

Making COVID-19 Count:

"Leading in Times of Crisis" White Paper

National Nurse Leader Survey
Pandemic Lessons Learned from Nurse Leaders

October 2020



About Inspire Nurse Leaders™



Dr. Lori Armstrong, DNP, RN, NEA-BC, created Inspire Nurse Leaders™ to help nurse leaders become their best. For 25+ years, Lori has mastered nurse leaders' best practices as a Chief Nursing Officer at top hospitals across the country. Through her courses, consulting, coaching, and keynotes, she teaches the why, what, and how to deliver exemplary care. Lori helps nurses increase their leadership capacity, capabilities, and engagement to provide superior care outcomes while preventing fatigue and burnout. Using her extensive clinical and executive experience combined with humanity, humor, and contagious energy, Lori transforms leadership, improves operational excellence, and increases patient safety and satisfaction.

Contributors- Thank you to the following industry thought leaders who contributed to the inspiration for this white paper and the survey questions.

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Executive Summary

With more than 6,000 hospitals, four million nurses, and an estimated 400,000 nurse leaders in the United States alone, nurse leaders are the leading patient care influencers. Government and industry leaders, along with the public, celebrate nurses for their heroic, larger-than-life commitment to delivering quality patient care, despite their personal exposure to the virus. Nurses have a moral responsibility and obligation to optimize this current global attention and unique moment in history to transform the health of the patients, families, and communities they serve worldwide. As innovative and sustainable transformation requires change, a group of seasoned expert nurse leaders sought to shine a light on the lived Coronavirus Disease 2019 (COVID-19) pandemic experiences of a diverse array of nurse leaders.

According to the results of a July 2020 market research study, nurse leaders across the United States prefer to be viewed as clinical experts and essential patient advocates. Nurse leaders' top concerns include emotional and physical fatigue, staffing shortages, difficulty meeting work and family demands, poor organizational communication, and loss of trust between frontline nurses and their leadership. Other concerns include compassion fatigue, financial pressure due to lost hospital revenue, and nurse bullying.

Unfortunately, veteran nurse leaders concur that these issues are not new. The COVID-19 pandemic amplifies the urgency to immediately develop and implement effective, efficient, and sustainable solutions. As we go forward, nurse leaders must convert the global attention they have received during the pandemic to make systematic and enduring changes.

The survey results reflect the need to take immediate action. United with government, academic, and healthcare industry stakeholders, we must implement strategies that address the following priorities:

1. Solidify nursing as the inseparable link in delivering quality care to patients and their families;
2. Ensure that the necessary equipment, supplies, and medicines are safe and readily available;
3. Emphasize nurse leader development by embedding a broad set of operations-based training available to all nurse leaders;
4. Provide emotional crisis response training and support for all nurse leaders and nurses; and,
5. Revolutionize staffing models to enable efficient, agile, and cost-effective access to nursing talent.

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Pandemic Lessons Learned from Nurse Leaders

The Coronavirus Disease 2019 (COVID-19) is the biggest leadership challenge of our careers and likely of our lifetime. This unprecedented pandemic has served as a crucible for nurse leaders and their staff worldwide. In this complex, never navigated before turbid storm, nurse leaders are coming face-to-face with the pressing challenges of COVID-19. Their commitment, grit, and values are tested beyond limits as they maintain their resilience, despite “severe tests of challenge and heat” that not one of us ever expected or has experienced before (Merriam-Webster, 2020). Yet, nurses continue to uphold their roles and calling as they serve at the frontlines and provide high quality, cost-effective, and safe care. They embrace opportunities to create environments that support excellent patient and family experiences.

Furthermore, nurse leaders lead through this unknown by making unthinkable, quick, and uncertain decisions of allocating scarce resources, like personal protective equipment (PPE). Simultaneously, they balance their personal relationships and protect their loved ones from this novel virus, while long-standing concerns are exacerbating.

Yet these dark and challenging times inspire nurses and nurse leaders in ways that the status quo never would. Like other leaders throughout history who have achieved their best during challenging and stressful times, this crucible facilitates nurse leaders' opportunities to reveal their resilient spirits and achieve extraordinary accomplishments (Kouzes & Posner, 2017).

The Crucible of COVID-19 Pandemic

From the moment that the first COVID-19 infected patients were isolated in the intensive care unit, nurses have put themselves and their own families at risk of infection as they upheld the ethical value of primarily committing to their patients (American Nurse Association, 2015). However, as patient advocates, nurses continuously care for the critically ill, despite the uncontained, highly infectious contagion and grossly inadequate support and resources.

