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COVID-19 Superheroes

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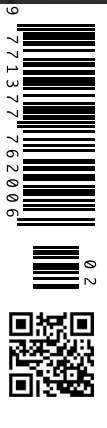
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We Salute Our Healthcare Heroes!

◆ Author: [Olivia Lounsbury](#) | Clinical Research Coordinator, Patient Safety Movement Foundation | Irvine, CA | USA

The U.S. is one of the countries that has been hit hardest with the COVID-19 pandemic, and the stories about the frontline healthcare staff's plight are many. Lack of basic protective equipment, overburden, anxiety are just the tip of the iceberg of issues they have to face every day. The Patient Safety Movement Foundation (PSMF) talked to an unnamed frontline nurse about her work in a Texas hospital, and outlined the major problems in nursing care exacerbated by the pandemic.

Key Points

- Since the beginning of the pandemic, frontline healthcare workers have been working tirelessly, with their own needs often neglected.
- There are multiple issues with regard to PPE use and sterilisation while 'clustered care' introduced by some hospitals proved to have its limitations.
- Caring for the COVID-19 patients has also taken its toll on physical, mental and emotional health of frontline staff.
- Despite this, nurses continue to support each other in their work, of which they feel proud.

The near-universal toll and personal sacrifices due to the COVID-19 pandemic are well-established. Everywhere, people are suffering in one way or another. The physical and emotional burden experienced daily by healthcare workers on the frontlines is just as valid, and we cannot continue to expect mechanical-like operation from these individuals. They too have children they risk not seeing, have family members undergoing chemotherapy, experience job performance anxiety, which, coupled with a global pandemic, is amplified to the maximum. They too savour the few moments of camaraderie that are accidental externalities in performing the same task at the same time near a colleague. They too are people trying their best to help other people. It is important to recognise that the system's long-standing, gaping failures have been exposed, leaving individual healthcare workers

stranded without the proper resources in the time of greatest need. Assuming you recognise that healthcare workers are not spared from suffering when basic physical and emotional needs are left unmet, it is remarkable that they continue to carry on.

In the ongoing pandemic, the true superheroes have been those on the frontlines of the battle with the deadly coronavirus. Since its nascent stages, healthcare workers across the world have made personal sacrifices, compromised their own safety, worked overtime, subjected themselves to tremendous stress and anxiety, and have had to make difficult decisions personally and professionally.

These experiences are articulated to a personal degree in this interview with a nurse working on the frontlines in a Texas hospital. Although this nurse desires anonymity,

PSMF asked her about the near-universal challenges of nursing care during a pandemic, as well as the challenges specific to her region.

On 27 April 2020, Texas governor [Greg Abbott](#) was the first U.S. governor to issue orders for a phased reopening after over a month of COVID-19-related lockdowns. Subsequently, in mid-June (Champagne and Oxner 2020), the state reported a resurgence in cases greater than the initial surge. The decision, and the consequent outcome, fuelled public and professional contention and exacerbated the adverse impacts of the virus, with healthcare workers left to maintain operations as if nothing ever happened.

Personal Protective Equipment Challenges

By now, the world is very familiar with the challenges posed by COVID-19 in the healthcare setting, especially as related to personal protective equipment (PPE). Despite “rationing PPE very early on in the pandemic, *it’s hard to keep one gown clean all day,*” said the nurse. In addition to the gowns, the sterilisation process implemented for reuse of the masks leaves many nurses questioning its safety for themselves and their patients,

Hospitals have taken steps to implement ‘clustered care’ in an effort to mitigate PPE concerns and to limit the transmission that may be exacerbated by going into the room frequently. However, in this effort to protect staff, the process of clustered care may compromise the standard of care for patients, again, placing healthcare workers in a catch-22.

“For a ventilated patient, we go into the room every hour and provide basic care that can only be provided by physically interacting with the patient (eg, touching them, being next to them). We do clustered care every four hours. As a result, we’ve seen an increase in pressure ulcers, ventilator-associated pneumonias, and so on. Due to this decision, quality outcomes – things measured by Medicare, such as ventilator-associated pneumonias [and] catheter urinary tract infections, are no longer performed as they normally would be.”

The sole reason that so many healthcare providers went into the field is to help people who are in need. Knowing that clustered care and improper use of PPE may directly compromise patient outcomes, the anxiety and deliberation experienced by healthcare workers at each interaction is immense.

Every day, there’s a new policy, new research, new information from government agencies, interruption from managers – *the information overload wears on you*

as it “is not how they were meant to be used.” The manufacturer’s instructions specifically state that N95 masks are single-use and disposable. The chemicals used in the cleaning process are often unknown and are frequently changing. *Am I going to get cancer in ten years because of inhaling all of the chemicals needed to reuse masks?* The scepticism around the effectiveness of the cleaning process in maintaining sterilisation, coupled with the apprehension around the chemicals used, enhance the confusion and fear in bedside care.

