Dear MNORN Members,

What a different world we are in than when the last MNORN Newsletter was sent. Nurses are now working in the frontlines, and are being recognized as the heroes we have always known they are. When the WHO determined that this year would be the Year of the Nurse and Midwife, they had no concept of the critical work that nurses would be doing around the world, now more than ever. While just last year, the ANA Membership Assembly discussed the lack of visibility of nurses in the media, COVID-19 has placed nurses front and center, describing the vital work they do over and over again.

Thank you for all you are doing each and everyday. What you are doing - providing care, teaching students, giving advice to friends and family, leading and counseling - everything you are doing is important and makes a difference. We are grateful to you beyond words.

As the world shelters in place, nursing events have been cancelled or delayed. Nursing Research Day at the University of Minnesota has been cancelled for this year, but plans are underway for a great event in 2021. Code Blue for Planet Earth, the conference for health professionals about climate change has been cancelled. The Nursing Knowledge: Big Data Science Conference has been moved to an online platform and will occur in four sessions beginning in June and ending in September (more about this later in this newsletter). The ANA Membership Assembly will be virtual for the first time in the organization's 126-year history. MNORN's own meeting, scheduled for May 12th, will not be occurring as we continue to maintain social distancing. Meetings are cancelled, but the work of nurses and nursing organizations is more important than ever.

This Newsletter has information that we hope you will find useful. Please let us know what you need, what questions you need answered. You can email us a kkoehn@mnorn.org.

Be well… your lives and wellbeing matter.

Kathi Koehn, executive director

ANA's Plan Regarding Cloth Face Coverings

CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies) especially in areas of significant community-based transmission."

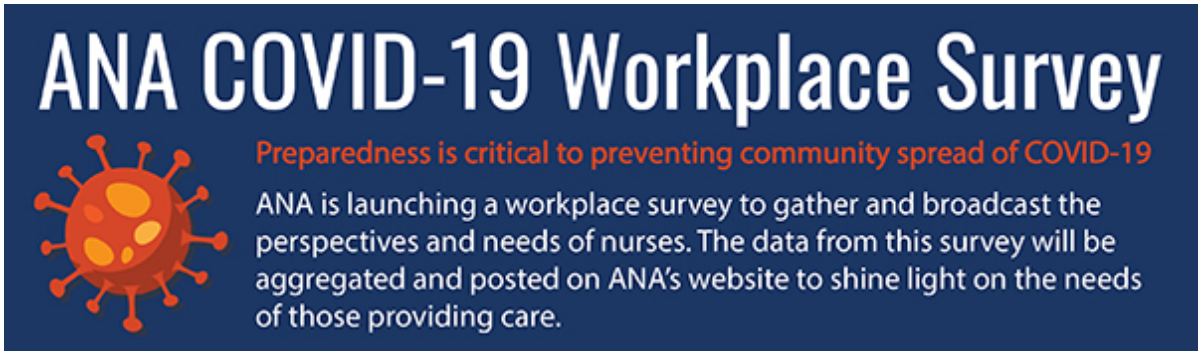
ANA's plan with regard to this guidance:

- ANA plans to remain focused on advocating for PPE for nurses and healthcare workers.
- ANA continues to stress that cloth masks are not appropriate for patient care, except at a time when NO OTHER mask or respirator is available. ANA would recommend that if wearing a cloth mask for patient care to couple this with a full face shield to add another layer of protection.
- Procedure masks and N95 respirators should be reserved for nurses and other health care workers.
- ANA does not intend to comment on the efficacy of the publics use of cloth masks until there is more evidence to support this guidance.

The Coronavirus pandemic puts nurses on the front lines. On 3/20/2020, the American Nurses Association launched a workplace survey to gather the perspectives and needs of nurses on a national level. To date over 24,000 nurses across the country have taken this survey – thank you for your feedback and engagement. For anyone who has not already, please act today to take this workplace survey.

This survey is open to all nurses – ANA members and non-members alike. Share your thoughts on the impact of the COVID-19 pandemic as it relates to your work as a nurse professional. All data from this survey will be aggregated and posted on ANA's NursingWorld website to shine a light on the needs of nurses providing care on the front line.

Click here to take the survey



From AJN and Johns Hopkins:

AJN has joined with Johns Hopkins and others to develop a site we feel that will provide a place for sharing experiences, but ultimately "… showcase ideas, possibly on the importance of communication and the need to keep bedside nurses safe, but also including suggestions large and small that you believe would make a difference in preparing America for our next national disaster."

A recent post: "Biggest challenge is fear of getting sick from work and bringing home to my family. Other challenges work changes by the minute - constantly floating to the Covid floors."

https://nurses.wikiwisdomforum.com

AJN also has a site of Resources for Nurses:
Lippincott NursingCenter COVID-19 Resources for Nurses

AACN COVID-19 Pulmonary, ARDS and Ventilator Resources

From The American Association of Critical Care Nurses

COVID-19 Pulmonary, ARDS and Ventilator Resources

To date, the most serious reported symptoms from COVID-19 are pulmonary complications. "COVID-19 Pulmonary, ARDS and Ventilator Resources" quickly provides learners with the knowledge and resources to provide essential care to ICU patients with coronavirus.