Throughout the COVID-19 crucible, nurses and nurse leaders have delivered high-intensity, complex, and compassionate critical care that spans the entire emotional spectrum. The pandemic has challenged nurses' psychological defense mechanisms and coping techniques as they continue to experience positive and negative emotions simultaneously (Sun et al., 2020). Nurses daily experience fatigue, discomfort, helplessness, anxiety, depression, anger, self-blame, grief, guilt, fear, loneliness, stress, and post-traumatic stress disorder (Shaukat, 2020; Sun et al., 2020). They rely on their teams' support, the altruistic nature of their responsibilities, and the surrounding affection and gratefulness (Sun et al., 2020).

We are just now starting to appreciate the emotional cost of it all. Although each person experiences stress differently, a chronic rollercoaster of emotions mixed with demanding physical and environmental stimuli can exhaust physical and psychological energy, cause insomnia, suppress the immune system, increase the risk of viral infections, and intensify physical and mental health concerns (Bakker & Demerouti, 2017; Schaufeli & Taris, 2014). Furthermore, emotional stress is a major contributing factor resulting in mortality due to cancer, coronary heart disease, accidental injuries, respiratory disorders, cirrhosis of the liver, and suicide.

Nurses' COVID-19 Perspectives

Market Research Study

Despite internal and external obstacles during this tumultuous time, nurse leaders and nurses respond with extraordinary grace, skill, and diplomacy in the face of unprecedented challenges. They genuinely feel honored by the unparalleled attention for their larger-than-life role in combatting the pandemic on the frontlines. Civic and healthcare leaders, along with the media and society at large, praise nurses as "heroes." Although nurse leaders are humbled and utterly thankful for the recognition, they resoundingly would instead prefer to be viewed as "clinical experts" and "essential patient advocates."

According to the nationwide survey results that inspired this whitepaper, nurse leaders are empowered to emphasize the importance of addressing the long-standing systemic issues amplified during this pandemic, including resolving PPE shortages. Most vitally, nurses value having an impactful voice in making decisions and securing the resources they leverage to deliver quality patient care safely and sustainably.

