

Commentary

A recent editorial in *Critical Care Nurse* titled “Could It Be Menopause?”¹ sparked significant disquiet in the online nursing community. The editorial invited readers to consider the degree to which menopause contributes to nurse burnout, during the COVID-19 pandemic and before. Perimenopause and menopause, along with other health concerns for women and people with uteruses, are poorly understood and poorly addressed in health care,² for patients and providers alike. Not all nurses experience menopause, not all women experience menopause, and not all people who experience menopause are women. Although the symptoms associated with menopause may mirror burnout, linking the experience of burnout with menopause in the midst of a pandemic introduces an unintended liability that off-loads burnout onto individual nurses and echoes the oft-weaponized notion of “hysteria,” a catchall diagnosis used to dismiss and demean women.

The realities of nursing are more than sufficient to account for the grinding burnout nurses are experiencing. In a study conducted shortly before the start of the pandemic, researchers found that as many as one-third of US nurses were experiencing burnout.³ We entered the pandemic under suboptimal conditions, which have continued to worsen

as the pandemic endures.⁴ Amidst the despair, grind, trauma, and gaslighting, we go on, marking birthdays, anniversaries, holidays, and milestone achievements as well as the more mundane things that shape our lives such as puberty, school, allergies, grading, chores, and even menopause. These daily realities are important; they keep us anchored in an otherwise bleak landscape and push us to navigate the dialectic among the needs, realities, expectations, and desires of the individual nurse and the unremitting strain of a health care system in crisis.

The pandemic is not over and the traumas that nurses face are ongoing. In late December, as many health care providers simultaneously celebrated the holidays and braced for a postholiday COVID surge, both the Centers for Disease Control and Prevention and the American Heart Association put forth deeply troubling recommendations. The Centers for Disease Control and Prevention, acceding to business pressures, shortened recommended quarantine time for health care workers who are COVID positive⁵ and allowed the possibility of health care workers returning to work with an active COVID infection to mitigate workforce strain.⁶ Concurrently, the American Heart Association rolled back previous guidelines and now recommends against any delay in the initiation of cardiopulmonary

resuscitation, including any pause for a vaccinated health care worker to don personal protective equipment.⁷ This recommendation exposes health care workers to COVID-19 for heroic but futile efforts, given the abysmal success rate of cardiopulmonary resuscitation for COVID patients.⁸ Taken in combination, these recommendations suggest the health care workforce is disposable—a message not lost on health care workers.⁹⁻¹¹ The effects of these systemic, structural, and institutional failures cannot and will not be mitigated by nonpharmacological interventions or hormone replacement therapy,¹ nor can gratitude practice¹² or shower heads¹³ alleviate burnout, as recent American Nurses Association campaigns suggest. Ultimately, systemic problems cannot be solved by individual-focused solutions and, even more critical, individualist interventions tend to obscure upstream culpability.

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Editor's Response to Commentary

I apologize to our readers. It was not my intention to suggest that menopause was linked to burnout and I am sorry that my words did not clearly represent my thoughts. Women's health issues such as menopause are often not discussed and I was hopeful that the resources might be helpful for some of our readers.

I am concerned about the future of critical care nursing as a profession and also for the conditions that our nurses currently find themselves working in. I am hopeful that we can make radical and meaningful change at the institutional and policy level to promote healthy work environments. I just hope that we can do this in time before we lose or harm more nurses.

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