



ORIGINAL RESEARCH PAPER

Searching for a new normal—Hospital-employed researchers' experiences during the COVID-19 pandemic

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Abstract

Background: This study focuses on hospital-employed researchers, a relatively new staff group. Their job descriptions vary, which may lead to lack of clarity or preparedness regarding their roles and core tasks during a crisis such as COVID-19.

Aim: The aim of this study was to explore hospital-employed healthcare researchers' experiences of work during the COVID-19 pandemic.

Design: A qualitative design based on Graneheim and Lundman's latent content analysis of two focus groups with researchers in clinical practice was chosen to explore researchers' experiences of work during the COVID-19 pandemic.

Methods: Fifteen hospital researchers participated in two focus groups, divided into predoctoral and postdoctoral researchers. Focus groups were conducted in May 2020 during the COVID-19 pandemic, using the voice over IP service, Skype®, due to risk of contagion.

Findings: 'Searching for a new normal during the COVID-19 pandemic' was the main theme during the latent content interpretation, with subthemes of (i) balancing calm and insecurity, (ii) negotiating core tasks and (iii) considering the future.

Conclusion: The 15 researchers tried to balance calm and insecurity within work and family, on standby for the hospital's contingency plan, and in their research tasks. This led them to negotiate their core tasks and to reflect on the changes and consequences for their positions as researchers in clinical practice in the future.

KEYWORDS

allied health, COVID-19, identity, nurse, profession, researchers

Summary statement

What is already known about this topic?

- During a major healthcare crisis, normal plans and procedures at hospitals are set aside.
- Working under unexpected and unsecure conditions may lead to postcrisis reactions.
- Researchers with nursing and allied health backgrounds, who are the first generation of these researchers at hospitals, do not have fully developed and recognized positions.

What this paper adds?

- Nurse and allied health researchers searched for a new normal in their work during the COVID-19 pandemic.
- Nurse and allied health researchers tried to balance calm and insecurity during the COVID-19 pandemic, due to the imbalance between their research-related tasks and their status on standby for clinical tasks in the hospital contingency plan.
- Nurse and allied health researchers struggled with identifying and negotiating their core tasks by reconsidering possible changes and consequences for their positions as researchers in clinical practice in the future.

The implications of this paper:

- Nurse and allied health researchers employed in clinical practice were willing to participate on the frontline, monitoring and evaluating major healthcare crises like the COVID-19 pandemic.
- This could potentially lead to new and important context-sensitive learnings after crisis but only if healthcare leaders and organizations clearly formulate the expectations for the researchers.

1 | INTRODUCTION

Healthcare systems worldwide face major challenges due to the global spread of the novel coronavirus (COVID-19). The situation is unique, and under these circumstances, it is no longer possible to maintain existing processes and routines (Lloyd-Smith, 2020). In addition, the pandemic is expected to hit in several waves within the next year (European Centre for Disease Prevention and Control, 2020), and healthcare systems must therefore prepare for ongoing challenges.

The COVID-19 pandemic affects all healthcare professionals (Finset et al., 2020): in order to secure the best possible treatment and care for patients, as well as the best working environment for the hospital employees, a focus on healthcare professionals is crucial (McCormack et al., 2011; Ruderman et al., 2006). The current health crisis has been compared with war (Walton et al., 2020), with healthcare professionals working under great pressure. Healthcare professionals have a duty to care and to treat, working on the frontline in clinical practice, but they simultaneously struggle (Fung & Loke, 2013) with feelings and resistance in relation to repositioning, structural changes, lack of competencies and demands from the authorities (Iserson, 2020). Healthcare professionals thus experience conflict between their ability and their willingness to work on the frontline. Findings from the SARS pandemic highlight that when no standard procedures exist, recognition of inner conflict is vital for staff commitment to their professional responsibilities (Tseng et al., 2005; Wu et al., 2004). According to the study by Maunder et al. (2003), during the outbreak of SARS in 2003, healthcare professionals experienced fear, anxiety, anger and frustration. If unaddressed, the same issues could occur with COVID-19, causing ethical issues and severe stress and anxiety and consequently impaired treatment and care of patients.

