

# Editorial



## What Will the New Normal Look Like?

**W**hat will it take for nurses to feel energized about and happy with their work environment? During the past couple of years, health care workers have suffered in countless ways, including fearing how COVID-19 might affect them and their families, losing loved ones, mistrusting their employers, and experiencing unintended consequences from government, Centers for Disease Control and Prevention, and community responses to the pandemic. One in 5 Americans have sought psychological care during the pandemic, and many have reported high levels of stress and anxiety.<sup>1</sup> I read with sadness about the suicide of critical care nurse Michael Odell.<sup>2</sup> We have lost another member of our nursing community whose psychological health was greatly affected by the challenges of nursing during the pandemic. Unfortunately, Odell has not been the only nurse or health care worker to take their own life during the pandemic. According to Guttormson and colleagues,<sup>3</sup> nurses have suffered an immense psychological burden during the pandemic. Nurses and other health care workers have continued to give again and again, and seem to have been expected to be

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superhuman and function at a higher level than the rest of society.

As I write this editorial, the threat of the Omicron variant has lessened in North America, yet the emerging Omicron subvariant BA.2 is looming.<sup>4</sup> Although the volume of hospitalized patients in the United States has decreased following a peak in January 2022, we continue to experience an acute nursing shortage and many health care workers are exhausted. Many nurses have left the profession earlier than they had originally intended; some have left critical care for other nursing specialties, and others still question whether they will stay or leave the roles they once loved.<sup>5</sup>

In March 2022, nurses watched in horror as former nurse RaDonna Vaught was criminally convicted of homicide, the result of a tragic medication error in 2017.<sup>6,7</sup> Errors are often traced back to a larger system issue, but in this case, the responsibility for the error was placed on an individual nurse. Nurses are asking what this verdict will mean to them personally or to our profession. As nurses continue to work in broken systems with higher nurse-to-patient ratios and high levels of stress, what might these unhealthy work conditions mean to the risk for making a human error?

We try to anticipate what living with COVID-19 present among us will mean. Some nurses have received sign-on and/or retention bonuses to entice them to remain in their current positions.<sup>5,8</sup> Although money is always appreciated, some nurses are angry because they do not see any positive changes in their current working conditions. Nurses say their concerns are trivialized

and they are underappreciated. For many, the bottom line has been the exacerbation of an unhealthy work environment that nurses endured for years before the pandemic. This situation makes me wonder why we continued to work within a broken system for so long. In hospital settings, nurses provide patient- and family-centered care around the clock. It seems obvious that nurses should have a strong voice in designing health care systems, but historically they have not.<sup>9</sup> I agree with Dykes and Chu,<sup>9</sup> who say it is time for clinical nurses to get more involved in decision-making about changes that will affect their practice.

Many nursing skills have been learned and improved upon during the pandemic. Health care workers have been redeployed; they have been flexible, innovative, and collaborative; they have embraced interdisciplinary practices; and many advanced practice nurses have finally been able to reach their full scope of practice. The knowledge and skills that have been learned during the pandemic will carry forward to improve the new normal. Although many nurses have suffered from the effects of burnout, traumatic stress, and/or moral distress,<sup>10</sup> nurses have also expressed joy. Throughout the pandemic, nurses have continued to celebrate new specialty certifications, have expressed joy for being in a profession that they love, and have described their excitement about having an opportunity to make a difference in the lives of others. Although nurses have shared common experiences during the pandemic, there have also been many differences. Workplace environments and cultures differ among institutions. Even within a single institution, each unit may have a unique culture. Linzer and Goelz<sup>11</sup> encouraged health care leaders to create spaces where health care workers can find meaning and purpose. They believe that this strategy is key to “bringing joy back” into the workplace.

We do not know what the new normal will look like. Will the broken system merely be patched up or will nurses and other health care providers develop a new and improved system? I recently heard a story about nurses being asked to perform environmental care duties because the contracted cleaning company was unable to manage some basic hospital needs such as handling bodily fluids. Although nurses often pitch in to help the team as needed, nurses should protect their scope of practice as the new normal is designed. As key stakeholders, bedside nurses and nurse leaders need to

be at the table and have a strong, bold voice to influence the future of nursing. Nurses have permitted other professionals to advocate on their behalf for too long; no one understands what goes on at the bedside as well as the nurses who perform direct patient care and the nurse leaders who work alongside them.

Nurses, I realize that this is one more thing to do, but I ask you to think about how you can contribute to the new normal. Decisions about the new normal are going on at national, state, institutional, and unit levels. Consider where you can contribute. Speaking up to advocate for your profession may be outside of your comfort zone, but if you do not do it, who will? Some of you have already sent letters to your state representatives and signed petitions to enforce maximum nurse-patient ratios. As I have mentioned in previous editorials,<sup>12,13</sup> many initiatives are underway to focus on improving nurse working environments. Many of you reading this editorial are American Association of Critical-Care Nurses (AACN) members—I encourage you to follow AACN’s initiatives and support measures on their social media sites and website. A summary report of AACN advocacy is available online.<sup>14</sup>

You may have read this editorial hoping that I would unveil the new normal. Like many of you, I do not have the answers, but I have ideas. I encourage you to share your ideas to help shape your professional future. I feel hopeful that the new normal will be an improvement when later compared to prepandemic working conditions. As a realist, I am also aware that the new normal for nursing will not happen overnight. Our profession has a lot of work ahead. Changing the future of nursing is not something to take lightly. Please consider sharing your voice. What you have to say is important! **CCN**



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

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