# Providence Nurses Inspire Hope through Healing

Reflections from the Frontlines of the COVID-19 Pandemic



Foreword by Katie Grainger

Introduction by Syl Trepanier, SVP Chief Nursing Officer

Edited by Hilary Alison, Katie Adams, Katie Grainger, and Hayley Pike

The following comprises real-life experiences which may contain graphic content and descriptions of death and suffering that could be disturbing to some audiences.

Reader discretion is advised.

Copyright © 2022 by Providence. All rights reserved.

#### Table of Contents

FORWARD

Katie Grainger

INTRODUCTION Syl Trepanier

#### **VOLUME I**

Jntitled
Starr A. Salvatore
Intitled
Jntitled
Pandemic Year of the Nurse
Yellow Paper Veils
New Friend16 Casey Wilcox
Jntitled
Intitled
What I Can Offer to the Frontline21 Ashlee Dowling

I Can't Breathe
Clinical Narrative
Untitled
I Remember
A Covid Reflection
My COVID Story
VOLUME II Jennifer Gentry
Twelve Days of Covid47  Katie Kjeldgaard
Steadfast51 Anonymous
Untitled
Untitled
Reflections on a Pandemic
Mask and Vaccine

My Monster60 Amanda Meyer
My Amazing Nurses63 Lindsey Dittoe
VOLUME III Suzanne K. Scott
Untitled67 Melissa Wilhite-Youngflesh
Cool Caregivers in Hot Units69  Kathy Dureault
The War Within You: Importance of Mental Health during this Pandemic
Covid and Me76 Christine Marshall, RN MSN CEN
My Community and COVID-1979  Kristin Lytle
From Fear to Hope: Reflections of My COVID-19 Experience82 <i>Renee Rassilyer-Bomers</i>
CLOSING Michelle James Acknowledgements



## FORWARD

Wording by Katie Grainger







To say the last two years have been an emotional rollercoaster would be an understatement. The COVID-19 pandemic has been intense and difficult to process for so many of us. No one has felt this harder than our nurses, who held their patients' hands, read verses, and comforted them as they took their last breath separated from family and loved ones. Our nurses have been challenged to their core. But they have also found ways to lean on each other, take care of themselves, and take the time to reflect.

We know that reflection is powerful. It's not just an important part of our nursing practice, it helps sustain our souls. The 50 pages that lie ahead are intended to be a space of healing and sanctuary for all who grace them. We hope you are moved just as we are by this collection of stories and art created by Providence nurses.



### INTRODUCTION

Historically, most generations can relate to a significant event that has changed them forever. For us, the COVID-19 global pandemic is that event, leaving us changed. Many studies highlight the importance of reflecting after facing such an impactful event. We invited nurses across the Providence family of organizations to reflect on the last two years. According to Donald Schon (2021), "reflective practice is the ability to reflect on one's actions, so as to engage in a process of continuous learning." Additionally, there are many benefits to reflective practice, such as allowing us to see things in perspective. It helps boost our emotional intelligence, enhance overall well-being, and promote healthy work-life integration.

I am incredibly grateful to all the Providence nurses who have, day in and day out, demonstrated so much courage in the face of such adversity. Your steadfast commitment to serving all is a great testament to why nurses are still the most trusted profession. Our foundresses demonstrated how it could be done, and this generation of nurses showed up and weathered through the storm.

I invite all of you to read the heartfelt stories and messages shared with us by Providence nurses. May you see these words as a gift of love. May these words provide healing for all nurses around the world. May we find peace in our practice as we constantly aim to support Health for a Better World.



Syl Trepanier

SVP Chief Nursing Officer,

Providence



# VOLUME I

REMEMBER



#### Untitled

Before the call even came Before the call even came I said "ves, send me!" Out of the birth of a pandemic Perhaps, was revealed my destiny Being frontline felt right and felt good Do it all again? For sure I would Tents went up, staff was assigned By the hundreds the cars were lined up to wait their turn to get a most uncomfortable test, some looked so lost we worked those tents for over two years through hail, high winds and wildfire smoke through high temps, revolving staff and iced cloths we would soak to wear, to cool our heads and necks no mind we paid, we suited up and moved on to the person to test next witness to a level of fear I had not before seen what was this virus, what could it do, where is it going, what does it all mean? I saw the questions and anxiety in all of their eyes Some with tears, some anger and doubt, was it all lies? I shared the same and shed my own tears too All the while letting them know, I am here for you! They thanked us for doing what we do They fed us and even called us heroes The full truth is I received so much more than I gave And would suit up again if it meant covid = zero!



#### Untitled

The nerves of nursing school, passing an exit exam and then the NCLEX, I thought the anxiety and stress had ended.

Who would imagine my career would begin amid a pandemic?

Training was cut short, floating to other units came early on.

Feelings of insecurity, feeling lost, some days hopes of succeeding as a new nurse felt gone.

No matter my insecurities, lack of experience, my faith helped to keep me strong.

I relied on my team, who felt the same. We shared that special bond.

Knowing that our COVID patients were vulnerable and did not have any family at their side,

I had to show up to be there to hold their hand. I would shed tears for these patients when they died.

I did not see my children for a couple of weeks not knowing to expect this when this pandemic hit.

I prayed to the Lord to protect my family and myself because I had a commitment to patient care.

I doubted myself as a nurse as patient acuities were high and I was unable to provide a high level of care to all seven patients.

Feelings of falling short and leaving many tasks uncompleted, caused mental and emotional fatigue.

Yet I was reminded that this



#### Illeana Bassoco-Barajas

Med Surg Oncology Nurse Providence St. Jude Medical Center Fullerton, CA career was my calling and there was a reason I became intrigued.

I had hopes and desires that this pandemic would eventually pass.

I thought to myself I do not mind the new norm of wearing daily masks if that is what it takes to keep the world and my loved ones safe.

I was tired of working extra shifts, watching these COVID numbers increase and feeling like another surge we cannot take.

This world was not prepared for so

much loss.

To see patients suffer while families calling and knowing in the back of my mind doctors would have to give bad news, felt like a heavy cross.

Some lost a mother, father, wife, husband, son, or daughter.

Families had to wait for the release of their loved one's corpse and delayed funeral arrangements to show them honor.

No one ever knew what to expect in the middle of the storm.

As hospital staff, we had to keep calm before our families and patients as we continued to perform.

Through the exhaustion and sleepless nights, I continued to pray.

"God give me strength, work through our hands to heal the sick and make them stronger each day."

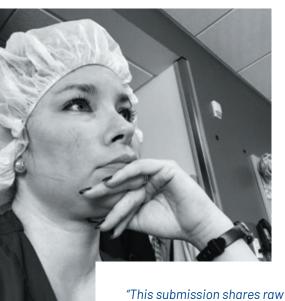
My prayers are now for the world to open their eyes, to be accountable and to cherish life.

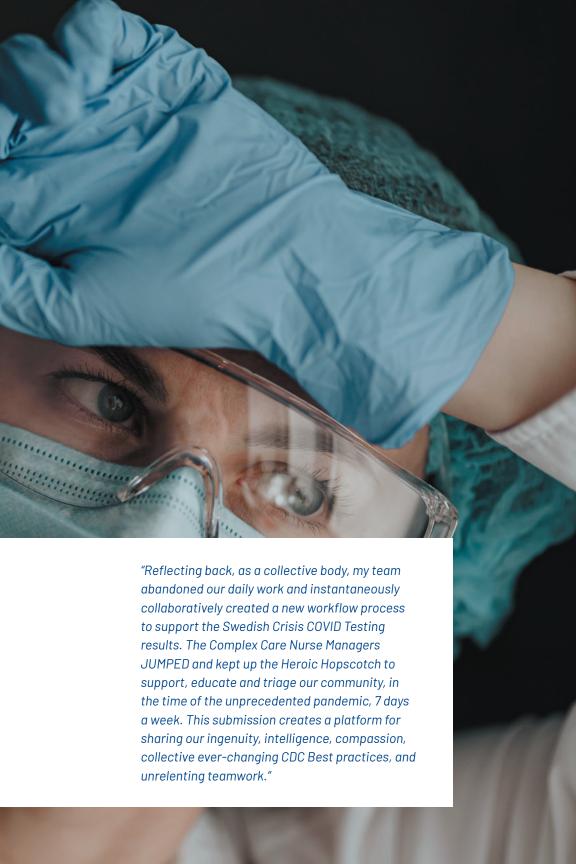
Life is a gift that is so precious and so divine.

This is my life during the pandemic.

These feelings I shared were honest and transparent.

"This submission shares raw emotion of what I experienced as a new grad nurse coming on to this journey. There were many times I lived afraid because I had not mastered my unit and to be started early on to other units was nerve wrecking. But I am so proud and grateful we made it through the year and I had amazing people to work with, we encouraged each other."





#### Untitled

What's happening,

Wait,

What?

We,

Our world is being attacked.

What?

A Virus called COVID.

**JUMP** 

We have the skills,

Our team can do this:

Our community,

Knowledge needed,

CDC,

Testing, Re-testing.

Symptoms ever changing...

We got this, collaborate, create, communicate.

Reach out,

Teach,

Triage,

Support, reduce fear, promote safety.

Seek Best Practices, reliable sources, disseminate, share.

OUR community needs us; our world is suffering,

We have the skills.

We got this.

#### Nanny Rawlings

Nurse Navigator, Complex Care Management Swedish Health Services, Population Health Bainbridge Island, WA

#### Pandemic Year of the Nurse

Everyone wants to know what is happening in the hospital. There's a morbid curiosity surrounding this crisis -people tune in to the news stories that show bodies being loaded into trucks in New York, and they turn curious eyes to the 10-story building that dominates North Everett. The building is silent. As I drive up into the parking garage, it is emptier than normal. Before I leave my car, I put on my mask. I have to use my badge to enter the hospital –the majority of the doors are locked, and visitors and family members are not allowed. I walk by a couple who is embracing. They

are both tearful. He is checking in for open-heart surgery, and he wipes his eyes as he turns and walks into the hospital, leaving his wife hugging herself at the door. The door screener and I make eye contact. He looks at my badge and lets me pass.

I arrive at my unit, take my temperature, and sign my attestation of health for the day. I head out to round in the unit – I am part of a team of 5 that works together to run the PreOp and PostOp section of the hospital, 130 nurses in all. What used to take me thirty minutes now takes me upwards of two hours. Since the

governor canceled elective surgeries, we are operating at about 35% of our usual case volume. Our staff has been redeployed throughout the hospital. They are manning the doors, working in Clinical Research, Caregiver Health, the Command Center. Fit Testing N95 Masks, performing COVID tests, and assisting on the inpatient medical floors and ICU. I try to make contact



with everyone, more often than not I fail.

