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The impact of the pandemic on leaders: A pathway to healing and self-care

By Christina Martin, DNP, RN, NEA-BC

The past few years have had a dire effect on us all, including frontline staff and nurse leaders. The uncertainty, the scarcity of resources (including staffing and personal protective equipment), the unnatural isolation we were required to endure: all contributed to increased levels of stress and anxiety. Healthcare teams began experiencing higher levels of burnout than ever before, coupled with compassion fatigue, leading to declining levels of resiliency. There was little, if any, time to determine strategies to focus on and support each other as we battled the pandemic and all the obstacles that came with it.

Lack of focus on leaders

A literature review on self-care strategies for nurse leaders revealed a paucity of information related to leader burnout, leader psychological distress, and leader self-care, among other terms. Articles were generally focused on how leaders need to be aware of these issues in their teams and how leaders can support their teams to decrease the effects of psychological distress. Most literature on various forms of psychological distress in healthcare workers is related to direct care workers. Leadership is often mentioned to have a supporting role, and leaders are responsi-

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ble for identifying psychological distress in their teams and ensuring the provision of adequate supportive resources. There's very little in the literature that's specific to psychological distress in leaders themselves and how we can support, and in fact *need* to support, our invaluable nursing leaders who are experiencing various forms of psychological distress. This begs the question: How has the pandemic affected the psychological health of nurse leaders?

During conversations with leaders in various venues, they've described the past few years as a time of intensity and long hours. Leaders have experienced prolonged periods of hyper-responsibility, and they feel guilty if they take time for their own health and well-being. Some leaders expressed worry about the residual effect of this time of chronic uncertainty and emotional overwhelm. Some reported feeling a loss of passion for their work, others noted ongoing concerns for the impact on their families, and many admitted to struggling at times with physical and emotional exhaustion. Although peer support programs for staff were put into place in some organizations before and during the COVID-19 pandemic, such formalized support for the health and well-being of leaders is less common.

Emotional trauma

The COVID-19 pandemic has placed extreme stress on the healthcare workforce. Burnout, exhaustion, and various other forms of emotional trauma are increasing the healthcare work-

force shortages. It's very likely these effects on the healthcare workforce and leaders will persist long after the pandemic has ended.

Burnout

According to the World Health Organization, burnout is an occupational phenomenon "conceptualized as resulting from chronic workplace stress that has not been successfully managed."¹ It's characterized by feeling exhausted or depleted of energy; experiencing increased mental distance from your job or feelings of negativism or cynicism related to your job; and becoming less effective in your professional role. Burnout in healthcare isn't a new phenomenon; it was a concern pre-COVID-19 as well. However, the additional stress brought on by the pandemic has potentiated burnout and other forms of psychological distress.

Moral distress

Moral distress was originally defined by Andrew Jameton in 1984 as psychological distress caused by a situation in which a person is constrained from acting on what they know to be right.² Further study by Mary Corley in 2002 expanded the definition to include conflict arising when nurses' commitment to the organization and/or physician misaligned with their duty to patients.³ Symptoms of moral distress can be physical, emotional, and/or psychological and include headaches, palpitations, gastrointestinal upset, anger, guilt, frustration, withdrawal, and depression. Common work-

place triggers for moral distress include end-of-life care, inadequate staffing, value conflicts, challenging team dynamics, and duty conflicting with safety concerns, among others. Many of these situations were experienced daily by nurse leaders during the pandemic.

Compassion fatigue

Compassion fatigue can be described as cumulative stress resulting from repeated exposures to traumatized individuals, resulting in a decreased ability to empathize.⁴ Compassion fatigue is extremely prevalent among healthcare professionals because they're regularly and repeatedly exposed to the traumatic experiences of those in their care. This form of psychological distress is also known as secondary or vicarious trauma. Symptoms of compassion fatigue include exhaustion, disrupted sleep, anxiety, headaches, stomach upset, irritability, numbness, a decreased sense of purpose, emotional disconnection, self-contempt, and difficulties with personal relationships.⁵

Impact on nurse leaders

We can't ignore the fact that many of our leaders have been forever changed because of the pandemic. Nurse leaders are experiencing more psychological distress due to increased pressures and growing challenges, such as fluctuating patient census; higher patient acuity; quality and patient safety concerns; managing resources, including an overt lack of staffing resources; and the responsibilities of coaching and mentoring

diverse teams in a rapidly changing environment.

