



In Critical Condition

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Within the cardiology wards at Mazankowski Alberta Heart Institute, a man sits alone in his room, accompanied only by the soft beeping of his heart monitor. Although he is asymptomatic, he can't have any visitors until his COVID-19 test results come back negative. A nurse comes in to check on him and he tries to ask when he can see his daughter. She tries to explain that the results will be back soon and that it's important to wait, but it's a choppy exchange: he doesn't speak much English — his daughter usually translates.

Isolated and confused patients is the new reality that nurses like Iman Janmohamed have to work with amidst the COVID-19 pandemic. Janmohamed recently graduated from the nursing program at the University of Alberta in April, and since then she has learned to adapt to dwindling supplies, changing protocols, and low patient morale.

When the pandemic was starting to make its way across Canada, nursing students in Janmohamed's class had their preceptorships cut short. Although many of them had

already completed over half of their required hours, it was clear they were at a disadvantage compared to peers who graduated before the pandemic. Whether her 12-hour shifts are spent in the cardiology wards at Mazankowski Alberta Health Institute or in the emergency room at the UofA hospital, it's the teamwork that has helped Janmohamed navigate learning curves at record speed.

"I didn't feel like I received all the training I needed. It has taken some time to build the confidence to practice independently," Janmohamed explained. "As a novice nurse, I appreciate having experienced nurses share their knowledge and expertise with me."

In the fast-paced emergency room, issues can range from minor lacerations to full-on sepsis. Nurses work as a team to divide up tasks such as gathering blood for lab tests, taking patients to diagnostic imaging, and administering fluids and medication. The team dynamic helps ensure that everything moves along as smoothly as possible so that incoming patients in the waiting room can be tended to quickly. Every aspect of a patient's care is also

scrupulously documented to make sure no information is lost.

Back at the Mazankowski Alberta Heart Institute, Janmohamed — wearing full personal protective equipment — brings a care package of clothes, food, and Tim Horton's coffee to her patient while he stands away from the door with his mask on. His daughter called Janmohamed to explain her father's needs and now they stand talking to one another at a distance. He hadn't had a visitor in days, but Janmohamed had realized that it was culturally important for him to have his daughter nearby. For a while, her presence brought him comfort, and he became more receptive to care.



In a general surgery ward, a young nurse writes down 12 hours worth of patient care information in her handover report: bandage changes, vitals signs, pain or nausea after surgery. Everything is meticulously recorded and explained to the nurse who will care for her patients for the next 12 hours.

It's only when she is home and sinks into her sofa that the day's adrenaline begins to fade. How many patients cried in frustration today because visitors weren't allowed? How often had she wanted to cry with them? Looking around her empty apartment, she finally acknowledges her grumbling stomach. She thinks about her grandparents a province away and wishes she could have a home cooked meal with them.

Going to nursing school was an easy choice for Selena Ho. She liked interacting with people and taking on a caregiver role, and having lived with her grandparents in Vancouver, she had great fondness for the geriatric population. But as a new nurse thrown into a pandemic, the job hasn't exactly been easy.

Like Iman Janmohamed, Ho also graduated in April 2020 and had her preceptorship cut short. Although she was allowed to pass the course, she felt that the extra hours would have helped solidify her organizational and practical skills. In the beginning, she struggled with imposter syndrome and feeling like she wasn't good enough to be a nurse.

"I think as a new grad, it takes time to develop that confidence as a nurse, and trusting your instincts, rather than doubting yourself," she said.

Though she is much more confident in her abilities now, the pandemic has continued to take a toll on the mental health of patients and healthcare workers alike. Following an outbreak in a ward, Ho's unit was unable to accept any visitors. "It was difficult to watch my confused patients who are normally settled by having their family members or friends nearby, be so distraught and disoriented," she said. "I felt conflicted [about] enforcing these restrictions, but the best we could do was call their loved ones or hold our patient's hands to comfort them."

As for Ho, her experience of isolation has been similar to that of her patients. Many of her close friends and family reside in Vancouver, but flying back home is too much of a risk. "I have family members that are immunocompromised, so working in a hospital and having to fly on a plane to see them makes me anxious. As much as I want to see them and eat my grandma's home cooked meals, I don't want to risk it," she explained. Ho stressed the importance of exercising caution in our interactions with one another as COVID-19 cases rise in Alberta and B.C. For now, she remains in contact with family and friends through video calls and hopes to see them in person next year.



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As the first rays of sunlight peek through the horizon, a nurse in the medical unit prepares to finish her night shift. She's given medications, wound care, and therapies for nine patients throughout the night. It's been difficult communicating with elderly patients who are hard of hearing and rely on lip reading. The mandatory masks are yet another challenge to work around, but it's necessary to keep patients and nurses safe.

Nicole Inglis graduated from the UofA nursing program in January 2019. Less than a year after becoming a registered nurse, she was faced with the challenge of moving to another city in the middle of a pandemic. The isolation and stress from moving was exacerbated by fluctuating hospital settings. New protocols were put in place regarding masking, visitor restrictions, and staff screening. Meanwhile, personal protective equipment shortages were happening around the world. "It was incredibly stressful when the PPE shortage issues started emerging; especially seeing the reality of nurses in New York having to reuse PPE," she said. "Thankfully that never happened at my workplace which I am immensely grateful for."