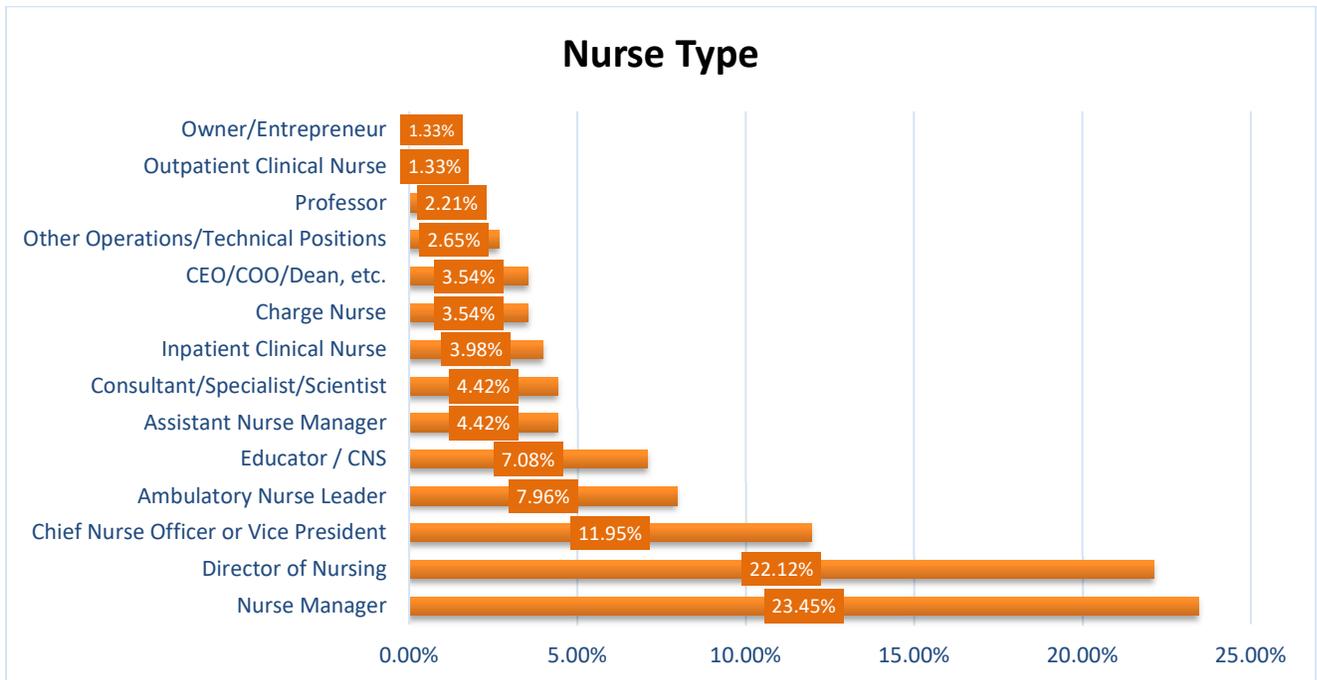
Expertly Crafted Market Research Study

As innovative and sustainable transformation requires change, Inspire Nurse Leaders™ sought to shine a light on the lived Coronavirus Disease 2019 (COVID-19) pandemic experiences of a diverse array of 226 nurse leaders through a carefully and expertly crafted market research study conducted in July 2020. The study aimed to understand nurse leaders' feelings, experiences, and insights related to the COVID-19 pandemic.

To most effectively design and implement the nationwide surveillance, Inspire Nurse Leaders™ partnered with Mobile Digital Insights, the strategic mobile market research firm. Mobile Digital Insights garnered 226 survey responses from uncompensated nurse leader volunteers to highlight nurse leaders' shared circumstances and pressing needs. Consistent with other similar studies, 203 (90.13%) survey respondents were female.

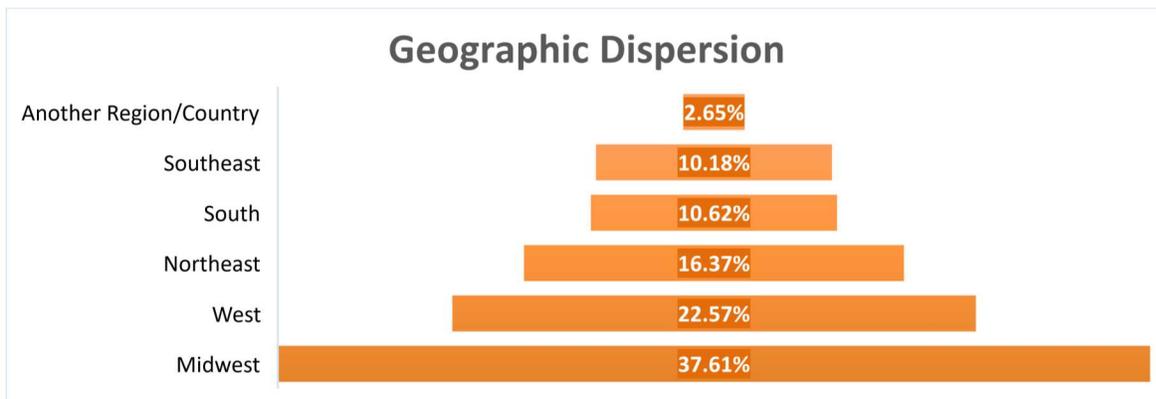
Respondents

At the time of submitting the survey, 57.52% of the respondents were directors of nursing, nurse managers, chief nurse officers or vice presidents. The remaining respondents held various specialty nursing leadership positions, such as chief executive officers (CEO), chief operating officers (COO), educators, professors, clinical nurse specialists (CNS), consultants, and ambulatory nurse leaders.



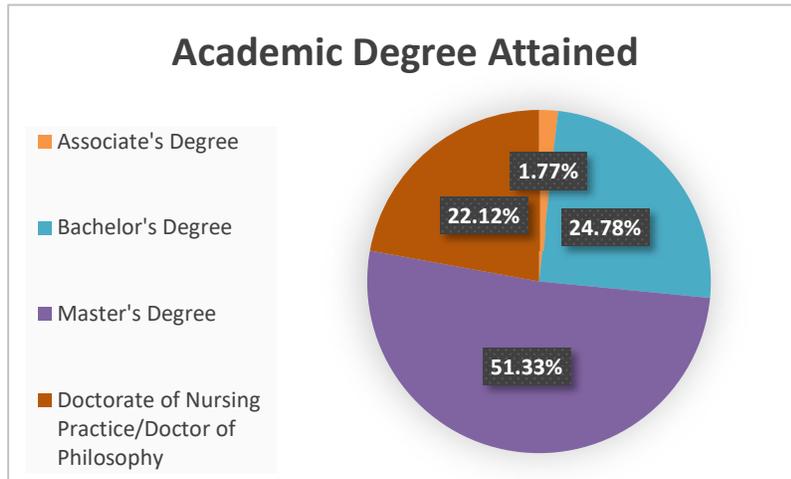
Respondents reported the type of nurse they are.

The respondents predominantly lived in urban (50.44%), suburban (32.74%), and rural (16.81%) regions throughout the continental United States. A small percentage of respondents lived outside of the United States.



Respondents reported the region where they live.

