

At the Heart of the Pandemic: *Nursing Peer Support*

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The COVID-19 pandemic has presented extraordinary demands, uncertainty, and stress among nurses, which take a toll on individual resilience and well-being. Leadership actions are necessary to protect and promote the psychological well-being of the nursing workforce. Nurse leaders have a responsibility to help reduce the harmful effects of our battle against this unprecedented pandemic. An essential element of a response plan to sustain well-being should be a formalized peer support network. This article outlines nurses' experiences during the pandemic, describes peer support basics, offers best practices for peer support programs, and presents lessons learned from 2 mature peer support programs.

Nurses at the center of the COVID-19 pandemic are performing heroic work in unusually stressful environments. The challenges and associated risks of battling the unprecedented pandemic have taken an unmatched toll on today's nursing workforce. Although some nurses may find these demands rewarding, current literature describes the countless challenges that working in health care during the pandemic can have on the physical, mental, and emotional well-being of nurses.^{1,2} The purpose of this paper is to describe how peer support programs harnessed the talents of formally trained and experienced peer supporters to promote well-being and resilience among the nursing workforce during the COVID-19 pandemic. Two academic medical centers with well-established peer support programs share observations of nurses' pandemic experiences, peer support best practices, and offer case studies of peer support during the pandemic and lessons learned.

EXPERIENCES OF NURSES DURING THE PANDEMIC

Unlike adverse clinical events that have acute onset followed promptly by a recovery phase, the individual and collective traumatic events of the COVID-19 pandemic are occurring continuously and accumulating within health care. Nurses have a new sense of vulnerability and fear for their safety, feeling more exposed to sickness than ever before. Some cope with this vulnerability by isolating themselves from family, highlighting the acceptance of their susceptibility to this deadly virus. There may be a constant worry expressed that it might only be a matter of time before they become victim to the illness.³

For nurses, accustomed to quickly identifying solvable problems, providing answers, and promoting health, the ongoing uncertainty of the pandemic has been incredibly challenging. Common feelings of inadequacy, guilt, and failure arise from a variety of sources, such as not having definitive solutions to offer patients and practicing outside their area of expertise. Juggling numerous new personal demands during the pandemic (e.g., children/family at home, economic challenges) also stimulates these emotional reactions. Nurses worry about becoming sick themselves, and needing to stay out of work and about abandoning their professional calling, their colleagues, and their patients. Staff reactions to the pandemic include overwhelming anxiety, apprehension, grief, and moral distress. Nurses grieve the loss of normalcy, routine activities, and support outside of work, and some face personal losses, such as family or coworker illness.

KEY POINTS

- **During the pandemic, nurses (both staff and leaders) are experiencing unprecedented emotional stressors that deserve leadership attention.**
- **A formalized peer support program can bolster an institution's plan to address mental well-being needs of the workforce.**
- **One-on-one or group peer support can effectively offset the increased stress and other challenging experiences of nurses during the COVID-19 pandemic and other challenging events.**

Moral injury or distress⁴ felt when actions are incongruent with individuals' values independently contributes to professional/personal suffering with associated moral injury and can result from the following:

- Allocation of limited resources (personal protective equipment, intensive care unit (ICU) beds, ventilators, etc.)
- Serving as surrogate family members to critically ill patients
- Concern that the best care available is inadequate while being hailed as “health care heroes”
- Feeling conflicted from a duty to work and the gratitude of having a job

These reactions and conflicts contribute to the emotional toll experienced by nurses causing professional/personal suffering at all levels. The constant bombardment of the emotionally challenging and continually evolving clinical expectations for care of patients with COVID-19 can drain the reserves of even the most resilient nurse. While navigating the unique challenges faced during the potentially prolonged COVID-19 response, nurse leaders have a responsibility to help minimize the negative impact that our battle against this unprecedented pandemic has presented.⁵ Supporting and nurturing an institution's peer support network is an intervention that should be included as an essential component of the organization's formal response plan.

BEST PRACTICE—PEER SUPPORT

Peer support delivered by trained, experienced colleagues is an essential, evidence-based intervention to reduce distress and build resilience after stressful, traumatic clinical events through confidential social connections and emotional support.⁶⁻⁹ Peer support, as an intervention, promotes a sense of safety and calm, builds communal and self-efficacy promoting connectedness, and instills hope for recovery. During the COVID-19 pandemic, peer supporters deliver proactive, early intervention services in line with disaster mental health and psychological first aid.