This study focuses on hospital-employed researchers with nursing and allied health backgrounds (hereafter referred to as researchers). This staff group is relatively new but growing (Sørensen et al., 2019), as a consequence of increased recognition of the need to strengthen evidence-based clinical practice and capacity. Their roles have been described as varied and without clear definitions (Sørensen et al., 2019). Under the current crisis, this may lead to lack of preparedness, lack of guidance (Ruderman et al., 2006) and uncertainty (Hawryluck et al., 2004) for the researchers, despite the fact that they are situated in key frontline positions where they can potentially facilitate and take responsibility for interdisciplinary research as a response to the COVID-19 pandemic (Finset et al., 2020).

To our knowledge, no studies have investigated this aspect of frontline researchers nor are any in progress. Studies of this staff group may have a crucial influence on evidence-based treatment and care of patients and on the researchers' working conditions in the years to come.

2 | METHODS**2.1 | Aim**

The aim of this study was to explore and understand hospital-employed researchers' experiences of work during the COVID-19 pandemic.

2.2 | Design

A qualitative design (Polit & Beck, 2018) based on Graneheim and Lundman's latent content analysis (Graneheim & Lundman, 2004) of

two focus groups with researchers in clinical practice was chosen to explore researchers' experiences of work during the COVID-19 pandemic. The COREQ (COnsolidated criteria for REporting Qualitative research) checklist (Tong et al., 2007) was used for reporting methods and findings in this study.

2.3 | Setting

This study took place at a regional university hospital in Denmark, comprising 19 clinical departments and 738 beds across four different locations.

2.4 | Participants

Purposeful sampling was used for this study to recruit researchers employed at a regional university hospital. The sampling procedure was chosen to intentionally select participants who are knowledgeable for the study (Gill, 2020). Nineteen researchers (10 PhD students and nine postdoctoral researchers) were contacted through an email invitation to participate in the online focus groups. Of the 19 researchers, 15 agreed to participate.

2.5 | Data collection

In order to create a dynamic discussion among the participants, data were collected through two focus groups (Polit & Beck, 2018) divided into the predoctoral and postdoctoral researchers, in May of 2020 during the sixth week of the COVID-19 pandemic. Due to the high risk of COVID-19 virus contagion, the focus groups were conducted over the voice over IP (VoIP) service, Skype®. The two focus groups were conducted on two different days to fit the researchers' work schedules. All authors were present during the focus groups. The third author, an experienced professor, acted as observer. The second author, who is a postdoctoral researcher and research leader, performed the first focus group of the predoctoral researchers, and the first author, who is a research coordinator and associate professor, conducted the second focus group of the postdoctoral researchers. The two focus groups followed the same guide to maintain a common structure; this was developed by all the authors according to the study aim. The guide consisted of an introduction welcoming the participants to the focus group, informing them orally about their ethical and judicial rights and setting the frame for the focus group. The main body of the guide consisted of three main questions: (i) the researchers' subjective experiences of the COVID-19 pandemic, (ii) if their working situation and research projects had been affected by the COVID-19 pandemic and (iii) if the researchers viewed their roles in clinical practice as changed because of the COVID-19 pandemic. Both focus groups lasted around 1 h, were digitally audio recorded using an encrypted recorder and were later transcribed verbatim. The data that support the findings of this study

are available from the corresponding author upon reasonable request.

2.6 | Ethical considerations

Permission to conduct the study was received from the hospital management and the Danish Data Protection Agency (REG-026-2020). The National Committee on Health Research Ethics approved the study (Journal No. 20-000013) and found no reason for further ethical review. The study was conducted in accordance with the principles of the Declaration of Helsinki (The World Medical Association, 2018).

2.7 | Data analysis

Data from the two focus groups were analysed using a qualitative latent content analysis based on the recommendations of Graneheim and Lundman (2004); this analysis was performed by all three authors. Latent content analysis focuses on the text and involves interpretation of its underlying meaning (Graneheim & Lundman, 2004). In our study, the unit of analysis was transcriptions of the two focus groups, which the three authors first read independently to gain a whole perspective. Second, the authors sat together and discussed the meaning units, which is the constellation of words or statements that relate to the same central meaning, of the text according to the research questions. The coding tree in Table 1 displays an example of the latent analysis of three meaning units (statements).