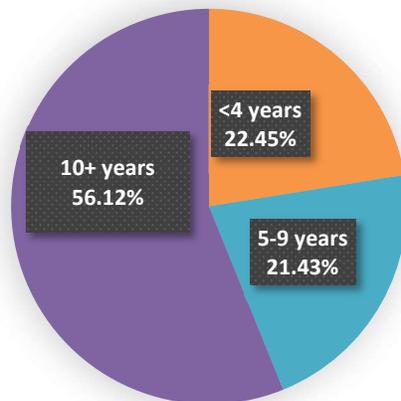
1.77% of the respondents had earned an Associate's degree, 24.78% had earned a Bachelor's degree, 51.33% had earned a Master's degree, and 22.12% had earned a Doctor of Nursing Practice or Doctor of Philosophy.



Respondents reported their academic degrees.

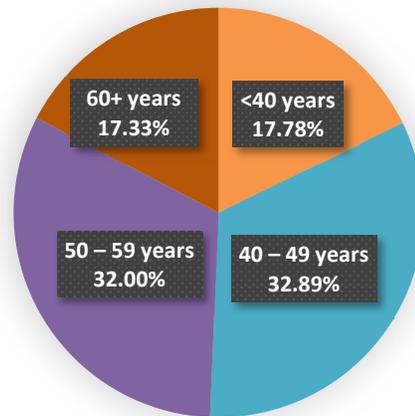
17.78% of the respondents were younger than 40, 32.89% of the respondents were 40-49 years old, 32.00% were 50-59 years old, and 17.33% were 60 years or older.

Nurse Leadership Experience



Respondents reported their years of experience.

Age



Respondents reported their age.

Furthermore, 22.45% of the respondents had less than four years of nurse leadership experience, 21.43% had five to nine years of experience, and 56.12% had at least ten years of experience.

Nurse Leaders' Current Challenges and Calls to Action

The World Health Organization designated 2020 as the Year of the Nurse before anyone anticipated COVID-19. COVID-19 has burned away any doubt about just how essential nurses and nurse leaders are today. This most recent crucible has shaped these healthcare leaders into more focused, refined, and powerful versions of themselves. These findings point the way forward as we make the most of lessons learned from the pandemic as nurse leaders aspire to make COVID-19 count.

As the largest segment of healthcare workers and the most common vehicle through which care is delivered, the nurse leaders' voice is critical. Nurse leaders advocate for those too small to speak, too sick to talk, or too scared to express. They represent the voice of the patient and those who care for them. If we do not capture the power, rawness, and impact of nurse leaders' concerns while present in our hearts and minds, we will not learn from our experiences. As a result, we run the risk of repeating these hard-learned lessons. Instead, we must learn from COVID-19 stories and prioritize implementing effective strategies that address our systems' failures.

Recognize Nurses as Clinical Experts and Patient Advocates

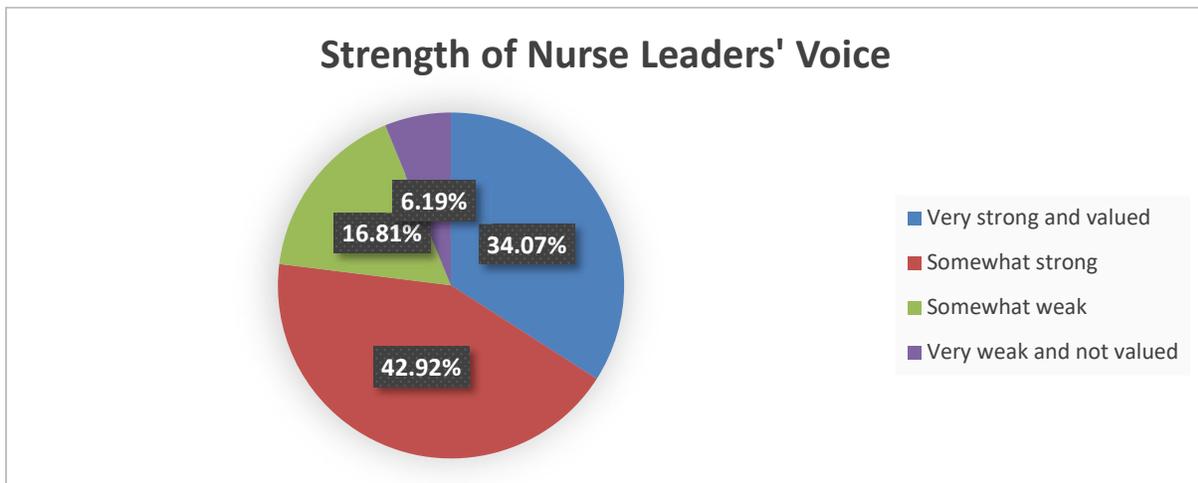
On May 12, 2020, we celebrated the 200th birthday of modern nursing's founder, Florence Nightingale. Following the Crimean War (1853-1856), Florence was widely described as a "ministering angel (Ridley, 2020)." However, she deplored the description and preferred to dedicate her time to transforming healthcare delivery across Britain and India by using data and her influence.

