



A photograph showing a person from the waist down, wearing blue scrubs and blue gloves, standing on a staircase. The person's right hand is resting on their hip. The background consists of concrete steps and a metal handrail.

# Caring for COVID's emotional long haulers

## 14 strategies to safeguard nurses' mental health

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**T**he COVID-19 pandemic is like Halley's Comet, which blazes a path across Earth's sky once every 75 years, pulling a long tail in its wake—a spectacle someone might see once in a lifetime and will never forget. Long after COVID-19 has become an endemic disease, the pandemic will leave behind a long tail of personal grief, emotional trauma, career dislocations, financial problems, anger, and anxiety. People living with long-term health problems associated with COVID-19 are called long haulers. We've borrowed that term to apply to healthcare workers who will experience long-term psychological, emotional, and spiritual pain because of their experiences during the pandemic. They're COVID's emotional long haulers.

In her final presidential message for *Voice of Nursing Leadership*, American Organization for Nursing Leadership (AONL) President Mary Ann Fuchs wrote: "At great personal cost, nurses provided hope, peace, and healing to patients and to each other... Because in times of uncertainty, nurses are there."<sup>1</sup> As the pandemic recedes, we must be there for the caregivers who were there for us as they cope with the likely second pandemic of posttrauma moral and emotional injury.

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### Exacerbating preexisting conditions

Many of the challenges imposed on healthcare organizations by the pandemic are preexisting problems that have worsened, in some cases dramatically so. Before COVID-19, caregiver burnout was a serious problem. Now not only are we seeing significant increases in burnout across all healing professions, there's also a growing incidence of post-traumatic stress disorder (PTSD) among healthcare workers.<sup>2</sup>

across the country *if* you have the benefit of a nurse to provide your care, the nurse is likely to be exhausted, discouraged, and stressed.”<sup>3</sup>

Beyond physical and emotional exhaustion, there's resentment as some people who called healthcare workers heroes 2 years ago are now treating them with incivility and hostility. And there's also anger as people who refuse to be vaccinated are overwhelming hospitals and putting caregivers and their families at

emotional health of nurse leaders, which is dropping at a critical rate.” The number of nurse managers reporting that they were *not* or *not at all* emotionally healthy increased by 50% since the previous survey, with 36% now saying they're emotionally distressed.<sup>5</sup>

Nurses were frustrated before the pandemic that so much of their time was spent needing to document care, track down supplies, and deal with administrative chores instead of caring for patients. Devin Carr, CNO at



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Healthcare organizations have had to cope with staffing shortages for decades. Now the perfect storm of seeing large members of healthcare professionals quitting or accelerating plans for retirement, and at the same time trying to compete with staffing agencies paying significantly higher salaries, has pushed shortages to unsustainable crisis levels at many organizations. At Midland Memorial Hospital in Midland, Tex., for example, Kit Bredimus, CNO and vice president for nursing, says that only one in four RNs are from the original medical-surgical core staff, and the hospital is scrambling to cover vacancies. In their article, “Who Will Be There to Care if There Are No More Nurses?,” Bowers and Rushton write, “At this moment, it is likely that in many areas

higher risk for infection. As the American Association of Critical-Care Nurses (AACN) states on its Hear Us Out website, “Our healthcare system is at risk as its workforce has been pushed to the breaking point.” The message reminds people that “a hospital without nurses can't save your life.”<sup>4</sup>

Even before the pandemic there was growing evidence that middle managers were disproportionately experiencing burnout, especially nurse leaders who have unmanageable levels of responsibility.<sup>5</sup> As they've struggled to meet the challenges of ensuring adequate staffing without overwhelming their people, the emotional toll has been rising. The August 2021 AONL longitudinal study reported: “The most alarming statistic concerns the

Maine Medical Center, says the pandemic intensified these problems as nurses had to go through a tedious process of donning gowns, masks, and respirators before they could see a patient. Then, in addition to providing nursing care, they sometimes had to substitute for family members who weren't allowed in the room.

