

Nurses are taking care of COVID-19 patients. Who's taking care of the nurses?

May 6 2020, by Khalida Sarwari







Van Pelt, dean of the School of Nursing at Northeastern, is also a certified registered nurse anesthetist who works one day a week in the hospital. Over the past month, she has been deployed in the intensive care unit, caring for patients who have tested positive for COVID-19. Credit: Maria van Pelt

Twenty deep breaths. It's a reminder that appears on Maria van Pelt's list almost every morning. And some days, 20 breaths is all she has time for in the midst of a bustling 12-hour shift at Massachusetts General Hospital in Boston.

Van Pelt, dean of the School of Nursing at Northeastern, is also a certified registered nurse anesthetist who works one day a week in the hospital. Over the past month, she has been deployed in the <u>intensive</u> <u>care unit</u>, caring for patients who have tested positive for SARS-CoV-2, the virus that causes COVID-19. The rest of the time, she's at the helm of the nursing school.

It's easy to see why she needs such a list—let's call it the list of "things that enable Maria to maintain her sanity throughout the day." Amidst a distressing event, setting even small self-care goals is imperative to the mental and physical health of front-line <u>healthcare</u> providers such as herself, she says.

Van Pelt is a long-time advocate, educator, and researcher in the development of policies addressing support protocols for <u>healthcare</u> <u>professionals</u> in the aftermath of adverse events. At Massachusetts General Hospital, she helped develop and implement a program that trains healthcare professionals in the anesthesia, <u>critical care</u>, and pain medicine department to provide peer support to clinicians during and



after adverse events, which now includes the COVID-19 pandemic. She's now on the advisory committee that is actively expanding the program institution-wide.

"My biggest message is going to be to practice self-compassion, and that it's OK not to be OK," says van Pelt. "As healthcare professionals we're innately ingrained to care for others and show compassion and provide support because that's what our profession does. But all too often healthcare professionals put their own health on the backburner to care for others."

Van Pelt is a strong advocate of taking regular breaks from the news and social media, and meditation—even in small doses. But one of the most important things healthcare professionals can do right now, she says, is to check in with themselves frequently about their stress levels.

Those caring for COVID-19 patients could be especially at risk for posttraumatic stress disorder, depression, and increased substance misuse, she says. There are already signs of a worsening mental health crisis on the horizon for this population with the recent deaths by suicide of two healthcare workers in New York City.

It's little wonder why some in the medical field find themselves struggling to cope. Hospitals handling an influx of COVID-19 patients are experiencing a shortage of nurses as well as the supply of critical resources that enable nurses to do their job safely, such as ventilators and personal protective equipment.

Nurses working in intensive care units are taking on more and more responsibilities while trying to understand and adapt to a disease that still isn't understood very well. The work is physically taxing, says van Pelt, for nurses—and healthcare providers in general—requiring them to be on their feet throughout long shifts with very few, if any, breaks, and



now even enduring bruises from wearing the N95 masks all day.

"It's exhausting," van Pelt says. "The fatigue, the duress of prolonged wearing of the equipment, is challenging, and you're sweating. There are healthcare organizations meeting to address dehydration strategies. Physically, it takes a toll on you with wearing all that equipment."

An additional burden on nurses comes from having to provide emotional support to terminally ill patients, whose families can't be in the room with them because of the risk of infection, says van Pelt.

There are risks to their own health. The environment that they're in may put them at a higher chance of contracting or potentially being a vector for the contagious virus.

"For the general public, COVID-19 is an invisible threat," says van Pelt. "For nurses and all healthcare providers, it is frighteningly visible. There's a lot of anxiety and there's not an outlet, because when you leave your shifts, sometimes as the reprieve, you go home. When we go home now, there's a lot of those fears of spreading the disease."

Looking forward to National Nurses Week (a commemorative event that takes place every year from May 6 to 12), van Pelt says she feels optimistic. With all the challenges it has presented, the current health crisis, she says, has also provided opportunities for learning, creativity, and research, as well as interdisciplinary collaborations that would not have happened otherwise. She believes the pandemic will usher in an era of innovation and entrepreneurship in the nursing field.

"I feel like we're bred to think innovatively because we are frontline providers, always problem-solving in real time," she says. "Amid the COVID-19 pandemic, we are the ones being called upon to develop rapid innovative platforms that under normal circumstances we maybe



would not have been involved in and that may have taken years to implement."

Some of these strategies have already been adopted by hospitals and doctors' offices across the United States. One example is the rapid and widespread adaptation of telemedicine: Hospitals are offering to <u>screen</u> patients remotely for symptoms of COVID-19, by phone or video. While remote visits aren't necessarily new in the U.S., up until now, they weren't used as widely by patients.

"I do think that when our world goes back to what will be the new normal, that is an incredible opportunity for all humankind to pause and look at these advances and realize what we've been giving back—the gift of caring for our patients at the bedside and rekindling that human-tohuman connection that has been disrupted," says van Pelt.

Provided by Northeastern University

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