

## ORIGINAL RESEARCH

# Fellowship, Finance, and Fervor: Nurses Caring for Nurses During the Covid-19 Pandemic

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## Abstract

**Background:** From March 25-July 8, 2020, the COVID-19 Emergency Grant Program awarded \$2,734,500 to 2484 nurses across the United States who experienced economic distress. **Significance:** The study describes the effect of emergency grant funding on grantees and determines the commonalities of these nurses' experiences through their written expressions of appreciation in thank you notes. **Methodology:** This descriptive study used Burnard's 14 Stages in Qualitative Content Analysis to determine the categories and sub-categories from thank you notes received from grantees. **Results:** The 99 thank you notes analyzed led to identification of five categories: 1) thanks to Nurses House, Inc., 2) expressions of appreciation, 3) experiencing COVID-19, 4) economic uncertainty, and 5) caring within the professional context. **Conclusions:** While the thank you notes revealed economic uncertainty amongst these nurses, the thrust of this study revealed the gratitude of nurses who experienced nurses caring for them during pandemic conditions. Nurses caring for each other is a new phenomenon. While the thank you notes revealed the importance of financial support to the grantees during this crisis, this study redefined the impact of nurses caring for nurses.

**Keywords:** caring, gratitude, COVID-19, content analysis, financial distress, Nurses House, Inc

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## Fellowship, Finance, and Fervor: Nurses Caring for Nurses During the Covid-19 Pandemic

As hands-on and direct caregivers, nurses' physical, psychosocial, and economic well-being continues to be impacted by the COVID-19 pandemic (American Nurses Foundation (ANF), 2021). On March 25, 2020, during the first surge of the COVID-19 pandemic, Nurses House, Inc., a national organization created by nurses to help nurses in need, partnered with the American Nurses Foundation (ANF) to launch a COVID-19 Emergency Grant Program. Nurses House, Inc. accepted applications through July 8, 2020, and awarded over \$2,734,500 to 2,484 nurses across the United States who reported experiencing economic distress (ANF, 2020; Millenbach et al., 2021). The COVID-19 Emergency Grant Program was a unique offering in response to nurses economically impacted by the COVID-19 pandemic. Grants ranged from \$1,000 to \$1,500. Nurses House Inc. received many handwritten and electronic (i.e., email) thank you notes from grantees. These notes revealed the importance of nurses caring for nurses and of financial support for nurses in times of crisis.

### Background

#### General Impact on Nursing

In response to the resulting financial crisis related to COVID-19, in March 2020 the Families First Coronavirus Response Act (FFCRA) and in July 2020 the Coronavirus Aid, Relief, and Economic Security Act (CARES) were passed by Congress. These acts were designed to provide emergency short-term paid sick time and extended paid family leave to those affected by COVID-19. Significantly, the FFCRA created an exception for large private healthcare employers, thus leaving 17.7 million healthcare workers at risk for not having access to this paid leave (Long & Rae, 2020). Women comprise approximately three-quarters of all healthcare workers, including more than 90% of nurses (Day & Christnacht, 2019; Smiley et al., 2019), making them particularly vulnerable during the pandemic. These nurses are caregivers at home and at work, and as all other workers, need paid leave to protect them and their families during times of crisis (Ranji et al., 2020).

#### Impact on Nurses and Nursing Practice

While a large percentage of the country experienced health and financial hardships due to the pandemic, nurses appeared to carry additional burdens related to their professional expectations. These expectations served as an additional stressor not suffered by most Americans affected by the pandemic. In addition, a moral sense of duty to patients and colleagues has resulted in nurses being four times more likely than other professionals to work while ill (Aronsson et al., 2000). Factors contributing to the proclivity to work while ill include the stress created in the working environments and nursing professional identity (Hensel, 2011; Laranjeira, 2013, Rainbow & Steege, 2017).

Positive impacts of COVID-19 on nurses and their workplace have been reported. Sun et al., (2020). stated that nurses have reported opportunities to experience love, affection, honor, respect for the profession, appreciation and gratitude towards others, and

active cooperation during the care of patients with COVID-19. Core to the profession of nursing is the caring and support for others which is described within the Watson's Caritas Processes as "developing and sustaining loving, trusting caring relationships" (Watson, 2008, p. 172). Nurses provide care for others and find a sense of comfort in knowing that support can come from team members (Maben & Bridges, 2020). Perhaps the current collegial support is a step toward nurses supporting nurses that needs to be expanded. Walker (2018) currently has an online pledge for nurses to support other nurses. Practices like those identified in this study demonstrate that nurses' care and support for each other strengthen the profession.