Similarly, this study found that nurses prefer to be recognized as "essential patient advocates" (76.99%) or "clinical experts" (43.36%), while only 0.44% of respondents prefer to be viewed as "heroes." These results indicate that nurses are committed to upholding core nursing values and leading the care they deliver to their patients as guided by science. As such, today's nurses and nurse leaders must also take action, like our founder Florence Nightingale, and use their role and notoriety to transform care.

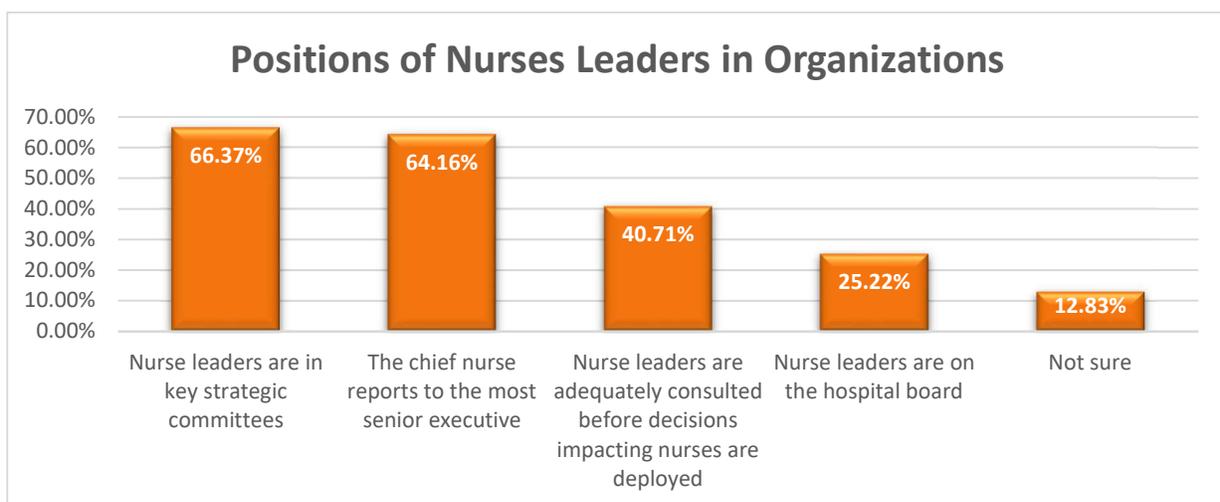
Strengthen Nurse Leaders' Voice

In alignment with the survey results, government, academic, and healthcare industry stakeholders should recognize and identify nurses as the most crucial link in delivering quality care to patients and families. The evidence is irrefutable. Legacy governance structures and hierarchy must be addressed and modernized to include an empowered nursing department from the bedside to the boardroom. They must strengthen and give greater value to the nurse leaders' voice by adequately consulting nurse leaders before deploying decisions that impact nurses and nursing care.

Although 34.07% of the respondents recognized nurse leaders as having a strong and valued voice, there is much room for additional study and needed improvement to ensure nurse leaders have a deciding voice in care delivery decisions.



