What do you want from me?
Providing Nursing Leadership to Health Care Professionals during a Pandemic.

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Purpose Statement and Introduction:

DeWolfe (2002) describes an epidemic as an occurrence that causes human suffering or creates collective human need and requires assistance to alleviate a disaster. The current COVID-19 epidemic is a disaster that today's nurse leaders have not previously experienced. Crisis management planning and embracing this disaster's complexity is a priority in national healthcare.

Disasters create an environment that requires strong leadership for a timely, well-coordinated, and successful response (Veerema, Deruggiero, Losinski, & Barnett;2017). The volatility of the current COVID-19 pandemic provides an opportunity to evaluate nursing leadership during a disaster situation. Shanafelt (2020) and colleagues summarized key considerations for providing the support necessary to make sure health care providers are equipped to care for COVID-19 patients and families, as well as themselves. To provide effective leadership in a crisis, it is critical to understand staff concerns and focus efforts on addressing those concerns.

Synthesis of Evidence/Literature Review:

COVID-19 has impacted nursing and nursing practice in unforeseen and discouraging ways (Beckman, 2020). Health care workers were suddenly faced with chaos. Changes of daily routines manifested in team disruptions (nurses moved to new COVID units), PPE shortages, fear of contagion and concerns for family health (Beckman, 2020; Raven et al., 2018). Health care workers had to deal with the consequences of social restrictions and an economic meltdown (Beckman, 2020). According to Beckman (2020), the COVID crisis affects the first three levels of Maslow's hierarchy of needs: basic (physiological and safety needs) and psychological (belongingness and love needs), with unmet needs eventually leading to anxiety and stress (Beckman, 2020).

Shanafelt, Ripp and Trockel (2020) show that key components of physical and psychological support to staff are not created by what leadership believes staff need but rather from listening to staff and acting on real-time needs. One of the most significant barriers of health care workers' willingness to continue working through the pandemic revolved around trust in the organization to protect them with personal protective equipment and provide adequate resources (O'Boyle, Wong, Shaw, Stirling, Shanafelt). Concerns expressed by healthcare team members involved, "uncertainty whether leaders recognize the most pressing concerns of frontline health care professionals."(Shanafelt, et al 2020 p E2).

The COVID crisis is an opportunity for nurse leaders to recognize the needs of all health care workers. Recent papers suggest that health care worker behavior during epidemics is influenced by trust and support of their organizations (Raven, et al., 2018; Shanafelt, et al., 2020). Health care professionals ask their leaders to listen to their concerns, to protect from COVID-19 infection, and support them and their families at the medical and social level (Shanafelt, et al., 2020). Shanafelt, et al., 2020 describes five requests from health care professionals to their organizations during the Coronavirus Pandemic: hear me, protect me, prepare me, support me, and care for me.

HEAR ME

PROTECT ME

PREPARE ME

SUPPORT ME

CARE FOR ME

From the perspective of a NURSING EDUCATOR
- Student concerns for health and educational progression - "Do our concerns/fears/opinions matter? "We're scared…will we be forced to continue with clinical? Does anyone hear us?"
- Faculty - "How will we keep students safe? Maintain academic integrity…?"
  - meeting the needs of students
  - complying with requirements of MBON and accrediting body regulations
  - maintaining academic integrity and rigor
- College administrators:
  - effective, timely, and frequent communication to meet needs of students, faculty
  - provision of resources
  - allowed for the expression of concerns

From the perspective of a CLINCAL NURSE SPECIALIST
- The most important observation during this pandemic was staff perception of safety.
- Adequate PPE to protect themselves, their patients, and their loved ones.
- Staff overwhelmed by frequent messages from the command center and stopped reading them.
- Messages at times were contradictory.
- The PPE distribution center and fit testing area were overwhelmed with staff waiting for hours.
- The supply of PPE rapidly diminished and changes were made.
- Too much, inconsistent, and less than timely information can erode trust in the organization, especially at a time when trust in one another is essential.

From the perspective of an ASSISTANT DIRECTOR OF INPATIENT SURGERY
- In preparing for COVID-19, PPE and knowledgeable staff were paramount.
- Is there enough PPE? National shortages were seen throughout the nation, PPE needed to be conserved and monitored.
- Will I have the right PPE to protect me? We had to learn what PPE provided protection & how to safely extend the life of PPE.
- Is there enough staff to care for the patients? Additional critical care staff acquired through agencies and displaced staff deployed to other areas. Monetary incentives considered.
- Will I know what to do? Fears of inadequacy, and floating to areas with higher levels of care was frightening to many nurses. Critical care training to med/surg and IMC nurses, pod nursing instituted.
- Where will I work? Staffing office set up to acquire travelers, deploy nurses, safety officers.

From the perspective of a MANAGER OF AN INTENSIVE CARE UNIT
- Staff want to know that they have a leader who is up to date on information.
- The staff want a Manager who will inform them in a timely manner and with the most up to date information.
- Provide the knowledge, training and PPE to support their work as it changes and evolves during the pandemic.
- Provide staff with resources within the unit, within the hospital and outside of work that "support" them (i.e. mental health resources, health resources, day care, COVID testing).
- Listen to them in real time.

From the perspective of a MANAGER OF AN OUTPATIENT CLINIC
- COVID-19 testing for Nurses
- Staff were paid sick and COVID-19 leave and/or workers comp.
- Hotel accommodations for nurses traveling long distances or with vulnerable family members.
- Food assistance and flexible work hours offered to staff members dealing with COVID-19.
- Increased communication with staff offering opportunities to express emotions and concerns.
- Regular check-ins with affected staff to provide emotional support.

Lessons Learned:

Although each of us has different roles in healthcare, we have experienced communication to be the key factor needed while navigating this disaster. Crisis Communication, the first of the AONE's Guiding Principles, includes understanding the full scope of the crisis, communicating early, often, accurately, and openly, explaining issues simply, clearly, and concisely, and developing a clear plan of communication. (Edmonson, et al., 2016). Effective communication in this ongoing and extended disaster includes preparing nurses for the unknowns of COVID-19, as well as communicating in future crisis situations.

Best ways we can communicate as a leader:
- Use active Listening
- Communicating with empathy
- Allowing Staff to express fears, anxieties and grief
- Communicate with increased frequency
- Communicate relevant and pertinent information
- Timely communication
- Frequent and ongoing messaging
- Remembering not all communication is "one size fits all"
- Be concise and organized in message delivery
- Reduce rumors by regularly communicating and clarifying misinformation.

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