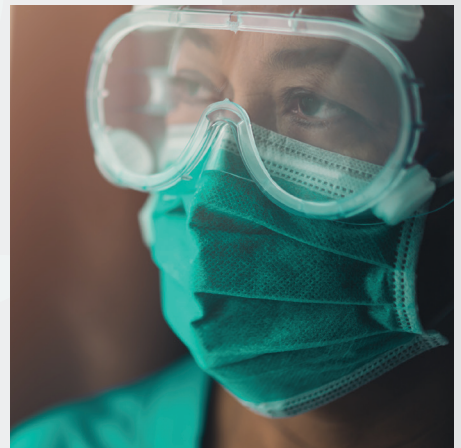


## Nurse managers under pressure



■ COVID-19 Vaccine Update ■ Crisis Care

# Managing through a pandemic

## Approaches to support nurse managers' success

By Elizabeth Moore

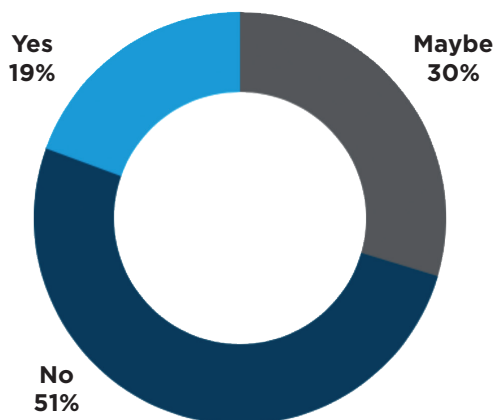
**T**he COVID-19 crisis has brought extraordinary challenges to all nurses and intensified the demands placed on nurse managers. Along with responsibilities for staffing and quality patient care, managers provide professional and emotional support to nurses under their supervision. When managers feel they should be accessible around the clock, work-life balance may seem almost impossible.

The strain has caused some nurse managers to contemplate leaving their positions. In the Pulse on the Nation's Nurses Covid-19 Survey Series: Mental Health and Wellness Survey 3, conducted by the American Nurses Foundation in September, nearly half of the responding nurse managers said they were considering or might consider leaving their position in the next 6 months. Of the reasons for leaving, 49% indicated that work was negatively affecting their mental health and 34% indicated that insufficient staffing was a concern.

At a time when the nursing shortage has reached a national crisis level, according to the American Nurses Association (ANA), it's essential for nurse leaders and healthcare organizations to offer approaches that make the role rewarding for managers and beneficial for their units. To support nurse managers, ANA provides focused workshops, a mentorship program that pairs nurse managers with more experienced nurse leaders, and resources for nurse staffing.

In addition, the American Nurses Credentialing Center Pathway to Excellence® program standards contribute to a healthy work environment. Nurse managers and leaders at organizations that have received Pathway to Excellence recognition described their experiences.

### In the next six months do you intend to leave your position?



### Responding to a public health crisis

In the 2021 Nursing Trends and Salary Survey conducted by *American Nurse Journal*, 78% of nurse manager respondents said their workload had increased in the past year.

"Our unit became the COVID-19 unit," said Kimberley Kammann, MSN, RN, CNRN, CNML, a nurse manager in the medical oncology unit at Carson Tahoe Health in Carson City, Nevada, a Pathway to Excellence-designated organization. As a result, "We saw our nurses' level of competency accelerate—they had to learn new things so quickly and things changed every day."



**Kimberley Kammann**

In Indiana, Dena Andrew-Madden, MSN, RN, witnessed emergency nurses in her department becoming exhausted and fearful—not only for their patients but also for themselves and their families.



**Dena Andrew-Madden**

"Nurses are accustomed to change, but the day-to-day and sometimes hour-to-hour changes resulting from the pandemic, along with caring for sicker patients, was difficult and stressful," said Andrew-Madden, practice supervisor in the emergency department at Indiana University Health Morgan.

To maintain a healthy work environment for staff, Andrew-Madden and her manager colleagues implemented new practices. In addition to checking in frequently with team members, managers "encourage the use of our tranquility rooms and use of Code Lavenders for respite breaks, support, and debriefing during challenging situations," she said. They also offered flexible scheduling, allowing split shifts, time changes, and set schedules to meet the needs of the department and its team members.

Staffing in organizations across the country has been a major challenge, due in part to so many nurses leaving during the pandemic. Almost 71% of nurse manager respondents to the 2021 Nursing Trends and Salary Survey reported an increase in open positions during the past year.