To support you and other nurses who need to cross train to care for patients with COVID-19, AACN is making this eLearning course available for all nurses, at no charge, to provide vital resources during this challenging time.

https://www.aacn.org/education/online-courses/covid-19-pulmonary-ards-and-ventilator-resources

For those who live in Ramsey County, the Ramsey County Historical Society wants to collect your stories about COVID-19
https://www.rchs.com/news/history-of-covid-19-in-ramsey-county/

A Message from Elizabeth Travis, new president of the Minnesota Student Nurses Association

I hope this email finds you well. I can only imagine how busy you all must be in light of the countless events related to COVID-19. Nevertheless, I wanted to reach out to you personally to see if you could help me on an endeavor I am extremely passionate about.

For one of my first initiatives, I decided to start a "thank you card drive" for the thousands of healthcare professionals in Minnesota that are working tirelessly on the front lines to protect us and our loved ones. Something as small as a thank you card or a few kind words can do wonders in terms of brightening someone's day, which is why I began this project. Being a future nurse, I am determined to take an optimistic perspective, and I strongly believe that fostering a sense of unity and solidarity during this trying time begins with choosing positivity and taking initiative. I plan to deliver the thank you notes I receive to a different hospital each week for the month of April. As of late, I have gotten the mayor of my hometown (Woodbury) involved, and she has graciously offered to print over 500 thank you notes.

That being said, I am looking for a means to increase my advertising for this project. I have posted on Facebook and have received highly positive feedback, but I am determined to spread the word even further. I was wondering if there was any way you could spread the word through your organization to help continue to advance this project all throughout Minnesota, and potentially even across state lines. I have attached the link to my original Facebook post below if you are interested in sharing it with your family, friends, or coworkers.

https://www.facebook.com/elizabeth.travis1/posts/2846050272110809

ANA Health Policy/Government Affairs Corner

Last week the U.S. Congress passed and the President signed into law, the Coronavirus Aid, Relief, and Economic Security (CARES) Act. It includes more than $2 trillion in spending and tax breaks to help the economy and health care providers respond to the pandemic.

ANA has been aggressively pushing Congress and the Administration to do something about the lack of personal protective equipment (PPE). Thankfully, the legislation provides $1.5 billion to States for the equipment, contact tracing to identify additional cases, and other public health preparedness and response activities. Additionally, it provides $16 billion for the Strategic National Stockpile (SNS) for critical medical supplies, including more PPE, and life-saving medicine.
Additional details of the agreement include:
$150 billion for hospitals and health providers
$1,200 checks for middle class Americans
$150 billion for states and local governments
$500 billion for loan guarantees for businesses
$350 billion for small businesses to maintain payroll
Reauthorizes Title VIII Nursing Workforce Development Programs
Authorizes NPs and CNS' to certify home health care for their patients
Includes United States Public Health Service Modernization – Ready Reserve Corps to respond to public health and national emergencies.

Congressional leaders have indicated there will be additional supplemental packages to come in the following weeks. ANA will continue to be engaged with Congress and the Administration about priorities for nurses in the upcoming packages. Some areas that need to be addressed are:

- Prioritize treatment of nurses, and other frontline health care providers who contract COVID-19, so those individuals can go back to work as soon as possible.
- Instruct all manufacturers of respirators providing equal or higher protection as N95s, such as N99 or N100 filtering face-pieces, reusable elastomeric respirators with appropriate filters or cartridges, or powered air purifying respirators, to sell their supply to health care facilities at fair market value.
- Retrofit or repurpose closed or currently running manufacturing plants and put individuals back to work by manufacturing more PPE in the United States.
- Require the Centers for Disease Control and Prevention to provide science-based information on the transmission of the virus so that nurses can make the best decision on the appropriate level of protection.
- Require the Department of Health and Human Services to develop reporting requirements to better track shortages of PPE.

What Would Florence and Her Colleagues Do?

Sue Johnson, PhD, RN, NPD-BC, NE-BC, FAAN

In May 2020 Florence Nightingale will be 200 years old. In this Year of the Nurse and Midwife and the COVID-19 pandemic, we should ask how our nursing history can help us navigate the current troubled waters. Hospitals and health care providers have not experienced this in our known past, but let's seek lessons we can use today.

Before Ignaz Semmelweis, a Hungarian obstetrician, became chief resident in the maternity clinic of Vienna General Hospital in March 1847, no physician or health provider considered hand washing, even between patients with open wounds. He annoyed his colleagues by making them disinfect their hands with a chlorinated lime solution. Semmelweis was ridiculed, but his action reduced maternal deaths from childbed fever from 18.27 to 1.27 percent in his division. Unfortunately, his belief that clean hands would save lives wasn't widely accepted until after his death in 1865 (Trueman, 2019). Today, Semmelweis is revered as the Father of Infection Control.

In 1851 a 31-year old well-bred Englishwoman arrived in Germany at a place named Kaiserswerth to begin her study of nursing. Her name was Florence Nightingale and she had struggled to pursue nursing because her mother did not consider nursing as proper for a gentlewoman. As Nightingale said later "It was as if I wanted to be a kitchen-maid" (Cook, 1913a, p. 60). After several years of trying, she convinced her mother to let her study for three months. Florence's observations are pertinent: "There was no neglect. The food was poor. No luxury; but cleanliness" (Cook, 1913a, p. 113).