I go to meetings to discuss changes in the infection control policy, which I then communicate with the team, only to learn that it has already changed. I collect worries, complaints, and concerns. Everyone is on edge, everyone is afraid. PPE is being monitored and locked to prevent theft. We are implementing and reevaluating policies daily and hourly. We are doing our best to keep our people safe. I haven't been able to breathe since March 16th. I keep the panic at bay by gasp-crying in my car. But... I dry my eyes and look around. In the middle of a pandemic, we are heralded as

heroes. I see chalk drawings on the sidewalks done by local children. There are thank you cards plastered on the walls and on poster boards in the cafeteria. Local restaurants donate food, my church brings Easter baskets. People sew masks out of OR drapes so I can be safe. I have never felt more loved by my community, I have never seen the public care for me like this. Maybe there is hope in this, somewhere.

2020 is the Year of the Nurse. I drive home later than normal, knowing I will repeat this all tomorrow. I also know that it is my privilege to walk into this silent, lonely building and stand in the gap for those who are alone and afraid, to be a light in the darkness, to be a nurse.

#### Robyn Lang

Manager of Perianesthesia Services. Providence Regional Medical Center Everett, WA

"This was written at the height of the pandemic and was submitted to Live In Everett - it was published on submission and once again a year later as the city looked back on the previous months in the pandemic. It is a raw picture of my heart at the time and a woefully inadequate snapshot of the day for caregivers and community members as I sought to care for the nurses on my team and the patients in my care."

#### Yellow Paper Veils

Heavy arms lift yellow paper veils, snaps of blue and bruised cheeks, hair thick with sweat clings to your neck. A moment to breathe before you enter an arena that hosts an enemy, an enemy invisible to the naked eye, but so easy to see.

Heavy arms lift blankets with chills, and their lungs fill up but pain reveals strength not granted. Stomach pains and clammy skin, eyes forced shut from concentration, they breathe in again. We watch, holding our breath to check for movement, a hand laid gently so not to disturb but rather to make sure... you stayed.

So close to one another yet so far away, with masks, and shields just trying to keep the enemy at bay. I pray as my hands touch yours that through that double-layered glove you can feel my hands trying to transfer strength.

Loneliness sinks in, though I am there in your room, please know I am also fighting for you. I'll stand at your bedside while you try to drink, make sure to find something you might want to eat. I clutch warm blankets as I bring them in hoping to transfer something, anything, I just desperately want you to live.

Your door falls heavy as I strip from my gown, I am left with a feeling so torn and so down. You have no family, visitors, or friends. The halls are filled with you, though with a different face, and a different bed. I walk just barely six feet over and hope that in the meantime, your face will see the sun again.

#### Jessica Abel

Nursing Assistant Certified Providence Sacred Heart Medical Center Spokane, WA

"This is from last year when Covid first started, it was a very heart-wrenching experience. This poem came from that."

#### New Friend

Yesterday I made a new friend. It doesn't happen often these days. I brought him lunch and he told me fascinating stories about his life and family between bites of his cheeseburger. He asked me about mine and listened intently and thoughtfully.

Today I met his daughter and we silently wept on either side of his bed, holding his hands as he took his final breath. I instructed her to doff her PPE, apologized again for her loss, and escorted her to the elevator. I put on my space suit and went back into his room alone. I filled out and attached a tag to his toe, wrestled his still warm, grey, lifeless corpse into a plastic bag, and zipped it up. I sprayed the bag with disinfectant and said goodbye to my new friend.

#### Casey Wilcox

Float Nurse Providence St. Patrick Hospital Missoula, MT

"This is a short essay I wrote about the experience of losing a patient to Coronavirus called "New Friend."

#### Untitled

"I am not sure if these submissions are meant to be uplifting and apologize if this is the case. To me, there has been nothing uplifting about the last 18 months of caring for Covid-19 patients. I'm sorry if this doesn't quite fit what you're looking for, but this is my truth as an ICU nurse."

I don't remember your name. I had always told myself I would remember the name of every patient I lost, a private way of honoring them, but there were too many of you. Sometimes I would come back after my days off to find your bed already filled by the next patient, their drama unfolding, unaware of the countless dramas that had already played out and endedinevitably—in that same bed. Other times I was there at the end, my arm sore from holding out the iPad as your family members said their goodbyes or begged you to hold on a little longer. Sometimes you did hang on longer—for too long as your organs shut down,

their functions custody of the machines lining your bed. We could smell death in your room for days and even weeks before it actually happened.

There would be days that we were able to wean your ventilatory support and drips, followed by hopeful updates to your family members that night. But the next day, we would take two steps back. I began emphasizing how unpredictable the disease's course could be over these phone calls to your family members. I stopped asking them to tell me more about you, as I normally would. I didn't want to know.



I don't remember your name, but I remember your face—a face that was distorted and swollen from the 16 hours a day you spent flipped over onto your belly in an attempt to get more oxygen to your lungs, a face that turned red with your gagging and coughing as we suctioned thick secretions from your endotracheal tube. I remember the wheeze and sigh of the ventilator, punctuated by its alarm when you were unable to accept the volume and pressure delivered to your lungs. I remember paralyzing you at times with intravenous medication so you could. I remember cleaning you after a large bowel movement, praying vou wouldn't code as we turned you from side to side as little as possible to get the job done. I remember sweating inside the layers of my PPE when you did finally code. I remember the wails of your

family members over the phone when they were told the news.

And I remember the empty rooms being emergently cleaned, your body only just delivered to an already-full morgue in order to make room for the next patient.

Did you feel the relief when I flipped your pillow over to the cool side? Did you feel us struggling to turn your body without disrupting all of the wires and tubes connected to you as you heaved and gagged against the ventilator, sometimes becoming incontinent in the process? Did you hear the voices of the people you loved as they told you goodbye over a video call? I told them I thought you could, even though I wasn't so sure myself.

Do you wish I could remember your name?



#### Robyn Lindsay Seward

ICU Nurse Santa Rosa Memorial Hospital Santa Rosa, CA



"Took this after one shift of a very sick intubated COVID patient who needed a lot of sedation to keep him compliant on the ventilator. It really struck me that this photo means something to a few people and means nothing to so many others."

#### Jennifer Hibbert

ICU Nurse Kadlec Regional Medical Center Richland, WA

# What I Can Offer to the Frontline

The last time I walked through the double doors to St. Patrick's Hospital ICU, in Missoula, MT, as a bedside nurse, was a decade ago. After ten years, I forgot the code to get in and I asked another nurse to let me in. Our chief executive pleaded with everyone in nonpatient-facing roles to help the frontline staff by picking up volunteer shifts. I contemplated how I could ignore the request as a system-based employee. I didn't want my kids to get sick. Ultimately, I signed up because I hoped to give another nurse what they needed. As I walked through the doors, I felt a familiar sinking in my chest and stomach. My jaw clenched into a forced smile beneath my N95 mask. "Smile with your eyes," I remembered hearing from the morale boosters. I wondered if the nurses would know I was smiling beneath my mask.

The ICU hallway was unrecognizable. New machines with long, flexible tubing and wires dotted the corridor. A nook in the hallway was now home to a makeshift office for Respiratory Therapists. I knew only a couple of nurses. Many of the nurses I once

worked with also left to pursue managerial or administrative roles. I didn't need to know who these nurses were to recognize the significance of their weary eyes and tired, rounded shoulders. These nurses needed sleep and massages and so much extra pay. How was I going to help with my defunct bedside nursing skills?

When I checked in with Corey, the ICU Charge Nurse, she thanked me for coming and instructed me that I was to answer the phone, answer patient call lights, and fetch supplies. "Please find Andy. She is our CNA, and she will help you get oriented," Corey said. I found Andy near the assignment board surveying the expected discharges. Andy handed me a Vocera, a communication device like a walkie-talkie and phone. The buttons and technology hadn't changed much since the last time I used one. The main difference was that I no longer had a name on the Vocera network, so I used the generic "ICU HUC" name to log in. With so many nonclinical staff rotating through volunteer shifts, it didn't make





sense to add everyone to the Vocera network. I admired this efficient workflow even if it was impersonal. Andy's Vocera chimed and it said, "Call from Joann." She offered to give me a tour. I declined, and she hurried off towards Joann.

In the dimly lit COVID corridor, I saw a nurse dressed in blue personal protective equipment (PPE) in her patient's room. Her DNR patient was in pulseless electrical activity. The ECG monitor showed a slow and wide complex. She cradled his hand in her double-gloved hands. While she waited for the nonproductive electrical activity to flatten on the bedside monitor, she leaned next to him and paused to whisper something like, "You are loved. You will continue to be honored and cherished." She turned off various machines connected to the patient: the SCD's, several IV pumps, and the BiPAP. She doffed her protective shroud and shoved it down into the overflowing trash can. She didn't make eye contact with anyone in the hallway. The nurse's head hung low and a couple of tears streamed down her cheeks to the crease of her mask. She sat at the white counter and began to work on the extra paperwork and tasks when a patient dies.

I asked her, "What can I do to

help you?" Strangely enough, I learned the importance of open-ended questions like this in my current role working with computers and not in my previous bedside position. It forces the responder to think temporarily instead of blurting out, "Yes," or more commonly, "No," as would be elicited from a similar, "Can I help you?" Unfortunately, this question was not perfect enough because, "Nothing," escaped from her. I lingered a bit longer to see if she would change her mind. I fetched some supplies for a nurse down the hall to show my task-oriented resourcefulness. and returned to her computer station to be physically present with her. At last, she asked. "Will you please help me get him ready for the funeral home?"

A stipulation in the informal agreement when I signed up was that I was not required to go into COVID rooms. I didn't tell the nurse. Instead, I asked her to remind me how to don and doff full airborne PPE. I had only ever done this a couple of times as a bedside nurse, and I most likely performed it incorrectly since the stakes didn't feel as high back then. My heart raced and my esophagus tied itself into a knot. "This is why I am

here. This is the help this nurse needs right now. I have the knowledge to protect myself," I whispered into my mask.