Those losses, along with first-year turnover, have resulted in high vacancy rates. The positions are difficult to fill because many nurses have left to take contracted, short-term positions with higher pay incentives,



Andrew-Madden said. “This makes staffing and retention a big challenge for nurse managers. As we struggle to fill positions, we still need to manage staffing on a daily basis due to surges in patient volume and acuity. We also need to prevent further burnout among team members and ourselves, all while ensuring that safety and patient care are not jeopardized,” she said.

## The Pathway to Excellence effect

Andrew-Madden and Kammann work in Pathway to Excellence-designated organizations and said that the Pathway to Excellence standards help sustain nurse managers in their role.

Kammann, who is the Pathway to Excellence coordinator at Carson Tahoe, said that the standards “represent everything that our organization supports for nursing.” In particular, the organization’s commitment to employee wellness exemplifies the well-being standard. “We offer telehealth and an employee assistance program, along with wellness challenges and other initiatives that we encourage our staff to participate in,” she said.

Jonella Davis, MBA, BSN, RN, NEA-BC, vice president of operations at another Pathway to Excellence-designated organization, Tidelands Health in Murrells Inlet, SC, said the shared governance standard made an impact on Tidelands Health’s response to the COVID-19 crisis.

“We enlisted our unit-based shared governance as we started preparing for COVID-19, and nurses worked and came up with extremely creative solutions that helped us conserve PPE [personal protective equipment] and make sure patients and families got what they needed,” Davis said. “If we had not empowered our nurses to take the lead on these initiatives, we would have had much less success in patient care during the COVID-19 pandemic.”



**Jonella Davis**

Andrew-Madden credits the Pathway to Excellence standards with cultivating excellence during the pandemic. “By living the Pathway standards, we’ve fostered an environment where nurses feel empowered, and they make their voices heard,” she said. While managing the fast-evolving Centers for Disease Control and Prevention guidelines and recommendations and managing staffing and resources, “we also were listening to our frontline nurses and team members tell us what mattered most to them,” she said.

## Mentors and leadership

Mentorship is a critical foundation for nurse managers’ success. “New nurse managers can feel lost as they advance into their organization’s leadership group,” Andrew-Madden said. Having a strong, dedicated



mentor who can guide a new nurse manager and help them build their leadership skills is important, she added.

Leadership visibility on the unit goes a long way too, so that nurse managers know who to go to for “at the elbow support,” said Andrew-Madden, an Indiana State Nurses Association member.

At Carson Tahoe Health, every shift starts with a shared meeting. The “Carson Tahoe MAP [Mission Alignment Process] Huddle,” as it’s called, begins with a quote and a moment to get grounded, and provides a chance for staff or leaders to recommend process improvements, which are communicated up to the executive leadership team. “It’s a two-way conversation,” said Kammann, which helps reinforce the organization’s strategic plan and the sense that everyone—from staff to leadership—is working toward the same goals.

Nurse leaders also can help by acknowledging their managers’ needs, said Kammann, a Nevada Nurses Association member. At Carson Tahoe Health, nurse managers have “leader protected time” from 9 to 11 AM Monday through Friday. During those hours, no meetings are scheduled, and nurse managers are not involved in any outside projects. They use that time to be present on their units, round on patients and staff, and offer staff assistance. “It’s an initiative that our chief nursing officer put in place, and it really helps,” Kammann said.

## Work-life balance?

Work-life balance is an enduring challenge for all nurses, but it can be particularly difficult for nurse managers, whose responsibilities—especially staffing and scheduling—are hard to disconnect from.

“As a leader, you feel that you have to be available every second of every day,” said Andrew-Madden. “I’ve struggled with that in my role, but my mentor has helped me learn to set boundaries.”

Kammann agrees that top-down support empowers managers. “Having a great team of other leaders and peers around you makes all the difference,” she said. “When I’m going to be out, I know that my supervisor will be here and that I can count on the other managers to check in and make sure the unit is running smoothly.”

Trust is another key component of work-life balance. When Davis, a South Carolina Nurses Association member, was a nurse manager, her sons were active in both high school and college football, which meant she had a lot of games to attend. “I learned to trust my staff while keeping communication open,” she said. Instead of calling her during games, her team members would filter issues through their charge nurse.

### Moving forward

As nurses contend with COVID-19 patient surges, nurse managers must continue to provide extra support to staff. “We’re still reeling from burnout,” said Andrew-Madden. “It’s been really hard to get nurses re-engaged. They’re tired.”

