ISSN: 2977-0033

Review Article

Journal of Clinical Research and Case Studies

Views of Chief Nursing Officers of the Caribbean Community (CARICOM) on Strengths, Challenges and Opportunities Presented by COVID-19 Pandemic

Audrey Gittens* **and Miss Sophia Smith**

University of Technology, College of Health Sciences. Caribbean School of Nursing Jamaica

***Corresponding author**
Audrey Gittens, College of Health Sciences Caribbean School of Nursing, University of Technology, Jamaica.

Received: April 14, 2025; **Accepted:** April 21, 2025; **Published:** April 25, 2025

ABSTRACT

The International Council of Nurses confirmed that as of October 2020, more than 1,500 nurses died from COVID-19 in 44 countries (ICN, October 2020). Policies and guidelines were required for effective patient care delivery and staff protection. As government Chief Nursing Officers, the responsibility rest on their portfolio to manage the nursing workforce during a pandemic which was new to them.

Significance: Research on the experiences of Chief Nursing Officers in CARICOM as they grapple to manage and lead the nursing during the pandemic is not available. This study provides information which will aid in the development of strategies for leading in a pandemic.

Methodology: A descriptive quantitative design was utilized. Chief Nursing Officers of CARICOM who were in the post since the inception of the COVID-19 pandemic in 2019 were included. Each Chief Nurse was contacted via email. And a questionnaire was submitted via google doc.

Analysis: Pearson's correlation showed a direct positive relationship between knowledge and motivation. When knowledge was inadequate, motivation was also low. Pearson's Correlation Coefficient (r- 0.371) between motivation and knowledge shows a moderate negative linear relationship. The Chief Nurses found that. "During the pandemic, nurse leaders felt excluded from planning for COVID-19.

Conclusion: When staff is involved at the policy level, patient outcome is satisfactory. The support shared among nurses in CARICOM, aided in their ability to manage and to remain resolute as champions of new innovations in health.

Keywords: COVID-19 and Chief Nursing Officers, Role of Chief Nursing Officers and COVID-19, Impact of CODIV 19 on Nursing

Introduction

The corona virus disease (COVID-19) took the world by storm. It impacted economies, lives and livelihood, social services and health care. On March 11th, 2020, the World Health Organization declared the corona virus disease-19, a pandemic [1]. On March 10th, 2020, the first imported case of the disease was reported in CARICOM [2]. Health care providers encountered untold challenges as they attempted to understand and manage the condition. As the disease spread across the Caribbean Community (CARICOM), government Chief Nursing Officers were challenged to meet the human resource demands. There were demands also, from nurses, for policies, guidelines and standing operating procedures for this "novel disease". Chief Nursing officers within CARICOM have the advantage of singleness of purpose, which is occasioned by the meetings of the Regional Nursing Body where decisions concerning nursing and midwifery are made. The Health Ministers Conference is another vehicle through which decisions are made for the region. Other agencies of the Caribbean which work with CARICOM for a common response include the Caribbean Public Health Agency (CARPHA) and the Pan American Health Organization. They, therefore, would have considered a common response to the pandemic within CARICOM.

Problem Statement

Nurses and midwives comprise the greater percentage of the health workforce. The novel corona virus continues to hold

Citation: Audrey Gittens, Miss Sophia Smith. Views of Chief Nursing Officers of the Caribbean Community (CARICOM) on Strengths, Challenges and Opportunities Presented by COVID-19 Pandemic.. J Clin Res Case Stud. 2025. 3(2): 1-6. DOI: doi.org/10.61440/JCRCS.2025.v3.66

the world in its throes as it effectively threatens to undermine the effectiveness of the nursing and midwifery workforce. The nursing and midwifery workforce were among health care workers who became ill with a few reported deaths. In Jamaica, over 200 nurses were isolated and three confirmed deaths due to the COVID-19 virus [3]. Antigua and Barbuda reported deaths among nursing staff [4]. Since the start of the Pandemic, the majority of the affected health workers in Latin America and the Caribbean are female nurses. The International Council of Nurses confirmed that as of October 2020, more than 1,500 nurses died from COVID-19 in 44 countries [5]. Policies and guidelines were required for effective patient care delivery and staff protection. As government Chief Nursing Officers, the responsibility rest on their portfolio to manage the nursing workforce during a pandemic which is new to them.

