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Resilience During Crisis

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In his inauguration address in 1933 during the Great Depression, President Franklin Delano Roosevelt stated “This is no unsolvable problem if we face it wisely and courageously. There are many ways in which it can be helped, but it can never be helped merely by talking about it. We must act and act quickly” (Koehn, 2020).

Along with our global pediatric community, the National Association of Pediatric Nurse Practitioners faced many challenges from the impact of the coronavirus disease 2019 pandemic. We experienced an unprecedented cancelation of our national conference, quickly shifted to virtual meeting spaces, and each started experiencing novel ways of teaching students and providing frontline health care. We worried about our safety and well-being while staying abreast of rapidly changing recommendations. Our association jumped into action by creating a coronavirus disease 2019 resource Web page, hosting various Facebook live events, a virtual town hall, and our inaugural virtual conference. Our members’ expertise was highlighted in a series of official statements. We joined a variety of stakeholders to advocate for national policies and regulations, not only to support frontline providers but also to ensure that children and families continue to have access to high quality, affordable, and accessible health care services. We were fortunate to have a new strategic plan that prompted curiosity and identified new ways to evolve. We were flexible, open to different ideas, and patient with the process.

I spent each day thinking, learning, and examining what I could do to best lead within a rapidly changing environment. I reflected on the periods in history when crisis opened the doors for advancement. In 1895, Lillian Wald and Mary Brewster thoughtfully supported diverse children and families living in poverty by engaging fellow advocates and

leaders to develop what would become the Henry Street Nurses Settlement (Fee & Bu, 2010). Their vision forecasted the need to address the social determinants of health, in addition to directly addressing illness.

Loretta Ford seized the opportunity of crisis during the early 1960s. During a time when poverty and access to health care services was a great concern, she took the opportunity to use her public health nursing background to support pediatric services in rural communities (Houser & Player, 2004). More recently, I have watched state governors, public health officials, and nursing professionals express their concerns, advocate for the resources they need, and join the call to action to act with kindness and promote hope and compassion in one another.

Leading during times of crisis builds character, integrity, and resilience. We naturally adapt to unique circumstances, refueling the passion of our purpose: to be integral members of a community committed to the health and safety of children. It is an opportune experience to employ innovative thinking to craft new roadmaps and shift to new directions. It may not be clear why this all happening at the moment, but it will serve us well in the future and in ways that we may not even realize. In fact, research demonstrates that during periods of crisis, people tend to act in solidarity and turn toward each other with a sense of togetherness (Dezecache, 2015).

This is the time to be authentic storytellers, account for these challenges, and be candid about what we need to do to overcome them. We may be facing a time of uncertainty, confusion, and concern about what the future will bring. However, equally important is to recognize those emotions, turn to the people and experiences that support you, and leverage the resources you need to be productive. In these unique circumstances, I encourage you to check in with one another, acknowledge the unknown, and express gratitude for the community we have. Collectively, as leaders, our strength during times of crisis is to be celebrated. These times are truly the ones that spark progress, innovation, and novel perspectives.

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