

Former NVC Nurse Shares About COVID-19 From The Front Lines

Toward the beginning of the Covid-19 Pandemic, I received a text from the hospital I used to work for before I retired as a Registered Nurse five years previously. They wanted me to come back to work. I was excited to think that I could be useful in this time of need and that I could help sick people and also ease some staffing tension. I was also bored staying at home under social isolation and wanted to be in the thick of the human experience (sickness and health, life and death, hope, and despair). I started talking with some friends who still worked in health care and this is what I found out.

The nurses and social worker I spoke with were eager to tell their stories and grateful to have someone listen. A nurse who worked per diem in Seattle at a 1000 bed hospital said that there are only 100 beds filled. Some of the patients were Covid-19 patients but the behavioral health unit was also full. This nurse was not getting much work and doubted that the hospital needed me.

Other caregivers I spoke with also said they were having to take low census days regardless of whether they worked in or outside of the hospital. Some were worried about not getting enough work to pay the bills. Others were enjoying the time spent at home, taking walks, cooking, socializing on zoom, and taking classes like laughter yoga on the internet.

One of the stressors that the nurses and social worker mentioned was the stress of the unknown. Every time they experienced a symptom such as a headache they felt panicked that they caught the virus. They were also stressed by wearing Personal Protective Equipment (PPE). Their glasses and face shield fogged up making it difficult to see what they were doing. PPE was also in short supply so they were expected to reuse masks and gowns over and over. The equipment was hot and uncomfortable to wear which made their days long.

The nurses were anxious about being pulled to the COVID unit where they would be required to know how to put all the equipment on and remove it in the proper sequence. Since they did not do that routinely on their home unit they were worried about making a mistake.

All the patients were isolated from their families as they were not allowed, visitors. This increased the burden on the caregivers to be everything to their patients. Not only were they required to meet their medical needs but they also tried to meet the patients' needs for love and companionship. By the end of the shift, the nurses were exhausted. They were so fatigued that it often took them days to recover. They often experienced insomnia which made it harder to recover. There was not a way for them to decompress. They could not hug each other or spend time socializing. There was no-one to talk to at home. Some nurses had isolated themselves at home so they did not bring the virus to their families. One nurse moved her mother into her house with her husband and children while she lived alone at her mother's house.

The caregivers were also suffering from unresolved grief. They had lost patients and other staff members and some had lost friends and family. They were very sad to experience the suffering that dying people can go through especially as they could not be with their families

and died alone. One caregiver said that a long term patient of hers recently died from COVID. “Her death felt abrupt. No-one was with her. There was no social get together to celebrate her life and to grieve.”

There were some good things that came out of the crisis. The caregivers felt closer to their coworkers and there was increased teamwork. In general, they felt more appreciated and supported than usual. One organization set up support groups for the employees. Grief counselors were available one day a week to staff zoom meetings and council the caregivers. Another organization set up a COVID Bank. If a caregiver was stressed out she could take a loan from the Bank and get up to twelve hours off. They also set up a food bank that employees could use.

All over the world communities have rallied to show appreciation for the workers on the front lines of this crisis. A group of trainers from the Center for Nonviolent Communication have developed a web site (www.worldwideempathyformeds.org) where trainers sign up to donate their time to give free empathy to any health care worker who needs it. People are eager to contribute in any way they can. In my neighborhood, I can find free seeds and produce from neighbors’ gardens and people offer to run errands and do things for each other. In a time when darkness threatens to overcome humanity, the light is finding a way to shine.

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