaders modify their approaches based on organizational needs and the readiness of their teams.

The findings also support Crisis Leadership Theory, which emphasizes the importance of resilience, proactive decision-making, and strategic responses during emergencies. Head nurses demonstrated these qualities by continuously adjusting workflows, implementing infection-control measures, allocating limited resources, and ensuring continuity of patient care despite uncertainty. Their ability to remain composed under pressure enabled them to guide their teams through rapidly changing circumstances while maintaining operational effectiveness. Furthermore, many participants exhibited transformational leadership behaviors by motivating staff, fostering teamwork, and encouraging adaptability despite the emotional and physical demands of the pandemic.

A notable finding of the study was the transformation of leadership dimensions related to vision, influence, and strategic decision-making. Initially, nurse leaders shifted from collaborative leadership approaches toward more authoritative styles to facilitate rapid implementation of crisis protocols. Their vision evolved from focusing on routine operational goals to prioritizing safety, crisis management, and workforce resilience. As the situation stabilized, their leadership influence expanded beyond enforcing compliance to inspiring, coaching, and empowering staff members. Through effective communication, emotional support, and trust-building, they fostered resilience and maintained team morale during prolonged periods of uncertainty.

Strategic decision-making likewise emerged as a critical leadership competency. Head nurses demonstrated flexibility in balancing immediate crisis responses with long-term workforce development and well-being. Their decisions reflected a continuous process of adaptation, integrating safety considerations, operational efficiency, and emotional support for staff. This dynamic approach aligns with Roy's Adaptation Model, which views successful adaptation as a process of responding effectively to changing environmental demands while maintaining integrity and functionality.

The pandemic experience significantly reshaped the professional roles of head nurses. Participants reported increased responsibilities, emotional exhaustion, and heightened levels of stress and burnout as they prioritized the welfare of both patients and staff. Despite these challenges, many developed greater resilience, confidence, and leadership competence. They learned to navigate complex healthcare environments while fostering supportive and compassionate workplaces. These experiences underscore the critical need for ongoing leadership development, crisis preparedness training, and psychosocial support systems for nursing leaders.

Overall, the findings reveal that the COVID-19 pandemic served as a catalyst for leadership transformation among head nurses. Through adaptation, resilience, and flexible leadership approaches, they successfully navigated unprecedented healthcare challenges. Their experiences highlight the importance of equipping nursing leaders with the knowledge, resources, and support necessary to respond effectively to future healthcare crises while sustaining the well-being of both healthcare professionals and patients.

CONCLUSIONS

In conclusion, this study provides a comprehensive understanding of the lived experiences of head nurses during the COVID-19 pandemic, revealing the complex challenges they encountered, the leadership approaches they adopted, and the profound impact of these experiences on their professional roles. The pandemic exposed significant gaps in healthcare preparedness, including shortages of personal protective equipment (PPE), inadequate facilities, limited resources, staffing shortages, and rapidly evolving protocols. As frontline nursing leaders, head nurses were tasked with ensuring patient safety, maintaining quality care, supporting healthcare workers, and responding effectively to unprecedented demands within an uncertain and constantly changing environment.

Despite these challenges, head nurses demonstrated remarkable resilience and adaptability. Their experiences highlighted that effective leadership during a crisis requires flexibility rather than reliance on a single leadership style. In the early stages of the pandemic, directive and authoritative leadership approaches were necessary to ensure compliance with infection-control measures and to maintain order amid uncertainty. As the crisis progressed, however, head nurses increasingly adopted empathetic, transformational, and supportive leadership strategies to address the emotional, psychological, and professional needs of their staff. Through effective communication, emotional support, mentorship, and motivation, they fostered trust, teamwork, and resilience, enabling healthcare teams to continue providing quality patient care under extraordinary circumstances.

The findings further revealed that the pandemic significantly transformed the role of head nurses. Beyond their traditional administrative and clinical responsibilities, they became crisis managers, decision-makers, advocates, mentors, and sources of emotional support for their teams. The immense pressure associated with these expanded responsibilities contributed to stress, burnout, and emotional exhaustion. Nevertheless, these experiences also strengthened their leadership capabilities, resilience, and capacity to adapt to rapidly changing conditions. In navigating the challenges of the pandemic, head nurses developed a deeper understanding of the importance of balancing operational demands with the well-being of healthcare workers, recognizing that effective leadership extends beyond managing systems to caring for people.

The experiences of the participants can be understood through the interconnected perspectives of Sister Callista Roy's Adaptation Model, Ian Mitroff's Crisis Leadership Theory, and Hersey and Blanchard's Situational Leadership Theory. Roy's Adaptation Model underscores how head nurses continuously adjusted to environmental stressors, resource limitations, and changing healthcare demands while maintaining effective functioning and promoting the well-being of their teams. Mitroff's Crisis Leadership Theory is reflected in their ability to make timely decisions, remain resilient under pressure, and guide their organizations through uncertainty. Similarly, Situational Leadership Theory explains how head nurses modified their leadership approaches according to the needs of their staff and the demands of the crisis, demonstrating that leadership effectiveness is rooted in flexibility and responsiveness rather than a fixed style.

Finally, the COVID-19 pandemic served as a transformative period in nursing leadership, highlighting the critical roles of adaptability, resilience, emotional intelligence, and strategic decision-making in managing healthcare crises. The findings emphasize that successful leadership is not defined by authority alone but by the ability to

inspire, support, and empower others while navigating uncertainty. Consequently, healthcare institutions must invest in leadership development, crisis preparedness training, and comprehensive support systems for nursing leaders. Strengthening these areas will better equip future nurse leaders to respond effectively to complex healthcare challenges while safeguarding the well-being of both healthcare professionals and the patients they serve.

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