Purpose of the Study

The purpose of this study was to investigate the strengths, challenges and opportunities experienced by government Chief Nursing Officers during the COVID-19 pandemic. The study also provides an opportunity to strengthen the leadership capacity of Chief Nursing Officers of caricom.

Significance of Study

Research on the experiences of Chief Nursing Officers in CARICOM as they grapple to manage and lead the nursing workforce during the pandemic is not available. This study provided crucial information which will be used to inform nursing practice at the leadership level, inform policies and aid in the development of strategies for leading in a pandemic.

Research Questions

1. What strengths aided the leadership roles of Chief Nursing Officers during the COVID-19 pandemic?
2. What are the challenges encountered by Chief Nursing Officers during the CODVID-19 pandemic?
3. What leadership opportunities does COVID-19 present to Chief Nursing Officers?

Literature Review

The role of Chief Nursing Officers of CARICOM is hectic under normal circumstances. They have the responsibility for nursing and midwifery throughout the country as the administrative head and Chief Technical Advisers. The COVID-19 pandemic further compounded existing challenges relating to their roles and responsibilities. Their roles ranged from requesting and deploying nursing resources to addressing issues of safety in the work environment and staff mental health. According to Bettencort, the roles of Chief Nursing Officers have become more complex since the inception of the COVID-19 pandemic. Bettencourt further posited that due to the immense stress on the profession of nursing, nurse leaders need to look at issues such as best practices in order to address the mental and emotional trauma of the nursing cadre [6]. Aquilia stated that the COVID-19 pandemic challenged nurse leaders in ways unimaginable in providing high-quality, cost-effective care while creating supportive environments for patients and their relatives [7].

Strengths Which Aid the Leadership Roles of Chief Nursing Officers

Among the strengths all leaders must possess are knowledge, communication skills and a value system consistent with the organization and the profession of nursing. During a pandemic, such as the COVID-19, these strengths are either accentuated or diminished. Moore posited that during times of crisis, communication, caring relationships, vision and values become central to the roles of nurse leaders [8]. During the Ebola epidemic and the web of media frenzy in which nurses were caught, Edmonson cited by Leary stated that where communication is infrequent and lacks transparency, misinformation will spread, and fears and chaos will increase [9,10]. They further indicated that the Chief Nursing Officer must work closely with her communication team to "infuse the human perspective to an organization's public response to a situation".

A strong value system is an essential strength honed by nurse leaders. Spritzer stated that one of the core values of nurse leaders revolves around excellence in the delivery of patient care. Spritzer further stated that excellence in patient care cannot be sacrificed for anything or for any reason. The COVID-19 pandemic threatened the core value of excellence as hospitals reported a shortage of basic supplies such as facemasks and gloves and that nurses were required to work extended hours in unsafe environments. Nurse leaders are required to draw on their communication skills, value system and their knowledge of pandemics in order to manage some of the challenges identified by Wolters Kluwer which include longer working hours and greater patient loads, fear of infection, including bringing the virus home to loved ones and forced isolation to prevent the spread of COVID-19 to others [11]. It is vital that under these unprecedented circumstances, Chief Nursing Officers create a safe work environment in which the staff feels safe, protected, educated, supported and empowered [12].

For over fifty years, Chief Nursing Officers of CARICOM have shared a bond. Their challenges are similar whether in geography, social issues or matters of health care. They share and manage issues as a collective. During the COVID-19 pandemic, this cohesiveness was imperative. Chief Nursing Officer of England described her experience as being proud of the global nursing and midwifery community. She stated, "There has rarely been a time that our international community has had such a strong common ground.