The deceased patient's windows faced southwest. From this vantage point, you could easily see the Clark Fork River with the Bitterroot Mountains in the far distance. The typical Missoula-gray clouds dotted the blue sky and the sun shone between the clouds illuminating the mountainside in big blotches of light. My heart rate slowed down and the knot loosened in my throat. The hospital's scenic views have always felt magical. My hands naturally found the right buttons to push to max inflate the mattress. I followed the nurse's lead untucking the sheet, stripping pillows from their cases, then rolling her patient's body into the bag and then onto the funeral home's gurney. "I knew he was going to die. He was overweight and tired," she told me as we peeled off our PPE. "Please don't think I'm awful," she added.

I responded, "I don't think you're awful. I think you've been trying to cope with a difficult situation for a long time." As we walked out of the room, I added, "You're right, there is a clinical picture

of people who are more likely to die from COVID, and he matched it." She nodded in agreement. Unsure of what to say next to this stranger, I rearranged the boxes of gloves on top of the isolation cart parked outside the room. She broke the silence and said, "Hey, thank you for being here today." Corey walked by and apologized to the nurse for not helping. The nurse told her I helped, and she asked if they could keep me longer. Corey turned and asked, "Will you please come back? You have been so helpful."

\* \* \*

After that initial volunteer shift. I came back several more times. I found a rhythm when volunteering. I waited until after the National Guard stocked the isolation carts to go back through and straighten them up. I turned extra boxes of gloves to face the same direction so the sizes were easier to read. Bouffant caps sat corralled instead of flailing around like unhinged accordions. Closed packages of isolation gowns were tucked under loose gowns. I'm not

sure if nurses ever noticed the difference in the carts. I hoped someone who was already too busy would pause if even for a second, to admire how easy it was to find all of the different PPE items.

I began to learn the names and stories of some nurses. The nurse I helped the first day was named Lindsay. She was recently divorced and a proud mom to a black lab named Bridger. I caught up with nurses I hadn't meaningfully talked with in over a decade. I found myself pausing in awkward conversations to consider what a friend would say instead of an acquaintance. After more than a year of social isolation, I yearned to make more connections with human beings in the flesh instead of over Microsoft Teams. When a doctor vented about a particularly difficult patient, I understood that she too needed a human connection, a friend. I came to answer the phone and to stare into the supply room searching for a specific item. What I didn't realize I could give was friendship.

#### Ashlee Dowling

Senior Clinical Informatics Specialist & ICU Nurse Providence Western Montana Service Area Missoula, MT

#### I Can't Breathe

"This writing captures my experience working as a nurse in the COVID ICU. Little did I realize that there would be so many subsequent waves and that they would become increasingly more complex (due to the addition of hostility and distrust surrounding the vaccine/COVID treatment from families and even amongst health care team members). In spite of often feeling very worn down and helpless, I want to recognize the many unseen caring moments embedded in this pandemic."

"I can't breathe!"

he gasps,

with panic in his eyes.

The oxygen setting is as high as it can go, and we both know the next step is intubation. In the background, the monitor screams in alarm over his low blood oxygen level. The physician is suiting up outside the door, and the ventilator stands ready. I take his hands in my own double-gloved ones and lean in close, to gain as much human contact as the layers of isolation will allow. Also, it is the only way to be heard over the rumbling negative flow unit running in the room. "We are going to help you by placing the breathing tube now, so you can rest and get more oxygen. I will keep you comfortable and be here to monitor you and keep you safe. As soon as we are done, I will call your wife." I tell him these words with

compassion, using a script I have practiced many times. His grip tightens, and tears form in his eyes. "Don't let me die," he implores. I place my hand on his shoulder and speak from my heart. "We are going to do everything we can and give you the best care possible." He closes his eyes, his face a look of resignation. The doctor and assistants enter the room. We sedate, paralyze, and intubate him.

A conversation about the ventilator occurred between my patient, his wife, and the doctor earlier that day. As his status worsened, the COVID treatment options were discussed. Despite the grim odds of surviving the ventilator, my patient and his family (like most) hope to be one of the miracle cases. We

heard those familiar words, "he is a fighter!" The long process begins.

Over the following days, he is flipped back and forth onto his belly to increase oxygen to his lungs and bloodstream. Our team labors to support every system of his body. We hydrate, nourish, and protect while his lungs attempt to heal. What his body usually does naturally now requires an army of health care workers (and all of our associated machinery) working around the clock.

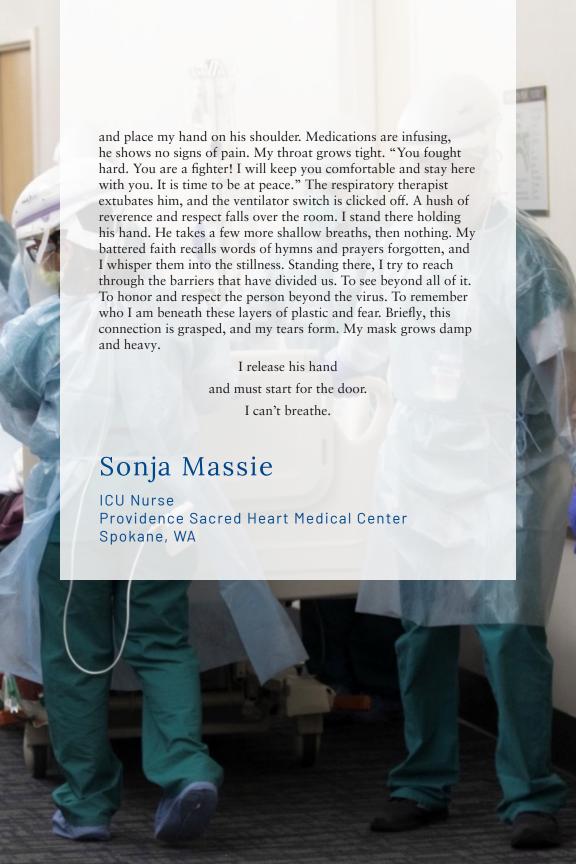
The weeks pass, and we maintain this grueling process while his family endures the ultimate emotional roller coaster. Complications occur from the care process, despite our best efforts. Skin breakdown begins. His digestive system stops. The kidneys fail and a litany of devices are inserted and attached, each bearing its own risk. Complications arise amongst us as well: injury, fatigue, burnout, and moral distress. There is anger and guilt over the feeling that we are "flogging" him, providing painful and aggressive medical care to someone that will not benefit from it. Are we torturing him? He develops ICU psychosis and delirium from prolonged critical illness, which results in anguished

expressions, restlessness, and confusion. His caregivers, meanwhile, struggle with insomnia and nightmares upon returning home from his bedside. Most of us ignore the signs of this insidious affliction: PTSD. We are wounded in our attempts to heal, but most of us won't recognize it or seek help.

His body finally declares that the mighty battle is over, and his wife comes to the bedside to say goodbye. She arrives with a few other family members, two at a time, and we assist them into gowns, gloves, and masks for one last visit. Weeping, she lays her head on his chest. The grief cuts through the glass doors and blankets the usually bustling and noisy hallway with silence.

The final words are said, and the family leaves with the chaplain lending support. They "can't handle" seeing him after the ventilator is withdrawn. His wife implores, "keep him comfortable!" I promise to do so and hug her tightly, supporting her weight as she cries. They leave.

I don my gear to care for him for the last time. My hand feels heavy on the door, my body pauses and I must close my eyes and take a deep breath. He needs me. I walk to his side



#### Clinical Narrative

I have been a nurse at St. Joseph Hospital since 1996 and an orthopedic nurse for over twenty years. My seniority allows me to have the privilege of not having to float to another unit. I have never floated to another floor/unit. I didn't have to, but I did. The pandemic and soaring of Covid-19 cases at St. Joseph Hospital in December 2020 made me decide to work in a Covid-19 Unit to show support, share the burden, and relieve my colleagues from some of the stresses of floating frequently to a Covid-19 unit. These were difficult and challenging times. Everybody was worried about being exposed to the virus; the healthy nurse, the older nurse, those with underlying conditions, and the pregnant nurse.

On my first day working in a Covid-19 unit, I was assigned to 4 patients (2 on tele with Bi-pap, and others on hi-flow and NRB mask). I quickly learned the routine of donning and doffing Personal Protective Equipment (PPE); masks, shields, caps, and gowns to help protect us from the virus. However, PPE also hides an important aspect of nursing. It hides some of the most healing

powers that a healthcare worker possesses; the power of a touch, connection, and a genuine caring smile. Patients are left with only the briefest interactions with the care that is clustered by their nurses and CNAs who look more alien than caregivers or humans.

One of my patients was M. V., a 75-year-old male who came to St. Joseph Hospital with progressive symptoms of shortness of breath, hypoxic, fever, and chills. After a Covid-19 screening was done at the Emergency Department, he was admitted and diagnosed with acute respiratory failure due to the Covid-19 virus under hospice care.

Hospice care before the pandemic was totally different; patients were enrolled by a nurse from a hospice agency after being referred by a physician. An Interdisciplinary Team (IDT) of providers may include a physician, a social worker, a chaplain, aides, and volunteers to offer support. However, the pandemic changed the whole setup and protocols. Changes were designed to reduce the risk of exposure to the virus for all involved - families, caregivers, and hospice staff.

The recommendation to remain physically distanced to reduce the spread of the virus means some aspects of hospice care, including touching, were modified.

When I first rounded with the off-going RN, I observed that M. V. and his family, who were at his bedside, appeared to be aware of the seriousness and how advanced his medical condition with a life expectancy of less than a day. Despite the necessary pandemic precaution, I continued to offer the compassionate care that hospice is known for; prioritizing comfort and reducing pain. While the other nurse was preparing the morphine drip, I focused on educating the patient and his family about the drip and the process of withdrawing care. M.V. had never received morphine, so I had to explain further that the initial dose is given low but would gradually be increased as needed to maintain comfort. Both the patient and his family verbalized that M.V.'s comfort throughout the dying process was more important to them. I also explained the withdrawal of oxygen at the very end of life.

I started the morphine drip; turn on the music therapy, and reposition M.V. He was on hi-flow 100% and a non-rebreather mask at 95%. He was alert and oriented, short of breath, with breath sounds of scattered bilateral rhonchi. He appeared anxious, so Ativan was also administered.

