Prepublication Manuscript Not For Circulation

Caring for COVID's Emotional Long Haulers

Submitted to *Nursing Management*

November 8, 2021

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Abstract

The Covid-19 pandemic will leave many caregivers at risk of suffering long-term emotional harm. This article summarizes evidence of moral injury and emotional trauma that will cause a high incidence of PTSD and shares 14 strategies organizations can take to help nurses and other caregivers cope with the challenges.

Keywords

Nursing, Burnout, COVID19, Mental Health, PTSD, Culture, Leadership

Caring for Covid's Emotional Long-Haulers

The COVID-19 (Covid) 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 has become an endemic disease against which a growing number of people will have some level of immunity, the pandemic will leave behind a long tail of personal grief, emotional trauma, career and financial dislocation, anger and anxiety.

In her final presidential message for *Voice of 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." In this article we argue that 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 post-trauma moral and emotional injury.

Exacerbating Preexisting Conditions

Many of the challenges imposed upon healthcare organizations by the pandemic are preexisting problems that Covid has worsened, in some cases dramatically so. Even before Covid, caregiver burnout was already a serious problem. Now not only are we seeing significant increases in burnout across all healing professions, there is a growing incidence of post-traumatic stress disorder (PTSD) among healthcare workers, which will almost certainly increase in the years to come.

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, Texas, for example, only one-in-four RNs are from the original medical-surgical core staff, a situation that exists in most of the country, and the hospital is scrambling to cover vacancies (Kit Bredimus, personal correspondence, October 26). 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 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."[1] (emphasis in original)

Beyond the physical and emotional exhaustion people are experiencing as the pandemic slouches toward a third year, there is resentment that some of the people who two years ago were calling healthcare workers heroes are now treating them with incivility and hostility, and anger that people who refuse to be vaccinated are overwhelming hospitals and putting caregivers and their families at higher risk of infection. As the American Association of Critical-Care Nurses (AACN) states on their 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."[3]

Even before Covid there was growing evidence that middle managers were disproportionately experiencing burnout – especially nurse managers who have unmanageable spans of responsibility. As they have struggled to meet the challenges of assuring adequate staffing without overwhelming their people, the emotional toll has been rising. The American Organization for Nursing Leadership (AONL) longitudinal study of August 2021 reported that "The most alarming statistic concerns the 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 are emotionally distressed.[4]

Even before covid, nurses were frustrated that so much of their time was spent needing to document care instead of providing care, trying to track down supplies and deal with administrative chores instead of working with patients. As Devin Carr, CNO at Maine Medical Center told us, the pandemic has intensified these problems as nurses had to go through a tedious process of donning gowns and masks and respirators before they could go in and see a patient where, in addition to providing nursing care they sometimes had to substitute for family members who were not allowed into the room. (Devin Carr, personal correspondence, 11-04-2021)

Table 1

The Pandemic's Emotional Toll – A Snapshot

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.[5]

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.[6]

Vivian Health

34% of nurses are not or not at all emotionally healthy, including 51% of nurses aged 25-34.[7]

American Nurses Foundation

75% of nurse leaders report the emotional health and wellbeing of staff as their #1 challenge, a 53% increase from July 2020 to August 2021.[4]

American Organization for Nursing Leadership

65% of nurse leaders say that the current level of staff burnout is not sustainable. (*VCI unpublished data*)

New Mexico Organization of Nurse Leaders

41% of nurse leaders report being very concerned at the levels of anger and anxiety they are seeing among staff. (*VCI unpublished data*)

Association of California Nurse Leaders

76% of critical care nurses believe patients who choose not to be vaccinated undermine nurses' wellbeing.[3]

American Association of Critical-Care Nurses

63% of nurses do not believe the healthcare system makes a priority of their mental health and wellbeing.[8]

Trusted Health

42% of nurses say they feel sad or depressed more often than before the pandemic and more than a third "feel traumatized by their experiences caring for patients."[9]

National Nurses United

Bandaids, Sutures, and Surgery

If someone falls off a bike and is cut, they immediately need a bandaid to stop the bleeding and prevent infection. If the cut is deep, they will need to go to the hospital for sutures. And if there are internal injuries or broken bones, they might need surgery. If the gash is immediately life-threatening, they might require a tourniquet. This is a useful metaphor for the caregiver mental health crisis. 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 and prevent them from circling the emotional drain (bandaids); 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 "bandaid" is offering yoga and meditation classes or setting aside a quiet room for staff. These are immediately helpful, but as Vocera CNO Rhonda Collins writes in her 2021 report: "If nurses take five 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."[10]

An example of "sutures" is a revamped nurse staffing model that reduces manager spans of responsibility, employs ancillary staff to offload non-nursing tasks from nurses, and eliminates unnecessary and redundant paperwork and EHR 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, Weston, and Gee state in a recent *Nurse Leader* article on strategies to reduce burnout and increase wellbeing: "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.