Challenges

The nursing staff complained of exclusion from planning for COVID-19, the absence of practice guidelines for the virus, absence or difficulties obtaining Personal Protective Equipment (PPE) and sanitizers and difficulties maintaining adequate staffing levels. [13]. Director of Nursing, Eloise Cathcart, cited in Thomas summed the challenges faced by nurse leaders during the corona virus pandemic as "No nurse manager practicing today has experienced anything like the coronavirus pandemic" [14]. No former leadership experience prepared the nurse leaders for the onslaught of COVID-19. Chief Nursing officer Sheila Kempf, cited by Bennencourt found that 53% of Nurse Leaders reported difficulty meeting work and family needs due to inadequate staffing.

Mahapatra identified leadership challenges in India during the COVID-19 pandemic [15]. These included.

- The protection and wellbeing of the staff from infections, increased workload and moral demotivation.
- Education and training as the staff lacked the knowledge to manage the pandemic. Nurse leaders had to task of sourcing relevant and important information and to ensure that staff is always kept abreast.
- Nurse leaders had to ensure that communication is good, clear and direct from top-down and bottom-up.
- There was a need for the frontline staff to feel as if their leaders were always present.
- It was difficult to offer rewards and recognition.

Opportunities

According to Moore it is important for nurse leaders to understand critical details in order to visualize the bigger picture which will be shared with the team [8]. Moore indicated that leaders should present a clear vision through timely education and training and the creation in a caring relationship through acknowledging shared distress, affirm suffering and help the team to cope [8]. This is supported by Stamps who concluded that Chief Nursing Officers must advocate for conditions of work, safety and welfare to their staff while delivering care under stressful conditions [12].

Eloise Cathcart, cited in Thomas advised on the following leadership opportunities [14].

1. Embrace leadership roles even in times of uncertainties by keeping focus and remember that no one did it before.
2. Be visible, available and establish a supportive presence in order to uphold the highest standards.
3. Display comportment even in the face of fear and uncertainty as leadership demeanor and behavior exerts powerful influence over feelings of unity and loyalty of staff. This can be done through an emphatic approach to the staff's emotional needs.
4. Express daily visions and acknowledge shot term wins but never deny the reality in the field. This will help to boost staff morale.
5. Let the voices of clinical nurses remain in the conversation by intentionally creating opportunities for them to share their experiences so that their value can be validated.

Methodology

Research Design

This research investigated the topic "Strengths, challenges and opportunities experienced by Government Chief Nursing Officers in CARICOM during COVID-19 pandemic" A descriptive quantitative design was utilized. "Quantitative research is a formal, objective, systematic process implemented to obtain numerical data. It described variables and examines relationships among variables". Descriptive research accurately and systematically describes populations or phenomena. It answered questions such as where, when what and how and is used to investigate more than one variable [8].

Inclusion Criteria

Chief Nursing Officers of CARICOM who were in the post since the inception of the COVID-19 pandemic in 2019 whether in a permanent or acting capacity.

Exclusion Criteria

A person who was not a Chief Nursing Officer or anyone who did not act in the capacity from 2019.

Sample Size

The population of 21 Chief Nursing Officers was used as the sample. Total population sampling is a type of purposive sampling technique where the entire population that have a particular set of characteristics is examined. The population is small and they share the same experiences.

Sampling Technique

Non-probability Purposive sampling technique was used. This allowed for analytical generalizations about the population being studied. A core characteristic of non-probability sampling techniques is that samples are selected based on the judgement of the researcher rather than on random selection. A list frame of the 21 government Chief Nursing Officers in CARICOM was created.

Procedure for Data Collection

Each Chief Nurse was contacted via email. The project's purpose was explained, and questions/concerns answered. Their consent to participate obtained. A questionnaire was submitted via google doc to each Chief Nurse.