Peer supporters are nurses and other health care workers who volunteer to support distressed colleagues. Potential peer supporters are recruited from across the organization with an emphasis on areas of high-risk (e.g., emergency departments, ICUs, COVID units) and receive training to provide peer support according to best practices. Potential peer supporters might be identified as natural helpers within a team—health care workers who demonstrate empathy and compassion toward their colleagues. Screening processes can ensure peer supporters have sufficient interpersonal skills (e.g., the ability to build rapport and trust quickly), a desire to learn new skills, and the ability to maintain

Table 1. Potential Desired Characteristics of Peer Supporters

Personal characteristics: Experience in clinical role for a minimum of 18 months High emotional intelligence Natural helper within their team Maintains trust and respect of peer group Able to maintain confidentiality Exhibit effective communication skills Demonstrates an empathic presence Nonjudgmental approach

confidentiality. Potential desired characteristics of a peer supporter are included in [Table 1](#).

Peer supporters are trained to identify distressed coworkers and are encouraged to proactively reach out to offer assistance. When a request is made on behalf of a nurse, it is triaged, and an appropriate peer support who has availability and capacity to take an individual peer support case is assigned. When an event impacts a care team, group support can be triggered and is led by a trained professional such as the program manager, support team leader, psychologist, or chaplain. In health care, there remains a stigma for reaching out for help. Activations that are hard-wired to result in referrals, such as referring all health care workers involved in a potentially traumatic event, helps reduce the stigma of receiving a call from peer supporters to check-in and offer support.

The peer supporter is trained in offering a guided conversation to support the coworker in distress. Peer supporters should identify and normalize the many emotions and reactions experienced by our nursing workforce during this challenging time. Peer supporters do not provide therapy but instead use helping skills such as empathetic, nonjudgmental listening, identifying and naming feelings, reflecting thoughts, normalizing reactions, and assessing needs for supplemental support.¹⁰ The focus of supportive peer interaction is not on “fixing” the distress but instead on allowing the nurse to recognize how they are doing, realize they are not alone, and identify that their reactions are normal. Following these practices, established peer supporters provide much-needed social connections and help nurture nurse resiliency. A key component of peer support is to help normalize the traumatic experience and if necessary, provide a bridge to additional resources, such as behavioral health resources, employee assistance programs, or other organization-sponsored assistance.

It is important to both define peer support, what it is, and is not ([Figure 1](#)) and to distinguish peer support from other types of helping relationships, such as therapy or friendship. There are some commonalities

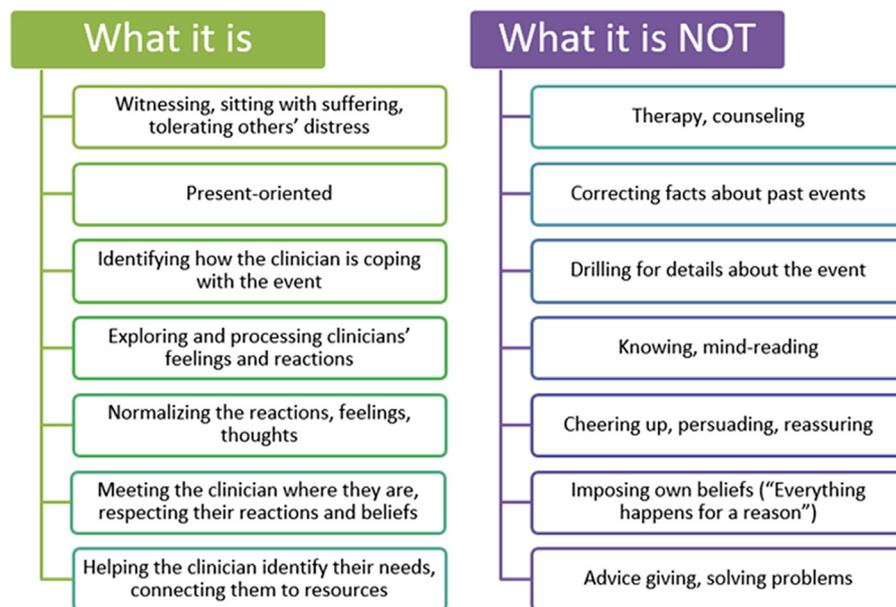


Figure 1. What Peer Support Is and Is Not.

and some critical distinctions between the peer support relationship and a therapeutic relationship with a behavioral health professional. A peer support relationship, as with a therapeutic relationship, should involve empathic presence, compassion, positive regard, and respect for autonomy and intersecting identities. Peer supporters can build rapport and trust quickly, so health care workers feel safe opening up discussing their thoughts and feelings, and being vulnerable. The interaction is an affirming, validating, nonjudgmental, confidential conversation. Similar to therapy, peer supporters and the colleagues they support agree on the goals of peer support and the duration of the relationship. Peer support can occur in individual support or group support formats, as can therapy. Some skills, such as reflecting thoughts, naming feelings, normalizing, encouraging healthy coping strategies, and connecting with resources, are used in both peer support and therapy. Peer support does not use other therapy skills, like diagnostic assessment, insight building, identifying patterns of behavior, increasing motivation, changing thinking or behavior, or providing professional opinions. Peer support is also distinct from merely “good listening” or being a good friend. The boundaries, goals, bond, and confidentiality of the peer support relationship provide a unique safety and reassurance that are often not found between colleagues or friends. A peer supporter understands the challenges of working in the health care organization and can be trusted with vulnerability and sensitive information.

