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Healthcare Management Issues in Nursing Practice during the COVID-19 Pandemic in the Malaysian Context

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Abstract
The COVID-19 pandemic imposed critical challenges on Malaysia's healthcare system, placing immense pressure on nurses. This study investigates key nursing management issues, including work overload, psychological stress, and adaptation to frequently changing SOPs. Nurses faced urgent demands for critical care with limited resources, inadequate rest, and continuous use of PPE. The sudden implementation of COVID-19 wards and evolving clinical guidelines led to a chaotic work environment. The study aims to examine changes in work practices, nurse adaptability, patient care strategies, and required expertise in managing COVID-19 cases, ultimately offering insights to strengthen nursing management in future public health crises.

Keywords: COVID-19; Healthcare Management issue; Nursing practice; Pandemic

1.0 Introduction
The COVID-19 pandemic has profoundly disrupted healthcare systems globally, exposing both strengths and vulnerabilities in public health infrastructures. Nurses, as the largest group within the healthcare workforce, have played a pivotal role in managing patient care throughout the pandemic (World Health Organization [WHO], 2020). In Malaysia, the healthcare system faced unprecedented pressure, especially during the initial stages of the pandemic when the Movement Control Order (MCO) was enforced in March 2020 to limit the spread of infection (Azlan et al., 2020).

Nurses in Malaysia were thrust into frontline roles that required them to deliver critical care under stressful, rapidly evolving conditions. They had to navigate shortages in personal protective equipment (PPE), frequent changes in standard operating procedures (SOPs), and heightened risk of infection while managing increased patient loads (Roslan et al., 2022). The mental and emotional toll, coupled with long working hours and the fear of transmitting the virus to family members, created an urgent need to examine the healthcare management issues embedded in nursing practice during this crisis. Moreover, effective nursing management has become crucial in ensuring continuity of care, safety, and staff wellbeing. However, many nurses reported insufficient training, lack of administrative support, and inconsistent communication from leadership (Chong et al., 2021). These circumstances highlight the need for a systematic investigation into the management-related challenges faced by nurses in Malaysia during the COVID-19 pandemic.

1.1 Problem Statement
Although nurses were essential to the COVID-19 response in Malaysia, limited empirical research has addressed the specific healthcare management issues they encountered. The pandemic revealed significant gaps in workforce preparedness, resource management, and psychological support systems within the nursing profession (Khamisa et al., 2021). Many frontline nurses reported feeling overwhelmed due to unclear guidelines, inadequate staffing, and the rapid reallocation of roles and responsibilities without adequate training (Hamzah et al., 2021). These management deficiencies led to burnout, job dissatisfaction, and compromised care quality, thereby threatening the overall efficiency of the healthcare delivery system. While post-pandemic reviews have focused broadly on public health policy and system responses, the micro-level challenges in nursing management such as communication breakdowns, inconsistent SOPs, and weak leadership, remain underexplored in the Malaysian context. This study seeks to address this research gap by exploring the core healthcare management issues experienced by nurses during the pandemic in Malaysia. It aims to contribute actionable insights for improving healthcare leadership, emergency preparedness, and nursing workforce resilience in future public health crises.

2.0 Literature review
The COVID-19 pandemic significantly disrupted healthcare systems globally, and Malaysia was no exception. Nurses, as frontliners, played a pivotal role in pandemic management, which led to numerous challenges related to healthcare management. During the COVID-19 pandemic, Malaysian nurses faced a complex interplay of healthcare management challenges. Addressing these issues requires multi-level interventions from institutional leadership to national policy reforms. Future preparedness strategies should focus on building a resilient nursing workforce, ensuring adequate resources, and enhancing mental health support for healthcare professionals. The issues faced by the nursing profession in Malaysia during this period, including resource shortages, burnout, psychological stress, inadequate training, and systemic communication gaps.