It is notable that since the onset of the COVID-19 pandemic, nurses have been more team-driven, supporting each other, especially helping new members to "... feel safe, valued, and welcome" (Maben & Bridges, 2020, p. 2746). This contrasts with nursing's past professional identity which included behaviors indicative of bullying or incivility in the work environment, representing how nurses worked against each other instead of working together. It is a colloquialism used to describe seasoned nurses' behaviors towards neophyte nurses, or those who are not part of their practice culture – "nurses eating their young" (Aebersold & Schoville, 2020; Meissner, 1986).

Galehdar et al. (2021) determined that, during the COVID-19 pandemic, the status of the nursing profession has improved in the view of nurses themselves, officials, patients, and communities. They noted that nurses "reported that although patients with COVID-19 feel helpless and frustrated, their love and interest towards nurses taking care of them have increased, making them proud of being a nurse" (Galehdar et al., p. 175). The authors suggested that the COVID-19 crisis was an opportunity for nurses to become more aware of the depth of their field and profession and to comprehend the true value of nursing in practice (Galehdar et al., 2021).

In a related descriptive study, the authors examined the grant application data used by Nurses House, Inc. and concluded that there was a lack of a comprehensive financial safety net for nurses during the pandemic (Millenbach et al., 2021). The authors reported that during the COVID-19 pandemic, nurses' lack of financial safeguards significantly resulted in financial vulnerability. The study suggested that the financial burden on nurses has serious implications for State and Federal stakeholders and policymakers. This present follow-up research examined the thank you notes received from grantees. We determined that the rich qualitative data in these notes would be helpful in further describing the impact of COVID-19 on these nurses. The goal was to highlight the remarkable work of Nurses House, Inc. and ANF, which, at the first surge of the COVID-19 pandemic, recognized and acted upon the financial need of frontline nurses. The gratitude and experience conveyed in these thank you notes in response to a one-time grant of \$1,000 - \$1,500 are reflective of nurses caring for nurses.

**Table 1**

*10 Carative Factors and Caritas Processes*

***Caring as Theoretical Underpinning***

Watson’s model of caring guided this study. Caring is the core of nursing (Nightingale, 1859; Skretkovicz & Nightingale, 1992). Adams (2016) stated that “the construct of caring remains critical to the nursing profession perhaps even more now than in the past...” (p. 1). It is the role of nurses to safeguard that caring in nursing transcends turbulent times and remains at the forefront of patient care (Adams, 2016). Watson’s (1979, 1985) Theory of Human Caring or Theory of Transpersonal Caring is foundational to nursing. Watson and Smith (2002) maintained that caring brings meaning to the nursing profession as a distinct healthcare profession. It is the central feature within the metaparadigm of nursing knowledge and practices (Watson & Smith, 2002). This resulted in Watson developing the 10 Carative Factors and associated Caritas Processes (Table 1).

Thus, caring science connects nurses, patients, families, and all healthcare professionals in authentic human caring relationships (Ackerman, 2019). In addition, the Code of Ethics for Nurses requires nurses to care for other nurses (American Nurses Association, 2015).

We deemed three of Watson’s Carative Factors and their related Caritas Processes particularly relevant to the experience of nurses who applied for COVID-19 emergency grants (Millenbach, et al, 2021).. The first is Factor #1: “Human-Altruistic Values” which is explained as practicing loving-kindness and equanimity for self and others. Second, was Factor #4: “developing a helping-trusting human caring relationship” which results in an authentic caring relationship. Finally, we identified Factor #9: “assisting with the gratification of human needs that are basic in nature” which demonstrates intentional, caring consciousness of touching and working with the embodied spirit of an individual, honoring unity of Being. These demonstrated intentional, caring consciousness of touching and working with the embodied spirit of an individual, honoring unity of Being (Gallagher-Lepak & Kubsch, 2009, Millenbach, et al., 2021). These three factors served to describe the nature of the interaction of the nurses included in this study as they cared for others, recognized their need for care, and were cared for by Nurses House, Inc. (Millenbach, et.al., 2021). In addition, the caring processes have been exemplified by the response of Nurses House, Inc. and ANF to helping nurses in financial distress from COVID-19 and provided an exemplar to articulate human caring in action (Millenbach, et al., 2021).