PEER SUPPORT UTILIZATION

Peer support programs often track encounters in a deidentified way to examine program utilization over

time. The purpose of this documentation is to evaluate encounters and to monitor team function. Data from 1 of the peer support programs demonstrate the trends of the utilization of peer support in the months of January to August by year (*Figure 2*). Relative to previous years, peer support encounters increased substantially during the early months of the COVID crisis (April to June 2020), which aligned with a local surge in hospitalized COVID-19 cases. Data on group encounters during these months show high utilization of group support sessions during the first wave of the pandemic (*Figure 3*).

PEER SUPPORT IN ACTION: INDIVIDUAL PEER SUPPORT

An ICU nurse was recently referred by employee health for peer support after testing positive for COVID-19. Understanding the purpose of the support team, the nurse was receptive to connecting with a peer supporter over the phone. The peer supporter identified the nurse's biggest current concerns: isolating from the family, receiving help from family and friends to maintain the household, recovering quickly, and returning to work safely to support team members on a busy unit. The peer supporter helped identify the numerous challenging emotions the nurse was experiencing and assisted her by normalizing these concerns as being very predictable and a “normal human response.” In addition to promoting healthy coping skills for the stress, loneliness, and uncertainty the nurse felt, the peer supporter assisted him by breaking down each concern into achievable tasks that could be addressed one at a time. The encounter concluded with contact information shared and a check-in planned for a few days via text. The peer supporter, understanding the institution's mental health resources,

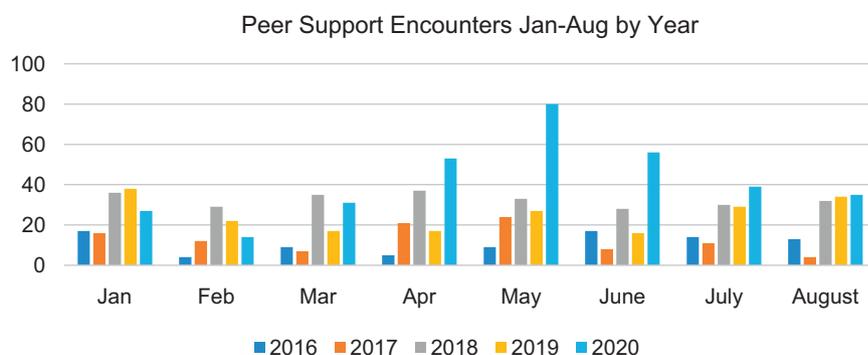


Figure 2. Peer Support Encounters January Through August by Program Year.

also recommended a referral to behavioral health services as an additional staff benefit for long-term support to cope with anxiety and manage stress. Having someone help him to openly discuss his concerns in a nonjudgmental and trusted manner was viewed as quite helpful. The nurse remarked that without having a peer supporter to guide him through the emotional anguish and logistics of testing positive for COVID-19, he might have been even more overwhelmed and would have been less likely to connect with mental health resources.

PEER SUPPORT IN ACTION: GROUP SUPPORT

A nursing supervisor contacted the peer support program supervisor requesting assistance for her team working on designated COVID units. She was worried about burnout as a result of the emotional strain of caring for COVID-19 patients for several weeks. In two 60-minute support sessions, the group facilitator invited the health care workers to check in, reflect, and share their experiences during the early, middle, and current stages of the wave. The discussion focused, not just on individual experiences, but also on team dynamics and changes resulting from their challenges and adapted work during the pandemic. The team shared that it was beneficial to have the time and space allotted to share their reactions and feelings, and to have those

experiences explored, validated, and normalized. Participants also shared coping strategies they used, remarked on those they found to be helpful, and made plans to enact those practical strategies when they notice they might need extra care and support. The existing, natural support resources among the team members were identified and promoted. They were provided information about long-term support resources and were encouraged to connect with individual peer support or other services, as needed. Several weeks later, the supervisor reported to the peer support manager that the team was still commenting on how the sessions had been beneficial and that the chance to reflect and commit to caring for themselves had made a difference in their overall well-being and team cohesiveness during the pandemic.