Our recommendations will fall into the bandaids and sutures categories. We acknowledge that ultimately there must be large scale system improvements, but it is imperative that we not allow the prevalence of such "wicked problems" that have no short-term solution to stop us from doing the things that we can do, the things that we must do now to support the mental health and emotional wellbeing of our caregivers.

Covid's Emotional Long Haulers

People who are suffering long-term health problems as a result of having had Covid are being called Covid long haulers. We have borrowed that term to apply to healthcare workers who will suffer long-term psychological, emotional, and spiritual pain as a result of their experiences during the pandemic. They will be Covid's emotional long haulers.

The AACN Position Statement on 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."[11] During the Covid pandemic nurses throughout the country cared for their co-workers who had come down with Covid or had family members who were cared for in their hospital. At the peak of the pandemic, nurses stated (to Nancy) that they couldn't possibly bring another body to the morgue because they had done it so many times in the previous week. Such situations increased the immediate morale distress, and quite likely set the stage for increased PTSD in the future.

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 home school children while being asked to work extra shifts at the hospital caring for unvaccinated Covid patients in intensive care. On top of this, 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 will not reach your home. In an article about the emotional toll of wildfires in California a *Washington Post* article stated: "The mental health care system is not built to handle a world in which entire populations of people are routinely and consistently traumatized or living in a state of anxiety, and its outdated approaches mean most people will never get the help they need."[12]

From Burnout to PTSD

When the first wave of the pandemic hit New York City, Rosanne Raso, VP & Chief Nursing Officer at NewYork-Presbyterian/Weill Cornell, told one of us (Joe) that military academy would have been better preparation than nursing school for what they were going through. Subsequent surges, she said, have been even harder to manage. There have been many references to overwhelmed emergency departments and critical care units feeling like war zones, and to caregivers experiencing PTSD. It is therefore important for healthcare leaders to have a basic understanding of PTSD, beginning with the initial research on returning combat veterans.

PTSD is not like a heart attack or a broken arm. It might not be caused by a single event that has a before and an after, but rather by the cumulation of emotionally painful events. In his book *What It Is Like to Go to War*, Vietnam veteran Karl Marlantes writes that it was ten years before he had "felt any emotion about having killed." His PTSD was triggered by a "well intentioned but woefully ignorant" therapy group. He struggled with PTSD for the next three decades, which took a terrible toll on his personal life and his career.[13]

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 in a Chicago Covid unit] is lost in the fog of war. 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."[14]

In his book *War and the Soul*, Edward Tick writes that PTSD is not a *stress* disorder as much as it is an *identity* disorder. It is not, he said, a *psychological* disorder as much as it is a *soul* disorder. It is the conflict the soldier experiences when trying to reconcile having been someone whose assigned job was to kill people on the battlefield with someone who is at home trying to be a good spouse and parent.[15] When we asked Dr. Tick whether the term PTSD could be appropriately applied to people who have suffered severe emotional distress as a result of the pandemic, he responded by saying: "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 are not adequately prepared, and we cannot know in advance what we signed up for." He warned against pathologizing the experience. PTSD itself is not mental illness, he said, rather society's reaction to people who have suffered trauma makes it so. (personal correspondence, 11-02-2021)

Strategies

We offer these 14 strategies as a way of ameliorating the current emotional crisis and minimizing the risk that this could escalate into a full-blown PTSD epidemic in the years to come.

***Strategy #1:* Assess don't assume how people are doing**

Healthcare leaders quite naturally want to think that they are doing everything possible to support the mental health and emotional wellbeing of their people. Unfortunately, most surveys indicate that frontline staff do not believe that it is a priority of either the healthcare system overall or their organization. One of the questions in surveys conducted by Values Coach asks what people find most helpful. Almost without exception responses relate to personal activities such as prayer, meditation, exercise (and the occasional reference to alcohol). Rarely does anyone mention something that is offered by their organization. So, whatever your organization is doing, chances are that your frontline people do not think it is enough, and the closer they are to that front line the greater the disconnect is likely to be.