Respondents reported the strength of nurse leaders at their organization

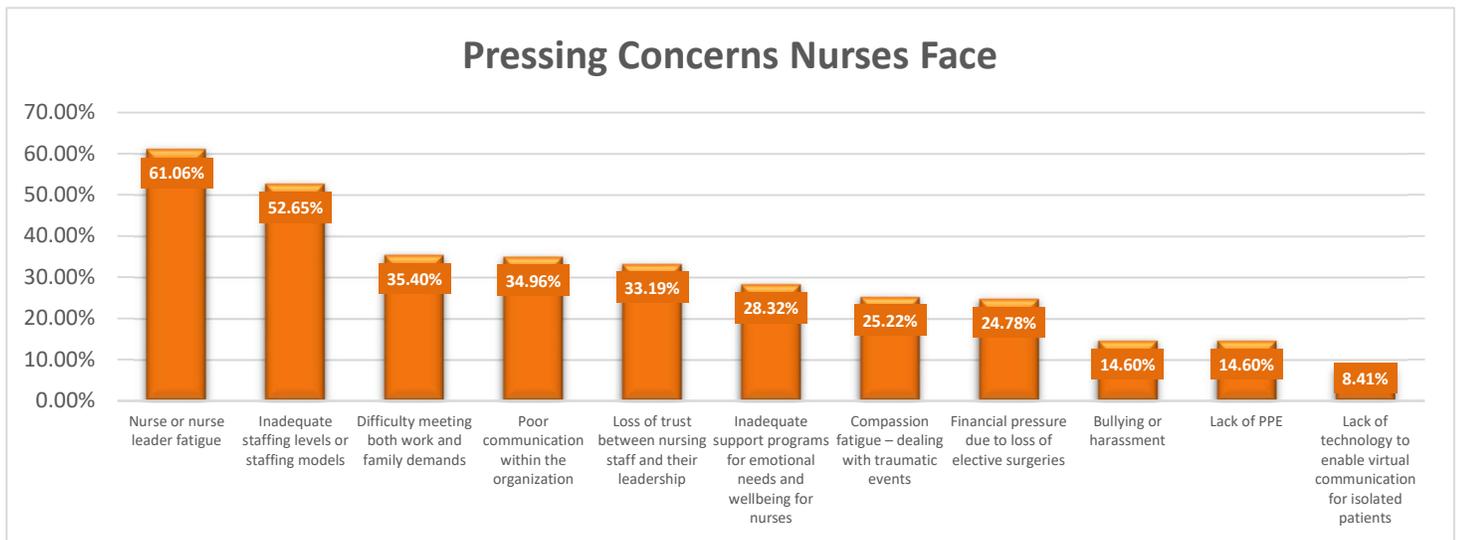


Respondents reported where nurse leaders were included in various positions in their organization.

Ensure Safe and Effective Resources and Support

There was and continues to be a plethora of newsfeed related to the lack of PPE and other supplies necessary to keep healthcare workers and patients safe. This study supports the need for leaders to prioritize enhancing safety measures. Leaders should ensure that there is always an adequate supply of safe and effective PPE, devices, tests, and medications so nurses can protect themselves while delivering safe and effective care. Interestingly, the study revealed that concerns about PPE ranked lower than many other challenges. In fact, Inspire Nurse Leaders™ discovered that PPE challenges were intermittent and not universally experienced.

The data reveals that nurse leaders are most concerned with fatigue, staffing shortages, work and family demands, lack of support programs, and financial pressure. Other nurses are more pressed by the loss of trust between staff and leadership, poor communication, and bullying.



Respondents selected three significant challenges they face as a nurse leader.

Implement Operations-Based Nurse Leadership Training Programs

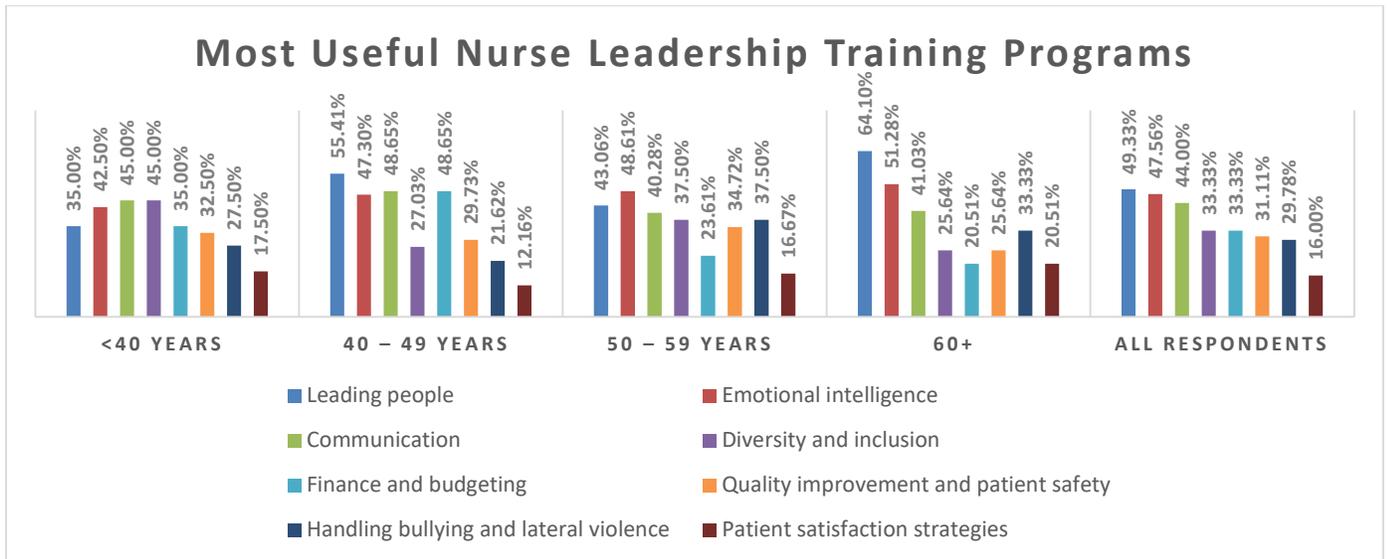
Nurse leaders have the broadest span of control and the most complicated responsibilities. With this responsibility comes the need for mastery of a diverse array of competencies, ranging from quality improvement, patient engagement, finance, and leading people, to communication. Despite the need to acquire the various skill sets, there is a lack of accessible and comprehensive nurse-specific leadership development programs. The time for the far too standard model of on-the-job training of nurse leaders has passed.