LESSONS LEARNED

One challenge to overcome in providing and receiving peer support is the likely stigma health care workers feel about seeking support. Help-seeking has always been a challenge among health care workers, who often feel they have to live up to the idea of being a “health care hero,” denying their human capacity to be impacted by the stress of their work amidst a culture that can harshly judge health care workers who do seek support. Fostering appropriate help-seeking happens

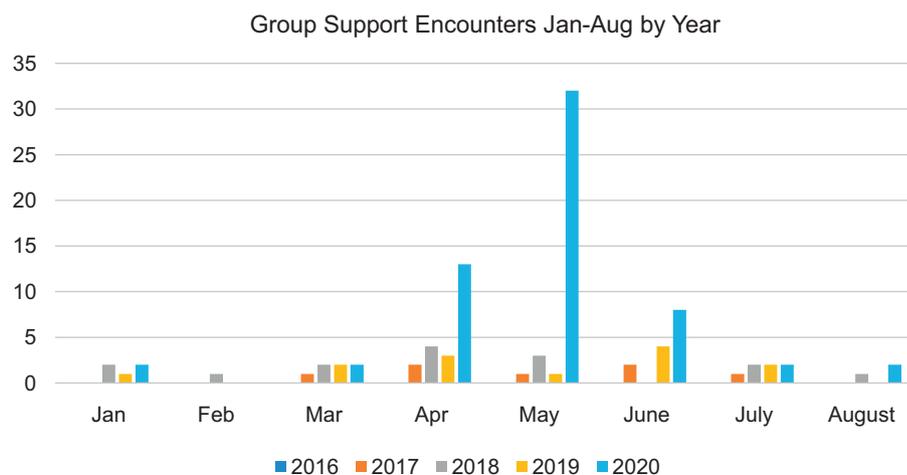


Figure 3. Group Support Encounters January Through August by Program Year.

both at the individual level and the level of organizational culture. Peer support programs can encourage appropriate help-seeking by offering peer support as a default after certain types of events, so health care workers do not feel singled out for “needing” help or support. In addition to having some default methods activations of peer support, peer supporters can reduce the stigma of peer support when first offering support, mostly when health care workers were not self-referred (e.g., “perhaps a caring colleague thought you had a tough week and wanted to give you an opportunity to check in and receive support”). On an organizational level, hospitals can normalize the use of peer support and prepare staff to expect a check-in from the peer support program at some point. Carefully explaining the purpose of peer support and differentiating peer support from therapy can also help ease any concerns that health care workers might be assessed or diagnosed during the encounter.

Another potential obstacle to peer support is not having a culture of help-seeking such that health care workers are not comfortable speaking to an unfamiliar colleague for support. Although friends can provide some support with stress at work, there are some events for which nurses might prefer to talk to somebody who “gets” what it’s like to work in health care but isn’t somebody they work with closely or will see every day. Peer supporters will always give a health care worker the option to decline support or seek support from another peer supporter if they feel more comfortable. Additionally, peer supporters will encourage colleagues to reach out to other individuals within their personal social networks, such as caring friends and close family members. The acceptability of peer support will grow over time, especially as peer support becomes more well-known, and health care workers have positive experiences with the program.

Another important lesson learned before the pandemic is that referrals for peer support should be hard-wired, when possible, and allow for colleagues to refer others for peer support. This “opt-out” strategy builds a culture of well-being where caring colleagues can give nurses access to peer support during a challenging time without relying on health care workers to self-refer for support. Referrals are more likely to come from colleagues than from a caregiver self-referring. The peer support program is often promoted across the organization, and both individual and group support offered to leadership when units or teams are facing challenges. This proactive approach promoted utilization before the pandemic and has continued to sustain engagement with peer support during the pandemic, allowing peer support programs to meet the increasing needs of nurses.

CONCLUSION

The health care crisis brought about by the COVID-19 pandemic has dramatically changed our clinical care

environments. Nurses already practicing in a clinically complex and demanding environment face the new and harsh realities that the deadly pandemic presents. An effective intervention has been deployment of peer support teams. Although investment in nurse well-being before the pandemic allowed mature peer support teams to respond effectively, peer support programs can grow from existing internal resources and stakeholders invested in a culture of well-being and support (e.g., behavioral health, chaplains). These colleagues can join peer support teams and provide a trusted source of collegial care and resilience during this extraordinary crisis. Peer support programs function optimally when they are 1 part of well-being efforts within health care organizations, complementing other services and well-being interventions for staff. Peer interventions should be agile to support individual differences by the deployment of trained system-wide department-based peer supporters. Proper training of peer supporters is essential to identify individuals needing proactive support (e.g., through rounding). Nurse leaders should continue strengthening the overall well-being of their nursing workforce by deploying evidence-based, holistic approaches, such as peer support networks, to support the professional resilience of the workforce during the prolonged COVID response.

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