Coming back from the devastation of the pandemic will take time. Andrew-Madden believes recovery will take strong backing from leaders, managers, and peers, along with “grace, time, and kindness.”

— Elizabeth Moore is a writer at the American Nurses Association.



### Resources

**ANA New Nurse Manager Basics Workshop** (The next virtual workshop takes place in February 2022.): [nursingworld.org/continuing-education/the-new-nurse-manager-basics-workshop/](https://nursingworld.org/continuing-education/the-new-nurse-manager-basics-workshop/)

**ANA Mentorship Program** (Enrollment for new cohort is Fall 2022): [mentorship.nursingworld.org](https://mentorship.nursingworld.org)

**ANCC Pathway to Excellence Program:** [nursingworld.org/organizational-programs/pathway](https://nursingworld.org/organizational-programs/pathway)

**COVID-19 Video Education Series—COVID-19 and your mental health:** [nursingworld.org/mental-health-support](https://nursingworld.org/mental-health-support)

**Pulse on the Nation’s Nurses Survey Series:** [nursingworld.org/covid-19-survey-series-results](https://nursingworld.org/covid-19-survey-series-results)

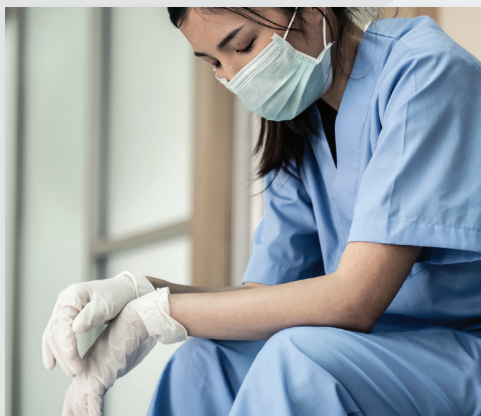
**Principles for Nurse Staffing:** [nursingworld.org/practice-policy/nurse-staffing/staffing-principles](https://nursingworld.org/practice-policy/nurse-staffing/staffing-principles)

**Well-Being Initiative:** [nursingworld.org/thewell-beinginitiative](https://nursingworld.org/thewell-beinginitiative)

## Nurses continue to experience negative impacts of COVID-19

The American Nurses Foundation released findings in November from a new mental health and wellness survey of more than 9,500 nurses as part of the Pulse on the Nation’s Nurses Survey Series. As the pandemic approaches the 2-year mark, nurses report that they are still experiencing negative impacts of COVID-19 on their mental health and well-being, and the adverse side effects have increased significantly over the past year. (Read the report at [nursingworld.org/~4aa484/globalassets/docs/ancc/magnet/mh3-written-report-final.pdf](https://nursingworld.org/~4aa484/globalassets/docs/ancc/magnet/mh3-written-report-final.pdf).)

According to the survey, over 34% of nurses rated their emotional health as not, or not at all, emotionally healthy. Most nurses surveyed said they have felt stressed (75%), frustrated (69%), and overwhelmed (62%). Close to half (42%) of nurse respondents answered “yes,” when asked if they have had an extremely stressful, disturbing, or traumatic experience due to COVID-19.



“The COVID-19 pandemic is not over yet and its impact will persist for a long time. Its challenges have left the nursing profession in a particularly vulnerable state, exacerbating nurse staffing shortages, and negatively impacting nurses’ quality of life,” said American Nurses Foundation Executive Director, Kate Judge. “Nurses are playing a pivotal role in efforts to end this pandemic, so we must ensure nurses are physically and psychologically safe and healthy to function optimally in caring first for themselves, their families, patients, and communities. A robust nursing workforce is essential to our nation’s health and therefore, nurses’ well-being and mental health must be a top priority. The data collected from this survey overwhelmingly demonstrate the need to provide consistent and comprehensive support for our nation’s nurses.”

Read the findings online at [nursingworld.org/covid-19-survey-series-results](https://nursingworld.org/covid-19-survey-series-results).

## ANA elections: Call for nominations

Nomination period ends January 17, 2022 at 11:59 PM ET

**O**n December 7, 2021, the ANA Nominations and Elections Committee issued a call for nominations for a slate of candidates to be presented to the Membership Assembly in 2022. The following positions are open for election in 2022:

### ANA Board of Directors

#### Officers

- President
- Secretary

#### Director-at-large positions

- Two directors-at-large
- One director-at-large, staff nurse

The term of service for both officers and director-at-large positions is January 1, 2023 – December 31, 2024.