### A multifactorial crisis

In many areas, the emotional trauma caused by the pandemic is being compounded by other crises. Imagine the emotional challenges of being a single parent trying to homeschool children while being asked to work extra shifts at the hospital caring for unvaccinated COVID-19 patients in the ICU. Imagine that you live on the Gulf Coast and are anxiously watching the

approach of the next hurricane, or you live on the West Coast and are praying that the latest wildfire won't reach your home.

The AACN position statement *Moral Distress in Times of Crisis* states: "Moral distress is a complex, challenging problem with damaging repercussions that are often ignored in healthcare work environments. This problem is exacerbated in times of crisis."<sup>6</sup> During the pandemic, nurses throughout the country cared for their coworkers with COVID-19 or had family members who were cared for at the hospital where they worked. At the peak

and to caregivers experiencing PTSD. It's therefore important for healthcare leaders to have a basic understanding of PTSD.

PTSD may not be caused by a single event that has a before and an after, but rather by the accumulation of emotionally painful events. In a story included in the book *E.R. Nurses* by Patterson and Eversmann, critical care nurse Tom O'Hara wrote: "I came back from Afghanistan with PTSD. I know the warning signs, and I can tell each one of these tough young women [nurses on a Chicago COVID unit] is lost in the fog of war.

quately prepared, and we can't know in advance what we signed up for."<sup>9</sup>

### **Tourniquets, bandages, sutures, and surgery**

If someone falls off a bike and is cut, they need a bandage to stop the bleeding and prevent infection. If the cut is deep, they'll need to go to the hospital for sutures. And if there are internal injuries or broken bones, they may need surgery. If the gash is life-threatening, they might require a tourniquet. This is a useful metaphor for the caregiver mental health crisis.



It's imperative that we don't allow the prevalence of problems with no short-term solution to stop us from doing what we can now to support caregivers' mental health and emotional well-being.

of the pandemic, nurses reported that they couldn't possibly bring another body to the morgue because they had done it so many times in the previous week.<sup>7</sup> Such situations increased moral distress, and likely set the stage for increased PTSD in the future.

When the first wave of the pandemic hit New York City, Rosanne Raso, vice president and CNO at NewYork-Presbyterian/Weill Cornell, said a military academy would've been better preparation than nursing school for what the hospital was going through. Subsequent surges, she said, have been even harder to manage. There have been many references to overwhelmed EDs and ICUs feeling like war zones,

They're going up against an enemy no one fully understands—and they're losing. Seeing all of these deaths stack up day after day is making them question their abilities."<sup>8</sup>

When we asked *War and the Soul* author Dr. Edward Tick whether the term PTSD could be appropriately applied to people who've experienced severe emotional distress because of the pandemic, he responded: "The warrior archetype surfaces in all those who protect and preserve the rest of us, all who run into and face danger in service to the whole while most people run away. And it always seems to be the case that service is worse than imagined, we aren't ade-

Our approach should consider action at four levels: 1. crisis response (tourniquets), 2. short-term actions that should be taken immediately to help people stabilize emotionally (bandages), 3. intermediate-term actions to change organizational processes and procedures (sutures), and 4. long-term actions needed to change the system and be better prepared for the next crisis (surgery).

An example of a "tourniquet" is a suicide prevention hotline or crisis center. An example of a "bandage" is offering yoga and meditation classes or setting aside a quiet room for staff. These are immediately helpful, but as Vocera CNO

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Rhonda Collins writes in her 2021 report: "If nurses take 5 minutes every hour to go collect themselves and they come out of that space and the work environment is still completely chaotic, newfound serenity can't be sustained."<sup>10</sup>

An example of "sutures" is a revamped nurse staffing model that reduces manager responsibilities, employs ancillary staff to offload nonnursing tasks from nurses, and eliminates unnecessary and redundant paperwork and electronic health record entries, thereby allowing managers the time to actually manage. Examples of "surgery" would be resolving the global nursing shortage or fixing the fragmented and often dysfunctional behavioral health system. As Kelly and colleagues state in a recent *Nurse Leader* article on strategies to reduce burnout and increase well-being: "If anything, the COVID-19 pandemic reinforced the need for leaders to attend to nurse well-being through organizational changes," and stop putting the onus on individual nurses for their own self-care.<sup>11</sup>

Our recommendations will fall into the categories of bandages and sutures. Although we acknowledge that there must be large-scale system improvements, it's imperative that we don't allow the prevalence of problems with no short-term solution to stop us from doing what we can now to support caregivers' mental health and emotional well-being.