**Research Objective**

We conducted this descriptive qualitative study of thank you notes sent to Nurses House, Inc. by nurses who received emergency COVID-19 grant funding to gain insight into nurses’ experience by describing the contents of their notes and summarizing the commonalities.

**Methodology**

**Design**

This descriptive qualitative study used content analysis to examine 134 grantee notes sent to Nurses House, Inc. The notes included emails, greeting cards with handwritten notes, and

Original 10 Carative Factors, Juxtaposed Against The Emerging Caritas Processes/ Carative Factors	Caritas Processes
1. Humanist – Altruistic Values	1. Practicing Loving-kindness & equanimity for self and other
2. Instilling/enabling Faith & Hope	2. Being authentically present to/enabling/sustaining/honoring deep brief system and subjective world of self/other
3. Cultivation of Sensitivity to one’s self and other	3. Cultivating one’s own spiritual practice; deepening self-awareness, going beyond “ego self”
4. Development of helping-trusting, human caring relationship	4. Developing and sustaining a help-trusting, authentic caring relationships
5. Promotion and acceptance of expression of positive and negative feelings	5. Being present to, and supportive of, the expression of positive and negative feelings as a connection with deeper spirit of self and the one-being-cared-for
6. Systemic use of scientific (creative) problem-solving caring process.	6. Creatively using presence of self and all ways of knowing/multiple ways of Being/doing as part of the caring process: engaging in artistry of caring-healing practices
7. Promotion of transpersonal teaching-learning	7. Engaging in genuine teaching-learning experiences that attend to the whole person, their meaning, attempting to stay within other’s frame of reference
8. Provision for a supportive, protective, and/or corrective mental, social, spiritual environment	8. Creating a healing environment at all levels (physical, non-physical, subtle environment of energy and consciousness whereby wholeness, beauty, comfort, dignity, and peace are potentiated
9. Assistance with gratification of human needs	9. Assisting with basic needs, with an intentional, caring consciousness of touching and working with embodied spirit of individual, honoring unity of Being; allowing for spiritual emergence
10.Allowance for existential-phenomenological spiritual dimensions	10.Opening and attending to spiritual-mysterious, unknown existential dimensions of life-death, attending to soul care for self and one-being-cared-for

Notes: Watson, J. (2008). *Nursing: The philosophy and science of caring* (Revised Edition). University Press of Colorado.

greeting cards with only a grantee’s signature. It was particularly meaningful that these nurses, who were mostly sick or caring for ill family members and experiencing economic distress, took the time and made the effort to express their gratitude for this financial support.

Qualitative documentary analysis involves using pre-existing text as a data source (Morgan, 2022). These data are considered to be stable, meaning these were collected without researcher influence and interaction, i.e., as those possible with interviews and observation (Merriam & Tisdell, 2016). Documents provide social and historical context (Miller & Alvarado, 2005) in addition to establishing a contemporaneous account of the experience. Contemporaneous accounts are rarely found in nursing research but are potentially more accurate testimonials of experiences (Bollen et al., 2021); compared to retrospective accounts that have an affinity to “gloss over difficulties” (Smith, 1994) with recall reporting bias (Teitler et al. 2006).

Of the 134 notes, 52 were emails and 82 were greeting cards. We excluded greeting cards without personal comments, resulting in 52 emails and 47 handwritten notes. The total sample used in the analysis was 99 notes. This sample represents 73% of all thank you notes received from grantees and 3% of the total number of grantees.

**Data Collection and Analysis**

Grantees sent notes to the two administrators of Nurses House, Inc., whose names were listed on the grant award cover letter included with the checks. One administrator de-identified the notes and sent them to the 10 nurse researchers who independently reviewed the documents in their entirety for analysis. The 14 Stages of Analysis, described by Burnard (1991), guided qualitative analysis of the notes. Burnard used data from interviews while our data were derived from documents.

Our analysis included qualitative and quantitative content analysis. The quantitative content analysis involved counting word frequencies. High frequency words were evaluated to determine their fit within emerging categories and subcategories. Burnard’s content analysis method was described using data obtained from interviews, while our data were derived from documents. We summarize Burnard’s Stages (1991) used for this study in Table 2.