Data Analysis

Data was analyzed using the google doc platform and the Statistical Package for Social Science version 21. Data was be computed using measures of central tendency and dispersion. Pearson' Correlation analysis was used in order to assess the strength of the direction of variables.

Ethical Consideration

Studies involving humans have ethical implications. Research subjects must be able to trust the researchers not to do any harm with the data collected and the information gleaned at the end of the research. It is therefore important to establish trust with participants by ensuring confidentiality and anonymity. The project was conducted with the compliance of the University of Technology, Jamaica, College of Health Sciences Ethics Committee guidelines and was peer reviewed. The purpose of the study was outlined including how information will be used and disseminated. Participants were informed that they can refuse to participate or withdraw their participation at any time during the process. Identifiers were removed from the questionnaires eliminating the possibility of any respondent being identified by persons other than the researchers.

Limitations

The study is confined to the population of chief nursing officers of CARICOM; therefore, generalizations cannot be made outside this region. Literature on the experiences of Chief Nursing Officers is sparse as the disease is new and not widely studied.

Delimitations

Nurse leaders at the unit levels were eliminated from the study because the researchers wanted to investigate Chief Nursing Officers who are at the policy level and have responsibility for the profession nationally. Unit managers and matrons will give a narrow perspective confined only to their departmental experiences.

Data Analysis

Respondents were asked about the size of the nursing workforce they managed, 5 (31 %) had a nursing staff cadre under 500, 4 (25%), 500 -1000, 4 (25%), 1000 -1500, 1 country (6.3%) with 1500 to 2000 and 2 (12.5 % had a cadre of over 2000.

Of the 16 CNOs 5 (31%) had 1-3 years' experience in the post, 5 (31%) 3-4 years and 6 (37.5) six years and greater. The CNOs were asked if COVID-19 was a catalyst in addressing existing nursing and midwifery needs such as staffing and training? There were 15 responses. Three (20%) disagreed, 3 (20%) agreed, 7 (46. 7%) strongly agreed, 1 (6.7%) disagreed and 1 (6.7) was undecided. When asked if their involvement in planning at the policy level assisted in their leadership roles, 14 persons responded. Seven (50%) agreed, 4 (28.6%) strongly agreed and 3 (14.3%) disagreed.

In relation to the question on how effective were existing communication tools during this pandemic, 9 (60) said effective, 3(not effective), 2 (13%) undecided and 1 (6.7%) very effective. Respondents were asked how effective they were in communicating the value of excellent care delivery during the pandemic? Of the 16 responses, 13 (81.3) indicated that they were effective, 2 (12.5%) said very effective and 1 (6.3%) said that they were not effective in communicating the value of excellence.

When rating their effectiveness to lead the nursing profession during periods of uncertainties, 12 (75%) were effective, 2 (12.5%) said very effective and 2 (12.5%) were undecided. In response to the question How effective were you in creating a caring environment in which staff felt safe during the COVID-19 pandemic? Of the 16 respondents, 9 (60%) were effective, 5(33,3%) undecided and 1 (6.7%) very effective. In response to the statement "During the COVID-19 pandemic, staff became demotivated" of the 15 persons who responded, 9 (60%) agreed, 2 (13%) strongly agreed, 2 (13%) disagreed, 1 (6.7%) strongly disagreed and 1 (6.7%) undecided.

The 16 Chief Nurses responded to the statement Nurse managers lacked knowledge about COVID-19 to provide adequate guidance to clinical staff". Seven (43.8%) agreed, (5 (31.3%) disagreed, 3 (18.8%) strongly disagreed and 1 (6.3%) strongly agreed. When knowledge was inadequate, motivation was also low. Pearson's Correlation Coefficient (r- 0.371) between motivation and knowledge shows a moderate negative linear relationship.