### Strategies

Nurse leaders can use these 14 strategies to help ameliorate the

current emotional crisis and minimize the risk of PTSD in their staff members.

**Strategy #1: Assess and don't assume how people are doing.** Healthcare leaders quite naturally want to think that they're doing everything possible to support the mental health and emotional well-being of their team members. Unfortunately, surveys indicate that frontline nurses don't believe that their well-being is a priority of either the healthcare system overall or their organization. When surveyed about what coping strategies people find most helpful, almost without exception responses relate to personal activities, such as prayer, meditation, and exercise.<sup>12</sup> Rarely does anyone mention a service or activity offered by their organization. So whatever your healthcare organization is doing, chances are that your frontline nurses don't think it's enough, and the closer they are to the front line, the greater the disconnect is likely to be.

As leaders, make sure you're actively rounding and specifically asking staff members what they're doing for their own self-care and what more the organization could be doing for them. Listen to what they're actually saying and don't hear what you'd like to hear. Continue to regularly survey your team. There's no such thing as "survey fatigue"; people only get fatigued filling out surveys that don't result in change.

**Strategy #2: Be vigilant for signs of emotional distress and PTSD.** Leaders should be trained to recognize signs and symptoms of PTSD to watch for in themselves and others. Consider creat-

ing a dashboard that tracks the organization's emotional climate. Teach staff members to watch for signs and symptoms in themselves and offer a clear course of action for those who see those signs. Consider training staff, managers, and leaders in stress first aid to determine if staff members are in the green, yellow, orange, or red zone. Some frontline healthcare workers use mobile apps or other mental health monitoring products to assess their own psychological status.

**Strategy #3: Destigmatize seeking mental health support.** The American Nurses Foundation (ANF) Pulse of the Nation's Nurses Survey Series: Mental Health and Wellness found that over one-third of nurses experience some sort of stigma associated with seeking mental health support, including self-imposed stigma. Most concerning, the perceived stigma is highest among the youngest cohort of nurses.<sup>13</sup> Leaders can help reduce the stigma by setting an example of being open and vulnerable themselves and establishing a forum where others can share stories about how they benefitted from mental health support. Sharing personal stories of how caregivers have coped with mental and emotional challenges—on a website, in social media posts, and in staff meetings—is another way to reduce the resistance nurses might have to seek the help they need.

**Strategy #4: Focus on purpose and identity.** With multiple surveys showing that one-third or more of nurses plan to leave their positions, sometimes with comments to the effect of

### Table 1: A snapshot of the pandemic's emotional toll

82% of healthcare workers reported increased emotional exhaustion in the last 3 months, with more than half reporting physical symptoms; only 30% of nurses feel like they have adequate emotional support.<sup>14</sup>

Source: Mental Health America

83% of nurses report their mental health has been negatively impacted over the past year, with 36% reporting that it has been significantly impacted.<sup>15</sup>

Source: Vivian Health

34% of nurses aren't emotionally healthy, including 51% of nurses ages 25 to 34.<sup>13</sup>

Source: ANF

75% of nurse leaders report the emotional health and well-being of staff as their #1 challenge, a 53% increase from July 2020 to August 2021.<sup>5</sup>

Source: AONL

65% of nurse leaders say that the current level of staff burnout isn't sustainable.

Source: Values Coach live poll of attendees at the New Mexico Organization of Nurse Leaders annual conference

41% of nurse leaders report being very concerned at the levels of anger and anxiety they're seeing among staff.