The notes were sent to the 10 nurse reviewers in their entirety, thereby providing the whole documents for analysis. No predetermined or anticipated categories or subcategories were provided to the nurse researchers. The analysis process began with all the notes being reviewed by the 10 researchers. This involved the researchers reading the original documents, performing independent analysis, and developing the categories and subcategories with supporting documentation from the notes. Next, a subgroup of five researchers completed an additional independent analysis to finalize their categories, sub-categories and supporting documentation. These categories, sub-categories, and supporting documentation were finalized through numerous discussions between the five subgroup members that created consensus.

The model provided a framework that guided the stages in analyzing the notes from nurses who received Nurses House, Inc. COVID-19 emergency funding. We determined that the data obtained in the 99 documents had reached saturation.

**Table 2**

*Burnard’s Stages Employed in Qualitative Content Analysis*

Stages	Description
1	Notes meeting inclusion criteria are sent to the entire study group.
2	Notes are read through and general categories with supporting comments from the notes are created by the individual members of the group -allowing for immersion in the data.
3	General categories and notes are collapsed into one document for a subgroup of researchers: documents are reread, and headings are written down to describe all aspects of the content.
4	The subgroup of researchers lists the individual categories and subcategories with supporting documentation. These are grouped into headings with a reduction of the categories and subcategories.
5	A list of headings is reviewed to reduce repetition, producing a final list.
6	Reviewers generate category systems with supporting documentation independently, then discuss their lists to validate categories and subcategories.
7	Documents are re-read alongside the final agreed category list to be sure all aspects are covered.
8	Each document is reviewed and coded according to the list of categories.
9	Each coded document is checked for the relevant content and collected it to provide context for the category.
10	Coded sections of notes are organized into categories and subcategories
11	Subgroup of researchers are asked to validate that the selected content appropriately represents their intention (validity).
12	Once filed together, the writing-up process begins.
13	Writing is reviewed for accuracy.
14	Researchers decide to link examples to literature, and which quotes to use as exemplars.

Note: Burnard, P. (1991). A method of analyzing interview transcripts in qualitative research *Nurse Education Today*, 11(6) 461-466. [https://doi.org/10.1016/0260-6917\(91\)90009-Y](https://doi.org/10.1016/0260-6917(91)90009-Y)

**Trustworthiness**

To establish the trustworthiness of the study results, four elements needed to be addressed: credibility, dependability, confirmability, and transferability (Polit & Beck, 2021). Credibility was established as the data source was unsolicited grantees’ notes addressed to the Nurses House, Inc. administrators. Confirmability occurred through the intensive analysis process, defined by Burnard (1991), leading to a comprehensive description of the data. Transferability was promoted through a rich discussion of the context of the data. Comparison of the results with the literature also enhanced the transferability and dependability of the

findings. During the entire analysis process, reflexivity occurred with ongoing discussion between the subgroup of researchers.

**Approvals and Ethical Considerations**

This study received institutional review board (IRB) approval from Niagara University (IORG # IORG0006266). As a retrospective content analysis of the documents with no identified personal information, the research was considered exempt. The anonymity of the grant recipients was maintained.

**Findings**

From the 99 notes (52 emails and 47 cards with notes) that met the inclusion criteria, we determined five categories and 15 sub-categories. (Table 3).

Categories included: 1) thanks to Nurses House, Inc. (99 documents, three sub-categories), 2) expressions of appreciation (70 documents, three sub-categories), 3) experiencing COVID-19 (70 documents, four sub-categories), 4) economic uncertainty (61 documents, three sub-categories), and 5) caring within the professional context (17 documents, two sub-categories). In the following discussion of the categories, we include an exemplary grantee quote for each sub-category with additional supporting quotes for each sub-category in Table 4.

**Category 1 -Thanks to Nurses House, Inc.**

Messages of “Thanks to Nurses House, Inc.” resounded in notes from the grantees (99/99). Grantees voiced thanks to Nurses House, Inc. for their “generosity” (64/99), “support” (89/99), and what was described by many as appreciation that went “beyond words” (47/99).

**Thanks to Nurses House, Inc. for their Generosity**

An expression of thankfulness by a grantee for the “generosity” of Nurses House, Inc. was “My family and I are touched by your generosity and thank you from the bottom of our hearts while wishing Nurses House, Inc. the strength to continue helping the many other families in need of help.”