During the pandemic, communication with the nursing staff was accurate, and timely. Nine (56.3%) agreed, 4 (25%) disagreed and 3 (18%) were undecided. In response to the statement "During the pandemic, nurse leaders felt excluded from planning for COVID-19. Seven (43.8%) agreed, 5 (32.3) disagreed, 3 (18.8%) strongly disagreed and 1 (6.3%) strongly agreed. Pearson's Correlation Coefficient between inclusion in planning and knowledge base is r= 0.1.33. This is a weak positive relationship between the inclusion of CNOs in the planning process and knowledge about COVID-19.

When responding to the question COVID-19 presented an opportunity for staff training in pandemic related courses, 9 (60%) strongly agreed and 6 (40%) agreed. COVID-19 provided insight for reviewing management functions during a pandemic, there were 15 responses. Eight (53.3%) strongly agreed, 5 (33.3%) agreed and 2 (13.3%) undecideds. Technology can be used as a tool to network with nurses locally, regionally and internationally for quick responses. 9 (64.3%) strongly agreed, 4 (28.6%) agreed and 1 (7.1%) disagreed. The nurse leaders used several social media platforms to communicate with nurses.

Discussion

The years of experience of Chief Nursing Officers in the post ranged from 1 year to six years and over. They managed a staff cadre ranging from 500 to over 2000. The result of the study showed that regardless of the size of the staff cadre or the years of experience, the challenges and opportunities were homogeneous. There were divergent views regarding COVID-19 being a catalyst in addressing existing nursing and midwifery needs. The majority, 66%, either strongly agreed or agreed that it was. Only 27% disagreed. According to the online dictionary a catalyst is "an agent that provokes or speeds significant change or action". The experiences of the CNO indicated that nursing and midwifery needs were changed during the pandemic. For the 20% who said that there were no changes to the needs of the professions, it will be interesting to know how the workforce managed during the ravages of the pandemic under existing conditions.

The majority agreed that their involvement in planning at the policy level assisted in their leadership roles during heightened period of COVID-19. As Chief Nursing Officers, COVID-19 would have exaggerated the leadership roles they played because not only was it a new phenomenon, but it was also sudden, and its trajectory could not be anticipated. This supports the statement by Bettencort who stated that the roles of Chief Nursing Officers became more complex with the Covid-19 pandemic. Despite this, the evidence showed that existing communication tools were 67% effective. These tools were varied and CNOs used several. The most common were WhatsApp and the zoom platform followed by Google meet and GoTo meeting.

Having indicated that communication tools were effective during the pandemic, the CONs were 94% effective in communicating the value of excellent care delivery. This is in keeping with the findings of Edmonton who stated that Chief Nursing Officers are required to work closely with a communication's team to infuse the human perspective in response to a public phenomenon. They are also required to be present and visible, led by example, take responsibility and teach the staff. These tasks would have aided in promoting the value of excellence. However, during the heightened period of the pandemic, the Nurses Association of Jamaica advised that more than 200 nursing staff tested positive for COVID-19 and were away from work on quarantine. This occurred at a time when there was a deficit in the budgeted cadre for nursing staff. The Association's President further advised that "nurses are tired". The CNOs were required to take charge of the crisis and not wait on the crisis to resolve without intervention.

The nurse leaders were also either effective or very effective in to lead the nursing profession during the period of uncertainties. An element of uncertainty of the COVID-19 pandemic was the new and inaccurate information from sources which claimed to be credible. Unless the nursing cadre remains focused on

information disseminated by or directed by nurse leaders, uncertainties will be deepened. During challenging times such as the COVID-19 pandemic, it is imperative that information disseminated is accurate and timely. This view is supported by Edmonton who stated that when information is not transparent and does not occur often, misinformation spreads resulting in heightened fear and chaos. Based on the outcome of this study, the CNOs lead their respective professions through this period of uncertainty, conquering misinformation by utilizing communication tools which were available to them. The senior nurses also agreed that technology can be used as a major networking communication tool.