In February 1853, Nightingale gained her mother's permission to visit and study hospitals in Paris. This opportunity enabled her to develop statistical and analytical skills that would serve her, nursing, and healthcare well throughout her lifetime. Her emphasis on call bells, precursor of today's call lights, and lifts to move supplies that evolved into dumbwaiters were far ahead of her era. In July she returned to England, and by August she was in charge of nursing at Number 1 Harley Street in London where she hired a dispenser (pharmacist) to reduce drug costs and facilitated discharges for patients no longer requiring hospitalization (Cook, 1913a).

In October 1854, England went to war with Russia in the Crimea and Nightingale was asked to organize and command a group of 38 nurses for Scutari under the direction of the Chief Medical Officer of the hospital there. Female nurses had never served with the British army or in war zones and some officers placed obstacles in their path. The hospital at Scutari was filthy and rat-infested nothing like today's modern hospitals and healthcare systems. The hospital buildings were above open sewers, overcrowded with desperately ill and wounded soldiers, and without even basic items like sheets and bedding. Cholera, typhus, and

dysentery were rampant. Nightingale and her nurses found men lying on matting on the floor for mattresses in lines 18 inches apart for four miles within the hospital! No basins, towels, soap, or brooms were available. According to Mr. Macdonald of the Times Fund in Scutari, "The first improvements took place after Miss Nightingale's arrival—greater cleanliness and greater order. I recollect one of the first things she asked me to supply was 200 hard scrubbers and sacking for washing the floors, for which no means existed at that time" (Cook, 1913a, p. 195). Canvas sheets were washed in cold water when they were washed at all. Finding such sheets filled with vermin after washing, Nightingale had soldiers' wives wash bedding in hot water by supplying a house with boilers at her own expense so the men would have clean linen. Finding that cooking only occurred at one end of the long building and required 3-4 hours to serve every man a dinner, Nightingale opened two extra diet kitchens at other parts of the building by having extra boilers placed there to heat meals. Her attention to cleanliness and nutrition positively impacted the soldiers, but she discovered that these basics were not enough.

Medical and surgical supplies were nonexistent. When Nightingale's nurses arrived, even screens were not available to put between patients when one was having a limb amputated! The British Army had a Purveyor who was supposed to provide essential supplies. However, supplies weren't available to address soldiers' needs. When Army leaders couldn't or wouldn't address these needs, Nightingale became the Purveyor-Auxiliary for the soldiers. In her own words "I am a kind of General Dealer in socks, shirts, knives and forks, wooden spoons, tin baths, tables and forms, cabbage and carrots, operating tables, towels and soap, small tooth combs, precipitate for destroying lice, scissors, bedpans and stump pillows" (Cook, 1913a, p. 200). Medical officers began to requisition supplies from her which she obtained from her own stores, with the assistance of Mr. Macdonald of the Times Fund in purchasing additional supplies She also monitored the stock in the Purveyor's store because often supplies had arrived and were not filled without an additional requisition from the medical officers. No records were kept of supply requisitions that weren't filled previously. The Purveyor also didn't provide any clothing, and if soldiers didn't have their supply kits, their clothing was not fit for use. At the same time, Lord Stratford, the Ambassador to Turkey, declared that the Army needed nothing and the Times Fund should focus on building an English church at Pera. Nightingale determined that clothes for the soldiers was more important than altar-cloths for the new church, so she went ahead and provided them (Cook, 1913a).

Nightingale also mustered the power of the press and her connections to powerful people in the British Empire, including Queen Victoria, who sent comfort items to the wounded soldiers for Florence to distribute. Mr. Macdonald's dispatches spoke glowingly of her and the soldiers sang her praises. The British people began contributing to a Nightingale Fund that eventually resulted in the first school for training nurses in England. Nightingale had the distinct advantage of being a member of the upper class in England whose dispatches were listened to and in many cases acted upon by leaders back home.

She strived to make the soldiers' lives better within the context of her time. However, death rates in The British Army for the period from 1854-1856 were 22.7%, most of which were due to preventable diseases. In the winter of 1854-1855, the French death rate was 11% and the British death rate was 23%. However, by the winter of 1855-1856, the French death rate was 20% while the British death rate fell to 2.5%. Credit for this drastic reduction was not solely the efforts of Nightingale's nurses to provide nutrition, cleanliness, and orderlies to care for hospitalized soldiers. These were factors that the French Army was unable to provide consistently in the second year. The Barrack Hospital at Scutari where Nightingale was responsible for nursing had a death rate during the two years of 11.9%, only exceeded by Koulli at 25.9% under the Irish Sisters of Mercy. Both hospitals had the worst cases and serious sanitation issues (MacDonald, 2014).

When three Sanitary Commissioners were appointed in February 1855 to examine the conditions of the hospitals at Scutari, Nightingale learned the importance of sanitation and used this knowledge and her passion for statistics to advocate for sanitary reforms for the rest of her life throughout England, Europe and India (Cook, 1913a & b). One of these Commissioners, Dr. John Sutherland, became a valued friend and colleague of Nightingale in promoting Army, India, and Poor Law reform over many years, The Commission set to work implementing hospital improvements, including removing dead animals, opening and cleaning sewers, disinfecting/closing/sealing up open privies, evacuating wards over stables, disinfecting the graveyard, and establishing new rules for burials. After these improvements, mortality was less than 0.1 from the beginning rate within six weeks (MacDonald, 2014).