The family held hands and began to pray around the patient as I peeled off the telemetry stickers slowly and carefully. The prayers filled the tiny room as I silenced the vitals machines and turned off the gentle hiss of the oxygen. My gaze lingered on the patient's soft sallow face as I removed the nasal cannula. I tried to make myself a shadow as I left the room. The only thing I could do was to make sure he was comfortable. So I increased the titration and explained to the family that it would not be long now. I closed the door behind me to soft sobs and muffled sniffles. I compartmentalized my feelings because there was no time to ache with them and I still had other patients to care for, and much more to be done.

An hour later, I returned to M.V.'s room. I found that his breathing had eased enough

as if he had fallen asleep. Since all wires and tubes no longer exist, I informed the charge nurse and Doctor B that the patient was no longer responding and all vital signs had ceased. The moment of death happened.

As a nurse, I felt alone in this journey through these new phenomena of medicine and patient care. I was left to accomplish many patient care activities on my own. I taught myself to be a respiratory therapist, EKG technician, occupational therapist, and physical therapist. Even some doctors rely on my assessments of the patient instead of going into the isolation rooms themselves.

#### My Final Thoughts

When I look back, I see that each difficult time brought an important lesson and a new perspective, a new way of looking at things. No one ever said that learning was easy but it is part of the process of evolving as a human being. We all have to go through it.

Working in a Covid-19 unit means that not only do the patients need looking after, but each of us needs a helping hand now and again. Burnout is a problem. Our staff will fight hard to



give our patients the best care they can possibly receive. We especially look out for those who are dealing with high acuity patients. As nurses, we want those under our care to get better. When our patients do not improve it is hard not to take it personally. It is a group effort to share a load of patient care by going into rooms as peers to help achieve tasks quicker and assist a fellow nurse who is falling behind.

Covid-19 knows no limits and I am reminded by each patient how it breaks apart families and takes away loved ones.

## Filomena Pahamotang

Registered Nurse Providence St. Joseph Hospital Orange, CA

"This submission is part of my clinical narrative, and I would like to share my feelings and experience with everyone who was affected by the pandemic in one way or another. I hope that somehow this will bring some light to how nurses worked hard for their patients and how the pandemic affected them, professionally and personally."



## Carie L. Talbott

Charge Nurse Providence St. Vincent Medical Center -Main Operating Room Portland, OR



"I drew this sketch after a particularly hard shift. I felt defeated. Nothing seemed to go as planned. I was short-staffed, spread too thin, exhausted, and frustrated. I call it 'The Exhausted Caregiver.""

#### I Remember

I remember when my coworkers were first talking about Covid. There was this palpable nervousness amongst the staff. There was so much chatter about not having enough staff, enough PPE, or even if we could stay in our own homes with our families. I had an Alaskan cruise trip scheduled at the time with my daughter's girl scout troop which, of course, was canceled, leaving five little girls extremely disappointed after selling countless cookies to save up for this trip.

I remember sitting down with my husband and asking him if he was nervous about me coming home and exposing our girls or himself to a virus. I remember re-using PPE due to a national shortage and the constant change in recommendations over which personal protective device to use.

I remember being told more than once that "the surge is coming, and we won't have enough beds." I heard scoffing at these statements when they

"Giving voice by sharing our story helps bring healing and resilience, not only to us but to others as well."



did not come true. For many months we did not see a surge in Covid patients. We had one here and there and celebrated when our patients graduated out of the ICU, cheering for them and playing music for them as they were wheeled out. Then came many patients. And they were sick, showing up to our emergency departments with oxygen levels in the 50s and 60s, requiring mechanical ventilation to continue living.

I remember when providing end-of-life care was infrequent. In previous years, we as ICU nurses have dealt with death, but typically families have been able to be a part of the process, seeing what we are doing day-to-day to help their loved ones survive. Any given nurse may assist a patient and their family through the end-of-life process once or twice a month. Death usually involved family members at the bedside, which would help bring closure, not only to the family but also to the staff, who could process the situation through connection with the family.

That connection during the pandemic had to be made over the phone. During the height of our covid admissions, there were days when staff was assisting with the end-of-life process daily.

I remember being the only contact for the patient since family visitation was stopped. Alone with them in an isolated room with the whirring of the air filter behind them and the sounds of the alarms ringing.

I remember being on a zoom meeting so my patient's family could see their loved one and say goodbye. Greater than 20 people took turns singing over him and reciting prayers and stories of thankfulness for his involvement in their lives. I stood there stroking his head, with tears running down my cheeks collecting in a puddle inside my hooded air purifier, listening to the family members cry out, "I wish I could have held you one more time." Through my tears, I finally had to tell them that the patient's heart had stopped.

I remember singing Christmas carols to my patient and holding his hand on Christmas Day while he took his last breath. Family unable to get there in time to say goodbye.

I remember the shocked faces

of families over FaceTime when they saw their loved one's face after lying on their abdomen for 16 hours straight in an attempt to improve their lung function. Their faces were swollen and misshapen.

I remember stroking a patient's hand while his three children stood outside the glass door and cried, speaking to their dad through the phone held up next to his ear. They were 3 feet away with their hands pressed against the glass instead of their hands on their dad's skin. I was the bridge between them.

I remember loving being a nurse, but these last couple of years have brought a new face to nursing, one of defeat that has weighed heavily on me. It is hard to watch the treatment we give not lead to successful outcomes. People suffer along the way and ultimately die. All the while, we still feel the pressure from families. I have seen more death in the last 18 months than in my entire 21 years of nursing. I have felt overwhelmed, angry, traumatized, isolated, and self-critical. These repetitive traumatic scenarios lead to exhaustion. I have cried the entire ride home to my family. I have cried after stepping in the door and being welcomed

by my girls with a hug, and even cried while sitting at the fruit stand reading about another nurse's Covid experience. I am thankful for a supportive husband who would hold me and let me tell him about my day and how my amazing coworkers worked as a team to get through another challenging day. Most importantly, I could not be where I am today, still working in an ICU, without my faith. Knowing I can find my strength and hope in God helps me get through another day. I am holding out hope for the nursing profession to come together during this time to heal and support one another and listen to each other's experiences. We need to allow ourselves to feel peace knowing that we have given all we could have in the circumstances that we were in.

# Shandria Dyer

Critical Care Nurse Santa Rosa Memorial Hospital Santa Rosa, CA



#### A Covid Reflection

"How does someone put the past 18 months into a few sentences?

I will do my best to summarize below."

March 18th, 2020- My stepmom (since I was 2) passed away from metastatic endometrial cancer. I took a few days off to cope and went back to work on March 18th. I am an RN Navigator for a cancer clinic. With news of the pandemic escalating, our clinic implemented a new pre-entry screening. I spent the next 4 ½ months outside in front of our clinic (in the elements) screening patients prior to entry and taking their temps. I helped patients in and out of their cars, comforted family members that were unable to accompany their loved ones in to receive a new diagnosis, or to their first chemo, and tried desperately to explain why we had to implement these new rules. I was yelled at, insulted, called names, and threatened. My management/leadership team were absolutely incredible. They supported us while we were outside, brought us heaters, lunches, treats, and, more than anything, reminded us daily how much they appreciated the work we were doing. This work continued through June.

May 4th, 2020, my grandma

passed. Again, as with my stepmom, we were unable to have a service, unable to have closure because of this virus. As of June 2020, I started working more in my designated role. Watching numbers rise daily and wearing a mask 8-10 hours a day while working and listening to the daily information surrounding the pandemic. I was covering for staff with potential exposure or actual Covid infection. Our world, at this moment in time, was engulfed with the talk or thoughts of Covid. We all prayed daily for the vaccine, as well as for everyone's safety. In addition to this, tempers started to flare, and emotions started to rise as the election became an extremely hot topic. Everyone, it seemed, was emotionally charged by the elections, virus, exposures, tragedy, and fear.

By December 2020 we had the vaccine. By January we started with the mass vaccine clinics. I, with my immediate supervisor, executive team, and countless other volunteers, worked tirelessly. We spent long days and weeks at these clinics. (Again, putting my navigator



role on pause to help with the vaccines.) These clinics were 3, 4, and sometimes 5 days a week, for up to 12 hours a day. Again, severe anxiety was everywhere. Our patients were anxious and scared, some were angry. We had people lined up for hours trying to get a vaccine. Some, so desperate, drove for hours to our clinic for the coveted "poke." Between my immediate supervisor and I, we drew up over 30,000 vaccine doses at these clinics. We dealt with vaccine reactions, and anxiety responses, among many other

conflicts, issues, and concerns. We counseled, supported, and more than anything tried to provide reassurance, even on those days that I questioned what was happening around us and our progress. The mass vaccine clinics came to a halt in May 2021, as the vaccine was becoming more readily available. Now our issue and concern at hand was vaccine hesitancy. Due to the conflicts and aggressive nature of the Presidential election, some people felt (and still feel) that vaccinations were a politically driven issue. Due to the

aforesaid, we now have people who don't believe in the virus and are refusing vaccines. I am not here to debate either side, just to state my experience.

In response to this mass refusal, the vaccine became mandated for all healthcare workers. Now, we face the aftermath. In a population of healthcare workers who are already stressed, tired, and burnt out, there are some that are being forced out of work because they won't vaccinate and don't qualify for an exemption. They now face losing their jobs, income, and ability to pay bills over their choice. Those that are vaccinated, that will stay employed in healthcare, face severe staffing shortages and increased work stress as a result of longer than usual hours and extra shifts. More than anything, our patients

suffer. I am a little emotional as I write this. I myself am vaccinated. I am so proud to be a Registered Nurse. I am so proud to make a difference and hope that I do that daily. I know we are creating and living in a monumental moment in our history. I ache over the divide. The pandemic has been severe for everybody. Everyone has suffered. People are uncertain, scared, and don't know what to do. These are unprecedented times. We have not been here before, nor do we have the answers. We can only try and do what we hope is right. The hard part is seeing people suffer, truly in anguish over life-changing decisions. I took an oath to do no harm. I will continue to do everything in my power to help, and with every breath, I pray we find our way out of this. God Bless Us All.

## Tiffany Randich

RN Care Navigator SWWA Region Lacey, WA

## My COVID Story

'Out of the mountain of despair, a stone of hope.'

- Martin Luther King, Jr.



In 2020 Covid-19 affected us all. However, it was a bit different for those working in healthcare. The panic and worry that ensued over our community was something I had never experienced in my career.

Not prepared for a pandemic, our organization quickly put together a workflow to help facilitate Covid testing for our community, and we were able to put together one of the first drive-thru testing sites in Orange County. I watched our medical directors work diligently to educate us while still learning how to differentiate routine viruses from Covid symptoms themselves.

