
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}

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

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

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,

also recommended a referral to behavioral health services as an additional staff benefit for long-term sup-

both at the individual level and the level of organiza-

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