Third, the meaning units were condensed to smaller parts, still staying close to the text, and afterwards interpreted to find their underlying meaning. The first meaning unit was condensed to a description close to the text as 'trying to keep working as usual while anticipating a return to clinical practice' and interpreted for the underlying meaning as 'finding time to remain calm during the workday despite the insecurity of being a part of the contingency plan'. Several subthemes emerged during this part of analysis, which were discussed by the three authors to find the latent content, for example, 'Balancing calm and insecurity'. Finally, three subthemes and one main theme were developed.

Participant quotes are included in the presentation of the findings to support the themes discovered during the analysis, not for equal distribution among the participants.

3 | FINDINGS

The 15 researchers who agreed to participate in our study consisted of seven predoctoral researchers (PhD students) and eight postdoctoral researchers (PhD graduates). The predoctoral researchers were between 34 and 56 years of age (mean 43 years) with an average of 17 years in clinical practice. They were all enrolled in a PhD programme and were educated as nurses ($N = 5$) or physiotherapists

TABLE 1 Coding tree of the qualitative latent content analysis of the two focus group interviews

Meaning unit	Condensed meaning unit			
	Description close to the text	Interpretation of the underlying meaning	Subthemes	Main theme
(...) and then I sort of had to 'pretend' to work but I just couldn't. I tried but And then we had to find out on a daily basis how to make it work. Was I going back to clinical practice or not? In some way I had to be on standby if anyone needed me in the department, which I'm not at all used to being a part of.	Trying to keep working as usual while anticipating a return to clinical practice	Finding time to remain calm during the workday despite the insecurity of being a part of the contingency plan	Balancing calm and insecurity	Searching for a new normal during COVID-19 pandemic
If you ask the healthcare workers, research is basically useless. And we can't justify it, you know, having obligations and ongoing research projects. The core task is through all times to save the patient. Research will improve care and treatment for the patient but there is no understanding of the importance of both. It [research] has to be eliminated to concentrate on the core tasks.	Experiencing low respect for the core task of research versus the core task of patient care	Pushed to change her work to maintain a different core task than usual	Negotiating core tasks	
Well, I'm just thinking on how much more I think about the future rather than the now, which has been the trend for so long. But now the thoughts about the future are important—both on fundings and collaboration taking new forms.	Thinking more about the future than the present	Contemplation of new possibilities in the future	Considering the future	

($N = 2$). The postdoctoral researchers ranged from 41 to 62 years of age (mean 54 years) and had been working in clinical practice for an average of 22 years. The postdoctoral researchers consisted of seven nurses and one midwife.

The main theme found in the two focus groups was 'Searching for a new normal during the COVID-19 pandemic', covering the subthemes of 'Balancing calm and insecurity', 'Negotiating core tasks' and 'Considering the future' (see Figure 1).

The 15 researchers tried to balance calm and insecurity in work-life balance, on standby for the contingency plan at the hospital, and in their research tasks. This led them to reconsider and negotiate their core tasks and to reflect on possible changes and consequences for their positions as researchers in clinical practice in the future.

3.1 | Balancing calm and uncertainty

In the first weeks of the pandemic, the researchers were notified by their leaders as were all other members of the hospital staff that they were on standby for clinical tasks at any time. A few researchers who had a background in intensive care unit (ICU) care were immediately drawn into the intensive care clinics to supervise and educate new and urgently recruited staff.

The other researchers, who did not have updated clinical competencies, were to wait on standby. This created a sense of turmoil due to the need to be constantly ready without knowing exactly what work to expect or what their department leaders expected of them. A participant explained to the others:

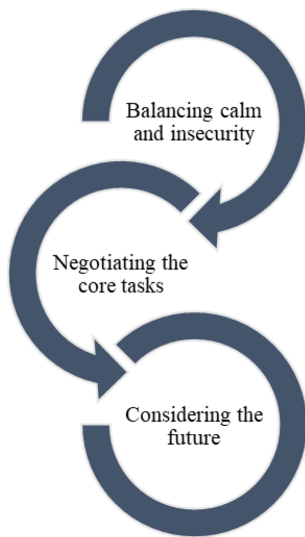


FIGURE 1 The three interconnected subthemes of ‘Searching for a new normal during the COVID-19 pandemic’

It all began with [when] I was notified to step in where needed. And then I went home and waited and waited. Eventually we were told that we should stay in our offices. We should be morally supportive of those on the clinical frontline. (PhD graduate)