Source: Values Coach survey sent to members of the Association of California Nurse Leaders

76% of critical care nurses believe patients who choose not to be vaccinated undermine nurses' well-being.<sup>4</sup>

Source: AACN

63% of nurses don't believe the healthcare system prioritizes their mental health and well-being.<sup>16</sup>

Source: Trusted Health

42% of nurses say they feel sad or depressed more often than before the pandemic and more than one-third "feel traumatized by their experiences caring for patients."<sup>17</sup>

Source: National Nurses United

"I didn't sign up for this," it's important for nurse leaders to keep the focus on why they *did* sign up to be a nurse and the sense of identity that comes with the profession. Although competitive compensation is essential, remember that someone who stays at a job because they get more money is likely to leave if they're offered even more money elsewhere. True loyalty is built on commitment to a shared purpose, self-identifying with a team that shares a spirit of fellowship, and leader support. ANF research shows that most nurses who are leaving the profession are doing so because they're emotionally drained and not for financial reasons.<sup>13</sup>

**Strategy #5: Don't tolerate zero-tolerance behaviors.** Bul-

lying expert Renee Thompson says there's growing evidence that staff-on-staff bullying has increased since the onset of the pandemic. As most organizations are facing staff shortages, she says there can be a tendency for managers to look the other way at what should be no-tolerance behaviors. Although this may help with staffing numbers in the short term, over time it will drive away some of your best employees, diminish your organization's culture, and tarnish your reputation. It's essential that your management team members have a common understanding of what behaviors aren't acceptable and a consistent approach to dealing with those behaviors. Nurse leaders have a special duty that has gained added urgency with

the pandemic: to protect new nurses from bullying. Several surveys cited in *Table 1* have shown that younger nurses are more emotionally fragile, less likely to seek help, and more likely to leave the profession than their older counterparts. "Nurses eat their young" is absolutely intolerable, particularly in today's challenging environment.

**Strategy #6: Ferociously protect your people to ensure their safety.** Since the onset of the pandemic, violence and threats of violence against caregivers have increased. Your organization should take a strong stand to protect employee safety. Some hospitals have provided staff members with "panic button" personal alarm systems, conducted personal safety and

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de-escalation training, and encouraged staff to report incidents. Chris Van Gorder, CEO of Scripps Health in San Diego, says his organization is sending a strong message to patients and visitors that aggressive behavior won't be tolerated. Posters around the hospital read: "There is **zero tolerance** for all forms of aggression. Incidents may result in removal from this facility and prosecution. Administration supports staff in pressing charges for aggressive behavior they encounter while caring for patients."

**Strategy #7: Continue to advocate for COVID-19 vaccination.** The US Supreme Court upheld the Biden Administration's mandate that healthcare workers be vaccinated against COVID-19 but overruled the mandate for large employers. Anti-vaccination groups, including senior political leaders, continue to lobby against vaccine mandates, and some groups and individuals are aggressively promoting dangerous disinformation about vaccine safety and efficacy on social media and other platforms.

A growing number of caregivers are resentful or even angry as hospitals are overwhelmed by surges of patients with COVID-19, the majority of whom are unvaccinated, placing a greater burden on hospital staffing and putting caregivers and their families at an increased risk for infection. The AACN's Hear Us Out website reports that 76% of critical care nurses "believe patients who choose not to be vaccinated undermine nurses' well-being."<sup>4</sup>

Healthcare leaders should continue to aggressively argue that all employees should be vaccinated. It's easy to tell people they

have personal freedoms that can take priority over the welfare of the community; it takes courage to tell them that they must honor their community responsibilities or work somewhere else. Mandating vaccines sends a message that your healthcare organization values science over politics, and that you're determined to reduce the risk of COVID-19 spreading through your organization.

Even more important, increased vaccination rates will help bring the pandemic under control sooner, fewer people will die, and more resources can be devoted to helping COVID's emotional long haulers.

**Strategy #8: Review and revise your statement of values.** This is an excellent time to pull the values plaque off the wall and consider whether it really represents your organization's most authentic values. What values have you seen reflected in your team's response to the pandemic? Have you witnessed extraordinary courage and perseverance? A new spirit of fellowship and teamwork? Should these virtues be elevated to the status of a core value in your values statement? Is one of your core values about encouraging personal wholeness and well-being? If not, should it be? As Christina Dempsey wrote in her book *The Antidote to Suffering*, "Mission, vision, and values constitute the most important information to pass on to employees, not to mention patients and visitors. Without that shared purpose, individuals, teams, and organizations can never achieve their strategic goals."<sup>18</sup>