Naturally, being the nurse that I am and having a 'save the world' attitude, I wanted to volunteer my time to help in any way I could. I volunteered to work at the drive-thru testing site and worked for 13 days straight. I was exhausted and confused as to how we entered a pandemic suddenly and nervous about what the

future held. We had to turn several people away if they did not fit the testing criteria due to limited testing kits in the country. We turned many away, with feelings of anxiety and worry, to only go home to thoughts of wondering if they had contracted the virus and how it might affect their health.

The following week I resumed my role as a Pediatric Nurse. Covid continued to keep us on our toes with constant changes in policies, workflows, and education. Additionally, we worked in conjunction with the schools to help keep our kids mentally and physically healthy during this pandemic, which has been another challenge in itself.

As the pandemic persisted, most of the quarantine year was spent educating ourselves on the virus and wondering if the world was ever going to go back to 'normal' again. Little did we know how bad the health crisis would get; we had a conference call asking for licensed personnel to help

at the hospital as the nurses were greatly impacted by an overflow of patients. Once again, feeling the need to assist in any way that I could, I asked my supervisor if I could work at the hospital where I could be of greater need.

At the hospital, I worked in the Covid and Non-Covid ICU, where I saw death daily, where ICU beds only became open because someone had passed. Units were turned upside down with makeshift carts and supplies sprawled out in any available space. I will never forget the day I witnessed four deaths in a twelve-hour shift. I went home that night not knowing how to feel, questioning life, and feeling saddened for families and their losses. Although each death I experienced had its own impact on me, there was one particular patient whose death hit close to home. The patient was a husband and father to five daughters, he was not doing well, and the family was having a hard time coming to terms. An hour after they could visit him (as we could only allow family in if time were expiring), he coded and passed away. The patient and I share the same faith, and I was thankful I

was there to say our religious prayers, as I know the family would have wished they could have done it themselves. I had the difficult task of bringing the family from the waiting room to the ICU, not knowing if they knew their family member had passed. It was one of the longest walks that I have ever taken, and I held back tears, hoping they would not ask me about his condition. When we reached the ICU, I pointed the family in the direction of the room. As they entered, I waited for a few feet outside the door. Seconds upon entering, the wife turned and looked at me with tears in her eyes and asked, "Is he gone?" and I looked back while holding tears and said, "yes." That day and for many to come, I felt numb to the world. It was heartbreaking and emotionally defeating, yet at the same time, I had a feeling of gratefulness for life.

Watching all the healthcare staff at the hospital working relentlessly, donning PPE in and out of rooms, caring for patients, and constantly speaking to families on the phone, providing updates and reassurance, was motivation in itself. I was only there for a few weeks, but they came in every shift giving it their

all with a positive attitude, even though they were worn out – and the toll it was taking surely showed. Passing freezer trucks entering and exiting the hospital was a daily reminder of the time we were living and a feeling I cannot put into words because there are so many emotions and thoughts tied to what I was experiencing.

It is now 18 months into the pandemic, and we are still trying to figure things out. Every day is a new challenge, and I am hopeful that we will come out of this as a stronger community. Working through this crisis has had its moments of despair. However, I believe that it has made me realize the fragility of life even more. The constant changes and unpredictability of life have thrown us all into a world we did not expect, but with every hardship, I believe there is ease. I hope that my story was able to give a little insight from the other side of the fence and for us all to come together and realize that, at the end of the day, this is not a personal or political crisis but a human race and health crisis and I hope that we can all remind ourselves that we really are in this together.

I hope you enjoy the slide show of pictures. Although the pandemic had many sad moments, we kept smiling and trekking forward, feeling blessed that we were chosen to have the opportunity to help our community in such an unexpected way.

#### Nazlee Arain

Pediatric Nurse - Primary Care St. Jude Heritage Yorba Linda, CA



# VOLUME II RECOVER



You are enough.

I know what your work conditions are and what you are doing is magnificent.

It is selfless and it is enough. More than enough.

We will pace ourselves and together we will see this through. We will be innovative, purposeful, and caring.

We will do our best to care for ourselves, and we will do our best to care for our community.

We will do our best, and it is enough. We will go home knowing we were enough, as we leave our work on our doorsteps.

We will cherish our time with our families and friends, and we will remember we are enough. We are doing enough.

Nurses do not need to be more or do more, only adapt to our new reality.

There is no more to give because you are already doing your best.

Pace yourself, the work is in front of us, we will do our best and we will know that we are enough.

## Jennifer Gentry MSN, RN, NEA-BC

Chief Nursing Officer Central Division Portland, OR





## Twelve Days of Covid

"I remember being so stressed out in the COVID ICU that we had created. It was the most anxiety I have experienced in all 15 years as an ICU nurse. I was charge almost every shift, and I worked as hard as I could work to support the nurses and answer phones, and prone up to 5 patients TWICE on our shift, along with restocking, taking out the garbage, and a multitude of other tasks. Staffing issues did not allow for us to have a secretary or nursing assistants, or nurse helpers most days. I talked with my husband and started joking about this idea for this song, and then he left for work, and I just created it. It felt good to release the stress into humor and playfulness.

For reference: The lens cuff is the disposable cover for the air purifiers that we use. We used to use one per day for airborne isolation patients, but with PPE conservation and supply uncertainty, we were using one lens cuff for up to several months at a time to prevent running out of them entirely. They were difficult to see through at times because we reused them so much! The policies kept changing frequently because of the novelty of the virus, so keeping up with the constant practice changes was challenging and stressful at times. The MARTI is our translator, and so many of our patients were not English speaking, so the added time to use the MARTI was also challenging."

## Katie Kjeldgaard

Nurse Professional Development Generalist Providence Sacred Heart Medical Center Spokane, WA On the first day of Covid My manager gave to me A clean lens cuff so I could see

On the second day of Covid My manager gave to me Two Covid rule-outs And a clean lens cuff so I could see

On the third day of Covid
My manager gave to me
Three new policies
Two Covid rule-outs
And a clean lens cuff so I could see

On the fourth day of Covid
My manager gave to me
Four need the Marti
Three new policies
Two Covid rule-outs
And a clean lens cuff so I could see

On the fifth day of Covid
My manager gave to me
Five heated high flows
Four need the Marti
Three new policies
Two Covid rule-outs
And a lens cuff so I could see

On the sixth day of Covid
My manager gave to me
Six call bells ringing
Five heated high flows
Four need the Marti
Three new policies
Two Covid rule-outs
And a lens cuff so I could see

On the seventh day of Covid
My manager gave to me
Seven sats alarming
Six call bells ringing
Five heated high flows
Four need the Marti
Three new policies
Two Covid rule-outs
And a lens cuff so I could see

On the eighth day of Covid
My manager gave to me
Eight people proning
Seven sats alarming
Six call bells ringing
Five heated high flows
Four need the Marti
Three new policies
Two Covid rule-outs
And a lens cuff so I could see

On the ninth day of Covid
My manager gave to me
Nine patients dying
Eight people proning
Seven sats alarming
Six call bells ringing
Five heated high flows
Four need the Marti
Three new policies
Two Covid rule-outs
And a lens cuff so I could see

On the tenth day of Covid
My manager gave to me
Ten new floats to train
Nine patients dying
Eight people proning
Seven sats alarming
Six call bells ringing
Five heated high flows
Four need the Marti
Three new policies
Two Covid rule-outs
And a lens cuff so I could see

On the eleventh day of Covid My manager gave to me Eleven admits coming Ten new floats in training Nine patients dying
Eight patients proning
Seven sats alarming
Six call bells ringing
Five heated high flows
Four need the Marti
Three new policies
Two Covid rule-outs
And a lens cuff so I could see

On the twelfth day of Covid My manager gave to me Twelve Zoom meetings!
Eleven admits coming
Ten new floats in training
Nine patients dying
Eight patients proning
Seven sats alarming
Six call bells ringing
Five heated high flows
Four need the Marti
Three new policies
Two Covid rule-outs
And a lens cuff so I could see



#### Steadfast

"I would like this to be anonymous. This speaks for all of my colleagues, not just for me."

We were heroes for doing the job we have always done. For pushing through. For pressing on to help, serve, and care for those we always had, and some who needed us more now. People were thankful that we continued showing up despite the danger of the unknown. They hung banners, banged pots, and offered privileges. We asked for only what was necessary, nothing more or nothing less. We were objects of gratitude, saviors, celebrated... and then we were not.

Then we became liars, telling false narratives about what was "actually happening." We were dismissed. Our experiences are overlooked. "It's not that bad," they said. "The numbers are inflated." "It's just about money," others would speculate. We were blamed for choices and decisions that were not ours. We were accused of denying care that had no basis in medicine. We were told what science really is and what we were failing to do for our patients.

But we were just us. We never changed. We never stopped trying, never stopped caring. The world grabbed hold of our narrative and used it for their purposes, all while we just continued.

Even though we are tired, we continue.

We hold hands that others cannot or will not because that is what we have always done. We speak out for their needs and tell their stories because someone must. We take abuse and respond with patience because we understand what you are going through. We go home and cry, or laugh, or drink, or vent, but we come back the next day. We are here, but a little more tired now, a little more broken, a little less... but still constant.

## Anonymous

Providence Sacred Heart Medical Center Spokane, WA

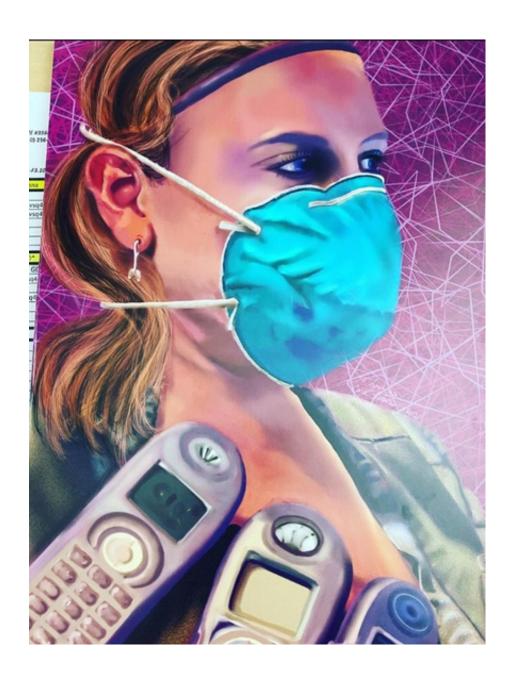
#### Untitled



"The sky had been cloudy and it had been raining. I was reading the paper and looked up to see this amazing rainbow... it took my breath away... and in 5 minutes it was gone. I am reminded how quickly things can change and how important it is to pay attention... to notice."