**Thanks to Nurses House, Inc. for the Support**

During this stressful time, another theme that resonated was that of “support” resulting from the monetary support from Nurses House, Inc. One grantee who was a novice nurse wrote,

“I am a first-year nurse and the support I received from this organization was a perfect reminder of why I choose this selfless profession.”

In the notes, grantees described “support” by associating it with words such as caring, love, heart, and heartfelt. “It is heartwarming that someone actually cares, helps and supports nurses in this difficult and challenging time. Your help came unexpectedly so to our surprise, we felt really loved and supported when we got the check in the mail.”

**Table 3**

*Frequencies of categories and sub-categories from the population of 99 documents*

Category		Sub-category	
Title	Number of documents	Title	Number of documents
Thanks to Nurses House, Inc.	102	Generosity	65
		Support	89
		Beyond words	48
Expression of Appreciation	71	Pay it forward	19
		Feeling Blessed	48
Experiencing COVID	74	Thanks to God	28
		Being a patient	24
		Affect family	43
		Out of work	48
Economic Uncertainty	61	COVID survivor	13
		Being without income	30
		Bills piling up	17
Caring within a Professional Context	18	Not qualified-used all benefits	28
		Caring for our patients	16
		Caring support for each other	6

**Thanks to Nurses House, Inc. – Beyond Words**

Some grantees thanking Nurses House, Inc. wrote about feeling support that was described as “beyond words.” “Words are not enough to thank you for what you have done for us. We want to let you know that you saved three souls by coming to our assistance at the very time we need it.”

**Category 2 - Expressions of Appreciation**

The grantees’ notes provided “expressions of appreciation” (70/99). These were expressed through statements about “pay it forward” (19/99), “feeling blessed” (47/99), and “thanks to God” (28/99).

**Pay It Forward**

Generosity is linked with physical, emotional, and psychological well-being (Allen, 2018). In fact, helping others and receiving help result in similar positive benefits. Here is a quote illustrating this sub-category. “It will definitely help me and my family during these difficult times. I will pay it forward and will be donating to the cause.”

**Table 4**

*Categories with Subcategories Grantees' Quotes*

Thanks to Nurses House, Inc	Expression of Appreciation	Experiencing COVID-19	Economic Uncertainty	Caring within a Professional Context
<p><b>Generosity</b>  <i>"I am so grateful for your generosity in this time of need. In the midst of this pandemic, kindness and love prevails."</i>  <i>"We truly appreciate the generosity and this organization."</i>  <i>"Your generosity has helped me pull through during these tough times."</i></p>	<p><b>Pay It Forward</b> <i>"This gift will enable us to keep helping others in a "pay it forward" way. It also reminds us there are people looking out for us to offer support in a time when support has been limited."</i>  <i>"I know there are several nurses who are affected with this virus. I will pay it forward, so others can benefit from it as well."</i>  <i>"My goal is to assist other nurses someday and give back to society the way your award has helped me during this difficult time."</i></p>	<p><b>Being a patient</b>  <i>"Suffering from COVID-19 for 3 weeks and seeing 15 of my patients die from COVID-19 put me in a dark place."</i>  <i>"Experiencing COVID-19 and being a patient, myself was one of the toughest trying times in my life."</i>  <i>"Having COVID was the hardest challenge that I have faced in my life."</i></p>	<p><b>Being without an Income</b>  <i>"I was desperate not able to work for 19 days and my husband on furlough with no pay for 2 months."</i>  <i>"Both my husband and I had to be out of work for two weeks due to contracting COVID and unfortunately, his was unpaid."</i>  <i>"I was without income for a whole month due to being sick from COVID."</i></p>	<p><b>Caring for Our Patients</b>  <i>"As a healthcare professional Registered Nurse my passion and goal in life has always been to help others and give quality care to all humanity."</i>  <i>"I am back doing what I love to do and that's caring for patients."</i>  <i>"During this time I worked tirelessly to provide the best care possible; putting my health and my family's health and life on the line."</i></p>
<p><b>Support</b>  <i>"During this time of crisis, it is comforting to know I am not alone."</i>  <i>Thank you from the bottom of my heart for the continued support of nurses during this difficult time. I appreciate the outreach that your organization has been able to provide. Thank you so much again!"</i></p>	<p><b>Blessing</b>  <i>"This helps my family so much and is truly appreciated and a blessing during this difficulty time."</i>  <i>"Thanks so much for the COVID-19 grant. This was very much appreciated. I am very blessed."</i>  <i>"The gift of love, hope &amp; kindness I received was such a blessing."</i></p>	<p><b>Effect on family</b>  <i>"My husband was out of work for a month, I was out of work because I caught the COVID and then when I went to the hospital due to COVID, my husband got it-while at home taking care of our two girls. It's been a real rough few months for us."</i>  <i>I myself was sick with COVID, it was a long and tumultuous battle and I found myself behind in my mortgage. On top of that, my father became very sick and unfortunately passed away during the COVID crisis."</i></p>	<p><b>Paying bills</b>  <i>"This grant will help me with bills and other expenses that were put off."</i>  <i>"Covid 19 sent me to the hospital and I almost died. I am so grateful for your help as bills piled up and I was not sure how I would pay them. I will continue to be out of work post Covid as my lymph nodes are swollen... your generosity has helped pull me through during these tough times"</i></p>	<p><b>Caring for/Supporting Each Other</b>  <i>"Looking very much forward to getting back to work so I might be in a position to give back to this brilliant community of love and support."</i>  <i>"Words cannot express my deepest gratitude and THANKS. It is comforting to that 'Nurses Taking Care of Nurses' exist." "My fellow nurses are amazingly supportive... Without a doubt they are so compassionate, knowledgeable, and professional in caring for our patients."</i></p>

