

Editorial



Historical Letters to the Editor Mirror Current Issues in Nursing

In preparation for this editorial, I had the privilege of going back in time to read letters to the editor published in *Critical Care Nurse* (CCN) during the past 20 years (February 2004–August 2023). I reviewed a total of 62 letters to the editor: 44 were written in response to a published CCN article, 11 were unsolicited, 6 were written in response to an editorial, and 1 was written in response to a letter to the editor. The peak occurred in 2007 to 2008, when a total of 25 letters to the editor were published in CCN, representing 40% of letters to the editor during the 20-year period.

Letters to the editor can be written by a single author or a group of authors. Most of the letters received by CCN were authored by nurses, but not all. Authors of CCN letters to the editor included nurses, nurse leaders, clinical psychologists, student nurses, physical therapists, chaplains, former patients, and family members. The authors' educational backgrounds were also variable. A few of the authors had previously published articles in CCN, but the majority had not. Three of the authors requested that their names be withheld, and their letters were printed anonymously, presumably due to the controversial subject matter.

Most of the letters to the editor were written in response to published articles. Authors

in the majority of letters agreed that the original article was helpful and addressed a key issue from their own perspective. Others wrote in response to the content, expressing concerns, seeking answers to questions, or requesting further clarification. Of the letters to the editor that were unsolicited, authors wrote for a variety of reasons, including bringing awareness to a new issue, expressing gratitude for nursing care, sharing a personal story, or celebrating achievements within their unit. According to Cynthia Saver,¹ letters to the editor are a way of getting your voice heard. Saver also provided several examples about how to best write a letter to the editor.

Historic Letters to the Editor

I read statements in several letters to the editor that appeared timeless. Many letters to the editor that addressed contemporary nursing issues 20 years ago remain just as relevant in today's health care climate. I have selected some letters to the editor to share with you; they are presented below in chronological order from 2004 to 2019.

*Chauvette and Alexander (2004).*² In response to an article by Nibert titled *New Graduates: A Precious Critical Care Resource*,³ the authors wrote that bedside nursing was hard and undesirable as a profession:

Who wants to work long hours, weekends, holidays, and night shifts? Who wants to tolerate an undermining pay scale, verbally abusive medical staff, and unrealistic administration? Indeed, new graduates are our precious resource; it is important to nurture them the best we can. However, sooner or later, our new

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graduates will come to the conclusion that bedside nursing is a hard profession.

Nibert⁴ responded to Chavette and Alexander and cited results from a 2001 American Nurses Association study that reported that fewer than half of the respondents would encourage their child to go into nursing, and 23% said that they would actively discourage anyone from entering the profession:

Wieck's model of the nurse as doer, thinker, practitioner, and researcher offers veterans, as well as the new generation of nurses the opportunity to thrive, not just survive in today's ever changing healthcare environment. . . . What opportunities and challenges might future generations miss by foregoing the hard work, but also the untold satisfaction, that a career in nursing affords! I know that there are other nurses who share this belief about our profession, and I am grateful to them for mentoring the next generation of nurses who are so badly needed to care for critically ill patients.

Jenkins (2005).⁵ In response to an editorial,⁶ a nurse educator asked and discussed the question "Will we teach students the skills needed to prevent unhealthy work environments?"

Educators must ensure that we teach, role model, and provide adequate opportunity to practice these fundamental skills. If all educators will do our part, new nurses will enter the workplace expecting healthy work environments and have the tools necessary to support this environment. . . . Nurses of today must create a healthy environment not only to preserve ourselves but to preserve our profession. Nurses of tomorrow must be prepared to practice in and to maintain a healthy environment. . . . Let us prepare nurses that demand and maintain a healthy work environment.

Wyllie (2005).⁷ The author, a critical care nurse, wrote about her personal volunteer efforts to help her family in Mississippi during a crisis: "The Gulf Coast was hit hard by a stage 5 hurricane, Katrina—a natural disaster that has never been seen before by the citizens of the United States." Unfortunately, severe weather patterns have

become increasingly common in many areas of the United States and globally, potentially affecting the health and well-being of many people.

Earnest (2007).⁸ In response to an editorial,⁹ the author suggested that nurses themselves may benefit from a self-directed nursing care plan:

I am very interested in helping the nurses I work with find ways to deal with the stress of daily work. . . . I believe the health of nurses should be a specialty of its own because we are a different and unique group—a very special group. . . .

A nurse care plan could also include "my goal for today," "my biggest risk," "my fear," and tomorrow's potential. . . .

A healthy work environment is very important. I want nurses to grow, thrive, smile, and feel fortunate to be practicing nurses, to know we make a positive difference. I think we would never have a shortage of nurses and truly never be short staffed if our environments were better. We do have some choices and as adults we can still change our habits and ruts. It is when we take the best care of ourselves that we have the most to offer others.