Nightingale became famous and revered after her service in the Crimea, but her actual influence intensified across the globe in her nursing disciples who took Nightingale's basic tools and precepts and advanced the profession and positive patient outcomes. One of these individuals was Clara Barton who came to nursing after working as a teacher and Patent clerk. When the Civil War began, she found her passion in nursing soldiers on the battlefields with the following statement: "I may be compelled to face danger, but never fear it and while our soldiers can stand and fight, I can stand and feed and nurse them" (Brown-Pryor,1987, p.80). For the next four years Barton bought (or begged for) and delivered relief supplies to the troops that weren't supplied by Army quartermasters. She cooked, cleaned, assisted with surgeries, and boosted the morale of sick and wounded soldiers (Brown-Pryor, 1987). Like Nightingale, Clara Barton's major achievement was beyond the battlefields. In 1881 with the permission of the International Red Cross, she started the first branch of the American Red Cross, which has grown to provide relief in multiple national disasters, including the current pandemic.

Lillian Wald loved nursing, but was frustrated by rules and regulations that limited her effectiveness in caring for patients in 1891. She began studying medicine in New York, but wasn't satisfied with that role either. One day in 1892 she taught a nursing class on Henry Street and found her true calling. A young girl ran into the room asking for someone to help

her sick mother. Wald followed the child to a tenement apartment and a crowded, dirty room where a woman was bleeding after childbirth. She cared for the mother, cleaned her and the room, and never returned to medical school. Soon, she and another nurse named Mary Brewster met with a local philanthropist who contributed $60 a month for the two nurses to live in the neighborhood as well as providing funds for supplies, medicines, medical fees, and food for the sick (Williams, 1948). They focused on cleanliness while providing care and overcame suspicions of immigrants by living among them. At night, both nurses maintained detailed records of sickness and unsanitary conditions. Wald met with the President of the Board of Health to begin the first Visiting Nurse Service. She also continued to document reports of sickness and unsanitary conditions. Among her numerous accomplishments were the first school nurses, special education classes, public playgrounds, and establishment of a children's bureau by the Federal government in 1912. Her Henry Street Settlement promoted these and other public health causes for forty years (Block, 1969). Lillian Wald was truly the mother of community nursing and the skills she fostered will be needed now and in the future.

Mary Breckinridge was from a distinguished Kentucky family and her love of children encouraged her to pursue a nursing career. Volunteering in Europe after World War I, she focused her efforts on feeding children under six and pregnant and nursing mothers. Her goat fund encouraged influential friends and political leaders to supply funds to buy goats so these individuals could have milk (Breckinridge, 1952). Breckinridge became convinced that becoming a nurse midwife was the best way to meet the needs of children from before birth to age six. She studied in London under Rosalind Paget, founder of the Midwives Institute and the first Queen's Nurse. Paget had studied under Nightingale and helped Breckinridge develop her skills. Then, she went to the Highland and Islands Medical Service in Scotland for ideas about how to set up a successful nursing service in Kentucky. Finally, Breckinridge met with supporters in 1925 to review annual statistics that showed nearly 20,000 mothers and 200,000 infants died at birth or within one month of delivery. American death rate in childbirth was the highest in the world and data showed that maternal death rates exceeded deaths in all wars fought by Americans until that time. Comprehensive data would be vital to determine the new service's effectiveness., including annual audits, accurate records, free transportation for medical care, legal and professional status of nurse-midwives, provision for medical consultation, and location of services (Wilkie & Moseley, 1969; Breckinridge, 1952).

The Frontier Nursing Service brought nursing services to remote parts of Kentucky and Breckinridge kept detailed records as she trained nurse-midwives and public health nurses to see their clients via horseback. The Depression impacted the Frontier Nursing Service with staffing reduction, some nurses taking a one-third pay cut, and some volunteering who could afford to do that. Subscribers continued and the majority of nurses stayed because they believed in their mission (Breckinridge, 1952). Metropolitan Life Insurance Company helped by tabulating maternity cases and supporting a health insurance plan where

services for hospital and home care were available at $1.00 per year with free services if patients couldn't pay (Judd, Stutzman & Davis, 2010).

The Carnegie Corporation set up the first statistical system for the Frontier Nursing Service and accumulated the largest source of Obstetric data on rural populations in the United States. According to Dr. Dublin of Met Life, "If such service were available to the women of the country generally, there would be a saving of 10,000 mothers' lives a year in the United States, there would be 30,000 less stillbirths and 30,000 more children alive at the end of the first month of life" (Breckinridge, 1952, p. 312). Mary Breckinridge's dream became a reality that resulted in the first postgraduate midwifery training-the Frontier Graduate School of Midwifery-in the United States and women in rural Kentucky received health care that saved their lives and those of their babies.

Common threads run through all these stories that can positively impact nurses and other healthcare providers today.

What lessons can we learn from these nurses and physicians?

Hand hygiene is vital, not just in a pandemic, but at all times. Although hand sanitizers with 60% alcohol are fine, there is nothing better than vigorous scrubbing with soap and water for at least 20 seconds. Videos on social media show the correct technique, but everyone must remember that faucets and door knobs are germ-filled. You need to use a paper towel to touch these surfaces when you are in a public facility. Remember to avoid touching your face with unwashed hands. Thank Semmelweis when you wash your hands as his patients and colleagues should have done then!

Sanitation has the utmost importance in all settings. Routine cleaning of frequently touched surfaces must be practiced. Such surfaces include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks. Cleaning with soap and water while wearing disposable gloves is a good starting point, followed by use of cleaners appropriate for use on these surfaces. Remember to thoroughly wash your hands after carefully removing your gloves. Thank the Sanitary Commission at Scutari and Lillian Wald of Henry Street for their attention to sanitation and cleanliness.