**Beyond words**

*“This organization saved my household during this time of crises. I am crying as I write this because you can’t image how much you have touched our lives.”*

*“Thank you, thank you is not even enough gratitude to express my ‘tears of thankfulness’, so this was a great surprise I just got today in the mail.”*

**Thanks to GOD**

*“I thanked God for everything. He is always at my side helping me. Praying the rosary and believing that Jesus will always provide when need arise.”*

*“God has been so good to me and I thank God every day for another day. Being a survivor from this Covid-19 has open up more opportunities and has increased my Faith with our Father.”*

*“Give thanks to the Lord for he is good; his love endures forever.” I Chronicles 16:32*

**Out of Work**

*My husband and I came down with COVID-19 in mid-March and were both incredibly sick for over two weeks.”*

*“During this time, neither of us could work causing us to lose out on almost a month of income.”*

**Did Not Qualify/Used All Benefits**

*“I was without pay, as my position does not earn vacation or sick leave.”*

*“It came when I really needed as I did not qualify for benefits from my employer.” “I couldn’t even get short term disability from time away from work.”*

*“My husband and [I] came down with COVID-19 in mid-March and were both incredibly sick for over two weeks. During this time, neither of us could work causing us to lose out on almost a month of income. On top of that, I had to use ALL of my sick leave, so I am now only left with one hour.”*

**COVID-19 Survivor**

*“In total I spent 3 weeks in the hospital and now I’m at home with oxygen and new medicine regimen to try to get me back to my normal self.”*

*“Thank you all for the help you extend to me and to my family who are COVID survivors”*

*“I’m back to work as a pediatric RN in a hospital in northwest Arkansas, a new hot spot in the nation, although I still experience symptoms such as joint pain and fatigue.”*

### ***Feeling Blessed***

The sub-category of “feeling blessed” reflects a spiritual dimension to the experience of the grantees. This sub-category conveys the feeling of nurses who described financial support as a blessing. This description is noteworthy, considering the ultimate reason grantees received the grant was that they experienced an economic crisis due to the pandemic. A grant recipient wrote: “This was very much appreciated! I am very blessed. Your organization is lovely and has helped thousands of nurses who were exposed to COVID.”

### ***Thanks to God***

A grantee quote for the final sub-category in Category 2, “Thanks to God,” while spiritual in nature, illustrates a strong belief system and speaks to an underlying faith in God’s presence for Nurses House, Inc. and financial support. A grantee wrote: “My husband walked into the kitchen from the mailbox with the biggest smile and gratitude of praise to God for the check he did not know the source of. He said, honey, look, someone sent you a check! God is really working for us, and he handed me the check.”

## **Category 3 – Experiencing COVID-19**

The third category identified in 74 of the 99 notes was “Experiencing COVID-19.” We identified four distinct sub-categories in this category. These included experiencing COVID-19 from the perspective of “being a patient” (24/99), the “effect on family” (43/99), the impact of being “out of work” due to COVID-19 (48/99), and being a “COVID-19 survivor” (13/99).