Stoughton (2008).¹⁰ This author submitted a letter to the editor in response to an article by Lower¹¹ on new nurses entering the profession:

I don't know about anyone else but I believe it is our duty to help the new generation of nurses to feel welcome into our community. I want quality nursing care for myself and my family, should the need arise. . . . I also have told many new ICU [intensive care unit] nurses, "The good nurse is not one who is good in the code, the best nurse sees the problem before the arrest and prevents that situation from occurring." I do not plan to work for the rest of my life. I love people interested in learning and I enjoy learning new things myself. Let us not pass up the opportunity to "build a village" of strong, smart, and tech savvy nurses who can propel nursing even further and provide the safest, smartest care available.

Gilliam (2008).¹² This letter was written in response to an article on orientation models for new graduates in critical care.¹³

As a student who will soon be graduating from a baccalaureate program, the idea of transitioning into critical care seems overwhelming. In my experiences, it seems like orientation models currently in use often do not provide consistency between the new graduate and his or her preceptor.

Proulx and Bourcier¹⁴ responded to Gilliam's letter, saying "[s]electing unit preceptors who are willing to work with graduate nurses in contrast to a mandated assignment, always provides a more positive experience for both parties involved."

Anonymous (2010).¹⁵ The author wrote about ICU nurses who covered codes throughout their organization. When a nurse was called to a code, their ICU patients were covered by nurses who remained on the unit. Their organization may have had 2 to 6 codes per day, but their staffing was based solely on the start-of-shift patient volume. The author asked some pertinent questions:

Maybe acuity should be more defined especially in critical care areas where the acuity of the patient mix is ever changing? Or are we looking at a future of health care reforms and cost-cutting measures taking place? Where do we go from here?

Henderson (2019).¹⁶ Before the pandemic, this nurse responded to 2 articles^{17,18} on implementing the ABCDEF bundle in the ICU, published in *CCN*, noting the skills and resources needed to effectively implement such protocols amid resource cuts. She expressed concerns about the future of nursing:

How does the cutting of bedside staff and the recent large increase in CEO pay affect your ability and aspiration to effectively implement the ABCDEF bundle? . . .

I am at the end of my RN [registered nurse] journey, but I worry about the young RNs and the future of bedside nursing. Nearly every month another staff nurse leaves to pursue a career

away from the bedside. If this continues, with increased expectations, workloads, and compliance requirements, while cutting costs by cutting staff, I fear there are going to be few experienced bedside nurses left, and those who stay are going to be exhausted and burned out, to the detriment of themselves, patients, and families.

These historic letters to the editor could easily have been written today because they address persistent concerns in nursing and health care. Although hospitals have developed stronger business models and have made strides to improve the patient experience,¹⁹ many health care systems have continued to fail nurses. Nursing care needs to be in the forefront of acute and critical care nursing, not in the background, and not only if the budget permits. These historical letters speak to the importance of resolving these issues to make positive and lasting change.

Letters to the editor published in *CCN* have also included more upbeat letters. For example, Wollard²⁰ submitted a letter to the editor in response to a *CCN* editorial on chocolate and heart disease²¹:

It is not often that I can laugh and learn at the same time while reading a journal with serious content that encompasses critical care nursing. . . .

It is ironic that February is the month when we are encouraged to think of ways to take special care of our heart as well as the most popular time to think about chocolate. Now we are equipped with the knowledge to unleash some guilt of our own if we choose to indulge in a bit of chocolate. I certainly have been sustained through a few long shifts as a critical care nurse by a dose of chocolate.

Letters to the Editor Today

As a regular reader of *CCN*, you may have noticed that the volume of letters to the editor published in the journal began to decline after 2008. Interestingly, 2008 is also the year Facebook became the most visited social media site.²² I see many posts from *CCN* readers on the American Association of Critical-Care Nurses (AACN) social media sites, and I assume social media has played a role in the declining numbers of letters to the editor submitted to *CCN*.

There are several benefits to submitting letters to the editor versus posting on social media. Although social media posts have the advantage of immediate gratification, posts often quickly lose their prominence and can be difficult to locate. Letters to the editor and related responses, on the other hand, are searchable on the *CCN* website. Readers can locate the original articles for their own review and appraisal. Letters to the editor that are related to a previously published article, editorial, or letter are also forwarded to the corresponding author to request a response. On the *CCN* website, these forms of communication are all available in one place.

I hope that some of you will consider writing a letter to the editor. Instructions for letters to the editor are available in the *CCN* Author Guidelines.²³ The length of published letters is variable. Although 600 words are a good target, short letters are also encouraged. Letters to the editor do not undergo a full peer review process; they are assessed by the editor and managing editor to ensure fit with *CCN*'s mission. Requests may be made for the author to consider additional information and/or perform minor revisions following copyediting. My hope for nursing is that 20 years from now, another review of

letters to the editor will tell the story of healthy work environments and healthy nurses, ample staffing, nurses being valued, and nurses still enjoying a bit of chocolate.

All the best for the holiday season and the New Year!
Be well! *CCN*



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The statements and opinions contained in this editorial are solely those of the Editor.

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