### ANA Nominations and Elections Committee

- Three member positions

The term of service for all three (3) nominations and elections committee positions is January 1, 2023 – December 31, 2024.

ANA places high priority on diversity and seeks to encourage and foster increased involvement of underrepresented groups and staff nurses at the national level.

Nominations must be submitted via the online nomination form by 11:59 PM Eastern Time on Friday, January 17, 2022. A second call for nominations will be conducted for those elective positions with insufficient nominations.

Preparing nomination materials:

1. **READ** the roles and responsibilities for your position of choice to ensure that they match your interests, experience, and qualifications.
2. **IDENTIFY** the degree to which you possess the competencies that have been deemed important to serve successfully and effectively in each position.
3. **SELECT** a campaign manager, if desired, and provide their contact information where requested on the online nomination form.
4. **COMPLETE AND SIGN/INITIAL** where noted. Nominees for the ANA Board of Directors must also submit the following additional documents, which are included on the online nomination form:
  - conflict of interest statement
  - financial interest disclosure form.
5. **SUBMIT** all nomination components by 11:59 PM ET on Friday, January 17, 2022.

Please note:

- You will need to create a user ID and password before accessing the form.
- Nominations that are incomplete, handwritten, faxed, or submitted after the deadline will not be accepted.

If you have any questions about ANA's nomination process or national elections, please email [nec@ana.org](mailto:nec@ana.org).

## Nursing podcasts offer fresh insights

**T**wo new podcast series feature stories about the ways nursing can address inequity, meet the needs of underserved communities, and build a healthier world.

A new National Academy of Medicine podcast series explores the stories of nurses and other experts who are confronting health disparities.

The eight-part Future of Nursing podcast series, led by Scharmaine Lawson, FNP-BC, PMHNP-BC, FAAN, FAANP, explores practical strategies for the nursing profession to advance health equity. Each episode shares stories and experiences of frontline nurses and other health experts from a wide range of settings. These strategies reflect the recommendations from the report *The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity*.

All eight episodes are available now at [nam.edu/the-future-of-nursing-podcast/](http://nam.edu/the-future-of-nursing-podcast/).

The Mental Health Trailblazers: Psychiatric Nurses Speak Up! podcast, from the Minority Fellowship Program (MFP) at the American Nurses Association



(ANA), features conversations with BIPOC (Black, indigenous, and people of color) psychiatric and mental health nurses. Each episode explores these nurses' quests to meet the urgent and unmet needs of minority communities in America. Guests include Phyllis Sharps, PhD, RN, FAAN, the Elsie M. Lawler Endowed Chair, associate dean for community programs and initiatives, and a professor at the Johns Hopkins School of Nursing and a Maryland Nurses Association member, and John Lowe, PhD, RN, FAAN, founding director of the Center for Indigenous Nursing Research for Health Equity at Florida State University Tallahassee and a Florida Nurses Association member.

The core mission of the MFP is to increase the number of post-baccalaureate (master's and doctoral level) behavioral health nurses from underrepresented ethnic minority groups. The podcast, a Substance Abuse and Mental Health Services Administration grant-funded initiative, can be accessed at [emfp.org/news/mental-health-trailblazers-podcast](http://emfp.org/news/mental-health-trailblazers-podcast).



# 8 things you need to know about COVID-19 booster doses

By Kendra McMillan, MPH, RN

In November, the Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) expanded use of booster doses for all available COVID-19 vaccines in the United States to include all adults ages 18 years and older. Here are eight things to know about COVID-19 booster doses for you and the communities you serve.

## Why are COVID-19 boosters necessary?

COVID-19 vaccines are safe and effective and continue to reduce the risk of severe disease, hospitalization, and death. They also continue to offer protection against the Delta variant. However, ongoing research among vaccine recipients shows protection against mild to moderate infection with SARS-CoV-2, the virus that causes COVID-19, may decrease over time. A booster dose for vaccine recipients can help enhance immunity and protection against COVID-19.

## Who is eligible for a COVID-19 booster?

Pfizer and Moderna vaccine recipients are eligible for a single booster dose at least 6 months after completion of the primary dose series. All Johnson & Johnson/Janssen recipients 18 years and older are eligible for a single booster dose at least 2 months after completing the primary series.

