A Pandemic Crisis: Mentoring, Leadership, and the Millennial Nurse

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Crisis presents nurses with numerous challenges and opportunities. In the coronavirus pandemic, leadership at all levels is put to the test. Millennial nurses, with mentoring guidance, must assert their leadership potential and contribute to change and solutions to managing scarce resources. They are key stakeholders in this crisis, and their voices must be heard.

“Let us each and all, realizing the importance of our influence on others, stand shoulder to shoulder, and not alone, in good cause.”
– Florence Nightingale

Nurses are acquainted with crisis and all that it brings – suffering and fear, pain, and death. The emotional, physical, and mental trauma that nurses and frontline caregivers are enduring in this pandemic crisis is enormous. In early 2020 the coronavirus appeared, an invisible ruthless killer, driving vast numbers of people into hospitals around the world. In New York City, the epicenter of the U.S. crisis, we were unprepared. The onslaught of large numbers of desperately ill and dying people arriving in hospitals, along with inadequate mechanical ventilators and protection for staff, was a devastating crisis. Surprise, disbelief, sadness, and fear became constant companions at the bedside. Nurses and physicians faced the invading deadly virus, burdened by the emotional struggle between their professional duty to their patients and personal fear for themselves and their families. The CEO of a major hospital system said that the coronavirus crisis has taken a devastating toll on patients, healthcare staff, and the economic life of hospitals and businesses. He candidly stated that crisis preparation and state and national stockpiles of personal protective equipment were insufficient (Gelles, 2020).

At the Hospital

When I (CL) began my nursing career 5 years ago, I never imagined caring for patients in a pandemic. We didn’t have classes in disaster and pandemics. When I was assigned to care for my first patient with COVID-19, I was worried and scared. Treatment plans, as well as hospital policies and protocols, were changing daily. Uncertainty became the “new normal.” We were in the thick of foreign territory, battling an unknown, unseen enemy. Precious N95 respirator masks were scarce. We were instructed on donning personal protective equipment (PPE) and minimizing contact time with our patients. I found numerous online articles about nurses and doctors in China and Italy wearing full hazmat suits and industrial masks. Clearly, they had more advanced PPE than us. It didn’t make sense to me. Nurses and doctors were desperate for appropriate PPE so they could treat patients and not become victims themselves.

I attempted to figure things out. Do I have adequate knowledge, experience, and protection to treat my patients? How can I help them survive and get well? What are the best procedures and policies to treat our very ill patients?

Early on we were told our PPE was adequate, but what are the facts about caregiver protection? Should I be questioning who is making decisions? Are they epidemiologists, scientists, infection control specialists, clinical doctors and nurses, staff educators, administrators, politicians? There is so much flux. We are in foreign territory, and everyone is trying to
figure out “best practices.” I want to have faith in what management and the institution is telling me to do. But I experience cognitive dissonance from reading scientific reports and treatment approaches from different countries and in reconciling what I read with what I see.

Guidelines from the Centers for Disease Control and Prevention, World Health Organization, and Occupational Safety and Health Administration differ and change. What is the truth? Whom can we trust? I am worried that administrators are often not present to assess the situation, to speak with us, and encourage us. I want my nursing leaders, managers, and administrators to see and imagine what it is like to practice in the chaos of the bedside now. I want them to know what it is like caring for critically ill patients whose eyes are filled with fear and desperation – the same feelings my colleagues and I have. Some days, it feels like a war zone, a military operation for which the nurses and doctors – the frontline soldiers – are ill prepared, and for which we have woefully inadequate defensive protection. Enormous stress is omnipresent.

Our patients experience wildly different outcomes, from succumbing quickly to the virus or requiring periods of intense treatments before getting well. I am inspired by collegial teamwork, our camaraderie, and clinical adaptation, drawing on our collective knowledge and skills to save lives. Sharing in my patients’ victories to recovery revitalizes me and provides hope and deeper courage to keep going. In the chaos, I try to stay on high alert, focused, and calm in order to give my dying patients and families the dignity and compassion they deserve.

The Mentor Connection: Reaching Out

As the full extent of the coronavirus pandemic began to unfold, I (CV) grew increasingly alarmed about my colleagues, protégés, and former students who were battling the virus around the world. I contacted several of them, inquiring about their welfare. CL, a former student and protégé, responded with a message expressing her concerns, and we arranged a phone conference. She expressed her fear of not being adequately prepared and protected to care for her patients. She was trying to trust how the system was responding as large numbers of afflicted people entered the hospital. Acknowledging her stress, I suggested she write a diary, describing her experiences and feelings. I encouraged her to step forward and communicate these legitimate concerns with the nurse manager, staff educator, and/or union human resource representatives. CL acknowledged the collegial support and information from peers and senior colleagues and that she could draw on these relationships for involvement and action.