Social distancing is imperative. We no longer line patients up in long rows eighteen inches apart in our health care facilities, but virus transmission occurs with person-to-person contact. Staying six feet apart can protect you from respiratory droplets when someone coughs or sneezes. If you are that person, use a tissue or the inside of your elbow and wash your hands immediately with soap and water for 20 seconds or use a hand sanitizer (60% alcohol) if soap and water aren't available. Thank Mary Breckinridge for taking health care to individuals.

Government assistance is not always available to meet provider and patient needs in a timely manner. Individuals must take precautions to protect themselves and others when

government assistance is not available. Remember when Nightingale considered clothing for soldiers more important than furnishing a church at Pera and when Clara Barton provided supplies to Union troops that weren't available from the Army quartermaster.

Nutrition is as important today as it was for Crimean and Union soldiers. Everyone needs to have their nutritional needs met to stay healthy in times of crisis. Schools are providing meals for students while complying with orders for closure. Food banks are stretched to provide for community needs. Creative approaches are needed to ensure that those who need food receive it. Remember how Nightingale's two diet kitchen at Scutari enabled wounded soldiers to receive a warm meal instead of waiting 3-4 hours and how Barton's wartime efforts ensured food for soldiers who otherwise would have gone hungry.

The power of the press and public is often not clearly understood. Nurse leaders like Nightingale and Breckinridge knew how to mobilize these resources to the advantage of their patients. In times of war and pandemics, fear is paramount and messages from sources, such as the press, must be accurate to avoid unnecessary panic and anxiety in the public. There is a need for information that is honest and truthful. Both of these nurse leaders shared specific details about the health of the soldiers and the health of rural pregnant women. These details were shared in data that the public could understand and support.

Focusing on facts and data is a natural progression to #6 above. Historic nurse leaders realized that accurate facts and data are vital to success. Nightingale's use of statistical analysis informed her advocacy for sanitary reforms in the British Army, India, and District Nursing in rural England to improve the lives of at-risk populations. Wald's reports and data about the healthcare needs of immigrants in New York tenements resulted in public health and community nursing in the United States, which has positively impacted multiple lives since then. Mary Breckinridge's devotion to data and statistical analysis resulted in the largest source of Obstetric data in the United States and validated that the Frontier Nursing Service saved maternal and infant lives.

Helping organizations should be recognized for their importance in the current healthcare environment. The American Red Cross founded by Clara Barton continues to provide blood services across the country as well as providing funds to address humanitarian needs locally, regionally, and globally. Community health nurses continue to serve clients in homes and clinics as Lillian Wald and her staff did at Henry Street. Frontier Nursing Service continues to provide care for rural underserved women as it did in the time of Mary Breckinridge. These and other organizations are there to support those in need during this pandemic and afterward.

Philanthropy seems odd to include here, but it is essential to confront health-related issues both now and in the past. Lillian Wald began her community work with the support of a philanthropist in New York. The funding she received made a positive difference in the lives of immigrant families and their children over 40 years. Mary Breckinridge and the Frontier

Nursing Service relied on philanthropy to weather the Great Depression and continued to provide support to rural pregnant women and their children.

Self-care is vital for everyone and some of our historic nurse leaders neglected their own self-care while promoting it to those they served. This was true of Nightingale who worked herself to exhaustion in the Crimea while striving to improve the health of wounded soldiers. Clara Barton's performance in the Civil War was similar. Lillian Wald's approach was different. Although she worked hard on multiple projects, Wald was a happy person who relaxed and enjoyed her opportunities to have robust discussion with her Henry Street colleagues. When she met Albert Einstein in 1938, his parting words were "I want to thank you for your smile" (Block, 1946, p. 172). Mary Breckinridge also practiced self-care by spending time on horseback visiting remote Kentucky settlers and giving riding lessons to new nurse-midwives and public health nurses. When back injuries curtailed her ability to ride, she enjoyed interacting with families at her home in Kentucky (Breckinridge, 1952).

Self-care is possible using the following approaches:

Focus on the facts and risks about COVID-19, not rumors. Go to legitimate sources that will also give you tips about how to care for yourself and others.

Social distancing is not social isolation. You need to connect with others via phone, Skype or other electronic means if you can't meet in person. You need to be able to share your concerns and feelings without judgment.

Give yourself permission to take breaks from pandemic news and make time to do some activities you enjoy.

Take care of your body: look for humor and laugh, try to eat healthy, well-balanced meals, drink plenty of water to stay hydrated, avoid alcohol and drugs (except prescribed medications), exercise regularly (walking is therapeutic), get enough sleep (seven hours daily is a good goal), take stretch breaks and meditate if helpful, use respiratory hygiene-do periodic coughing and deep breathing exercises, get some fresh air, use hydrogen peroxide mouthwash, read a book, or engage in another activity you enjoy.

Most of all, ask for help if you feel overwhelmed and unable to cope. Your healthcare provider, pastor, counselor, or support person can listen and support you (CDC, 2020).

These are just a few of the nurse leaders from Nightingale's time to the early 20th century who have informed our practice as nursing has evolved to meet today's and tomorrow's challenges. We will weather this crisis as we have many others and our history will give us the strength we need to move forward. Thank you for all you do in these turbulent times.

