The Year of the Nurse and COVID-19: Editorial

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The American Nurses Association’s theme for 2020 was The Year of the Nurse. The experiences of nurses this year, working in a pandemic, certainly adds meaning to the phrase. Nurses continue to be highly respected professionals and the resilience and determination of nurses has been readily evident in this pandemic. Nurses of course work in many roles including direct patient care, public health and education to name only a few. I cannot think of a nursing role where this pandemic has not had an impact. Direct patient care nurses are of course high on the list of those who have been affected. This role also covers a lot of situations, in the ED, ICU, on COVID units, and non-COVID units in direct care. During the early stages of the pandemic some nurses were being furloughed if not reassigned from areas such as outpatient surgery. School nurses are still trying to keep our children safe and provide the care they may need from effects of chronic illnesses such as Type I diabetes and asthma to those acute issues that arise. In the spring and summer school nurses wrote contingency plans for dealing with COVID-19 if schools were operating face-to-face, hybrid or online. Today, those school nurses are administering a COVID plan for screening children and teachers in order to keep the school environment as safe as possible. Nurse practitioners and nurses working in the area of mental health are also seeing not only an increase in cases but often having to adapt to a new way of practice through telehealth options. Public health nursing is a role that has been shrunk overtime, often due to budget issues, and this has weakened our public health system. Today those in public health are dealing with testing and contact tracing and preparing for the need to get vaccine into the arms of individuals in communities and counties across this country. Nursing faculty are having to devise and adapt their
didactic as well as clinical teaching roles. Although many schools of nursing have been ahead of other disciplines on campus in moving to distance learning modalities many are still in that stage of early development but have undergone a massive shift during the last few months.

In May I wrote an editorial regarding rural communities, rural nursing, and COVID-19 (Fahs, 2020). At that time, I discussed the delayed impacts this pandemic might have in rural communities, such as those where meat packing plants and resort areas are located. I also noted that it is hard for people to imagine the devastation of this disease when living in an area that has been somewhat protected during the early month of the pandemic with mandatory shut downs. As of this writing (December, 2020), we are seeing the spread of COVID into more rural area after a period of opening up in the summer and the fall. More people are experiencing the effects of COVID in their rural communities. For a rural hospital that has no or very limited ICU beds this is a crisis that is in the making; transport to a regional medical center may no longer be an option since hospital and ICU capacities are being pushed to the maximum during this winter surge. Although relief is on the way, with vaccines beginning to get emergency approval in many nations, the speed at which they can be manufactured and the efficiency and fairness of distribution remains a looming problem.

Whatever your role, I am sure many of you are feeling the stress of nursing in a pandemic. Nursing is never an easy job, but the last few months and predictably the next few months are going to bring extra burden and stress to the roles of nurses. Nursing in a pandemic has been challenging but also rewarding in that we have adapted and grown in our abilities to deal with the unexpected.

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Resilience occurs in the face of adversity, and the resilience of nurses everywhere is obvious and greatly appreciated by those we care for on a day-to-day basis. This year of the nurse is one we will never forget. Thank you to each and every one of you for what you do!

References