Make sure that members of your management team are actively rounding, and that they specifically ask people what they are doing for their own self-care, and what more the organization could be doing for them. Listen for what you are really hearing and don't hear what you would like to hear. And continue to regularly survey your people. There is no such thing as "survey fatigue," people only get fatigued filling out surveys that don't result in anything changing.

***Strategy #2:* Be vigilant for signs of emotional distress and PTSD**

As mentioned above, PTSD can be very insidious in how it manifests. Train your managers on signs and symptoms to watch for in themselves and in others. Consider creating an organizational dashboard that tracks the emotional climate of the organization. Teach people to watch for signs and symptoms in themselves and offer a clear course of action for those who see those signs in themselves. Consider training staff, managers, and leaders in stress first aid to determine if staff are in the green, yellow, orange, or red zone. Some frontline healthcare workers have used PsySTART pocket cards or an app on their phone to assess their own as well as victim's psychological status.

***Strategy #3:* Destigmatize seeking mental health support**

The American Nurses Foundation Pulse survey found that over one-third of nurses experience some sort of stigma against seeking mental health support, including stigma that they impose upon themselves. Most concerning, the perceived stigma is highest among the youngest cohort of nurses.[7] Leaders can help reduce the stigma by setting an example of being open and vulnerable themselves and by establishing a forum where others can share stories of how they benefitted from seeking out mental health support. Sharing personal stories of how caregivers have coped with mental and emotional challenges – on a website, social media posts, and in staff meetings – is another way of reducing the resistance people might have to seek the help they need.

***Strategy #4:* Focus on purpose and identity**

As mentioned above, PTSD is not a stress disorder so much as it is an identity disorder. With multiple surveys showing that a third or more of nurses plan to leave their positions, sometimes with comments to the effect of "I didn't sign up for this," it is important for healthcare leaders to keep the focus on why they *did* sign up to be a nurse and the sense of identity that comes with that profession. While it is essential to offer competitive compensation, remember that someone who stays at a job because they get more money is

likely to leave if they are offered even more money elsewhere. True loyalty is built upon commitment to a shared purpose, self-identifying with a team that shares a spirit of fellowship, and being supported by their leaders. ANF research shows that a majority of nurses who are leaving the profession are doing so because they are emotionally drained and not for financial reasons. (Daryl Joslin, personal communication, 11-01-2021)

***Strategy #5:* Do not tolerate zero tolerance behaviors**

Bullying expert Renee Thompson tells us that there is growing evidence that staff-on-staff bullying has increased since the onset of the pandemic (personal correspondence, 10-29-2021). She says that with the shortage of staff most organizations are facing, there can be a tendency for managers to look the other way at what should be no-tolerance behaviors. While this might help with staffing numbers in the short run, over time it will drive away some of your best people, diminish your organization's culture, and tarnish your reputation for being a great place to work. It is essential that your management team members have a common understanding of what behaviors are not acceptable and have a consistent approach to dealing with those behaviors. Managers have a special duty, one that has gained added urgency with the pandemic, to protect new nurses from bullying. Several of the surveys cited in Table 1 have also 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" has never been acceptable, but it is absolutely intolerable 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 become even worse than they were before. Your organization should take a very strong stand for protecting the safety of your people. Some hospitals have provided appropriate staff with "panic button" personal alarm systems, conducted personal safety and de-escalation training, and encouraged staff to report incidents. Scripps Health in San Diego is sending a strong message to patients and visitors that aggressive behavior will not be tolerated. Posters around the hospital give examples of zero tolerance behaviors. The poster includes this text: "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." (Personal correspondence, Chris Van Gorder, October 31, 2021, emphasis in original)

***Strategy #7:* Mandate Covid vaccines for all employees**

Every healthcare organization should mandate that all employees be vaccinated. It is easy to tell people they have personal freedoms that can take priority over 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 as a healthcare organization you value science over politics, and that you are determined to protect your staff and patients from the unvaccinated. In an editorial accompanying a joint statement signed by 88 healthcare organizations in support of vaccine mandates, Emanuel and Skorton wrote: "All who choose to work in healthcare settings — hospitals, urgent care settings, long-term care facilities, physicians' offices — must be committed to putting patients first… Having healthcare employers mandate that their workers be vaccinated is merely realizing this ethical obligation. It is way of nudging people to do the right thing."[16]