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From Nursology: Your Well-Being as a Nurse and the COVID-19 Pandemic

March 24, 2020 / Chloe Littzen
https://nursology.net/2020/03/24/your-well-being-as-a-nurse-and-the-covid-19-pandemic/

We are in an unprecedented time in history with the coronavirus (COVID-19) pandemic. Nurses and other crucial healthcare providers are at the frontline navigating uncharted and uncertain territory. There are limited supplies, including personal protective equipment, and little is understood regarding the pathway to healing with COVID-19. As such, the management team at Nursology.net has decided to dedicate a series of blog posts to COVID-19 using nursing knowledge as our framework. We hope that with these posts you become more informed about the unknown, and also find some stability during these shaky times. Our first post is dedicated to you, the nurses, and your well-being by PhD candidate Chloe Littzen.

Conceptual Framework for Young Adult Nurse Work-Related Well-Being

As a PhD student, I focused my studies on understanding the well-being of nurses, while specifically emphasizing young adult nurses. Over time, and with the guidance of my trusty advisor and committee, I developed a conceptual framework on the work-related well-being of young adult nurses. This framework and its development are based on my philosophical perspective as an intermodernist (Reed, 1995; 2019), nursing and non-nursing theories (Benner, 1982; Kramer, 1974; Baltes, 1987), salient knowledge on nurse well-being (Paatalo & Kyngas, 2016), relevant nursing knowledge (Fawcett, 1993; Newman, 1992; Parse, 1987; Terry, 2018), and my personal experiences as a young adult nurse. While this is in-process work, this framework has the potential of being a practical tool for nurses' looking for a resource to help manage their well-being in these uncertain times.

For a quick refresher, a conceptual framework is a type of theoretical thinking that is abstract, broad in scope, and uses general concepts (Reed, 2018). Within my conceptual framework on young adult nurse work-related well-being there are four main concepts: 1) generational differences in philosophical worldviews; 2) perceived co-worker social support; 3) resilience; and, 4) young adult nurse work-related well-being. The takeaway message is these concepts may all have a significant role in our well-being as nurses. Additionally, there may be things that we can do to sustain and enhance our well-being with these concepts in mind; especially now when our well-being is more vulnerable than ever. ***So below is a beginning theoretical how-to guide for you to sustain and enhance your well-being at work during this time of unease.***

A Theory Guided Approach for Nurse Work-Related Well-Being

1. **We All Don't See The World The Same Way**

This proposition is based upon my concept of generational differences in philosophical worldviews. What this proposition infers is that while we would like to think as nurses we see the world the same way we don't always.

This is not a bad thing and is quite normal in diverse groups such as the discipline of nursing (there are over 3.8 million nurses in the United States alone!). That being said, it can be stressful when you are faced with a situation where you and colleagues have a disagreement.

So what can you do to aid these disagreements, especially in crisis times like now? Try these five easy steps:

1. **Stop and take a breath.** Everything's better when you breathe, and you have to breathe to do whatever it is you need to do, even critical situations.
2. **Acknowledge your colleagues' perspective.** Whether you agree with it or not, meet them with kindness and respect.
3. **Ask your colleague to explain**, when appropriate, ***why* they think about the situation the way they do.** If you can't do this when the event occurs due to the criticality of the situation, ask them to talk afterward even if it is uncomfortable.
4. Whatever happens, **don't harbor negative thoughts because of disagreements.** This can not only be harmful to you but also those around you.
5. Ask yourself how you have grown from this interaction. **What did you learn?** Will you do something differently next time you interact during a disagreement?

2. Put Your Oxygen Mask On First

I think this is something we all know intuitively, but because we are nurses (there are *some* similarities among us I think), we are often more concerned about helping those around us than ourselves. While this is a wonderful character trait, this often leaves us depleted and burned out, ultimately negatively impacting our well-being. So this proposition is focused on building your resilience capacity, where every day you put your oxygen mask on before stepping out the front door.

***How* do I do that?**

First and foremost **identify something that makes you happy**. Not your family member, not your friend, *you*.

Image by @dlhamptom

You can call this self-care, but whatever it is it has to make you happy and you have to take time out for it. Everyone is different but ask yourself, *what works for you?* **Every day** select an amount of time that fits your schedule, whether 5, 20, or 60 minutes, and **block it off on your calendar.** Treat it like an appointment with your boss, do not break it. Be bigger than your biggest excuse and show up for yourself. If you need to, talk to your family about how you are feeling and see how they can support you during this time.

So to refresh, here are four steps for you to build your resilience capacity:

1. **Identify what makes you happy.** Alternatively, if you are so depleted that you can't think of something that makes you happy, try something new!
   For Example:
   Start a daily yoga practice using an online platform (follow the link to a 14-day free trial).
   Try a daily meditation using an app.
   Read a non-work related book, even a page a day counts.
2. Go outside (while practicing appropriate physical distancing) for a walk.
3. **Decide upon an amount of time you can dedicate to yourself every day.**
4. **Schedule an appointment on your calendar**
5. **Show up**, every day, even when you don't want to.