It's even more important to ensure that your organization's values are reflected in how deci-

sions are made and how people treat each other. Unfortunately, there's often a gap between the ideal and the actual. A 2020 *Nurse Leader* article shared survey results showing that whereas one-half of respondents strongly agreed their organization "has a meaningful statement of values," only 1 in 10 strongly agreed that people "know those values and strive to practice them in their work" and only 2 in 10 strongly agreed that those values "are reflected in the way difficult decisions, including those about budgets and resource allocations, are made."<sup>19</sup>

**Strategy #9: Recruit and reorient staff hired since the pandemic started.** Because in-person meetings were so limited during the pandemic, many new people received their orientations virtually and didn't have a chance to personally interact with their new peers or meet members of the leadership team in person. As in-person gatherings become more possible, consider redoing new employee orientation with a focus on re-recruiting and retaining new team members.

**Strategy #10: Foster a support group culture, including real-time peer-to-peer counseling support.**

Marlene Crouse, regional director of case management operations at WellSpan Health, shared that their care management team spent 30 minutes together via Zoom each week to watch 1 of the 21 10-minute videos included in the Everyday Courage for Extraordinary Times program, and then spent the next 20 minutes discussing fears, challenges, areas of hope, and bright spots as they supported and lifted each other up in a safe and healing environment.

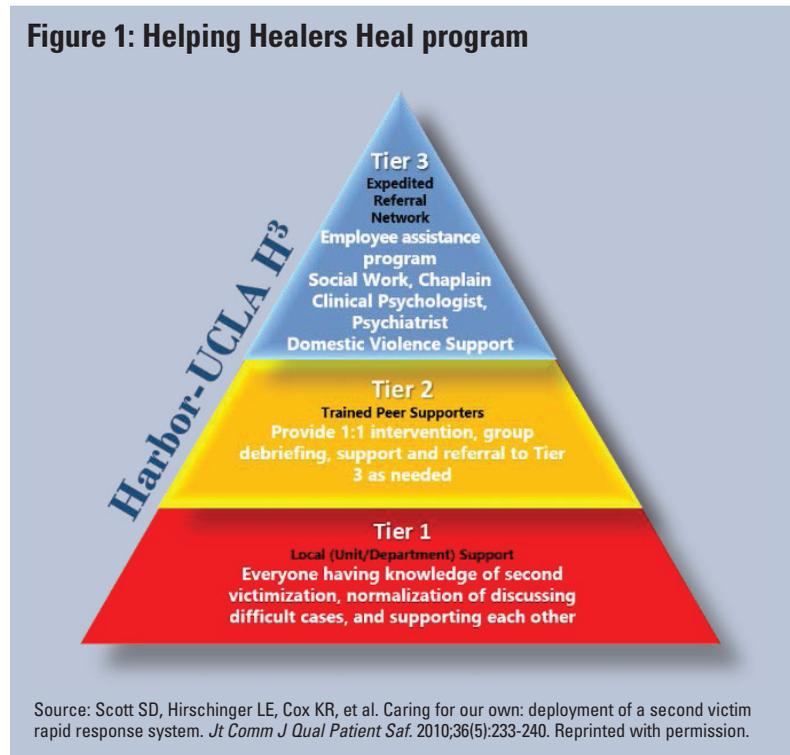
The hospitals of LA County in Southern California are using a program called Helping Healers Heal, or H<sup>3</sup>. The H<sup>3</sup> team consists of a three-tiered pyramid developed by Susan Scott at the University of Missouri. (See Figure 1.) Dr. Scott trained the first group of peer supporters at LAC+USC Medical Center, and the H<sup>3</sup> program then spread to the other LA County hospitals.<sup>20</sup>

**Strategy #11: Start with your management team.** AONL surveys clearly show that middle managers are under incredible stress because of the pandemic. Many nurse leaders have spans of responsibility that are impossible to manage. They're being placed in what psychologists call double-bind situations where their only choice is between two bad solutions, such as when the only way they can care for an overload of patients is to either call on already exhausted staff members or bring in travel nurses, which increases costs and can cause resentment by permanent staff. Beyond this, because they're often so busy fighting fires, many leaders don't have time to address their personal needs or those of their staff.

