

Nurse Leaders and Staff as Partners to Manage Grief and Build Resiliency During COVID-19

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Nurse emotional well-being has been a top organizational priority during the COVID-19 pandemic. Nurse leaders play a vital role in identifying and implementing strategies to reduce staff moral distress, grief, and fatigue. A chief nursing officer and associate chief nursing officer collaborated with intensive care nurses, managers, and the Healthy Workforce Institute expert to pilot a virtual session, Fill Your Cup, addressing moral distress and grief. Each 75-minute session provides nurses the opportunity to connect, share experiences, and learn strategies to build resiliency. Nurses have benefitted from the sessions, leading to expansion across units and disciplines.

Supporting nurses in managing the emotional challenges of COVID-19 is a primary concern for chief nursing officers (CNOs) and one frequently keeping them up at night. Demanding workloads and increased patient acuity intensify staff stress and elevate the risk for compassion stress and fatigue.¹ Recent research studies are confirming nurses caring for COVID-19 patients are experiencing higher levels of psychological distress, burnout, and post-traumatic stress.²⁻⁴ This article describes a CNO and associate CNO (ACNO) partnership with an intensive care unit team to acknowledge moral distress and grief while building resiliency through an innovative, virtual program.

THE CALL FOR HELP

Last fall, a CNO received concerns from her ACNO regarding the nursing management team. The ACNO was worried managers were sandwiched between the staff anxiety and emotional pressures of COVID-19 on the patients and community. The nurse leadership team had participated in a 2-part education series by the Healthy Workforce Institute on building resiliency through emotional intelligence. The CNO attended the program but was doubtful she would learn something new. The CNO found the sessions different from any talk previously attended. She was immediately able to utilize several things in practice that provided benefit in

the middle of the pandemic crisis that was looming large and beginning to surge.

The CNO reflected on the program's impact on her own well-being and the benefits of a similar program for direct care staff. She was very worried about the intensive care staff and the emotional and physical toll that the COVID-19 crisis was taking on them. Nurses in the intensive care environment were not only caring for patients physically and emotionally, but also serving as surrogate family members. Additionally, a few intensive care staff expressed concern to their manager and ACNO, stating they did not feel supported. The news was heartbreaking for the CNO, but it was important to recognize the staff's call for help.

KEY POINTS

- **Leaders need to observe, listen and be vigilant to identify staff signs of moral distress, compassion stress, and fatigue.**
- **Staff involvement in selecting and planning resiliency programs and resources is critical to success.**
- **Virtual sessions providing the opportunity to connect with others, share experiences and learn resiliency strategies have a positive impact on staff emotional well-being.**

LISTENING TO IDENTIFY NEEDS

The ACNO met with the intensive care director, manager, and staff to discuss the concerns. Staff were tired and angry with several seasoned nurses having resigned. Staff representatives requested to talk with leadership and provided a list of questions/concerns. The majority of concerns related to staff not feeling supported by upper management and a lack of trust. The organization had made difficult decisions affecting paid time off and retirement contributions. The changes were to be temporary, but staff were concerned that the changes may be permanent. These concerns led to feelings of distrust of leadership, at a time when they were feeling very vulnerable.

An initial meeting was scheduled, and the ACNO opened the meeting by establishing ground rules and expressed a commitment to listen and work collaboratively to identify solutions for their concerns. During the initial meeting, the staff openly shared their pandemic experiences. At the beginning of the pandemic, they felt so valued. During the initial surge, the outpatient and surgical volumes rapidly decreased, resulting in an abundance of helpers. The community celebrated the staff, and they felt like heroes. As the pandemic continued, operations returned to normal, their extra help disappeared, the meals from the community stopped coming, but the challenges and workload remained unchanged.

Staff became emotional and tearful as they shared their experiences caring for COVID-19 patients. They shared the challenges of forming a connection with family members who could not visit with patients and have to support the family and patient during end of life. Most stated they would never forget the stories and mentioned the need for grief counseling. It was clear there was a need for more formal resources to help the staff cope with the grief and loss they experienced daily.

COLLABORATING TO CREATE A PLAN

The intensive care staff had clearly described the moral distress and grief they were experiencing on a daily basis caring for COVID-19 patients. Although intensive care nurses are used to caring for dying patients, they are not used to the lack of family presence. Prior to the pandemic, intensive care nurses commonly dealt with grief through distancing or detaching from the situation and talking with coworkers.⁵ COVID-19 has made it difficult for nurses to use those limited approaches, magnifying the impact over time.

The ACNO connected with our previous presenter from the Healthy Workforce Institute to discuss the staff needs. The presenter suggested designing a virtual program including education content on resiliency followed by group breakout sessions. Participants would complete a pre-survey a few weeks before the sessions to help the presenter tailor content to meet staff needs. The ACNO scheduled a follow-up meeting

with the intensive care staff and shared ideas for the proposed session. The staff were hesitant and concerned about buy-in and participation. After further discussion, the group decided to move forward with a pilot session that would be open to anyone in the hospital who had been working with COVID-19 patients. The intensive care nurse manager and staff representatives assisted in further planning of the sessions.