3. We All Need to Feel Supported

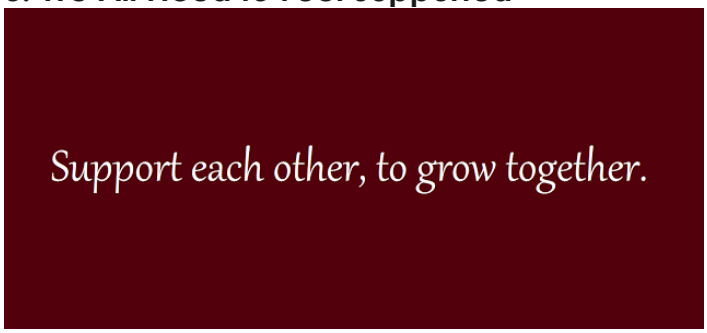

Image from @dommaraju

One of the biggest take-home messages about nurses' I learned while pouring over the well-being literature is that we need each other, and we need to feel supported. Nurses seem to do better in every organizational outcome if they feel supported by their colleagues and management, which during times of crisis can easily crumble. So what can you do to help yourself feel supported, and simultaneously help your colleagues feel supported?

Find an accountability buddy!

What is an accountability buddy? This is a person that supports you in your well-being, while you simultaneously support their well-being. If you are currently working in the hospital or clinic, this should be a person at your place of work, and optimally each shift you work. If you cannot identify an accountability buddy at work, then identify someone outside of work that you can talk to after your shift. Lastly, if you're in quarantine or physical distancing (otherwise referred to as social distancing, but more on that at a later time), identify a colleague who you can talk with throughout the day from home over email, texting, or a chat app such as WhatsApp or MarcoPolo. Just because you're at home doesn't mean you don't need support.

So *what* do I do with my accountability buddy?

Below are some suggestions to promote support during these uncertain times. But take the time to ask yourself what you need, and also ask your buddy what they need, and then revise as you learn more about each other!

In the Work Environment	Physical Distancing or Quarantining	After Work
• Check-in with each other at the beginning, and throughout your shift. Ask each other how you are doing. • Advocate for each other to take breaks and lunch, when appropriate. • Promote a work environment where you both have someone to talk to if you feel anxious or overwhelmed. • Look out for each other to make sure you're not taking on too much responsibility. • Give kudos to each other for positive well-being behaviors (e.g., you did yoga today, that's so great!).	• Send each other a daily message and ask each other how you are doing. • Advocate for each other to take scheduled breaks and lunch. • Promote a space where you both have someone to talk to if you feel anxious or overwhelmed. • Share your daily goals with each other, both work and self-care related. • Check in to see how you are both progressing through the day. • Give kudos to each other for positive well-being behaviors (i.e., you went outside for a walk today, that's great!)	• Check-in with each other after work and share how you are doing over the phone, FaceTime, or Zoom. • Reflect on how you took care of yourself today, did you take time for yourself? Did you take a break or lunch? • Make a well-being goal for the next day at work. Ask your buddy if this is realistic and achievable, and reform as needed. • Check-in daily regarding your well-being goals. • Give kudos to each other for positive well-being behaviors (i.e., you asked for help when you needed it, that's awesome!)

Where to start?

We are all different, and one of these propositions may have spoken to you more than the others. Start there! Maybe you are already doing one of these suggested, if so, keep it up and try another suggestion to see if it help even more. Above all, just do something! As nurses, our well-being is a critical piece to making it through this difficult time, not just for ourselves, but for everyone on this planet. Change is never easy. We can't go back and start a new beginning, but we can start today and make a new ending.

Stay safe and please take care of your well-being.

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Nursing Knowledge: Big Data Science Conference

Conference moves to four online sessions in response to COVID-19 pandemic

We are living in unprecedented times and all of us are committed to safety and health during the COVID-19 pandemic. We are also committed to lifting up your amazing vision and transformative work to advance better health outcomes resulting from the standardization and integration of nursing data, information and knowledge. The Nursing Knowledge: Big Data Science Steering Committee shares the following updates for the Nursing Knowledge: Big Data Science Conference planned for June 3-5 in Minneapolis. **The in-person conference is canceled,** and participants who have already registered will receive refunds of their fees. We will be in touch with you about this.

The conference will move to an entirely online format with a new agenda, staged over the course of four months, as follows:

Online Session 1: Thursday, June 4, 2020, 9 a.m. - noon CDT

Workgroup Leaders and Steering Committee members only

Acknowledge the work that has been completed over the year and discuss the work currently being completed in response to the COVID-19 pandemic. Workgroup leaders will be contacted with further details.

Online Session 2: Thursday, July 2, 2020, 1 p.m - 3 p.m. CDT

Open to all people interested

Discuss informatics best practices, listen and learn from leaders and participants about their COVID-19 experiences and the implications for informatics and data. Information and RSVP to come out later.

Online Session 3: Thursday, August 6, 2020, 1 p.m. - 3 p.m. CDT

Open to all people interested

Discuss informatics best practices, listen and learn from leaders and participants about their COVID-19 experiences and the implications for informatics and data. Information and RSVP to come out later.

Online Session 4: Thursday, September 17, 2020, 9 a.m. - noon CDT

Open to all people interested

Get together in a think-tank format to discuss resources, outcomes, and new directions around informatics and big data in an ever-changing world. Information and RSVP to come out later.