Failure of a healthcare organization to protect employees and patients by mandating employee vaccination becomes more inexcusable as it becomes more clear that vaccines have proven to be quite safe, that almost all of the misinformation directed against them has been scientifically discredited, and that over 90% of Covid ICU patients and Covid deaths are of people who chose to not be vaccinated. If for no other reason, healthcare organizations must do this because as more systems adopt it as a standard, those failing

to do so will be at greater risk for liability if anyone gets sick because of exposure to an unvaccinated employee. A study commissioned by Kaiser Health News estimated that more than 10,000 people who had been admitted to hospitals for something other than Covid contracted the disease and subsequently died before being discharged.

We acknowledge that, especially for hospitals already struggling with staffing, losing even a few employees who refuse to be vaccinated will add to the challenge. Until mandates are universal across the healthcare system, organizations without mandates will try to poach unvaccinated caregivers from those requiring the vaccine. But in the longer term, doing the right thing will pay off by increasing the number of people who are vaccinated, setting a better example for the community at large, and above all protecting the vulnerable people who are under the care of the organization.

***Strategy #8:* Review and revise your statement of values**

This is an excellent time for you to pull the values plaque off the wall and consider whether it really does represent your organization's most authentic values. What values have you seen reflected in your team's response to the pandemic? Have you seen extraordinary courage and perseverance? A new spirit of fellowship and teamwork? Should these virtues be elevated to the status of core value in your values statement? Is one of your core values about encouraging personal wholeness and wellbeing? If not, should it be? "Core values should be both descriptive and aspirational. They must reflect what your organization is today and what makes it unique, and also inspire employees to continuously raise the bar for the future."

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."[17] (Emphasis in original)

It's even more important to assure that the values you claim for your organization be reflected in how decisions are made and how people treat each other. Unfortunately, there is often a gap between the ideal and the actual. In a 2020 *Nurse Leader* article one of us (Joe) shared results of a survey showing that while one-half of respondents strongly agreed that their organization "has a meaningful statement of values," only one-in-ten strongly agreed that people "know those values and strive to practice them in their work" and only two-in-ten strongly agreed that those values "are reflected in the way difficult decisions, including those about budgets and resource allocations, are made."

***Strategy #9:* Recruit and re-orient staff hired since the pandemic started**

Because in-person meetings were so limited during the pandemic, many new people received their orientations virtually and did not have a chance to personally interact with their new peers, or to 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 your new people.

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

WellSpan Health is one of more than 30 organizations sharing Joe's program *Everyday Courage for Extraordinary Times* with staff. The Care Management team spent thirty minutes together via Zoom each week to watch one of the 21 ten-minute videos, and then spent the next twenty minutes discussing fears, challenges, areas of hope and bright spots as they supported and lifted each other up in a safe and healing environment. (personal correspondence, Marlene Crouse, 11-01-2021)

The hospitals of LA County in Southern California are using a program called Helping Healers Heal, or H3. The H3 Team consists of a 3-tiered pyramid, which was developed by Susan Scott at the University of Missouri. Dr. Scott trained the first group of peer supporters at LAC+USC Medical Center, and the H3 program then spread like wildfire to the other LA county hospitals and to the New York Health and Hospitals under the leadership of Dr. Eric Wei. As described on the Harbor-UCLA Medical Center website:

> The first tier is all staff being aware of second victim syndrome, being aware of the signs and symptoms, and being willing to talk about second victim cases and provide peer support to each other.
>
> The second tier consists of the peer support champions, who receive additional training to become the "rapid responders" who can be dispatched to meet with staff suffering from second victim syndrome in 1:1's.
>
> The peer support champions can then triage second victims to tier 3 resources that include psychology, psychiatry, employee assistance program, chaplain, and social workers.
>
> The ultimate goal of the H3 Team is to provide immediate and personalized support to traumatized staff to take those with the disposition of dropping out or simply surviving to staff who recover in a healthy way and end up thriving.