FILL YOUR CUP SESSIONS

The presenter began designing the Fill Your Cup virtual session content based on the planning meetings and participant pre-program surveys. Two themes emerged from the pre-program surveys:

1. How do I deal with emotions such as grief, sadness, and feeling overwhelmed?
2. How do I set boundaries to make taking care of me a priority?

The 2 themes gave the presenter insight that health care professionals were looking for more than resilience strategies. They were really looking for an inner resolve of how to deal with the pandemic's ongoing emotional challenges.

As a profession, many health care workers are used to taking care of others and excel at it because of their caring and compassionate natures. At the same time, they tend to give themselves leftovers—crumbs at best. The pre-program survey revealed the need for a new perspective of taking care of themselves in order to keep persevering through the pandemic.

The premise of the Fill Your Cup session was based on grief expert David Kessler's work and his quote, "We often believe that grief will grow smaller in time. It doesn't. We must grow bigger. We must be the architects of our lives after loss."⁶

Each 75-minute virtual session included general content and discussion about resiliency and resiliency-boosting strategies interspersed with 2 group breakout sessions. During the initial breakout session, participants shared information about themselves: birthplace, family birth order, and something difficult from childhood. It helped participants to connect and feel comfortable sharing and talking. The second breakout session was focused on a call to action: who do you aspire to be? This question addresses the Kessler⁶ quote by inviting participants to be the architects of their life (and work) after the myriad of losses they are experiencing. The pandemic has created a sense of overwhelming loss for health care providers related to the loss of life, as well as life and work as they once knew it. Health care providers are seeking ways to cope with the associated feelings of loss while continuing to show up every day taking care of patients as the pandemic continues.

The time we are living in is going down in the history books. One day you will tell your children, grandchildren, and aspiring nurses what it was like working in the COVID-19 pandemic. What will you tell them of how you contributed? How will you take care of yourself so you can fulfill your unique purpose that only you can give at such a time as this? Answering these questions will help health care providers to boost their resilience and make this time in history meaningful.

IMPACT ON RESILIENCY

Three Fill Your Cup sessions were offered over a 2-week period and attended by 16 staff representing nursing, spiritual care, unit secretaries, and respiratory therapy. The positive evaluations and feedback support the ongoing benefit of Fill Your Cup sessions. Program evaluations were positive, and all participants agreed or strongly agreed the sessions helped them identify strategies for resiliency and cope with today's health care challenges and stressors.

Even in a virtual environment, there was 100% participant engagement. With tears of how meaningful their work is, there were pauses of silence while people took in how they are each contributing to this time in history. These statements are evidence of how creating meaning renews resiliency and gives health care professionals the inner resolve to keep persevering.

The ACNO shared, "The session was one of the most fulfilling experiences that I ever experienced. We laughed and cried and connected." The most valuable portion of the program was the personal connections made in the 2 virtual breakout sessions. Even those who came to the program skeptical, left with a shift in perspective of how they plan to implement actions in order to take care of themselves.

When participants shared what they will tell future generations of what it was like to work in the COVID-19 pandemic, some of the responses included:

- I acted as a family member to my patients so they didn't have to suffer alone...or die alone (nurse)
- I brought supplies to the nurses so they could focus on caring for patients (unit secretary)
- It was a privilege to serve my patients (nurse)

Even weeks after the sessions, participants shared they were still implementing self-care practices they had learned. One participant shared that the session gave permission to find time to decompress and recharge.

LESSONS LEARNED

Our experience demonstrates the following key points to improve nurse resiliency and reduce compassion fatigue.

First, nurse leaders need to "fill your cup" through ongoing tailored education and support. Leaders set the tone for how employees behave and care for themselves. When employees see their leaders filling their cup, there is more likely to be buy-in for employees to do the same.

Second, leaders need to observe, listen, and be vigilant to identify staff signs of moral distress and compassion fatigue. Listening provides an opportunity to validate concerns and guides identifying needed resources. The intensive care staff voiced their feelings of grief and loss, which became obvious through listening to their experiences. Leaders cannot assume they know what their employees need. Listening is something a leader must do. It allows employees to feel genuinely cared for and feel that leaders understand what they are experiencing.

Third, involving staff in selecting and planning resiliency programs and resources is critical to success. The pre-program assessment was valuable to guide the program content and strategies based on staff needs. The blended virtual format, including didactic and breakout group sessions, was developed based on the needs identified. The partnership between nurse leaders and staff reinforced the importance of self-care to boost resiliency during the COVID-19 pandemic.

MOVING FORWARD

The CNO and ACNO utilized feedback and experiences from the Fill Your Cup program to expand support for staff well-being. Staff across all disciplines caring for COVID-19 patients will have the opportunity to attend additional Fill Your Cup sessions. The CNO is scheduling listening tours as an opportunity to hear staff stories, validate their feelings, and identify new ideas for support. A new virtual forum hosted by the CNO and ACNO will allow staff to submit questions/ideas in advance for discussion. A new recognition program, Healthcare Heroes, is recognizing individuals who have made a difference during the pandemic. The nominations celebrate teamwork, support the concept of listening, and help comprehend the pandemic's profound emotional and physical impact.

The simple acts of listening, respecting experiences, validating feelings, and offering options are making a difference for staff during this difficult time. Leaders need to show through words and actions that they care about staff not just as health care workers, but most importantly, as people.

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