The study's findings confirm the urgent need for nurse leaders to have easily accessible operations-based training programs that are profoundly applicable to the demands of their daily responsibilities during unexpected crises and crucibles. These training programs should be embedded in role acquisition and development planning.

Therefore, the curriculum content should emphasize best practice recommendations for leading people, emotional intelligence, and communication skills. Learning and development agendas should also include diversity and inclusion, finance and budgeting, quality improvement and patient safety, handling bullying and lateral violence, and patient satisfaction strategies. Also, of significant note, nurse leaders younger than age 40, ranked communication and diversity and inclusion higher in importance than the older survey respondents. The development of a robust and intentional multi-faceted learning development agenda will support nurse leaders' personal growth as influential leaders and contribute to more effective organizational performance.



Respondents selected three topics for nurse leader development programs that they felt would be most useful to their organization.



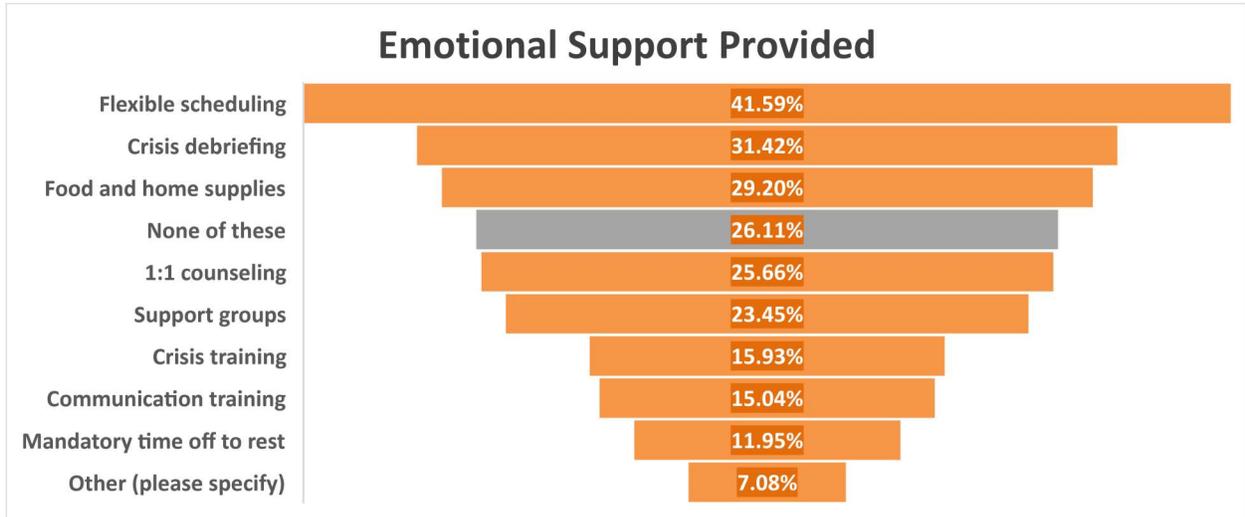
Thinking of nurse leader development programs, respondents selected the three topics they felt would be most useful to their organization.

Provide Emotional Crisis Response Training and Support Programs

As previously stated, we have yet to understand or experience the emotional toll of COVID-19 on healthcare workers. Nurses have entered this pandemic with already alarming rates of burnout and work-related stress. According to the survey responses, more than one in four nurse leaders feels a lack of available emotional support. The support provided includes: slight schedule flexibility, communication in the form of crisis debriefing, and lower-level support groups and individual counseling.

Henceforth, there is a pressing urgency to implement sustainable long-term programs to promote nurse leaders' health and well-being. We must immediately implement emotional crisis response training as a critical necessity during the pandemic. We should intentionally design immediate and longer-term resources to focus on breaking the culture of silence by facilitating discussions about psychosocial health and wellness.