# Sally Cochrane

Executive Director, Operations / Nursing Providence Center for Medically Fragile Children Portland, OR



## Courtney Herron, MSN RN SCRN CMSRN

Registered Nurse, Charge RN Providence Little Company of Mary Torrance, CA

"Working on the COVID-19 unit during the pandemic was extremely stressful, emotional, and scary. The nursing staff were facing new challenges and a lot of unknowns. The staff was fearful to come into work and [did not know] what to expect. The hospital staff worked so hard together to care for our community. A psychologist I met asked if she can paint a picture of me during the height of the pandemic. In this painting, it was me carrying 3 phones as I was the charge RN on the COVID unit, a floor/resource nurse, and the unit secretary all at once trying to make ends meet and keep our patients safe and well taken care of. The painting is based on a picture my coworker took of me while I was on the floor working."

#### Reflections on a Pandemic

How do I feel?

Frustrated. Furious. Grieving. Hurt. Inadequate. Resentful. Scared. Tense. Worried. Shocked.

I am writing here what I wish I could say to my own family. Attempts to talk to them about their vaccine hesitancy have failed because, in my family, my voice is the minority opinion drowned out by a multitude of others spreading disinformation. By making this choice my family has joined millions of other Americans who are now sick with COVID-19 (Delta style). At the time of this writing, one is hospitalized, and two others are receiving treatment at home. I won't know the full outcome for weeks.

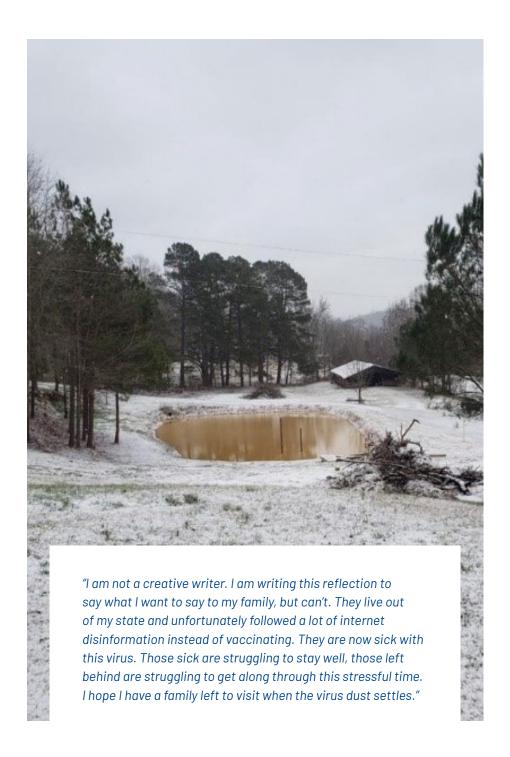
When I completed my outpatient department work last Friday, I left behind frontline colleagues who are exhausted physically and emotionally. Normally stoic ICU and ED colleagues cry. Our usually tolerant and calm pastor was furious. I walked out the doors of a hospital that was at capacity with very sick patients suffering from a preventable illness.

Everyone who can get vaccinated must get vaccinated. If not for yourself, then please do it for vulnerable community members, young children, overwhelmed health care workers, and businesses that want to stay open. All medicine has risks and benefits. Vaccines are the very best and most effective method we have to end this pandemic.

If you are still on the fence, please get off today and get vaccinated for your own family members who want you to live. Going through this is stressful and heartbreaking in more ways than I can express.

#### L. Rasmussen

Oncology Quality and Accreditation Nurse St. Joseph Hospital Eureka, CA





#### Mask and Vaccine

I wore the mask,

The mask did not wear me.

I wore the mask to save friends and families.

I did not love the mask - I wore every day, But it was a sacrifice I was willing to pay,

As we struggled, and COVID-19 ran free,

We saw many loved ones, Who departed hastily and untimely, The take, their faces in our memories.

Our hearts battered; our spirits low

For all the pandemic was a blow,

Still, I wore the mask,

The mask did not wear me.

We have paid our dues and emerged

Battered and bruised,

Is the pandemic near its end?

Now faced with a new choice,
a vaccine.

Tried and true,

Millions through and through
The vaccine is a means to an end,
The epic pandemic can be but a memory

No more mask, no more distance No more untimely or hasty departures

#### A sacrifice

A promise to the ones we love Believe it or not, we have a choice, It will not break or weaken but strengthen and protect.

To prevent death from COVID-19, I wore the mask; I got the vaccine.

#### Ana M. Rocha

Oncology Nurse Practitioner Providence Saint John's Health Center Santa Monica, CA

"As an Oncology Nurse Practitioner, I stepped up to help in March of 2020 for COVID-19 research clinical trials until 10/2020. I got to see firsthand the destruction that COVID-19 was causing not only on a physical level for the affected patients, but the emotional and psychosocial toll on families/loved ones. In winter 2020, the vaccine was rolled out and in spring of 2021 - it seemed that all was near normal."

## My Monster

There lives a monster now Deep down inside of me That was never there before

It is not a pretty little kitty
It is an angry tiger
A snarling beast

I try to keep it caged

To protect the ones I love

But it keeps lashing out with angry claws

I do not hate my monster
It cannot help the way it was born
Of pain and suffering and grief, fear, despair, and anger

Of body bags and PPE
Of a world gone mad
Of healing hands that could not save them

This beast is a part of me now Carved out of me by a virus named C-19 And a war I never signed up for

When this war ends, what will be left of me? Will my monster consume me? Will I be scarred, snarling, and savage?

Will I ever sleep peacefully again?
Be the nurse, the friend, the mother, the wife
The person I was before?

Is there a salve to heal us?
A shield to protect us?
Can a wild and wounded beast ever be tamed?

So much unrest and uncertainty But we are in this together My monster and me.

## Amanda Meyer

ICU Nurse Holy Family Hospital Spokane, WA

"This past year and a half... and the next that is stretching in front of us... has been and will be extraordinarily challenging both at work and at home. I have found, as have many other nurses I have spoken to, an anger and sadness inside of me that was never there before, that colors all that I do. It is the result of repeated trauma, grief, and anger seen at the bedside while caring for COVID patients. For lack of a better word, I have called this darkness my 'monster.' My monster has become part of my life and rears its ugly head when I least expect it. This poem is an attempt to describe and come to terms with the monster inside."



## My Amazing Nurses

As a nurse, I have always known that my role and that of my colleagues is to provide care to the most vulnerable and ill. When someone goes into nursing, they know that there will be times when they are expected to continue working even when the rest of the world feels to be crumbling around them. This is part of what makes nursing a career driven by compassion.

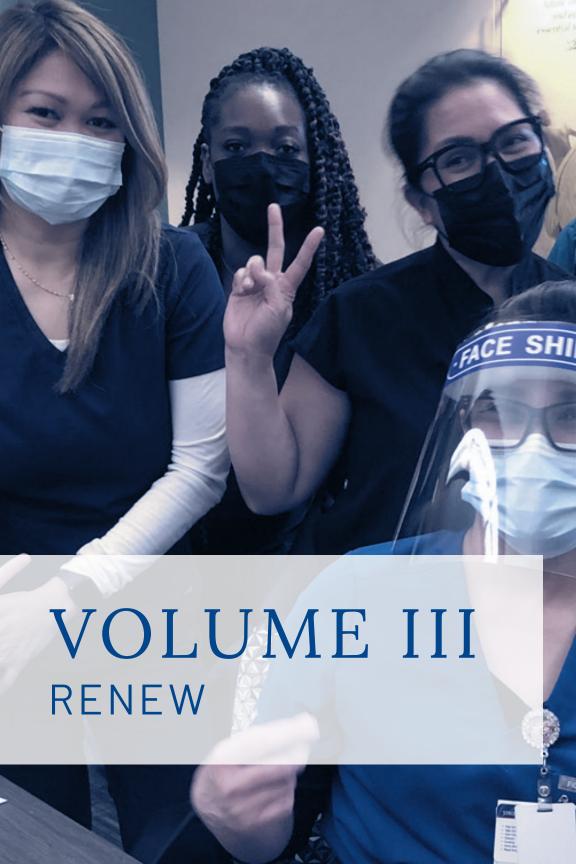
In the last year and a half, I have had the incredible opportunity to watch my coworkers and friends step up to the plate. I worked at Hawks Prairie Internal and Family Medicine, one of the very first, and for a long time only, testing sites in Thurston County. To provide a valuable service to the community, a COVID testing site was very quickly set up. When something is set up so quickly, there are bound to be kinks and hurdles, one of which was pulling staff from clinics, especially Hawks Prairie. The RNs that I got to work alongside did not hesitate to volunteer their services at the testing site and often pulled double duty helping coordinate the testing while also taking calls and assisting patients over the phone inside the clinic. They stepped into roles they hadn't done before and did so with grace and eagerness to provide a much-needed service to the community. These nurses put their own concerns aside to serve in a time of great need. They also went to great lengths to help any patient who called in with COVID concerns and not only was able to give them accurate information but also calmed their fears many times. The RNs were leaned upon heavily and all went above and beyond the call of nursing to show compassion and excellence for their coworkers and community.