After the first weeks, all researchers except those with an ICU background found that despite being on standby, they had time to focus on research tasks such as writing papers or developing pipeline projects or research and development strategies. Many experienced that their leaders were extremely busy and had very little time to be concerned with research and development issues. Therefore, the researchers posted weekly update emails to their leaders describing what they were working with and what they planned to do in the following week. Some researchers experienced finding new potential for peace of mind during workdays in their often newly established home offices, where they were less disturbed than usual. This was illuminated when a researcher elaborated to the other researchers:

So I really like the time here at home. I have had contact with different people, and have started new things. Both some research projects we have completed, and some development projects in the department. So I think there has been a lot to handle, and at the same time it has also been a calm period. (PhD graduate)

The dialogue about potentials within the COVID-19 situation continued throughout the interview, and other researchers unfolded barriers about the situation by expressing how they felt more uncertain, not knowing what to expect or when they might be called in to

perform tasks they did not feel competent or trained to handle. A researcher explained to the others:

Yes, it was so difficult. (...) In some way, keep myself ready and on standby if I need to be able to join a clinic. Which I don't even really have a tradition of being a part of at all. So it was just like, ‘Well, be ready to be ready’. (PhD student)

Finding a balance between work and private life was particularly difficult for some PhD students, who were generally younger and had family responsibilities with younger children living at home and in need of care or homeschooling.

3.2 | Negotiating core tasks

The pandemic resulted in several organizational changes such as the urgent establishment of COVID-19 units and test centres, the cancellation of planned operations and assigning staff to new tasks. All the researchers stated that no matter how long ago they had worked in direct patient care, they were both willing to and felt obliged to contribute if their contribution was necessary and relevant.

Some of the researchers experienced that the acute crisis highlighted a contradiction between research and clinical practice and that their colleagues in clinical practice had even less understanding and respect for the value of research under the current situation than usual. This was illuminated when a young researcher unfolds her thoughts to the other researchers during their conversation:

If you ask the clinicians, then they seem to think that our work really does not matter. And we can't justify it. The fact that we have some commitments and some research projects running. After all, the core task is to save the patient. It will be at all times. (PhD graduate)

This experience was reinforced and even led to feelings of stigmatization by some of the researchers, for instance, when academic staff around the country set their academic work on hold to voluntarily enter the COVID-19 work. This was elaborated when a researcher used following argument in the discussion:

It has been interesting to see how different approaches have been used. Some of my colleagues placed in similar positions in the hospital as me, have been forced to throw their research aside, because now was not the time for research—but for being in stand-by to take care of COVID-19 patients. (PhD graduate)

The researchers also discussed how the experience of a lack of understanding of the value of research led to the feeling of disrespect by some who, for instance, were deeply engaged in ongoing

international research collaborations or had other research-related obligations.

Not all the researchers felt this as a contradiction. Rather, some saw a possibility to be present and visible as a part of connecting more with the clinical staff in the departments, something that was a core value in their approach to their work. The dialogue throughout the discussion identified that for the researchers, the COVID-19 situation established a sense of being in the same boat as everybody else and an opportunity to strengthen the connection between the researcher and the rest of the staff. One researcher agreed with the others in the discussion by saying:

Yes, it has been valuable both for me [and] for my colleagues, and by colleagues, I think of other nurses in the department. That I'm part of it. So we have some common references, and you can see that the fact that I've been a week in the department means that several nurses have written to me afterwards and suggested some tasks that I can go into. So it clearly gives a very nice energy among other nurses that I've taken part in it. It is clear. (PhD graduate)

In the dialogue between the researchers, it was identified that the COVID-19 situation led to reflections on what the researchers' core tasks consisted of, from both the researchers' own perspective and the perspectives of colleagues in clinical practice and the management. One researcher explained to the others in the discussion:

What has been important to me in all of this is: Does it make sense that I have to change my duties? Do patients basically get more out of me changing my work assignments in clinical practice, or what is at stake? (...) I think it is really, really dangerous that we at least, as researchers, we are not at all fully aware of the background of our work. What is the purpose of us having those tasks? (PhD graduate)

Some explained that it made them feel both provoked and uncertain because they were expected to be constantly flexible and at the same time they experienced a lack of both their own and their organization's clarity about their core roles.