## Where are booster doses administered?

Jurisdictional planning for booster doses has differed from the initial rollout of COVID-19 vaccines. Check your local pharmacy's website to see if vaccination appointments or walk-ins are available. State or local

health departments also have information on availability, access, and vaccination sites. Other options include searching national resources such as [vaccines.gov](https://www.vaccines.gov), texting your ZIP code to 438829, or calling 1-800-232-0233 for COVID-19 vaccine administration sites in your community.

## Can I mix and match COVID-19 vaccines for booster doses?

Yes. The FDA amended the emergency use authorizations of each available COVID-19 vaccine to allow for heterologous (mix and match) administration of a booster dose after completing primary vaccination.

## Are booster doses the same formulation as the primary shot?

Yes, however, recipients of a Moderna COVID-19 booster dose will receive half of the Moderna dose given for the initial vaccine series.

## How do you become a provider of COVID-19 vaccines?

COVID-19 vaccines are administered by healthcare professionals enrolled as vaccination providers through a health practice or organization. Contact your health system administrator about your system's enrollment eligibility or visit the CDC's COVID-19 vaccine provider enrollment page ([cdc.gov/vaccines/covid-19/provider-enrollment.html](https://www.cdc.gov/vaccines/covid-19/provider-enrollment.html)) for eligibility and enrollment criteria. You also can volunteer through your local Medical Reserve Corp to support vaccination programs in your community.

## How do I educate my patients?

Ask about vaccination status during healthcare visits and inform patients of their eligibility for booster doses if indicated by their medical profile or known exposure risk category. Provide patients with educational materials in multiple languages to appropriately educate all patients and share local and national vaccine locator resources.

Two other items of note:

**It's safe to administer flu shots and COVID-19 vaccines at the same visit.**

**If co-administering the influenza and COVID-19 vaccine, administer each in a different injection site.** A webinar on 2021-2022 Influenza Vaccination Recommendations and Guidance on Coadministration with COVID-19 Vaccines is available at [cdc.gov/vaccines/covid-19/provider-enrollment.html](https://www.cdc.gov/vaccines/covid-19/provider-enrollment.html).

— Kendra McMillan is a senior policy advisor in the Nursing Practice and Work Environment Department at the American Nurses Association.



# Pediatric vaccination authorized for COVID-19

By Kendra McMillan, MPH, RN

**C**COVID-19 vaccines are now authorized for children from 5 to 11 years old. In November, after lengthy review of clinical trial data from 4,600 participants age 5 to 11 that indicated 90.7% vaccine efficacy, the U.S. Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention's (CDC's) Advisory Committee on Immunization Practices voted to authorize and recommend the Pfizer BioNTech vaccine for the pediatric population. The American Nurses Association applauded the recommendation. At the time this article was written, 1.9 million cases of COVID-19 infection have been reported in children, with 8,300 hospitalizations, 2,316 cases of multisystem inflammatory syndrome (MIS), and 146 documented deaths.

## Why is vaccination important for children and teens?

COVID-19 vaccination is recommended for all eligible people age 5 years and older and is available free of charge regardless of immigration or insurance status. Although the risk of severe illness from COVID-19 in children is low compared to adults, children are still at risk for becoming infected with the virus that causes COVID-19, resulting in them getting sick, and experiencing short- and long-term COVID-19 complications, and spreading the virus to others. Children with underlying medical conditions have a higher risk of severe illness from COVID-19, including the serious complication of MIS. Vaccination of this population also helps to protect family members who aren't medically eligible for vaccination and offers additional protection in school and extra-curricular activities such as sports and play groups.

## What about safety and effectiveness?

Clinical trial data indicate a two-dose series of 10 mcg is safe and 90.7% effective in preventing COVID-19 in children age 5 to 11 years old. In a clinical trial population of 3,100 children who received the vaccine, no serious side effects were detected. Several sources continue to study vaccine safety, resulting in the largest safety evaluation of any vaccine.

## What about myocarditis?

Myocarditis or pericarditis is a rare reaction seen in 54 per 1 million male vaccine recipients ages 12 through 17 years. Knowledge of this risk in teens, although rare, prompted the FDA to conduct an independent risk-benefit assessment that modeled the risk of myocarditis and pericarditis and the number of symptomatic COVID-19 cases, hospitalizations, ICU admissions, and deaths among vaccine recipients 5 to 11 years old. The FDA model predicted the overall



benefits of vaccination outweigh the risk of myocarditis or pericarditis in this age group. In the clinical trial group, no deaths were linked to myocarditis and data on those at risk due to congenital heart disease did not indicate an increased risk of myocarditis.