With smartphones and other methods of digital communication, many nurse leaders feel a greater need to remain connected 24 hours a day and continuously answer texts, calls, or emails. This isn't sustainable, doesn't help relieve the pressures of the job, and only increases the psychological burden felt by the leader.

Trauma-informed leadership

We've all heard of trauma-informed care. Using trauma-informed care, you change the perspective from asking, "What's


leader to possess. From a trauma-informed leadership perspective, staff need to know their leaders understand where they're coming from and why they may react to a situation in a certain way.

During the pandemic, clinical staff desired more than ever for leadership to be visible and present. They wanted their leaders to listen to them, protect them, prepare them, support them, and care for them. They looked to their leaders to provide for their basic needs during an incredibly scary and stressful time. Trauma-informed leaders know that they need to support their teams, promote peer support, and

crisis to the next, experiencing prolonged periods of hyper-responsibility, that they had little time to support their team, let alone take the time for self-care. Even when they did carve out a few minutes for self-care, it was often spent feeling guilty for taking time for themselves. However, focusing on self-care is foundational to leading and supporting others. This brings us to talking about what you can do to identify your self-care needs and practice self-reflection.

Self-reflection

The four relational practices of attuning, wondering, following,



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wrong with you?" to asking, "What happened to you?". By doing that, you gain an understanding of the patient's backstory and an informed perspective that contributes to the patient's plan of care. Trauma-informed leadership is a way of understanding and appreciating that when emotional responses are triggered in the workplace, each person responds according to the extent of their emotional scars, previous traumas, and emotional strengths. Trauma-informed leaders recognize and honor the emotional scars their staff may struggle with. It can help the leader feel empathy and compassion for their employees, which are powerful emotions for a

leverage their strengths to support growth and healing. However, very importantly, trauma-informed leaders also know it's essential to focus on their own self-care before they can provide leadership and support to others.

The leader must *first* be centered with themselves, so they can best support their team. In their 2021 article "Trauma-informed leadership and post-traumatic growth," Mary Koloroutis and Michele Pole noted that trauma-informed leaders understand the importance of presence for themselves and their team to facilitate coping and growth.⁶ However, during the pandemic, leaders were so busy problem solving from one

and holding, identified by Mary Koloroutis and Michael Trout, are often used in reference to strengthening relationships with colleagues or with patients and families; however, they can also be used to promote self-reflection.⁷

Attuning

Attuning is creating presence. Are you fully present? Or are you distracted? Overwhelmed? Trying to multitask and not focusing on the moment? Thinking about all the things you need to do at work and at home? Wondering how you'll get everything done? For most of us, being distracted is our "normal." You need to intentionally take a deep breath, focus on the present,

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focus on the person before you. Attuning is about connection. Position yourself so that it's apparent you're actively listening and can make eye contact; you may have to pause for a moment to be fully present. Empathy and compassion can strengthen this connection.

With *self-attunement*, ask: "Am I fully present with myself?" You need to intentionally take a deep breath, focus on the present, focus on yourself. This may seem a bit odd at first as our default setting is to focus on others and not on ourselves, but self-attunement is important because it's the foundation to the three remaining relational practices.

Wondering

Our patients and our colleagues all have their own unique stories.

frustrated? Perhaps the nurse is frustrated because he had to come to work in the middle of a difficult conversation with his significant other and it's still weighing heavily on his mind; or her parent was just diagnosed with a chronic illness, and she's trying to navigate through tough decisions with her family.


You also need to practice *self-wondering*. It's often so easy to be self-critical and self-judgmental. "Oh, I can't believe I did that again!" or "Wow, I came across a bit aggressive; why can't I ever get it right?" Wondering prevents us from being judgmental. Instead of being quick to judge or berate yourself for your actions, be open and be curious about the reasons behind the actions. Ask yourself *why* you did that again. Is there a personal

you, whether that's asking a question or taking an action. Effective leaders are most often very skilled at following. Following draws your staff in because they can feel that you care, that you've listened to them, and that you understand and respect their values.