Together, we can offer a collaborative culture free of blame, so every clinician feels valued and comfortable openly discussing vulnerabilities, stress, burnout, and other barriers affecting their health and wellness. It is also essential to offer practical and compassionate education to identify triggers, emphasize the importance of self-care, practice healthy coping strategies, and develop resilience to positively impact nurses and the healthcare industry.



Thinking of emotional support, respondents selected the types of support provided for nurse leaders, specifically during the pandemic.

Revolutionize Legacy Nurse Staffing Models

Nurse staffing challenges are not new to any nurse leader, and the literature has focused on them for decades. Sadly, the survey responses convey that nurse staffing remains a current challenge and must be addressed immediately for a more prosperous and healthier future.

COVID-19 amplified two of the many complexities of nurse staffing—lack of access and agility. The vital roles that nurses and nurse staffing play in safe patient outcomes are irrefutable. Yet, existing nurse staffing models are often inflexible, inadequate, and antiquated. These characteristics, coupled with the financial toll healthcare has taken during this pandemic, further support the call to urgently resolve this long-standing legacy issue.

All stakeholders are needed and called upon to seize this opportunity to innovate and revolutionize nurse staffing by prioritizing safety and patient outcomes. As a start, we must refine state licensure rules and regulations during any pandemic or national emergency to grant immediate access to available nurses within the state and across state boundaries. Innovating new and efficient staffing models is even more critical amid present and looming financial pressures. Thus, nurse leaders should take a comprehensive approach by utilizing skills, data, and technology in and outside of healthcare.

Conclusion

In conclusion, hearing from frontline nurse leaders is essential to impact the daily challenges faced. While this is an expertly designed survey, it is by no means scientific research. However, we must understand the nurse leaders' perspectives so that we may create programs and systems that best support their success.

The time is now to use nursing's global attention to better patient safety and well-being of each nurse. We have a responsibility and a moral obligation to do no harm, which also applies to caregivers and those who lead them. Now is the time for you to reflect on these results and go forth, seize the moment, and invoke the necessary transformative actions. Use your voice that you have so well earned to prioritize and emphasize immediate and long-term sustainable change. As a result, we will pave the path forward with a strong workforce to enhance patient safety, efficient care, and care experiences for all involved.

References

- Aquila, A., Grimley, K., Jacobs, B., Kosturko, M., Mansfield, J., Mathers, C., Parniawski, P., Wood, L., & Niederhauser, V. (2020). Nursing leadership during COVID-19: Enhancing patient, family and workforce experience. *Patient Experience Journal*, 7(2) [27]. Vol. 7. <https://doi.org/10.35680/2372-0247.1482>.
- American Nurses Association (2015). *Code of ethics for nurses with interpretive statements*. Silver Spring, MD.
- Bakker, A.B., & Demerouti, E. (2017). Job demands-resources theory: Taking stock and looking forward. *Journal of Occupational Health Psychology*, 22(33), 273-285. <https://doi.org/10.1037/ocp0000056>.
- Kouzes, J.M. & Posner, B. (2017). *The leadership challenge* (6th ed.). John Wiley & Son.
- Merriam-Webster (2020). Resilience. <https://www.merriamebster.com/dictionary/resilience>
- Ridley, S. (2020). *Florence Nightingale: Social reformer and pioneer of nursing*. The Watts Publishing Group. London, United Kingdom.
- Schaufeli, W. B., & Taris, T. W. (2014). A critical review of the job demands-resources model: Implications for improving work and health. In G. F. Bauer & O. Hämmig (Eds.), *Bridging occupational, organizational and public health: A transdisciplinary approach* (p. 43–68). *Springer Science + Business Media*. https://doi.org/10.1007/978-94-007-5640-3_4.
- Shaukat, N., Ali, D. M., & Razzak, J. (2020). Physical and mental health impacts of COVID-19 on healthcare workers: A scoping review. *International Journal of Emergency Medicine*, 13(1), [40]. <https://doi.org/10.1186/s12245-020-00299-5>.
- Sun, N., Wei, L., Shi, S., Jiao, D., Song, R., Ma, L., Wang, H., Wang, C., Wang, Z., You, Y., Liu, S., & Wang, H. (2020). A qualitative study on the psychological experience of caregivers of COVID-19 patients. *American Journal of Infection Control*, 48(6), 592–598. <https://doi.org/10.1016/j.ajic.2020.03.018>.
- Vermeir, P., Vandijck, D., Degroote, S., Peleman, R., Verhaeghe, R., Mortier, E., Hallaert, G., Van Daele, S., Buylaert, W., & Vogelaers, D. (2015). Communication in healthcare: A narrative review of the literature and practical recommendations. *International Journal of Clinical Practice*, 69(11), 1257–1267. <https://doi.org/10.1111/ijcp.12686>.