

# A TRIBUTE TO OUR NURSES ON THE FRONT LINES OF CARE

By Sandra B. Dunbar, PhD, RN, Jeannie P. Cimiotti, PhD, RN, and Carolyn M. Reilly, PhD, RN

**W**e are here. To our nurse colleagues on the front lines of hospital care, know that we are here watching as you pour every ounce of compassion and clinical expertise into saving patients who have been ravaged by coronavirus disease 2019 (COVID-19). As your former faculty, we are in awe of how you have taken compassion to new heights as the last person that many dying patients see because their families are prohibited from entering the hospital. We feel your pain, knowing that you have forgone sleep, nutrition, even that bathroom break that was desperately needed 2 hours ago, and you have experienced feelings that you cannot even name. We know that some of you have children who are sheltering-in-place at home, and yet you don your scrubs and respond to your duty to care for others. We know that some of your spouses and partners have lost their jobs, and we worry for your health and well-being, and that of your families.

We cheer your innovation—finding ways to connect patients with their families, becoming efficient in preserving limited protective equipment, learning everything possible about a novel virus, all while dealing with unacceptable workloads and leading interdisciplinary care in ways you never dreamed of. We relish your social media posts that have allowed the world to know more about the joys and challenges of being a nurse. For the nurses from the Centers for Disease Control and Prevention and those in public health leadership roles, we applaud you for your role in developing policy to protect the public.

Some faculty have responded to states and agencies nationwide asking for help, while others of us feel guilty about not being on the front lines. In the past, we had sharply honed clinical skills, and we want to do more, now. Admittedly, some are in high-risk categories ourselves and cannot help. As nursing faculty working now behind the scenes in roles different from your current roles on the front

line, we are concerned that we may not have prepared you for this—a viral pandemic.

We grieve the loss of our nurse and physician colleagues who have died in the line of service, and we cringe knowing that you have seen more death in the past 2 months than most nurses see in a lifetime. We grieve for the moral distress many of you feel as you are prevented from delivering the standard of care because of the sheer numbers of patients, high demands, and exhaustion. We grieve that ventilators, as well as respiratory and infusion equipment, are limited and that ingenuity is occurring at the bedside as you encounter patients' varied responses to this enemy. We grieve that we are not there with you.

We can't be there, but we are scrambling to provide quality education to the new nurses who will graduate in just a week, some joining you under temporary permits or newly minted licenses fresh from passing the NCLEX. Still others will graduate in August and then more in December, much like new recruits coming out of basic training for what we know will be a continued battle on the front lines. We are reimagining nursing education, striving to fill the gaps from lost traditional clinical experiences with high-quality virtual simulations, and engaging students with creative learning and assessment strategies to ensure that quality and rigor are maintained in these challenging times. We are doing everything we can to ensure that these new nurses enter the workforce with the preparation, perspective, and experience needed in this unprecedented situation.

Ever focused on ensuring evidence-based practice, we are reading everything on COVID-19 that we can get our hands on to incorporate into courses, research, and organizational decisions. With students and colleagues, we are developing research on COVID-19 to determine how we can best fight this disease and disease-related outcomes. As dedicated nurse scientists, we will determine the long-term effects of COVID-19 on patients, family caregivers, and the nurse workforce.

Through our state legislatures and national professional organizations, we are advocating to policy makers to ensure practice guidelines for safe nurse

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work environments, an adequate nurse workforce, protective supplies and equipment, less restrictive practice barriers, and appropriate remuneration. We are producing compilations of guidance and patient education materials for persons with chronic diseases, caregivers, and the elderly. Finally, we are working with our state boards of nursing and clinical partners to ensure that we keep the pipeline of qualified nurse graduates flowing.

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We don't know when this pandemic will end or how it will change nursing education, research, practice, and policy. Before the pandemic overtook us all, nursing and its great contributions to health were already being celebrated across the globe as 2020: The Year of the Nurse and Midwife. We remain staunchly committed to highlighting the ways all nurses excel, lead, and innovate—whether we are providing hands-on care, educating the next generation of nurses and nurse scientists, or contributing in other ways. You are true health care heroes in the eyes of all your former faculty and mentors.

## FINANCIAL DISCLOSURES

None reported.

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