With *self-following*, you need to consider and ask yourself: "How am I really doing physically, emotionally, spiritually, mentally?" Self-following means you don't prematurely come to conclusions or begin problem solving, but rather, you remember to remain open to all possibilities.

Holding

In the book, *See Me as a Person*, Mary Koloroutis and Michael Trout define holding as "a conscious decision to lift up, affirm,



It's often so easy to be self-critical. Instead of being quick to judge or berate yourself for your actions, be open and be curious about the reasons behind the actions. Be kind to yourself.

They have life experiences and events that shape the way they act, what they say, and what they believe. When we wonder, it helps us to understand. It helps us to keep an open mind and not come to conclusions too quickly. That's hard to do, right?

If a nurse on a clinical unit is expressing frustration through words or actions, we may assume that he has a rough assignment, or that she's just busy and falling behind in her work. Do we ever consider and wonder why the nurse is frus-

trated? Perhaps the nurse is frustrated because he had to come to work in the middle of a difficult conversation with his significant other and it's still weighing heavily on his mind; or her parent was just diagnosed with a chronic illness, and she's trying to navigate through tough decisions with her family.

Following

Some people wear their hearts on their sleeves, and it can be easy to get a read on them. Even if you think you understand someone's feelings and motivations, remember to stay open and listen. Following means you tune into what others are saying or how they're acting, and let their words and behaviors guide

and dignify that which the patient or family member has taught us, resulting in intense focus on the patient or family member, while treasuring both the information and the person."⁷ Holding is a continuation of attuning, wondering, and following. You take all the information you learned and support your patients, team, and colleagues by respecting their values, helping them feel safe, and assuring them that you see and hear them.

Self-holding allows you to feel self-respect, self-acceptance, and

a sense of dignity. Self-holding can also be seen as self-compassion. Give yourself grace just as you would give grace to others.

When you use the four relational practices of attuning, wondering, following, and holding within yourself to practice self-reflection, you gain a deeper understanding of your abilities and become more intentional with setting professional boundaries so you can become a better leader. This not only benefits you but directly benefits your staff, your colleagues, and your organization.

Professional responsibility

The need for self-care to help absorb the effects of psychological trauma has been heightened over the past few years by the pandemic. However, self-care has always been a part of our professional responsibility. The American Nurses Association (ANA) *Code of Ethics for Nurses*, Provision 5.2 (see *Table 1*), outlines the nursing professional's responsibility to practice self-care.⁸ The *Nursing Administration Scope and Standards of Practice* also speaks clearly to the need for self-care in nurse leaders. Standard 7 Ethics notes that one of the competencies is "demonstrates commitment to self-reflection and self-care."⁹

Nursing professional organizations also guide us on the importance of self-care. The American Organization for Nursing Leadership (AONL) Nurse Leader Core Competencies include the anchoring domain "Leader Within." Part of that competency is to prioritize self-care behaviors through

Table 1: The ANA Code of Ethics for Nurses, Provision 5.2⁸

"As professionals who assess, intervene, evaluate, protect, promote, advocate, educate, and conduct research for the health and safety of others and society, nurses have a duty to take the same care for their own health and safety. Nurses should model the same health maintenance and health promotion measures that they teach and research, obtain health care when needed, and avoid taking unnecessary risks to health or safety in the course of their professional and personal activities. Fatigue and compassion fatigue affect a nurse's professional performance and personal life. To mitigate these effects, nurses should eat a healthy diet, exercise, get sufficient rest, maintain family and personal relationships, engage in adequate leisure and recreational activities, and attend to spiritual or religious needs. These activities and satisfying work must be held in balance to promote and maintain their own health and well-being. Nurses in all roles should seek this balance, and it is the responsibility of nurse leaders to foster this balance within their organizations."

daily practices and routines and maintain a healthy work-life integration.¹⁰ AONL offers several online resources for leaders to care for themselves and their teams.