i. Workforce Shortage and Workload
One of the most pressing issues during the pandemic was the shortage of nursing staff. According to Rahman et al. (2021), Malaysian healthcare facilities experienced critical understaffing due to increased demand, infection among healthcare workers, and quarantine measures. This led to extended working hours, increased workload, and fatigue among nurses, especially in COVID-19 wards. The redistribution of staff from other departments also affected the quality of care in non-COVID-19 services (Yusof et al., 2021).

ii. Psychological Impact and Burnout
The psychological toll on nurses during the pandemic has been widely reported. Studies found that nurses experienced high levels of anxiety, depression, and emotional exhaustion due to fear of infection, witnessing patient deaths, and isolation from their families (Tan et al., 2020, King et al., 2022). In Malaysia, studies have shown that lack of mental health support and organizational response to psychological stress were key healthcare management gaps (Sulaiman et al., 2021).

iii. Inadequate Resources and Infection Control
Effective healthcare management requires adequate protective equipment and infection control protocols. During the early phases of the pandemic, many Malaysian healthcare facilities faced shortages of personal protective equipment (PPE), particularly in rural or public hospitals (Ministry of Health Malaysia, 2020). Nurses reported reusing PPE and improvising safety measures, increasing the risk of exposure (Mohd Noor et al., 2021).

iv. Communication and Leadership Gaps
Effective communication and leadership were critical in managing rapidly changing clinical guidelines. However, fragmented communication between management and frontliners in disseminating information was a recurring issue (Huerta-González, 2024). Research by Lim et al. (2021) reported that many nurses were confused by frequent changes in standard operating procedures (SOPs) without adequate explanation or training. This lack of clarity impacted care quality and staff morale.

v. Training and Preparedness
Many nurses in Malaysia were unprepared for managing infectious diseases at such a large scale. Nursing training curricula and hospital-based education did not fully address pandemic preparedness (Ismail et al., 2021). The need for rapid upskilling, including in critical care nursing, infection control, and ventilator use, posed a challenge for healthcare administrators. The implementation of online and fast-track training programs would contribute effectively (Singh, 2025), but disparities remained, especially among junior staff and those

in rural hospitals.

vi. Policy and Organizational Support
Several studies emphasize the importance of policy-level intervention to support nurses during crises. For instance, Ibrahim et al. (2022) advocate for strengthening occupational safety policies, better workload distribution, and enhanced compensation to prevent burnout. The Ministry of Health Malaysia (2021) has since outlined reforms to improve emergency preparedness and resource allocation.

3.0 Methodology
A qualitative phenomenological design is employed to gain deeper insight into the experiences of nursing management during the COVID-19 pandemic. This research method enables the collection of rich, detailed perspectives and insights from individuals directly involved in the phenomenon under study (Denzin & Lincoln, 2011). It provides an avenue for participants to articulate their views and reflect on their personal experiences in managing COVID-19 cases. As such, this approach facilitates a comprehensive understanding of nursing management practices within the Malaysian context, specifically at Hospital Pakar Universiti Sains Malaysia (HPUSM) in Kubang Kerian, Kelantan.

Data Collection Procedure
Nurses serve as the main participants in this study. Focus group discussions (FGDs) were conducted, with a maximum of seven participants in each group, resulting in a total of approximately 14 participants. These FGDs involved two key groups: nursing leaders such as matrons, head nurses, and team leaders from various shifts. Participants were selected through purposive sampling, ensuring relevance to the research objectives. To protect confidentiality, all participants were assigned pseudonyms, with no indication of their gender, ethnicity, or specific role within the hospital.

Data Analysis
The data were analyzed thematically that involved the six steps as suggested by Kiger & Varpio (2020), familiarization of the data, coding, theme development, reviewing themes, define and naming of themes, and write up.