Leaders at the Providence healthcare system based in Renton, Wash., established the No One Cares Alone program to support their caregivers' mental health and emotional well-being. They've made the organization's leaders their top priority by partnering core leaders with behavioral health professionals who can coach and counsel them. Providence CNO Sylvain Trepanier told us that sharing leaders' stories has helped magnify the program's impact and destigmatize

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**Figure 1: Helping Healers Heal program**



seeking out help by setting a positive example for frontline staff.

**Strategy #12: Eliminate the number one source of anxiety.** In his classic study on the psychology of military incompetence, Norman Dixon found that the single biggest difference between capable and inept commanders was their ability, or inability, to manage their anxiety. High-anxiety commanders tended to either panic or become paralyzed, leading to their defeat.<sup>21</sup> More recently, in *How the Mighty Fall*, Jim Collins concluded that decisions made in response to fear often create a self-fulfilling prophecy bringing about that which was feared.<sup>22</sup> This is one reason that Total Quality Management (TQM) guru W. Edwards Deming made "drive fear out of the workplace" one of his 14 points for TQM.<sup>23</sup>

For many workers, the greatest source of anxiety is the possibility of losing their jobs, a fear that was amplified as hospitals and other healthcare organizations faced financial challenges during the pandemic. Many did resort to furloughs and layoffs, but the costs in terms of increased anxiety, betrayal of loyalty, and survivor guilt among those not laid off might end up being greater than any short-term benefits gained.

Stanford professors Robert Sutton and Jeffrey Pfeffer have extensively studied the impact of layoffs. In a *Harvard Business Review* article, Sutton wrote: "We found studies showing that layoffs had no significant effects on performance. We found studies showing that layoffs had negative effects on performance. But we couldn't find any studies showing that—after control-

ling for other factors—layoffs improved long-term financial performance... Indeed, there is evidence from other research that the best employees jump ship after layoffs.”<sup>24</sup>

Fear of losing a job can also contribute to emotional stress and trauma. Pfeffer's research has shown, “Job loss raises the risk of premature death by 63%, negatively impacts both physical and mental health, and about doubles the suicide rate.” Pfeffer concludes, “As you can imagine, sidestepping layoffs allows companies to retain talent that can spring into action when things recover.”<sup>25</sup> The first recommendation Porath and Boissy make in their article about supporting healthcare workers is: “Commit to no furloughs—you can't support people if you let them go.”<sup>26</sup>

**Strategy #13: Show up, recognize people, and celebrate always.** One night when the hospital was running beyond full capacity, leaders at Presbyterian Health in Albuquerque, N.M., came to the hospital at midnight wearing pajamas and bearing treats for their night-shift crew: a visit that was unexpected and much appreciated. Commercially available platforms allow staff members to recognize each other, and of course any nurse who has ever won a DAISY Award sees that as a career highlight.

Real-time recognition from peers, and even more so from patients, reminds nurses of their impact and why they became nurses in the first place. It's often said that little things are the big things. As the pandemic's emotional toll sets in, nurse leaders must show up, recognize their

people, and find any excuse for a celebration.

**Strategy #14: Hope really is a strategy.** In his classic work *The True Believer*, Eric Hoffer wrote that anyone who would change the world, or a corner of the world, must have the ability to “spark and fan an extravagant hope.”<sup>27</sup> A leader who says “hope isn't a strategy” misses the bigger point: Without hope, even the most brilliant strategy is doomed to failure. Especially during the dark days of a crisis, the nurse leader's most important duty may be to sustain hope. Indeed, fostering hope might be the most important strategy in a VUCA (volatile, uncertain, complex, ambiguous) world.

### Long-term repercussions

In a September 1, 2021, letter to US Department of Health and Human Services Secretary Xavier Becerra, Dr. Ernest Grant, president of the American Nurses Association (ANA), wrote: “ANA is deeply concerned that this severe shortage of nurses, especially in areas experiencing high numbers of COVID-19 cases, will have long-term repercussions for the profession, the entire healthcare delivery system, and ultimately, on the health of the nation.”<sup>28</sup>

The light at the end of the tunnel is flickering. Long after health officials declare that the pandemic has ended, nurse leaders and clinical nurses will be experiencing the emotional, psychological, and spiritual aftermath. Caring for the mental health and emotional well-being of caregivers needs to be a priority as urgent as managing the pandemic has been. **NM**

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