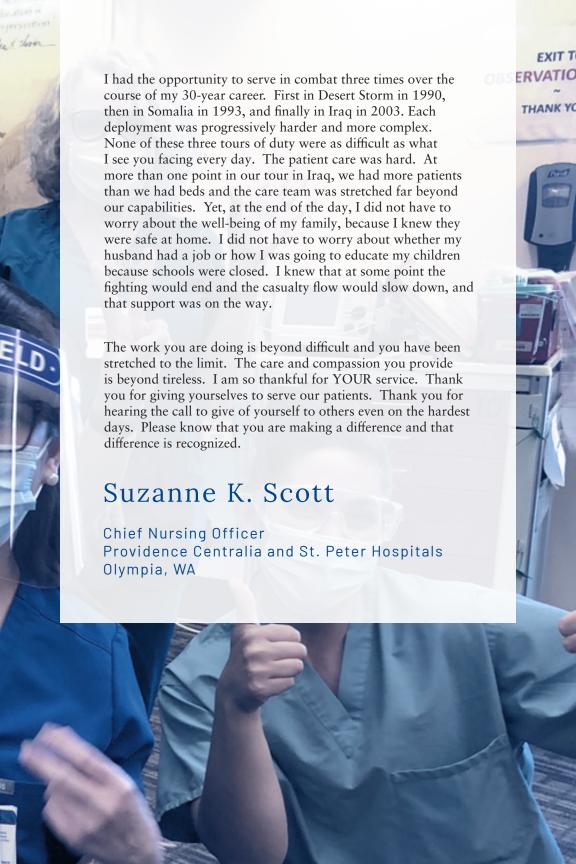
## Lindsey Dittoe

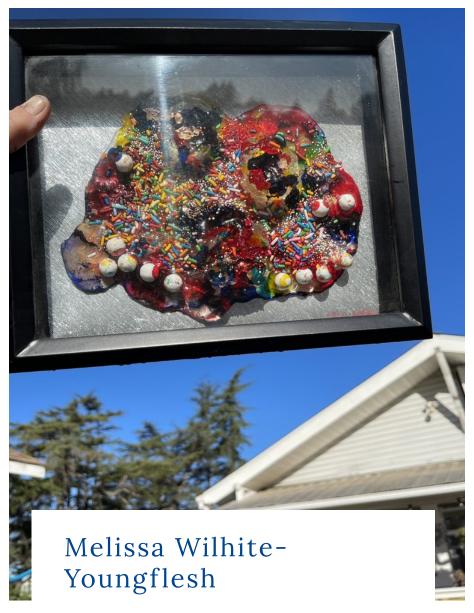
Supervisor of Clinic Operations Chehalis Family Medicine Clinic Chehalis, WA



"I have had the pleasure of watching my fellow nurses step up to the challenge this last 1.5 years and really dive head-first into a unique situation that was constantly changing and at times full of uncertainty and fear."







Emergency Department Nurse Petaluma Valley Hospital Petaluma, CA



"I have two pieces of art that I created during the pandemic that I would like to contribute. One is a huge mistake that I created while sick with Covid and it represents very well how I felt. Happy little mistakes. The other is a shadow box with my car PPE pinned on a painting I did. Both pieces represent a space for play and playing is a gift I try to give myself daily. The pandemic forced me to look inward and create a space necessary to create big messes. These pieces come straight from my heart and my art shed that I love so much!"

# Cool Caregivers in Hot Units

Life threw us a curve, but you didn't waver; You fought the pandemic; what could be braver?!

Collaboration between departments, working in teams

Pulling together to stop COVID-19.

The Command Center prepared and tracked our statistics,

Strategized, compromised: took care of logistics.

You used new equipment and learned novel skills, Completed more competencies and conducted code drills.

Rapid onboarding, checklists galore; When you thought they were done, there was always one more.

N95s, PAPRs, and gowns, So much gear; an additional 10 pounds.

Sani-cloths, bleach wipes, caps and masks, All paramount to completing your tasks.

You learned to write backward on patient room windows,

Requesting supplies, more linen, and pillows.

Bi PAP, CPAP, and high-flow 02, Anything necessary to pull patients through.

You became such pros at patient pronation And adapted to various supplies for isolation.

Vent training, lab draws and respiratory treatments, Learning new skills became especially frequent.

You thought a "tortoise" was a reptile, but you were mistaken,

It helps with turning and prevents skin from "breaking."

Break rooms were filled with food to the brim Keeping our caregivers happy and slim

Caregivers were grateful for all the donations While tracking was maintained by our stellar Foundation.

Letters of gratitude were sent to the community, Their efforts appreciated as a symbol of unity.

Patients being discharged was a time for celebration, Seeing reunions with families; faces of jubilation.

Of course, this pandemic was bad news from Day 1, But isn't it interesting what has become Of something so tragic, a life-changing event Has reinforced what nursing has always meant;

To care for our patients through thick and through thin; To care for each other as if we were kin.

This hasn't been easy; exhaustion is real. You look to the day of feeling life's zeal

And to the time when this virus abates; To gather together and truly celebrate!

Until then, be well; I am grateful to you For all the AMAZING work that you do.

### Kathy Dureault

Per Diem Nurse St. Joseph Hospital Orange, CA

"I am filled with gratitude to have witnessed our caregivers fearlessly and tirelessly providing for our patients throughout the pandemic."





### The War Within You: Importance of Mental Health During this Pandemic

Have you ever tried asking yourself that, even for a moment, things could be different from what you are experiencing now? Thoughts about small things could somehow make a difference.

We have been fighting this pandemic for so long to a point wherein most of us felt so drained and exhausted. I felt that too. All of it. Sometimes, I wanted to stop time (rewind it a bit, maybe) to those moments where I don't see my patients gasping for air or having high oxygen requirements.

You go to work every day, taking care of your patients in a 12-hour shift, but no one knows how you are feeling or what you were thinking on that specific day. Likewise, one of your colleagues might be in a tough time, dealing with a family problem, a health issue of a loved one, a breakup from a longtime lover, or some financial problem, but nothing seems visible on the face they're putting on during work time. I wanted to say that in these rough times, I felt how much words could make an impact on someone.

Why not ask someone how was their day going? Or spend a few minutes holding a conversation that is rooted in making them express themselves. You may not be on most of his or her journey but making your colleague feel like someone is willing to listen is good enough. I just think that it is a privilege to be able to empathize and feel for someone because it makes you grow, having better perspective on life. Those words that I wanted to convey hold so much power that even I cannot fathom how it shapes one's emotions.

Our mental health affects our overall disposition in life. One tip of that scale, and everything comes crashing. We sometimes don't place much importance on it because it has never been the norm in our society, but in this pandemic and above anything else, it has become a must to include it in our daily self-check.

Whatever makes you feel good and makes your mind at peace, try it. There is no tricky formula for achieving the zen of everything in life, but with willpower, you will be able to achieve that peace. On the side, give some of that peace to others who need it the most. You might not be aware, but being is now a commodity and not just a luxury. We tend to forget that it has a far greater influence on how we are doing in life. It affects everything,



your life is a gift to others. Sometimes, a healthy mind is not just maintained by you alone but by the interactions you have with other people. These connections instill something in you which forms a bond that shapes you and keeps on molding you as a human in this lifetime.

Giving time and placing emphasis on that aspect of our

down to the tiniest core of our judgment that's been keeping us sane amidst this endeavor.

Life isn't so hard. Take your time and relax. Take care of yourself first and foremost. Sometimes, it's also okay not to be okay. More than being kind to others, be kind to yourself too. We all have our bad days, even worse, but never forget that you got this!

You are amazing and you are doing well. Focus on the positive energy that is at your disposal. Appreciate those moments of stillness in you. We can only give as much as we can when we are healthy and cultivating inner peace.

Mother Theresa of Calcutta once said, "Not all of us can do great things, But we can do small things with great love." A simple tap on a colleague's shoulder goes a long way.

### Lady Lou S. Sayson, BSN, RN

Registered Nurse, South 9 Observation Covenant Medical Center Lubbock, TX

"For the past few months, I am just thankful that I have the best colleagues around me, helping me get through everything. I put it in writing because that's what I have experienced, of how the people around me cheered me up in the most burnout phase I had while dealing with Covid. Truly, our words can make a difference in someone's life."

#### Covid and Me

"This has been a rough 2 years with so many changes in my life."

What a crazy change in my life! When I first heard about this "new virus," I was at an **Emergency Nurses Association** meeting in Sacramento in March 2020. I had heard rumors but thought it would be better than the horrible influenza season that filled our emergency departments every year. How wrong I was. There was even a nurse at the meeting with a horrible cough, but she kept away from the rest of us. Then it was my birthday, and my husband and I went to Catalina Island to celebrate—no television. news, or internet. What a surprise when Monday, March 16th, we went to my favorite restaurant and found it closed. What was happening?

The next day I went to work and was assigned to the "COVID cove." What did this mean? Another nurse and I were expected to care for all the potentially contagious patients using full isolation gear and no help. We were lucky enough to care for the gentleman from Aruba that was COVID positive and transported to us in a bubble. I also had a nurse who just returned from Africa with "ground glass" in her lungs

per X-ray—I had to learn unfamiliar terms very quickly! I also learned to save my masks and gowns as we did not have enough.

As the virus progressed/spread and we moved triage outside, I quickly learned to ask in English and Spanish if "you have any sore throat, cough, fever, headache, loss of taste or smell, body aches, chills." Soon we ran out of benches outside for them to wait to be seen. Then the doctors started seeing patients outside—by August, it was 100 degrees, so a fever got even hotter.

Unfortunately (or fortunately) my husband is a germophobe and did not want to work on the transport team with potential exposure to this new deadly virus. He was 67 years old and got his doctor to write him medical leave. Then he retired on June 1st, after working 35 years at Children's Hospital. So that meant he was at home, worried about my exposure. When I got home every day, he would ask where I worked (triage or COVID cove or psych emergency), and I would strip, clean my shoes, and take a shower to "get rid of the germs." He also had a

glass of wine ready for me every night!

How excited we were to receive our vaccinations with a small sense of security. Was I now safe from the virus? So much was still unknown, but I felt better getting vaccines for my mother and husband—hopefully, this would protect them from me. I also planned a trip to the Bahamas to celebrate our 25th wedding anniversary and was so excited that it was not canceled.

Now, over a year later, the fears are returning, and we are struggling to find rooms for our COVID patients once again. I am finding it difficult to have any sympathy for the patients who come in with shortness of breath but did not want to get a vaccine—what were they thinking?? They went to big parties, hugged everyone, and wondered why they were now sick. Then we (health care) are expected to make them better quickly so they can go back to work.

Do not get me wrong—I still love my job and have no plans to leave the emergency department. Our hospital is my second family, and I love the chaos and unpredictability we are faced with daily. I only hope I can keep myself and my family safe and free from the virus. I will continue to wear my mask and wash my hands and stay positive.

### Christine Marshall, RN MSN CEN

Emergency Care Center Nurse St. Joseph Hospital Orange, CA





## My Community and COVID-19

I have been a nurse for eight years. While I grew up in Sonoma County, I went to nursing school in Nashville, TN, and spent my first few years as a travel nurse. I moved around the country every 3-4 months, learning and seeing all that I could. When the Tubbs fire hit our community in 2017, I was on a travel nurse assignment in Texas. I can still vividly remember my heart dropping into my stomach when I went into the Med Room to take the initial phone call from my cousin telling me that my uncle's house was gone, his was gone, and that he was now driving around to make sure all our family members were safe and evacuated. As the next days unfolded and friends and family reached out with devastating updates, I was overcome with an overwhelming, panicked feeling that I needed to come home and help my community. I grew up deeply connected with this community, and this first fire made me realize that my heart belonged to serving in this community.