4.0 Results and Discussion
This study consisted of fourteen nurse managers who were still working at the time the interview was conducted. They all shift duty, and during the interview, all are Table I: Socio-demography and clinical information of the respondents, n=14, in and out of shift. Focus group discussions (FGD) involving 14 nursing managers, consisting of 3 males and 11 females, were conducted (Table I). There were 7 nurses in management from group FGD 1 and 7 nurses in management from group FGD 2. Although they were from the same state in Malaysia, they were all nurse in management who cared and managed patients with COVID-19 in HPUSM. There were 10 interrelated themes identified from the thematic analysis of codes and subthemes. However, three salient themes were highlighted as having a significant impact during the COVID-19 pandemic on challenges and management trends in HPUSM. The themes were: (1) Challenges for adaptation to evolving Standard Operating Procedures (SOPs), (2) Trend management, and (3) Barriers in communication.

Table 1. Socio-demography and clinical information of the respondents, n=14

Gender	n	1Frequency %
Male	3	21.4
Female	11	78.6
FGD 1	7	
FGD 2	7	

Theme 1: Challenges in nursing management during COVID-19 for adaptation to evolving Standard Operating Procedures (SOPs) have been significant during the pandemic. (Table 2).
They experienced severe challenges while implementing SOPs to prevent the outbreak. The participants informed the challenges to adhere to the SOPs that were frequently changed as according to the pandemic progress at that time. Responses also indicated the lack of sufficient medical equipment to cater to the patients with severe infection of COVID-19 19. In spite of the challenges, they were able to navigate the workflow following the SOPs set by the Malaysian Ministry of Health and insufficient equipment in ensuring their safety and the patients' recovery. Furthermore, for nursing management, the health and safety of staff are important not only for providing continuous and safe patient care, but also for controlling any outbreaks (Chang et al., 2020). In addition, during the pandemic COVID-19 19, nurse management and team dedication created a safe environment and new equipment to prevent outbreaks.

Table 2. Identified subthemes and themes for challenges in nursing management during COVID-19 for adaptation to evolving Standard Operating Procedures (SOPs)

Theme	Subtheme	Codes	Evidence

Theme 1: Challenge for adaptation to evolving Standard Operating Procedures (SOPs):	Overall SOPs. Exercise to staff by following the SOP	Rightly perform SOP	FGD 1(P2) The big challenge when caring for COVID-19 patients is the ever-changing SOP, always maintaining the SOP so that there is no outbreak. FGD2 (P2) No, we just follow the guidelines set by the Malaysian Ministry of Health. FGD 2(P3) At that time, we had no experience in managing isolation wards, many things and procedures at that time, such as PPE, SOPs, and others.
	Equipment	Awareness about medical equipment regarding the pandemic	FGD 2 (P4) There are many reasons why what is done for COVID-19 patients is different; the way to intubate the patient is also different, so you must use SIMED and special tools. Now, with sophisticated tools, just use a camera and you can see right away, whereas before, the doctor could only see if he had trichiasis, so now, when you use a camera, the intubation process is easier. FGD1 (P1) uses the minimum PPE to only wear an A95 face shield and an apron FGD1 (P4). Many ventilator patients come in, but we lack infusion pump equipment. AS for the initial preparations, previously I started with whole body PPE, but after revision, the decision to
	SOP always changes during COVID-19	To prevent an outbreak and create safety environment	FGD 2(P4) There are many differences because what is done for COVID-19 patients is different; the way to intubate patients is also different; we have to use special equipment. FGD1 (P6) When it comes to COVID-19, the procedures are different because we have to follow the SOPs that have been provided. FGD 1 (P1) Before, we had patient transport, but we rarely used isopods, and it is rare that we come across cases like this where we have to use isopod assistance. with COVID-19, almost all patients who are ventilated and AGP have to use isopods, which is special transport.

Theme 2: Trend management

There are 3 subthemes for the trend management challenges during nursing management during COVID-19. (Table 3). From the nurses' management point of view (Table 2), trend management changed to urgency. Social distancing evidence from the document analysis proved the importance of cases supported by the following participant comment. Social care is very important to practice at the early onset of COVID-19 because this issue can cause the virus to spread more widely if not taken seriously. Unrestricted movement would cause complications and the rapid spread of the COVID-19 virus among patients or staff. As an organization that had never been involved in such a major life-threatening challenge, it was indeed very shocking because all staff must adapt to different work management trends to ensure the safety and health of all parties are maintained. With the new changes brought by the COVID-19 pandemic, all nursing staff became more aware of their surroundings. Past studies found that nurse managers indicated the changes in nursing management as to adapt to the frequent changes of staff work schedules, and management plan during the pandemic (Aydogdu, 2023; Hossny et al., 2022; Schoberer et al., 2023).

