

Editorial



Reflections During the 2020 Pandemic

As I am writing this editorial, the world is in various stages of reopening. Nurses, especially in critical care, have received many accolades during the COVID-19 pandemic, and rightly so. Media coverage and social media postings by critical care nurses showed a surreal world. I read about US hospital administrators who performed an “undercover mission” to pick up personal protective equipment (PPE), using a food truck to avoid interception and possible confiscation of their coveted supplies. Personal protective equipment guidelines transformed throughout the pandemic, creating confusion and possible mistrust of the supporting evidence. Initially many frontline providers were asked to supply their own masks. Nurses acted as surrogates for patients’ families, who suddenly found their visitation rights stripped away. At times I felt like I was watching an episode of the spy thriller series *Homeland*, wondering how these kinds of events could really be happening to our critical care family and the global population.

When I started writing this editorial, I focused on my random observations, reflections, concerns, and hopes. My initial writing style was similar to journaling, reflecting my anger and fear for the working conditions faced

by our frontline providers, my guilt for working from home instead of next to you at the bedside, and, as we transitioned toward our new normal, a sense of pride and hope for a better future for frontline health care workers. I am optimistic that new evidence will be developed to support optimal PPE practices, that supply chain issues will be improved to give health care workers the necessary tools to do their work, that healthy work environments will become the norm, and that the nursing profession has earned an even greater amount of respect. In addition, I hope that managers and administrators will no longer be forced to ration PPE and send their frontline health care workers into untenable work environments. Finally, I hope that the world will reciprocate and provide necessary care for nurses.

Many health care teams have adapted well to rapidly changing situations during the pandemic, despite suboptimal conditions, but much work still needs to be done.^{1,2} The United States has been in a fortunate position to incorporate lessons already learned from health care responses in Asia and Europe. Also, nurses have not been alone in dealing with the pandemic. It has taken a village to redesign units, revise models of care, train non-intensive care unit nurses to function safely in critical care units, keep abreast of the changes in evidence (PPE usage and cleansing, and management of patients with COVID-19), communicate with clarity and transparency, and maintain a sense of humor. This village has included multiple disciplines and levels from the front line to administration—too many to mention without risking accidental omission. An underreported but critical member of the frontline team have been the environmental

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services staff who have helped to prevent spread of the virus throughout our organizations. Nurses who have temporarily been reassigned and/or have volunteered to work in critical care units also deserve a shout-out. Courage, transparent communication, and teamwork have been some of the positive outcomes of this pandemic.

I have heard stories from many nurses across the globe, who expressed their feelings, concerns, anguish, and general thoughts about what they were dealing with. I hope by now that those of you who sacrificed your home living situation to keep your family safe are back home and fully integrated with your household. Nurses have been labeled as the superheroes of the pandemic, a label that many of you have embraced and many have felt uncomfortable with. Although we have experienced this global pandemic together, we have faced the different stages of this pandemic at different times. Some of you may be breathing a sigh of relief that the number of patients with COVID-19 in your organization never increased, and some of you may still be experiencing heavy or escalating workloads. Others may be waiting to see if the reopening of your communities and the upcoming influenza season will affect the number of COVID-19 cases and critical care admissions.

Even if you have not personally cared for a patient with COVID-19, many of you have prepared for this pandemic mentally and physically. You have lived through the pandemic on a personal level. You have waited, anticipated, and felt anxiety. I hope that some of you have journaled your stories and feelings during this time. In addition to the therapeutic benefits of journaling, sharing your stories will also help to build upon our historical nursing knowledge. Consider joining the Peer Support Community of the American Association of Critical-Care Nurses to share your experiences and obtain advice and support.³

In the days ahead, I worry for some of you. Frontline critical care professionals were already experiencing a high level of burnout before the pandemic.⁴ Dr Mark Rosenberg stated “as the pandemic intensity seems to fade, so does the adrenaline,” leaving us with our emotions.⁵ If you have not already done so, I suggest that we make a pact to watch over each other for a long time. Reach out and ask a colleague if they are doing OK or if they could use any help. Become aware of the resources provided through your work organizations, professional associations, and communities to support your well-being. We should remind each other that counseling is

available—it is OK to need, ask, and accept help. Some of us will be at risk for mental health issues; we are human. Be mindful of the warning signs for suicide and ask the appropriate questions to determine suicide risk.⁶ We need to keep our eyes, ears, and hearts open to intervene early and swiftly. The strength of teamwork has been highlighted throughout the pandemic. Let us make team care part of our postpandemic strategy.

I hope by the time you read this, you have been able to make more time for your family and friends, but most importantly, time for yourself. Some of you did not have time to think beyond your nursing role during the initial phase of the pandemic. Many of you have begun to reclaim your personal identity, while others are just beginning your intense pandemic journey. Some of you have witnessed and experienced horrific events during this pandemic. I hope that those in need are actively participating in self-care or seeking professional help to attain peace with your experiences. It may take years for some of these experiences to be fully understood and for trust to be rebuilt. Despite the challenging circumstances you have worked in, I hope you recognize that you have done your best. Critical care nurses have gracefully bridged the transition in the American Association of Critical-Care Nurses presidential themes; you were “Unstoppable” and you embraced a team approach to exemplify “This Is Our Moment—All In!”⁷ CCN



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