It is interesting to note that 2, (13%) of the nurse leaders could not decide whether or not their leadership was effective during the uncertain days. The sudden emergence of the pandemic, limited knowledge, feeling overwhelmed and lack of or inadequate support could have deepened the level of uncertainty and contributed to the state of indecision. There was no immediate template, no example to follow. Aquilia found that the pandemic challenged nurse leaders "in ways that one could not imagine…". Nursing Times concurred by positing that during the COVID-19 pandemic there was a lack of evidence about nurse leadership in crisis [1]. There, however, is a growing body of evidence which will provide guidance for future occurrences.

The majority 10 (67%) of the respondents were effective in creating a caring and safe environment for the nursing staff. However, 5 (33%) were undecided. One of the tenets of leadership is that the leader must first understand his/her emotions before attempting to manage the emotions of others. Using the earthquake in New Zealand as an example, Zhuravsky cited in Nursing Times explained that managing one's emotion is a fundamental skill of a leader which promotes safety in a time of crisis. It is not surprising that one third of the CNOs were undecided during the onslaught of COVID-19. If a leader does not feel safe in the environment, it will be difficult to convey safety to the staff. If the desired support structure and systems are not available for the leaders, they, in turn, would have experienced difficulties creating something they did not experience.

There is a discrepancy between the provision of a safe and caring environment and the 73% demotivation rate experienced by the staff. Only 20% of the nursing staff were motivated with seven percent indecision. Could there be a disconnect between what the nurse leaders perceived to be a safe environment and what the reality was based on their observation? From the CNOs perspective, they could have done all they could under the circumstances to foster a safe and caring environment, but the staff did not feel the impact.

Pearson's Correlation Coefficient showed a direct positive relationship between the level of motivation of the staff and the knowledge base of the CNOs, r =0.7. When knowledge of the Chief Nurses increased, staff motivation also increased. Due to limited knowledge of COVID-19, it was impossible for the leaders to engage in knowledge transfer. Among the characteristics and expertise needed by nurse leaders are knowledge in order to steer the ship through adversities and change [16]. The evidence pointed to exclusion of the senior nurses from planning for COVID-19. There is a direct positive relationship between exclusion from planning and the knowledge base of the Chief Nurses.

As exclusion from planning increases, so too was the knowledge deficit. To be optimally effective, the nurses relied on timely and accurate information. When excluded from planning, they were not likely to have access to the context of decisions made at the policy table and which they were expected to implement.

The leaders agreed that the office holder should remain in discussions at the policy level on matters of pandemics and national disasters. Their roles in infection prevention and control and the administrative responsibilities were invaluable in controlling the spread of COVID-19 and the health sequel of the pandemic. They engage in data collection, patient education, isolation techniques, preparation and implementation of policies, treatment and patient education and they collaborate across the organization as well as other stakeholders. They advocate for resources and for patient rights. Wymer, Stucky and Jong advised that nurse leaders are required to be political advocates in order to influence good policy [17]. They are also required to identify gaps between current policies and the needs of healthcare. This can be done through knowledge of needs and disparities. Through professional initiative and answering the challenge of the pandemic, nursing leadership validated their role as thought leaders, operational innovators, and trusted partners of other engaged disciplines" [17].

The senior nurses agreed that resources were adequate to manage the pandemic This is contrary to the findings of a systematic review conducted by Joo JY, Liu MF which reported a shortage of supplies such as personal protective equipment which were essential to protect staff who delivered direct care [18]. The CNOs reported inadequate nursing staff to deliver quality patient care. This is an age-old issue and chronic in nature which was exacerbated by the pandemic. The Chief Executive Officer for the International Council of Nurses stated that "The worldwide shortage of nurses needs to be considered as a global health emergency and recovery from the current situation must to be a priority for governments everywhere."