Within a year of the fire, I had moved home and

chose to work at my local hospital because of the small community feel of the hospital itself. And within a year or so of moving home, the COVID-19 pandemic hit. This was my opportunity to really serve my community in the way that I had wanted to since the Tubbs fire. Although I do not work bedside anymore, I took it upon myself to become an expert in COVID swabbing for my small community hospital. We estimated that I alone swabbed over 3,500 people (patients and caregivers alike) in 2020. I took such deep pride in being able to bring true compassion to a scary and sometimes painful test. There were days that I spent 16 hours in a freezing cold tent, testing over 400 people in a day. Other days, I stayed in the tent in full PPE for hours in 110-degree weather. As someone who now works primarily at a desk, I was so grateful for the opportunity to serve my community and our caregivers through the COVID-19 pandemic.

While the pandemic has changed so many things about my job and made so

many things so much more challenging, I am grateful for the growth that this experience has provided. I have learned to be far more creative than I ever thought possible. I have learned to think way outside of the box for problemsolving. I have learned the importance of self-care and defining what you need to be mentally healthy. I have learned to conserve resources and to think far more globally when I utilize resources. I have learned how to perservere through situations that seem impossible. I believe that while the pandemic has been challenging, I have learned so much and am a far better leader than I was in February 2020.

I am grateful for the deeper connections I was able to make with co-workers. This pandemic brought interdisciplinary teamwork to a whole new level within my facility, and I am so proud to be part of this amazing team. Our team is connected on a much deeper level than we were before because we had to



connect to get through all the challenging circumstances that the pandemic created. We now take a second and listen to the answer when we ask, "how are you doing?" We approach situations with far more compassion than we did pre-pandemic, and our solutions are so much more team-focused. I also believe the pandemic was a great equalizer and solidified that the hospital does not run without every single

department doing what they do best. My understanding, respect, and appreciation for my team members of other disciplines have strengthened tremendously over the past two years.

At the end of the day, through good days and bad, I remain grateful to have a job that allows me to serve the community that raised me and the community I am so proud to be a part of.

### Kristin Lytle

Nurse Educator Healdsburg Hospital Healdsburg, CA

"This submission is an opportunity for me to reflect on how the COVID-19 pandemic changed my hospital, my role, and myself as a leader. Despite having more challenging days than easy days, the COVID-19 pandemic has strengthened my commitment to nursing and to my specific hospital. I am proud to have served my community and my hospital as a nurse leader during the pandemic."

### From Fear to Hope: Reflections of My COVID-19 Experience

"I am so grateful for the opportunity to share my story and reflection on the most memorable year of my life and career. This submission was an opportunity to put pen on paper what I reflect on during the past year and half, including the key experiences that I will never forget."

Rewinding a little over a year and a half ago to the last week of January 2020. The past 6 months had been difficult, filled with heavy negotiations that culminated in a labor stoppage that was the first strike I experienced as a nurse. The whispers of COVID seemed distant enough, as our energy was focused on staffing, training up contingent workers, and ensuring we kept our patients safe during this time. It was an exhausting week, and one that I imagined would be behind us. so we could move on and heal together as an organization.

No sooner than two weeks later, our COVID-19 journey began, as we rapidly brought teams together to filter through CDC and World Health Organization recommendations and guidelines. Our education plans had started, but COVID would not wait, and we

had our first patient under investigation for COVID on our doorstep, across the street at First Hill. Printing and pulling the training materials and protocols off the printer in real-time to review with staff who were scared, unsure, and yet committed was adrenalineproducing. New information was coming out each day on precautions (what to wear, what not to wear, what to do, how to reduce exposure risk) ... and before the ink could dry, the next patient appeared at our Issaguah campus. Jumping in the car, my team of clinical education professionals began training iust in time. We had never seen such urgency, fear, and yet resilience to do the right thing. Communication was hard. Supplies were precious. Our staff was tired. In that first surge, we tipped the scales at 130 patients recovering from

COVID or under investigation, each day. We threw our energy into innovating safety practices, started trials of Remdesivir, and shut down surgeries so that we had enough beds, ventilators, and staff to help our ICUs, who experienced the brunt of patient care.

Now, as an instructor and responsible for clinical placement for our Nursing Students at SU, I remember distinctly the first email. Hospitals were filling and going on lockdown. As one agency, then another, closed the doors to patient visitors and students, the concept of simulation and virtual learning became the new game plan. Students who worked in hospital settings themselves, were expressing worry and concern over exposures and likewise loss of opportunity to learn in person. But in true fashion, the tenacity I saw in my colleagues on the nursing units became that of my peers in academia. Instructors moved quickly to adapt to the change in learning, reassured students and monitored the hospital situation for any changes in clinical prospects.

As my professional life was a bit chaotic, my personal life like each one of us, experienced the pandemic shift. Masking, social distancing, four children now doing remote learning at home, my husband furloughed from work, my grandmother at 99 contracting COVID-19 and passing away from the disease in August, my father fighting prostate cancer and developing Mets (metastases), while trying to navigate treatment when hospitals were inundated and limiting in-person visits. Though challenging, the new norm started to set in and with the fall of 2020 approaching, I watched as surge 2 began.

Unlike surge 1, we were better prepared. We had supplies. We had refined protocols. But it was different. Our caregivers at the bedside and those that support hospital operations were exhausted. We did not have access to travel nurses and staff to assist as we did before, as other parts of the country were overwhelmed by COVID and took all available contracts. We began examining how to staff differently, using nurses from other care environments, like the OR or PACU, to assist in caring for patients in the ICU. It was an RN Partner or Team approach, versus the traditional 1:1 assignment of nurse to patient. Teams of caregivers caring for groups of patients, each with a role and duty that collectively allowed us to manage the



staffing shortfalls and the large volumes of patients. We once again peaked above 120 patients.

But word of immunization with availability by December emerged. December 15th was our first immunization clinic at Swedish for our employees. Much like COVID, we were reading the data and articles daily. Everything from how to store the immunizations, how to monitor, the requirements for dosing and timing between the first and second injection. This was not our normal mass immunization clinics like the flu. It was complex, and the information was everchanging. But it was a time of hope.

Then January 1st, 2021. It was a Friday, New Year's Day, and the first day off I had in a while. It was that day, when we got notified from the Governor's Office of the need to stand up community vaccination support with each hospital required to vaccinate 500 community members each day. Swedish being 5 campuses meant we were required to vaccinate 2500 people each day. We knew that we could not do this in the hospital. We do not have the space and the facilities to handle that volume. But I knew of a community that could. I called Kristen Swanson Dean

of the College of Nursing, and she began the phone tree, calling SU leaders and Father Sundborg, asking for permission to partner together. We got the okay that very day. Swedish met Sunday and developed preliminary plans on a whiteboard. By Monday, we met with SU leaders and toured 4 separate locations that landed the best option of Campion Ballroom. The Swedish and SU teams worked night and day for a week, coordinating all aspects of the clinic. Simulation occurred the following Monday, and we had our very first clinic Tuesday Jan 12th -- one week. I cannot express the pride I had in seeing two organizations that are so important to me, two organizations whose missions emulate what 2020 and 2021 have been all about: Service, Love, and Leadership. We provided 48,534 shots during those 8 weeks until we closed on Feb 26th. In that time, we met with public health, other local hospitals/ clinics, government and city leaders, and industry partners. We shared our playbook, gave tours, and talked with community members to learn how we could do better and be more efficient. This led to another important relationship with the City of Seattle, who asked us to partner with them

on a mass vaccination clinic model that extrapolated our Seattle University design.

While staffing and running the Seattle University clinic, the team was back in planning mode. We toured locations and landed with Lumen Field. Working with the City every day, we took our SU playbook and saw it transform this large vacant venue into a coordinated mass vaccination site. This became the largest civilian run mass-vaccination site in the country. We opened on March 13th. We vaccinated 102,427 community members, 44% of whom identified as BIPOC, before closing the site on June 12th. We knew that we were making a difference in Lumen by having an open and equitable site that provided access, translation services, and social work support, but we wanted to ensure we could capture the vulnerable that could not come downtown. We deployed a mobile vaccine clinic with our partners at CellNetix, T-Mobile and

Denali to provide 9,119 vaccinations in locations throughout the region.

I have hundreds of stories collected that shape the remembrance of this experience. But with each story and each memory, I am overwhelmed by the sense of accomplishment, the sense of duty, the sense of courage, and the sense of love that replaced the darker feelings of despair, fear, anger, confusion, isolation, and exhaustion that was so prevalent one and half years ago. And, more importantly, as we continue to fight COVID-19 through precautions, immunization, research, and science we know that we have a lot more work ahead.

Thank you so much for the honor and the privilege to share my experience, my memories, and offer to you all a glimpse of what COVID-19 has meant to me as a nurse, as a teacher, and as a human being this past year.

### Renee Rassilyer-Bomers

Chief Nursing Officer, Cherry Hill Chief Nursing Officer, Central Service Area Seattle, WA

### CLOSING

The vision for the Nurses Reflection project is one of hearing and documenting the voices of Providence nurses and their experiences during the Covid-19 pandemic. We wanted to hear all voices and appreciate how the pandemic affected them. We believe that asking nurses to share their stories using many forms of self-expression such as storytelling in essays, poems, artwork, videos, and photos can be powerful for healing and advancing nursing as the most respected profession.

The Nurses Reflection project is in support of sponsoring our nurses to tell their stories to be heard, promote healing, and envision the future of nursing by honoring the lessons learned during the pandemic.

Our goal is to honor and celebrate the very personal experience of our nurses and to amplify the voice of the Providence nurse both internally and externally.

The Sisters of Providence and St. Joseph have a long record of documenting our history to remember the past and imagine our future. This is one way the Providence Nursing Institute honors nursing during the pandemic and memorializes Providence nurse stories in the tradition of the Sisters.

It is with humbling gratitude that we thank all who have shared their reflections on Covid.



Michelle James

Executive Director,
Providence Nursing Institute

### Acknowledgements

Thank you to the editors of this anthology, without whom its publication would not be possible.



Hilary Alison Project Manager



Katie Adams Project Manager



Katie Grainger Editor



Hayley Pike Graphic Designer