### ***Being a Patient***

This sub-category includes descriptions by grantees of being personally ill with COVID-19, experiencing emotional responses to their own and their patients’ COVID-19 illness, and the effect that being ill with COVID-19 had on their professional role. One recipient said: “I contracted COVID taking care of patients without proper PPE; but unfortunately, it affected my health and ability to continue working. Health issues forced me to retire. It is bittersweet. It has been my passion for 44 years.”

### ***Effect on Family***

Many of the grantees wrote of the effects of the COVID-19 pandemic on their families. A common result of “being a patient” for many grantees with COVID-19 was extended periods of being out of work which negatively impacted their ability to provide emotional and financial support to their families. This distress contributed to a sense of isolation. One nurse wrote: “I contracted COVID and was out of work for 2.5 – 3 weeks. I was completely isolated from everyone during this time, including my 18-month-old daughter. It was an emotionally challenging time for me.”

The grantees described concerns for others in their families who were financially dependent on them. Receiving financial support from Nurses House, Inc. seemed to relieve some monetary pressures on the family unit associated with the head of the household becoming ill. An example of this was evident in the note: “I have COVID-19 and have had to go out on short-term disability. I’m the head of the household, [as] a divorced mom, so

any assistance really comes [in] handy. I have three children and my elderly mom [sic] live with me.”

### ***Out of Work***

Grantees who were stricken with COVID-19 frequently described how the illness resulted in being out of work for them and, often, other family members. All too often, this left them experiencing financial vulnerability considering limited or altogether lacking paid leave. One said: “Being out of work without a solid financial solution in sight made the situation seemingly impossible to bear.”

### ***COVID-19 Survivor***

Grantees wrote about their survival from COVID-19. Many described enduring and surviving physical, mental, and emotional challenges. A recipient wrote: “Experiencing COVID 19 and being a patient was one of the toughest trying times in my life. Mentally & physically challenging, yet I was able to endure it & become a COVID survivor.”

In addition, grantees used varied statements to describe the impact of survivorship on their ability and desire to return to employment and an unknown work future because of COVID-19 symptoms. One grantee stated: “I will continue to be out of work post-COVID as my lymph nodes are swollen in the left hilar area and other areas of the lung.”

## **Category 4 – Economic Uncertainty**

Grantees described “Economic Uncertainty” in 61 of 99 notes. These nurses described “being without an income” (30/99), “having (sic) bills piling up” (17/99), and “not qualified for benefits” or having “used up all of their benefits” (28/99).

### ***Being without an Income***

Grantees described being without an income by using words and phrases including “desperate,” “seemingly impossible,” “scary and uncertain,” “daunting,” and “for a whole month.” Though time away from work was limited, it was evident that many were living paycheck to paycheck and disruption of pay created financial hardship. One wrote: “It was a scary and uncertain time for me and my family. Having a positive COVID result made times daunting for us. Being out from work without a solid financial solution in sight made the situation seemingly impossible to bear.”

### ***Bills Piled Up***

In many cases, grantees wrote of being at risk of losing a significant share of their income since they could no longer go to work. This was evident in this note:

“I myself was sick with COVID, it was a long and tumultuous battle and I found myself behind in my mortgage. On top of that my father became sick and unfortunately passed away during the COVID crisis. His funeral expense was a lot to bear, then my mortgage and other bills piled up.”

**Did Not Qualify or Used All Benefits**

The grantees described using all their sick time and vacation time while ill with COVID-19, and some reported a lack of benefits that would allow them to stay home and care for a sick family member. A grant recipient wrote:

“As an emergency dept. nurse educator contracting COVID and being out of work for a month was very frustrating and scary. In addition, I did not qualify for FMLA and ran through all of vacation and sick time [sic]. It was to the point of me paying my employer for health insurance.”

**Category 5 - Caring within the Professional Context**

The fifth and final category that emerged was “Caring within the Professional Context” (17/99). The grantees’ notes describe nurses’ experience in “caring for patients” (16/99) and instances of “caring support for each other” (6/99).

**Caring for Our Patients**

In the notes, grantees expressed the essence of nursing: caring for others. Despite the seemingly insurmountable challenges they faced, they continued to love the profession of nursing. A nurse stated:

“We sacrifice so much on a normal day without even thinking. This COVID crisis has taken the lives of so many healthcare workers, yet we still push through and care for our patients. We push through it all and still show up with a smile.”