Table 3. Identified subthemes and themes for challenges in nursing management during COVID-19 for Trend management.

Theme	Subtheme	Codes	Evidence
2. Trend Management	Urgency	Ad hoc order	FGD 1(P1) The head nurse at that time accepted our instructions in a nutshell. That is, within 24 hours, we could run a COVID-19 19 ward with facility constraints. FGD1 (P1) Previously, nursing staff met every week, face to face, but after COVID-19, the difference here is that all meetings are held via online meetings. So, with COVID-19, this trend of online meetings has been implemented, but not as aggressively as before.
	Strict policy	Social distancing	FGD 1 (P2) Changes in terms of special routes for COVID-19 patients and security units are being taken into account to guard the routes, including sending bodies to the morgue FGD2 (P3) If the nursing staff has symptoms, they need to be screened.

| | Staff distribution during the COVID-19 pandemic. | Staff off duty | FDG 1 (1)
As a head nurse, my main concern is with the staff roster, as other units are closed and duty is staggered
FGD2 (P4)
Staff are distributed to the first and second lines. If anything happens to the first line, it will affect the second line.
The first line is the frontliner who meets the patient in the emergency department, and the second line is needed when the patient has entered the ward. While in the ward, scheduling is very important. |
| | Specialized training | | FGD 1(P1)
We feel stressed because we lack proper training to adapt, relying instead on experience and opinions from other hospitals. |

Theme 3: Barriers in communication

The findings from FDG2 reveal several communication and operational challenges experienced by healthcare staff working in isolation settings such as, participants reported difficulties in communicating with doctors due to physical separation; doctors typically remain outside the patient room while staff were inside (Table 4). Although treatment plans were often posted on a mirror, the presence of a physical barrier (mirror shield) obstructed clear viewing and effective communication. Next is limited access to equipment. Essential medical equipment was stored outside the isolation rooms, causing inconvenience for staff who relied on video calls and waited for assistance from colleagues outside the room. This process delayed patient care and increased staff workload. It was also found that patients under isolation were unable to have face-to-face contact with their families. Communication was limited to telephone calls, which may affect the emotional well-being of the patient. Numerous studies emphasize on the importance of clear and effective communication between nurses and patients/caregivers (Gonzalez & Davis, 2022) as well as between nurses and doctors (Vaz et al., 2023). Past study also mentioned that effective communication with the patients and the family members during COVID-19 could contribute to increase positive recovery (Rose et al., 2021). Whereas poor communication could lead to emotional stress and well-being of patients (Vaz et al., 2023).

Table 4. Identified subthemes and themes for challenges in nursing management during COVID-19 for Barriers in communication between nurses and doctors and also caregivers and patients.

Theme	Subtheme	Codes	Evidence
Barrier communications	Isolation room	Block room	FDG2(P5). Communication challenges with the doctor because the doctor is outside, and we are inside. The doctor usually has a plan posted on the mirror, and we have a mirror to block it. FDG2(P3) The equipment is outside the room, so it's difficult to get in and out, so you have to use a video call and wait until someone is outside. FDG 2 (P2) The patient is isolated and cannot meet with family face to face, only by telephone. FDG 1 (P1) As a manager, I want to communicate with doctors. Like I said earlier, because of rotation, we have to educate, emphasize things like this, and then, because of the title, you are a nurse and you are a doctor. Sometimes, because of the title, it makes people think, "Oh, you're a nurse, you want to teach us," even though during that time during this COVID-19 time, we shouldn't have issues like that. Because our goal is to take care of patients. I feel like, when you want to deal with doctors and they say, "No, this is my order and my decision," we have to comply even if we must.
	Organizational barriers	Information overload	FGD1 (P6) Positioning obese COVID-19 patients requires collaboration and effective communication when bringing the patient down with the doctor. FGD 2 (P2) Among the challenges in terms of raising awareness among staff about the dangers of COVID-19 and how to manage staff and community attitudes
	Psychological barriers	Communicate clearly.	FGD 2(P1) No problem, because at that time, the community was in fear. and communication was in the form of a telephone, and the family usually understood the situation they were facing FGD 1 (P7)