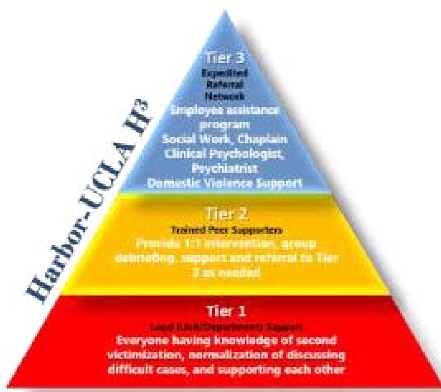

Image retrieved from the Harbor-UCLA Medical Center website

***Strategy #11:* Start with your management team**

AONL surveys clearly show that middle managers are under incredible stress as a result of the pandemic (Table 1). Many nurse managers have spans of responsibility that are impossible to manage. They are being placed in what psychologists call double-bind situations where their only choice is between two bad solutions, as when the only way they can care for an overload of patients is to either call upon already exhausted staff members or bring in travelers, which increases cost and can cause resentment by permanent staff. Beyond this, because they are often so busy fighting fires, many managers never have time for their own personal needs or those of their staff.

The leaders of Providence, a healthcare system based in Renton, Washington, established the No One Cares Alone program to support the mental health and emotional wellbeing of their caregivers. They have made the organization's leaders their first priority by partnering core leaders with behavioral health professionals who can coach and counsel them. Sharing leaders' stories has helped the system magnify the impact of the program and destigmatize seeking out help by setting a positive example for their frontline staff. (personal correspondence, Sylvain Trepanier, CNO at Providence, 10-27-2021)

***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. 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.[18] This is one reason that TQM guru W. Edwards Deming made "drive fear out of the workplace" one of his 14 points for total quality management.

For many employees the greatest source of anxiety is the possibility of losing their job, a fear that was accentuated 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 controlling for other factors – layoffs improved long-term financial performance… Indeed, there is evidence from other research that the best employees jump ship after layoffs."[19]

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." The first recommendation Boissy and Porath make in their article about supporting healthcare workers is: "Commit to no furloughs – you can't support people if you let them go."

***Strategy #13:* Show up, recognize people, and celebrate always**

In *The Lord of the Rings*, J.R.R. Tolkien had Gandalf the wizard show up where he was most needed and least expected. One night when the hospital was running beyond full capacity, leaders at Presbyterian Health in Albuquerque, New Mexico 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 like nDorse and Wambi allow staff to recognize each other, and of course any nurse who has ever won a DAISY Award sees that as one of the highlights of a career. Real-time recognition from peers, and even more so from patients, reminds nurses of the impact they have on their patients, and on the "big why" that called them to be nurses in the first place. It's often said that little things are the big things. As the emotional toll of the pandemic sets in, leaders must show up, recognize people for their contributions, 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."[20] A manager who says "hope is not 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 leader's most important duty might be to sustain hope. Indeed, fostering hope might be the most important strategy a VUCA (volatile, uncertain, complex, ambiguous) world.

The Pickle Challenge to support caregiver mental health and emotional well-being

The Pickle Challenge for Charity (www.PicklePledge.com) has raised over $100,000 for charities selected by participating hospitals and other healthcare organizations by challenging people to turn complaints into contributions. Values Coach is now partnering with the Association of California Nurse Leaders (ACNL) and other organizations to pivot that challenge to support the mental health and emotional wellbeing of caregivers everywhere. The challenge is very simple. We ask people to record themselves saying these words, either individually or with a group, challenge another individual or group to join them, and encourage them to donate to an organization that is having an impact.

> I've taken The Pickle Pledge. I will turn every complaint into either a blessing or a constructive suggestion. I am going to eat a pickle and not be a pickle.

The website www.PickleChallenge.org has examples of people taking the challenge and links to donate to organizations that are making a difference.

Conclusion

In a September 1st letter to HHS Secretary Xavier Becerra, Dr. Ernest Grant, President of the American Nurses Association, 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."

The light at the end of the tunnel is flickering. Long after the pandemic has been declared to have ended, we will be experiencing the emotional, psychological, and spiritual aftermath. Caring for the mental health and emotional wellbeing of caregivers will need to be a priority just as urgent as managing the Covid pandemic has been.

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The authors wish to acknowledge the assistance of Daryl Joslin, Principal Executive Advisor of Joslin Research.

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