3.3 | Considering the future

In the dialogue between the PhD students, it was unfolded that they, particularly, reflected on how the COVID-19 epidemic might influence their future opportunities and some were concerned about how they might be affected by economic priorities in the time to come. One said to the others when discussing the future:

I must admit that I am beginning to fear for the consequences for research in the future due to the

COVID-19 situation. Regarding prioritizations in the health care sector. For this will be an economic burden, and then the research will be prioritized lower compared to the clinic et cetera. (PhD student)

Such concerns led some of the PhD students to feel that they needed to argue even more for the rationale for conducting research in their departments and that their roles probably would need to be even more flexible in the future.

However, in the dialogue between the researchers, their experiences of being researchers in the COVID-19 frontline were presented as an event that they had optimistic visions for in relation to their future functions within their current position. In the discussion about the future, several researchers experienced new forms of communication and collaboration, something they hoped would influence the future. One researcher gave an example of this to the other researchers in their conversation about the future:

Right now I think more about the future than about the present than what I have done for a long time. Both the economy and collaboration forms. I think we will see some completely new collaboration forms in the future and I look forward to it, to be part of it and see what the consequences will be. (PhD student)

This was also the case for one of the senior researchers who experienced the COVID-19 situation as confirming a need to connect even more to clinical practice in the future:

I think that this time has shown how important it is that we as researchers are more visible in clinical practice, at least in my case. I see a big value in participating more in the clinical work. I don't know how exactly it will be in the future, but I think I will [remain] one day a week in practice. (PhD graduate)

4 | DISCUSSION

The main theme of 'Searching for a new normal' showed how the hospital-employed healthcare researchers experienced working during the COVID-19 pandemic. The new normal was their way of trying to fit their research work and themselves into a new reality in the hospital organization. The researchers tried to balance calm and insecurities during the COVID-19 pandemic, a balance that was necessary due to being caught between research and job-related tasks but at the same time being on standby for clinical tasks in the hospital contingency plan. Other studies have also identified researchers' balance between research and clinical work as problematic (Berthelsen, Martinsen, & Vamosi, 2020; Berthelsen, Vamosi, & Martinsen, 2020; Clark et al., 2015; Loke et al., 2014). A cohort study of Master of Science in Nursing graduates showed that their dual

positions involving both research and patient care often restrained them because their research-related tasks were often withdrawn if they were needed in patient care owing to the absence of their colleagues (Berthelsen, 2020). The cohort also showed a large decrease in the master graduates' time for research: 74.3% spent less than 5 h/week on research from 1 to 3 years after graduation (Berthelsen, 2020). This could indicate that the usual barrier of lack of time for research (Van Oostveen et al., 2017) and the prioritizing of urgent daily demands (Hølge-Hazelton et al., 2016) is even more a problem during the COVID-19 pandemic. The researchers also experienced that healthcare professionals who conducted the acute and very visible clinical work were celebrated, and not the professionals who worked more invisibly and administrative. However, researchers who had stopped their projects in order to sign up to or enter the COVID-19 frontline work were celebrated as heroes in the media. A debate with reference to the anthropologist David Graeber's book, *Bullshit Jobs* (Graeber, 2018), was seen in several newspapers, highlighting how well the healthcare system functioned without the academic class.

Being the first generation of academics with nursing and allied healthcare backgrounds at the hospital meant that the researchers' positions and career tracks were still being developed and identified at the hospital. This meant that some of the researchers experienced contradictions with identifying and negotiating their core tasks in the COVID-19 pandemic.

On one side, the researchers' core tasks were conducting research and developmental projects, which they experienced as negotiable during the COVID-19 pandemic. By being flexible and adjusting their research projects and tasks to the current situation, they demonstrated their value and provided proof that their work was neither pointless nor invaluable (Graeber, 2018). This was given in a time where the value of 'cold hands' was given increasingly attention in the public media, often with reference to the controversial term 'bullshit jobs' developed by anthropologist David Graeber, from London School of Economics (Graeber, 2018). This knowledge is not new, as earlier studies have explored researchers' feelings of needing to adapt to clinical practice norms (Renolen et al., 2018; van Oostveen et al., 2017), but in this study, these feelings were, however, experienced by the researchers as being increased due to the COVID-19 pandemic. The researchers experienced that they needed to be a part of clinical practice—by not only performing other nonresearch and close-to-clinic tasks but also working in their hospital office to show moral support to the clinical staff just by being present. Others were willingly trying to adapt to the clinical setting during the pandemic striving to be a part of and recognized by the clinical collective. This meant being present and visible to their departments and leaders in particular and provided an opportunity to connect more directly with colleagues. In a qualitative study, nurse researchers described how they knew the importance of practice-related research and how they tried to combine clinical and academic work to be role models for nursing research in their departments (van Oostveen et al., 2017).