## What are the side effects?

Reported side effects were mild to moderate, occurred within 2 days after vaccination, and resolved within 1 to 2 days. Commonly reported side effects include injection site soreness, redness, and swelling; headache; fatigue; muscle and joint pain; fever; chills; swollen lymph nodes; nausea; and decreased appetite. Side effects were reported more often after the second dose.

## Where do I report adverse effects?

Similar to adults and adolescents, side effects and adverse events for the pediatric population can be reported using V-safe, a smartphone-based symptom tracking and reporting app from the CDC.

## Where is pediatric COVID-19 vaccination available?

Jurisdictional planning and distribution of pediatric COVID-19 vaccination includes primary pediatric provider clinics and offices, pharmacies, and school-located vaccination clinics.

For more information about COVID-19 vaccination, visit the ANA Enterprise COVID-19 Resources Center at [nursingworld.org/coronavirus](https://nursingworld.org/coronavirus).

— Kendra McMillan is a senior policy advisor in the Nursing Practice and Work Environment Department at the American Nurses Association.

## Ethics and crisis standards of care

To: Ethics Advisory Board

From: Contingently confused

Subject: Conventional, contingency, and crisis standards of care

Throughout the COVID-19 pandemic, I keep hearing about different levels of care. What do these levels of care mean and what are their ethical implications?



From: ANA Center for Ethics and Human Rights

For many of us, “contingency” and “crisis standards of care” were not terms we encountered in our everyday practice before 2020. Now, those terms are often heard and frequently misunderstood. In a 2009 report, the Institute of Medicine (IOM) first proposed a framework to guide healthcare practice in times of public health emergencies and large-scale disasters. These types of disasters, including the current COVID-19 pandemic, could create strains on healthcare entities. The IOM report outlines a continuum of care ranging from conventional to contingency to crisis standards of care in response to ongoing surges in demand for healthcare.

In conventional and contingency standards of care, patient-centered decision-making remains a priority, with the focus on individual patient values and preferences. Most organizations have plans in place to manage a surge caused by a disaster or public health emergency. If these surges continue, healthcare systems may reach a state in which meeting individual patient-care needs may be affected by insufficient staff, space, and supplies. Reaching crisis standards of care requires a substantial change in usual healthcare op-

erations where conventional or contingency levels are impossible to deliver. When this occurs, the focus shifts from individual patient decision-making to a focus on public health and saving the greatest number of lives possible.

These potential changes in standards of care may cause uncertainty and anxiety for nurses. The *Code of Ethics for Nurses with Interpretive Statements (Code)* ([nursingworld.org/coe-view-only/](http://nursingworld.org/coe-view-only/)) continues to guide us through these trying times. According to Provision 1.4 of the *Code*, individuals are interdependent members of their communities. Nurses recognize situations in which the right to self-determination may be outweighed or limited by the rights, health, and welfare of others, particularly in public health. The limitation of individual rights must always be considered a serious departure from the standard of care, justified only when there are no less-restrictive means available to preserve the rights of others, meet the demands of law, and protect the public's health.

Provision 8.4 of the *Code* guides nurses to collaborate for human rights in complex, extreme, or extraordinary practice settings, with specific guidance for pandemics. In crisis standards of care, nurses must collaborate with public health officials and members of the healthcare team, while protecting the rights of vulnerable populations.

Additional guidance can be found at the COVID-19 Resource Center ([nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/ethical-considerations/](http://nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/ethical-considerations/)) and in the document, *Crisis Standard of Care COVID-19 Pandemic* ([nursingworld.org/-498211/global-assets/covid19/final-crisis-standards-of-care--1.pdf](http://nursingworld.org/-498211/global-assets/covid19/final-crisis-standards-of-care--1.pdf)).

The United States faces an ongoing battle with COVID-19. Despite this unprecedented health crisis, nurses in every setting continue to provide compassionate care to patients despite ever-changing information and new challenges.

— Response by Stacy C. Smith, MA, MLS, BSN, RN, CHPPN, HEC-C, member of the ANA Ethics and Human Rights Advisory Board.

### Reference

Institute of Medicine Committee on *Guidance for Establishing Standards of Care for Use in Disaster Situations*; Altevogt BM, Stroud C, Hanson SL, Hanfling D, Gostin LO, eds. *Guidance for Establishing Crisis Standards of Care for Use in Disaster Situations: A Letter Report*. Washington, DC: National Academies Press; 2009. doi:10.17226/12749

Do you have a question for the Ethics Inbox?  
Submit at [ethics@ana.org](mailto:ethics@ana.org).