As nurses, and especially as nurse leaders who are role models for your staff, it's important to possess a self-awareness and recognize when you need to fill your tank. If your staff members see you working on empty and continuing to forge through with no focus on self-care, they'll assume you expect the same of them. Unfortunately, many leaders still view self-care as a sign of weakness. You need to reframe self-care as an investment that can increase your overall productivity and effectiveness as a leader. Make time: put self-care on your calendar and make it an intentional part of your day.

Care of self

The Relationship-Based Care model notes that the *first* relationship we must focus on is the relationship with self.¹¹ This foundational relationship is about self-awareness, self-care,

self-development, and emotional intelligence. You can't be in healthy relationships with others without a high level of self-awareness. Because healthy relationships are essential to compassionate, high-quality care, a commitment to self-awareness and self-care is essential for all healthcare workers. Remember, you must care for yourself *first* so that you can bring your best self to work to support your colleagues, then collaboratively work together to provide exceptional care for the patient.

Leaders need to be self-aware and model for their team members that it's okay to ask for help when needed. To support and meet the needs of their staff, leaders must first and foremost understand and address their own basic needs and ensure they have emotional support available to them when pressures arise. Once you use the four relational practices for self-reflection to identify your level of self-care and well-being, the next step is to determine the actions you can take to improve your self-care and well-being. Rest, peer sup-

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Table 2: Personal self-care strategies

- Rest.
- Meditate.
- Practice reflective journaling.
- Show self-compassion.
- Recharge your battery.
- Engage in activities outside of work.
- Participate in peer support groups.
- Attend individual therapy.
- Set boundaries: Learn to say no.
- Self-advocate: Ensure your needs are met.
- Let go of things you don't have to keep and trust others to help you.
- Refuel yourself: What small thing can I do today that will bring me joy?
- Get outside: Connect with nature; take a short walk during your lunch break.
- Practice kindness: Show appreciation and gratitude; be sure to thank others and be kind to yourself.
- Socialize: Nurture and maintain social relationships both within and outside of work.
- Be aware of your mindset: How do you speak to yourself? Are you self-critical? Are you dwelling on the positives or negatives?
- Practice gratitude mindfulness by writing down three things you're grateful for every day; that can go a long way to reframing your mindset toward a more positive attitude.
- Celebrate: Nurse leaders are good at celebrating our teams and our colleagues, but how often do you celebrate yourself and acknowledge when you've done something well?

Table 3: Organizational strategies to promote self-care

- Recognize that education and support related to self-care are important for all levels of staff.
- Practice narrative medicine techniques.
- Ensure that the mindset and mantra of the organization is "It's okay not to be okay."
- Support and encourage the need for time off.
- Foster emotional intelligence.
- Create safe spaces at work.
- Develop proactive programs to educate students, staff, and providers about the psychological impact of adverse events on wellness.
- Institute an automatic process to consult the employee-assistance program when a traumatic, high-risk event occurs.
- Implement peer support programs for leaders.

port groups, and finding ways to recharge and renew (such as in the form of meditation or journaling) are just some ways to care for yourself.

In a 2021 article titled "Next level self-care for nurse lead-

ers," Angela Prestia notes that sometimes we need to alter our self-care. Instead of focusing on improving your usual self-care habits, you may need to take it up a notch by altering current activities and making a

change in your self-care routine or behavior. This behavior modification forces your brain to be more attentive and more engaged, keeps your mind from wondering and worrying, and can help to reduce stress.¹² *Table 2* lists a multitude of self-care practices you can try.

Self-care strategies aren't only an individual responsibility but also a collective responsibility. Organizations must recognize and actively provide support for self-care in their leaders. Perhaps you can help your organization develop some of these strategies if they're not already in place. *Table 3* lists several strategies organizations can employ to promote self-care for their teams.

A Fortune 500 executive statement on self-care really sums up this article and the importance of self-care for leaders: "You cannot give what you do not have. My secret to success is making sure that my cup is full so I can pour into my team, my organization, and my industry. When I was an emerging leader, I let life stretch me to the breaking point, and it hurt my career. Fortunately, it didn't take long to realize that investing in self-care allows me to achieve more as a leader."¹³ **NM**

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