Staff Safety Concerns

The simple act of donning PPE, a process intended to keep both the worker and the patient safe, is seen as potentially dangerous. “Putting on a mask means you’re touching your face. Even with good hygiene, there’s a greater risk of exposure.”

Before even encountering the patient, healthcare workers move with caution in deciphering the safest way to don and doff PPE that has been repeatedly chemically sanitised, to which the effectiveness is unknown.

Difficult Emotional Aspect

In addition to the new expectations of rapid-fire professional decision-making and adoption of new clinical protocols, healthcare workers are also experiencing the inherent emotional burden, both personally and with their patients and loved ones.

“I am a ‘feeler’ – an emotional person. It feels very callous to tell families, ‘I’m sorry, we are not allowing visitors at this time’ at the worst moment in a person’s life – robbing them of those experiences with their family,” the nurse told PSMF. *“It goes against everything I’ve learned as a nurse, goes against the grain of family-centred nursing.”*

“The lack of visitors has impacted the emotional and spiritual aspect of people’s lives. I feel overwhelmed with the constant need for human connection of our patients. The patients need to be able to FaceTime their families, and their families want to know how long this disease will last.”

Recognising the crucial need for person-centred care, nurses have been going the extra mile to help patients communicate with loved ones, and the nurse we talked



to was no exception. “One COVID-19 patient I cared for early on was an extreme case and their death seemed imminent. Our hospital did not yet have the capability to FaceTime families, so I let the patient borrow my personal phone to call their spouse. I thought, ‘If I were in the same situation, I would want someone to do the same for me.’” The patient ended up making a full recovery and leaving the hospital.

Nurse Stress and Anxiety

In an already demanding line of work, COVID-19 has increased expectations emotionally and clinically tremendously. Mental health issues, such as anxiety, depression and post-traumatic stress disorder, are notable in first responders and the military, and the same goes for healthcare providers. Nurse suicide rates and depression are underreported. “I have definitely felt more anxiety in the pandemic than I did before,” the nurse told us. “I was out for two weeks because I had respiratory symptoms similar to COVID-19 – yet I tested negative for the virus. The night before I returned to work, I was very anxious. I felt nauseous to the point of vomiting, and my heart was racing, anticipating the day’s chaos. Dreading my return to the hospital, I felt like I had drunk 10 cups of coffee. Upon returning, I told a fellow nurse, ‘I cannot tell you how anxious I am feeling right now,’ to which my colleague responded, ‘I feel the exact same way.’”

The anxiety provoked from the unpredictability of the pandemic has impacted patient care in significant ways. As the nurse told us, “Every day, there’s a new policy, new research, new information from government agencies, interruption from managers – *the information overload wears on you*. The chaos manifested in the clinic – medications were being given late, daily stresses were magnified tenfold.”

Sense of Camaraderie Does Wonders

“The biggest support for me is knowing that my co-workers are there for me,” the Texas nurse told us. “There is camaraderie and a sense that we are all in this together. We vent about silly stuff management is doing this week, which helps to offload the stress and anxiety and reminds me that *I’m not crazy – THIS is crazy!* Everything going on right now is nuts and we’re living that and our bodies are internalising that – nurses feeling physically ill, etc. My co-workers are the only ones who understand what I’m going through because they are also going through it – what it means to see a 40-year-old die on a ventilator or have doctors screaming at you over the hum of the Powered Air Purifying Respirator (PAPR).”

With little capacity to systemically support nurses during the pandemic, the brief moments of accidental run-ins with colleagues can immensely improve morale.

Nurses understand the policies other nurses are trying to comply with, the challenges of dealing with management while trying to balance patient care demands, and the significant adaptation and energy required each and every day.

“Nurses like to congregate and look out for each other. They are the biggest source of ‘you’ll never believe what happened today.’”

Nurses Continue to Persevere

Regarding the future of healthcare in the era of COVID-19, the nurse stated, “Texas has one of the lowest rates of testing nationally, yet the highest rates of COVID-19. We will keep seeing waves until there’s a vaccine. I don’t see any other way to curb the spread.”

As one might expect from a superhero, the nurse was very driven to persevere, despite all of the challenges. “Like many others, I live in fear of COVID-19 – but this is just another challenge that we’re being called to. *I take pride in my job*,” she explained. “Obviously, there are a lot of challenges – but if someone has to show up, I want to be that person. I want to be part of it.”

Listen to Nurses

While everyone in every corner of the world is feeling the impact of the COVID-19 pandemic, nurses and healthcare workers have the additional expectation of maintaining composure and the utmost work performance on an individual basis. Without the support of the entire organisation, this demand is unattainable and will likely lead to compromised physical and emotional wellbeing of staff.

Recognising the humanness in each individual makes a great nurse. It’s our turn to recognise the humanness in our nurses. ■

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