As CL wrote her diary, she found it cathartic and helped her process the many changes she was experiencing. During the tough times in April, with high rates of hospital admissions, serious illness, and deaths, we stayed in regular touch through emails, text messages, and phone calls. CL acknowledged that she took great comfort in my (her mentor) wisdom, support, protection, counsel, and experience. I expressed my strong belief and expectation that she would overcome this crisis, advocate for herself, inform nurses on unit practice councils about concerns, and stay courageous.

In our conversations, CL and I acknowledged with pride the nursing profession’s legacy to serve others, in good times and bad, including the current crisis. I shared my remembrances of being a clinical nurse during the 1980s AIDS epidemic and the unknowns and fears swirling around us. We also recounted Florence Nightingale’s heroic leadership during the 1854 Crimean War. In the midst of horrendous unsanitary conditions and lack of even basic supplies, her team of nurses bravely cared for thousands of wounded British soldiers, who were perishing ten times more from diseases such as cholera and typhoid than their battle wounds. With the nurses’ ministrations, the soldiers’ mortality rate fell precipitously. Nightingale and her nurses were lauded by Queen Victoria for their exceptional valor in saving soldiers’ lives. I believe that CL and other frontline nurses in this pandemic are the modern Nightingales – brave, committed, and passionate about their patients in crisis and danger.

Being a mentor to nurses is a privilege and an obligation. Generous mentors make an enormous difference in the success and satisfaction at every stage of nurses’ careers and work. Mentor-leaders can serve as strong role models, build self-confidence, share wisdom, and inspire younger, less-experienced nurse colleagues, especially in a crisis. Experienced nurse leaders have a moral obligation to promote and protect younger nurses’ potential and unique talents, thereby enhancing the
profession’s power and societal contributions. Good mentors teach, guide, and empower the generations coming behind them. In difficult situations, they will stand strong in protecting their novice colleagues from intimidation, disrespect, and fear. Mentors can be advocates of developing nurse leaders at all levels of practice. Each generation of nurses grows and learns from the guidance and affirmation of wise, compassionate mentor-leaders (Vance, 2011; Vance & Olson, 1998).

The multigenerational nursing workforce is on the frontline during this pandemic. Each generation of nurses possesses different characteristics and brings a unique style to the profession. Born between 1981 and 1996, millennials are a growing presence in the healthcare industry. Millennial nurses value strong, transparent, and collaborative leadership. They want to have meaningful input into problem-solving and decision-making with leaders who respect, advocate for them, and support their career goals and success. They like to work collaboratively, value diversity, are persistent, confident in using technology to search for data, and find solutions to changing situations (Bittner, 2019). Mentor connections will provide important developmental relationships to guide and develop this generation.

Navigating Crisis as Leaders

Crisis presents nurses with numerous challenges and opportunities. In the coronavirus pandemic, leadership at all levels is put to the test. How do leaders struggle with ethical dilemmas, make tough decisions, and confront the unknown? What are “best” approaches to providing complex lifesaving care to patients afflicted with a dangerous virus? Are frontline nurses and other healthcare providers appropriately informed and protected from the highly contagious enemy they are fighting?

Healthcare leaders must make difficult decisions that are entangled with scientific, economic, political-governmental, ethical, sociocultural, and organizational considerations. These considerations influence leadership behaviors that directly impact the work and welfare of frontline nurses and nurses. Crisis provides the impetus to actively engage in nursing’s Magnet® Core Principles such as transformational leadership; structural empowerment; and new knowledge, innovation, and improvement (American Nurses Credentialing Center, n.d.). This is the moment for strong leaders to apply these values by being present and “in the trenches” with their teams, providing clear, honest, and open communication to offset fears and the unknown.

Navigating Crisis as Millennial Nurses

Millennial nurses, with mentoring guidance, must assert their leadership and contribute to change and managing crisis. They are stakeholders in this crisis, and their voices must be heard. Three key action areas are engagement, communication, and mentorship and networking.

Engagement

Get involved in nurse-driven, hospital committees; nursing practice councils; and professional nursing and interprofessional organizations. This is essential for collective information and action.

Communication

Voice opinions and solutions to concerns and potential dangers. Hold leadership representatives accountable for transparency in their decisions. Use the Internet and other technological communication vehicles for information and data collection.

Mentorship and Networking

Actively seek out experienced nurses for information, guidance, and advocacy. Nurses’ caring bonds with colleagues provide essential encouragement and emotional support.

Conclusion

What our future holds as a result of this unimaginable pandemic crisis is unclear. Sweeping changes will most likely occur in every sector of society, including health care, hospitals and nursing...
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homes, the health professions, business, the economy, education, child care, travel, and personal relationships. There will be mental health ramifications for individuals, families, nurses, and other frontline caregivers. Nurses and healthcare workers have experienced the trauma and stress of caring for the desperately ill and dying during the COVID-19 crisis. They are especially vulnerable to the psychological impact of this crisis and are at risk for depression, anxiety, insomnia, post-traumatic stress, and burnout (Chew et al., 2020; Rajkumar, 2020; Wu et al., 2020). Transformative leadership-mentors who are wise and compassionate can be an essential resource for nurses and the public as we navigate the global future of the “new normal” of the pandemic crisis.

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References