Conclusion

COVID-19 was an unexpected and unprecedented public health occurrence which surprised not only Chief Nursing Officers of CARICOM but the global health care system. Within CARICOM, the Chief Nursing Officers had varying experiences. Some challenges of a similar nature included limited resources. The pandemic did not permit, initially, health authorities to procure adequate and appropriate resources such as Personal Protective Equipment and other resources used to manage the pandemic. Communication between senior managers of health care from the level of Ministries of Health to the staff delivering care, was a challenge. The uncertainties were understandable as no one, during the early stages of the pandemic, had all the answers and therefore, could not communicate information which was not available.

Whereas some Chief Nursing Officers were supported by Ministries of Health as they navigated the challenges of the pandemic, particularly managing the staff, providing accurate and current information, and maintaining motivation, others reported that they endured hardships due to inadequate information and

training. As a result, they were unable to adequately manage during the period.

Based on the experiences described by the senior nurses, they are now better equipped to manage similar pandemics because of the preparation of COVID-19. Health infrastructure was upgraded for any eventuality. One of the key factors to successfully manage public health emergencies is effective communication. Where communication is effective, staff motivation will remain high even in the face of unprecedented challenges. When staff is involved at the policy level where their input is valued, patient outcome is satisfactory. The support shared among nurses in CARICOM, aided in their ability to manage and to remain resolute as champions of new innovations in health.

Reference

1. Tedros A. WHO Director-General's opening remarks at the media briefing on COVID-19. World Health Organization. 2020.
2. Harrison P. Tracking COVID-19 Pandemic in CARICOM. Caribbean Community. 2020.
3. Henry P. NAJ concerned as three nurses among those to die from COVID-19. Radio Jamaica News. 2021.
4. Dominica News Online – Wednesday. Antigua senior health worker dies from COVID-19, death toll now at 11. 2021.
5. International Council of Nurses. ICN confirms 1,500 nurses have died from COVID-19 in 44 countries and estimates that healthcare worker COVID-19 fatalities worldwide could be more than 20,000. 2020.
6. Bettencourt E. The Growing Role Of the Chief Nursing Officer Posted by Erica Bettencourt. 2021.
7. Aquilia A, Grimley K, Jacobs B, Kosturko M, Mansfield J, et al. "Nursing leadership during COVID-19: Enhancing patient, family and workforce experience," Patient Experience Journal: 2020. 7: 27.
8. Moore C. Nurse leadership during a crisis: ideas to support you and your team. Nursing Times. 2020. 116: 34-37.
9. Edmonson C, Sumagaysay D, Cueman M, Chappell S. The nurse leader role in crisis management. Journal of Nursing Adminis tration. 2016. 6: 417-419.
10. Leary E. "The Ebola Experience: Media Lessons for Nurse Leaders". Yale School of Nursing Digital Theses. 2017.
11. Wolters Kwolters Kluwer. Leadership's role in helping nurses during COVID-19.
12. Stamps D, Foley S, Gales J, Lovetro C, Alley R, et al. Nurse Leaders Advocate for Nurses Across a Health Care System: COVID-19. Elsevier. 2011.
13. Desroches M, Ailey S, Fisher K, Stych J. Impact of COVID-19: Nursing challenges to meeting the care needs of people with developmental disabilities. Disability and Health Journal. 2021. 101015.
14. Thomas K. Nursing Leaders in a Time of Crisis. Med Page Today. 2020
15. Sarita Mahapatra. Leadership challenges during the COVID 19 Pandemic. Nursing Now. 2020.
16. Carlow University. Examining the Qualities of an Effective Nurse Leader. Education and Leadership. 2021.
17. Wymer JA, Stucky CH, De Jong MJ. Nursing Leadership and COVID-19: Defining the Shadows and Leading Ahead of the Data. Nurse Led. 2021. 19: 483-488.
18. Joo JY, Liu MF. Nurses' barriers to caring for patients with COVID-19: a qualitative systematic review. Int Nurs Rev. 2021. 68: 202-213.