Some patients don't understand COVID-19. So it's also a challenge to explain to patients and their relatives that COVID-19 is highly contagious and requires quarantine.

5.0 Conclusion

The COVID-19 pandemic exposed significant healthcare management challenges within nursing practice in the Malaysian context. Nurses were at the forefront of patient care, facing critical issues such as workforce shortages, inadequate resources, high levels of psychological stress, and unclear communication from healthcare administrators. These challenges not only affected the well-being and performance of nurses but also compromised the overall quality and safety of patient care. The findings underscore the urgent need for systemic reforms in healthcare planning, workforce management, mental health support, and crisis preparedness. Strengthening communication channels, ensuring adequate training, and implementing supportive policies are essential steps toward enhancing the resilience of Malaysia's nursing workforce. Moving forward, a more proactive and inclusive healthcare management approach is crucial to better equip nurses and healthcare institutions for future public health emergencies.

6.0 Recommendations

Based on the findings of this study, several key recommendations are proposed to strengthen healthcare management in nursing practice during health crises in Malaysia. First, there is an urgent need to enhance workforce planning through flexible staffing models, effective duty rotations, and surge capacity strategies to prevent burnout and ensure adequate coverage. Mental health support systems must be institutionalized, including access to counselling services, stress management programs, and peer support mechanisms. It is also essential to improve communication between healthcare management and frontline staff by standardizing updates, providing clear explanations for protocol changes, and involving nurses in decision-making processes. Adequate and equitable distribution of personal protective equipment (PPE) and other critical resources must be ensured, especially in public and rural healthcare facilities. Furthermore, continuous training and upskilling in infection control, emergency preparedness, and the use of advanced medical equipment should be incorporated into nursing education and in-service training. At the policy level, supportive legislation should address occupational safety, fair compensation, and crisis allowances for nurses working under high-risk conditions. Collectively, these recommendations aim to build a more resilient nursing workforce and a responsive healthcare system capable of managing future pandemics or emergencies effectively.

Limitation and Future Research

To improve research findings on healthcare management issues in nursing practice during the COVID-19 pandemic in Malaysia, it is essential to strengthen contextual relevance by localizing data collection and incorporating cultural and systemic factors unique to the Malaysian healthcare landscape. Employing a mixed-methods approach—combining qualitative interviews with nurse managers and quantitative metrics like staffing ratios and burnout scores can enrich the analysis. Longitudinal studies are also valuable for tracking changes over time. Integrating policy and organizational perspectives by aligning research with Ministry of Health policies and conducting case studies of specific hospitals can reveal effective management strategies. Prioritizing frontline voices through nurse-led research and narrative methods ensures that lived experiences shape the findings. Additionally, leveraging technology by studying the impact of telehealth and remote management models can uncover innovations that supported nursing workflows. Broadening stakeholder engagement through interdisciplinary collaboration and community feedback loops adds depth to the research. Finally, translating findings into actionable resources such as policy briefs, training modules, and toolkits can help nurse managers and policymakers apply insights to improve crisis leadership and resource allocation in future healthcare emergencies.

Acknowledgement

Paper Contribution to Related Field of Study

This study contributes critical, context-specific knowledge that enhances nursing practice, improves healthcare management systems, and informs evidence-based health policy both in Malaysia and the broader global health community. It provides a foundation for future research, education, and reforms aimed at strengthening healthcare systems during and after health crises.

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