On the other hand, the researchers' core tasks were negotiated personally. Most of the researchers in this study had not worked in

clinical practice for many years; however, they all had clinical professional backgrounds. Originally trained as nurses or healthcare professionals, their core values and beliefs were to directly help, support and care for fellow human beings who are suffering and in need (Fahrenwald et al., 2005). Especially within nursing, the public image of the profession has been debated internationally for years (Malchau, 2007), for example, creating a controversial debate in the United Kingdom of whether the academic nurses were 'Too posh to wash' (Kirby, 2005). The idea of a caring profession as based on a calling has been considered suppressive and religious but can also be understood as the fundamental basis of the profession. No matter where nurses, midwives and physiotherapists are placed in the professional organizational hierarchy, their actions will be driven by a calling to care or a 'deep desire to devote oneself to serve', according to the high values of the profession (Raatikainen, 1997). In this study, some of the researchers seemed to regard 'helping' as directly related to clinical work, whereas others reflected on their academic work as just as an important contribution but an obvious and necessary step for those who possessed urgently needed clinical competences.

Putting our findings on the line, it is not surprising that the researchers considered the future with some concerns about their job descriptions, core tasks and funding. Some were deeply concerned, and others were optimistic. The COVID-19 pandemic has been described as a 'low-chance, high-impact event' (Lloyd-Smith, 2020), which includes the fact that hospital organizations may change in the future in unexpected and unforeseen ways. This may be an opportunity for the researchers to further develop and manifest their roles in close collaboration with their leaders (Hølge-Hazelton et al., 2016).

4.1 | Study limitations

The two focus groups were conducted using the VoIP telephone service Skype because of recommendations of social distance from the Danish Health Department during the high-risk contagious COVID-19 pandemic. However, talking to a group of people via the computer led to audio and visual problems and therefore made it difficult to create a dynamic discussion process among the participants. The focus groups were conducted of and by researchers all from the same hospital, which could have been a limitation due to the personal knowledge of one another; however, this same aspect was a strength during the focus groups. The difficulties in audio in conducting focus groups over Skype were eased by precisely this personal knowledge of each other, which made the participants overbearing of the situation.

5 | CONCLUSION

The researchers tried to balance calm and insecurity caused by an imbalance between research-related tasks and being on standby for clinical tasks in the hospital contingency plan. The imbalance was enhanced by the fact that the participants were the first generation of

academics with nursing and allied healthcare backgrounds at the hospital, which led to a struggle with identifying and negotiating their core tasks during the COVID-19 crisis. On one side, the researchers' core tasks were to conduct research and developmental projects, which they either adjusted to the COVID-19 situation to demonstrate the value of their work or willingly adapted to the clinical setting to be recognized by the clinical collective. On the other side, the researchers' core tasks were negotiated personally, due to their original training as healthcare professionals, where the core of their values and beliefs was to directly help, support and care for fellow human beings who are suffering and in need. In the turmoil of their search for the new normal, the researchers reflected on the possible changes and consequences for their positions as researchers in clinical practice in the future.

The findings in this study show that despite the nursing and allied health researchers' struggles to find their place and roles during the first 6 weeks of the COVID-19 pandemic, they wished to participate and contribute according to their research capacity and sometimes clinical competencies. Monitoring and evaluating a major healthcare crisis like the COVID-19 pandemic from the frontline have potential to provide new and important context-sensitive learnings after crisis. Nursing and allied health researchers in clinical practice seem to be obvious to be responsible for such tasks in the future, and healthcare leaders and organizations could, with advantage, formulate such expectations as soon as hospital emerge from the COVID-19 pandemic to a safer situation.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

AUTHORSHIP STATEMENT

All authors made substantial contributions to (i) conception and design, or analysis and interpretation of data; (ii) drafting the article or revising it critically for important intellectual content; and (iii) the final approval of the version to be published.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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