**Caring for and Supporting Each Other**

The nursing profession is based on caring behaviors and, as such, has the concept of caring as a core intrinsic value (Watson, 2008). Therefore, the notes reflect feelings of being cared for and supported by colleagues and providing support for colleagues. One wrote: “... they say nurses eat their young... but that’s not always true... we take care of each other too.”

A visual graphic summary of the categories and sub-categories is shown in Figure 1.

**Discussion**

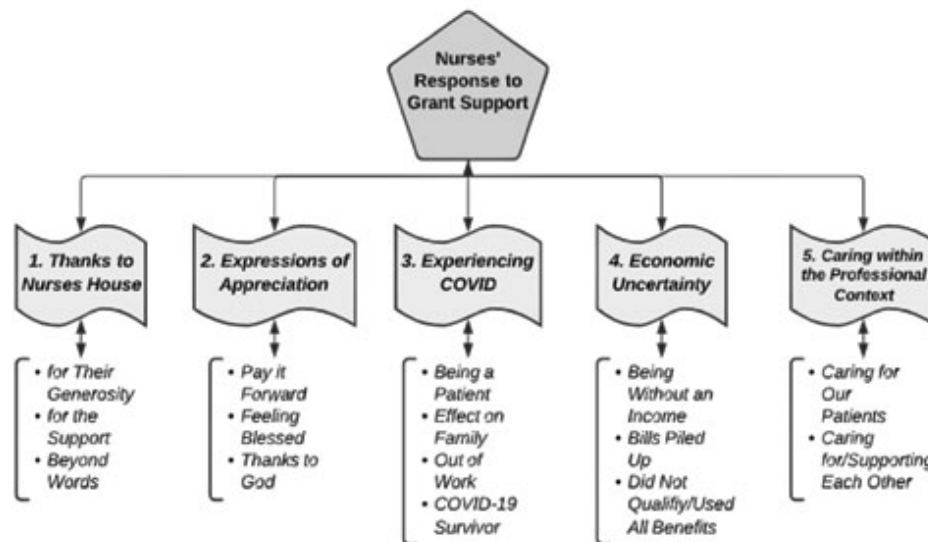
This study is unique because it deals with nurses supporting nurse colleagues financially; the culmination of this work discovered that this professional support extended to the care of each other. Even with the adversities described above, these nurses took the time to express gratitude to Nurses House, Inc. for providing financial support.

This study describes the content and commonalities of thank you notes sent to Nurses House, Inc. by nurses who received emergency COVID-19 grant funding. Content analysis revealed five major categories: thanks to nurses’ house, expressions of appreciation, experiencing COVID, economic uncertainty, and caring within the professional context. Our analysis found evidence that much of what we believe to be hallmark characteristics of nurses and the nursing profession – caring, love, sense of duty to the profession, and selflessness – were evident in the notes written by nurses. However, we also found an alarming degree of financial vulnerability and evidence of its subsequent negative effect on nurses and their families. Financial vulnerability is often not associated with the profession. In addition, the description provided by nurses of personal loss and pain that accompanies caring for others, and their alternating feelings of both support and lack of support is not frequently expressed. These written accounts require our collective attention if we are to continue to advance the profession of nursing, while maintaining those aspects that most hold most dear to our professional identity – caring, support, and professionalism. In this study, nurses caring for nurses has been redefined.

**Conclusions and Recommendations**

The nurses in this research expressed gratitude to Nurses House, Inc. for the financial safety net that the COVID-19 emergency fund provided. While an increased understanding of this issue does not promise prevention or intervention, awareness of nurses at financial risk is important. Going forward, national

**Figure 1**  
*Graphic of Categories and Sub-Categories*



policy initiatives addressing this issue for frontline healthcare workers must be developed. As previously suggested, an emergency funder like Federal Emergency Management Agency (FEMA) needs to be created to concretely support our healthcare workers who risk their own health and safety by providing care to others (Millenbach, et al., 2021).

This study reveals the financial losses suffered by nurses due to economic disruption from the COVID-19 pandemic. It is our hope that by focusing on these losses, we have further highlighted the necessity of bringing about an effective economic safety net to address child-care issues, provide equitable worker's compensation, and foster gender equity in salary, thus providing social justice for nurses (Millenbach, et al., 2021).

The work of Nurses House, Inc. and ANF described in this study exemplifies nurses caring for nurses, a new phenomenon. Further research is needed to determine how this exemplary work can be expanded.

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