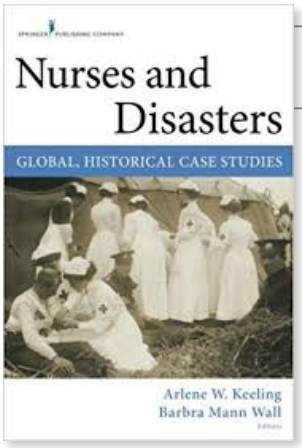
These decisions were made after considering several factors and with approval of the Nursing Knowledge: Big Data Science Steering Committee. We welcome this new adaptive format with a new agenda. We understand the COVID-19 pandemic has generated incredible stress, but we also acknowledge a paradigm shift, where innovation and fast adaptation are fully experienced daily. We welcome you to help foster camaraderie and provide support to participants. We welcome our shared passion and expertise to seek innovative solutions together as we face the challenges in the coming months.

Visit our web page for more information: z.umn.edu/bigdata

Thank you for your continued support of the Nursing Knowledge: Big Data Science Initiative.

Nursing Knowledge: Big Data Science Steering Committee:

Connie White Delaney (co-chair)
Rebecca Freeman (co-chair)
Lisiane Pruinelli (co-chair)
Jane Englebright (Member)
Alvin Jeffery (Member)
Laura Heermann Langford (Member)
Susan Matney (Member)
Erin Maughan (Member)
Judy Murphy (Member)
Joyce Sensmeier (Member)
Charlotte Weaver (Member)



Nursing's most important lesson from SARS in Toronto 2003

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With the number of infections and deaths around the world rising in an exponential curve with COVID-19, it may seem that the 2003 story of SARS (SARS-CoV1), barely rates a mention. The total deaths in Toronto, the epicenter of the corona virus outbreak outside of Asia, was only 43. However, SARS provided a dress rehearsal for a twenty-first century pandemic and offers hard-learned lessons on preparedness and worker safety.[1] Its message is critical for today.

The first lesson of SARS was the now familiar message of slowing community transmission to enable the system to respond, both in terms of developing a cure or a vaccine (depending on the cause of the pandemic) and upholding the precautionary principle which urges a decisive and rapid response at the earliest possible stage. The second lesson speaks to what awaits us in North America – the issue of health worker safety when the system is overwhelmed. This is the lesson from SARS in Toronto that most directly affects nurses[2].

Despite the media heralding the heroism of nurses and their front line colleagues during the winter/spring of 2003, by summer the overwhelming response of the nursing profession had hardened to anger. It was clear from the way SARS had been effectively contained in Vancouver and other cities outside of China and Hong Kong that it could and should have been contained. Nurses in Toronto were painfully aware that the failure of the precautionary principle in Toronto that year was the result of an eight-year austerity program in the province characterized by deep budget cuts, hospital closures, nurse layoffs and widespread casualization. By the time SARS hit the city, the system had been depleted of most middle nursing management and casual contracts[AK1] for nurses were the order of the day. ERs and ICUs were already overflowing. As the submission from the Registered Nurses Association of Ontario (RNAO) stated to the Campbell Commission set up to investigate the province's response to SARS, the problem was not the virus. SARS could not be contained because Ontario had "a system that was poorly connected; a public health sector that was under-resourced and disintegrated; a home care sector that was destabilized; a hospital sector that was unprepared for major emergencies; and a nursing workforce that battled dangerously low staffing levels, high workloads, and an over-reliance on part-time, casual and agency staff."[3] This was the recipe for turning a moderately infectious new corona virus into a nosocomial emergency.

When I taught the story of SARS just a few months ago to a class of NPs, many students only vaguely remembered it from their high school days. After reading Adrienne Byng and my chapter on SARS,[4] I encouraged students to talk to nurses who had worked in Toronto at that time. This exercise sparked interesting intergenerational discussions. Students reported back to their classmates the traumatic memories of their older colleagues and family members who recalled the confusion and the terrible sense of abandonment by their employers as they felt unsafe at work. They also recalled feeling abandoned, by the public as nurses became the victims of widespread fear and stigma. For example, nurses found themselves unable to travel on public transit without abuse if they wore any hospital identifiers, of being told to keep their children out of school (sometimes through anonymous letters), of their difficulties when quarantined in their own homes (however small), of the terror of infecting their families, and the distress of their children. In Toronto, medical staff were at times quarantined in hotels at the expense of the government or hospital while nothing was provided for nurses who arguably had fewer domestic resources. As the post SARS research all showed, the emotional toll on nurses was enormous.

However, other students reported the opposite. They spoke with nurses who recalled feeling safe, well informed and supported by management and the wider community.

This is the big lesson for us today:

- We need our front-line workers to be and feel safe. If we want to limit unnecessary deaths from COVID-19 we have to prevent the healthcare system from being overwhelmed.
- We have to ensure that nurses, doctors and other front-line health workers are fully supported to turn up each day and do their jobs. They need to be supported at work with the necessary equipment and information, assisted in getting to and from work, have access to food (this was a big problem in some hospitals!) and childcare.
- We need to ensure that nurses are provided with the resources and supports to self-isolate and self-quarantine while protecting their families.

We are asking so much of our nurses, we should not be asking them to choose between their duty to care as nurses and the safety of their loved ones. [5] Nurses need to be listened to when they raise concerns – it was the nurses who overcame resistance to raise the alarm and have the second SARS outbreak declared. COVID-19 will be different in each hospital, city, and country. But we need to ensure that beyond the applause and the praise for heroes, the resources are in place to keep nurses and their families safe during this pandemic.

* Sioban's full text on this is in Chapter 9 of Nurses and Disasters: Global Historical Case Studies.

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