Although she had adjusted to the transition from student to registered nurse, the sudden pandemic brought the biggest learning curve she's experienced thus far. Although nursing school touched on emergency responses

during disasters and pandemics, they weren't specifically prepared for COVID-19. Inglis believes there's no way they could have. "Nursing students are expected to learn, understand, and apply a vast amount of information, and it is not possible to be taught about every scenario that could happen."

Nursing school did however teach important critical thinking skills that are invaluable for tackling the pandemic. "COVID-19 is a new virus, which means learning and applying your ability to critically think through complex situations is incredibly important," Inglis said. "I believe nursing school provided me with [that], which helped during this situation."

Selena Ho and Iman Janmohamed are both grateful that the UofA nursing program also taught students proper donning and doffing techniques — that is, how to correctly put on and take off personal protective equipment. "Some nurses never learned the correct technique and are now learning during the pandemic," Janmohamed said.

Once out of nursing school, it seems that their greatest strength comes from their fellow teammates. While in school, students have access to preceptors and instructors for support and guidance. Once they become registered nurses, they're responsible for patients on their own and need to learn how to assess situations by themselves.

"I had my fair share of post shift cries, and

the doubt I had in my ability grew during the beginning of my first registered nursing job," Inglis shared. "But I had such an incredible support system at my workplace that I felt comfortable asking questions and asking for help as needed."

Inglis learned to become comfortable asking for help from more experienced nurses and to feel confident in asking for a second opinion. She also prides herself in carrying on this collaborative environment and lending support to new nurses wherever possible. She remembers what it's like to be in a student's shoes and plans to support others coming into the role.

"Nurses eat their young' is a well known phrase in the nursing world, and I am incredibly grateful to have worked in supportive environments where horizontal violence was rare. I have vowed to never be a nurse who believes bullying is ever okay," she said.

Unfortunately, the healthcare field isn't without its flaws. When it comes to protection for frontline workers, there simply aren't enough supplies to afford complete protection in every setting. While working in the emergency room, Iman Janmohamed and her colleagues are always in PPE with every patient that comes in. Up in the wards however, nurses only wear their PPE when a patient is displaying symptoms of COVID-19 or when they have been flagged by infection prevention control as being a possible contact of someone who has contracted the virus. This means there's always a risk of exposure via droplets when a nurse is not fully protected.

Last month, Janmohamed worked with a patient who had been in direct contact with a confirmed case. She was not wearing full contact PPE at the time since the patient had not been flagged and they were asymptomatic.

"Being a new graduate with student loans, I am grateful to have a job. However, the



Alberta government's legislation does not support nurses when it comes to being in isolation," Janmohamed said. Since she was not a full-time employee, she did not get banked sick days. "So while I was waiting for my COVID swab to come back, I couldn't work on my unit, which means I didn't get paid for a week."

Janmohamed has also struggled with discriminatory and racist remarks, both as a student and a registered nurse. As a student, it was difficult to stand up for herself when the person making the remarks was in a position of power. Although she is sometimes subjected to these comments from patients, they're especially jarring when they come from medical professionals. "I believe as medical professionals we should be held to a higher standard, as we are promoting equity, respect, compassion, nonmaleficence, and justice," she said.

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"I have learned that I do not need to tolerate any abuse. In my position, I can educate if I feel like they will be receptive, remove myself from the situation, and report the problem to someone I feel safe with."

Despite facing different hurdles, these new nurses have a clear passion for patient-centered care. In between administering medications, preparing patients for surgery, and performing head-to-toe assessments, Janmohamed works hard to ensure patients are well informed of their situation and remain in constant communication with their family members. With restrictions on visitors, nurses have become the main source of support for patient morale. "Human interaction with a loved one or volunteer can make the biggest difference to someone who is not well," Janmohamed said.

“We try to take the time to sit with our patients, but as staffing issues are arising, this is becoming less possible.”

While nurses are busy updating charts, responding to emergencies, and taking care of various tasks, patients are often alone in their rooms. Especially with limited visitors allowed, nurses are a patient’s biggest advocate now more than ever. Nicole Inglis talked about how important it is for nurses to communicate with physicians and families. “We became a main source of support for patients. I was in constant communication with the physicians and family to bridge any gaps and arrange for calls as needed.” She went on to describe how emotionally difficult the situation can be in the midst of visitor restrictions. “Visitors were only allowed during extreme circumstances such as end of life, and even then only two at a time were allowed. It was incredibly hard to have those conversations with families and patients,” Inglis explained.

Knowing how important it is for patients to be able to connect with their loved ones, Inglis took extra care by using a portable phone — and disinfecting it after each use — to allow family and friends to talk to patients who were too sick to have visitors. It’s not the same as being surrounded by loved ones in our most vulnerable times, but the nurses are doing everything they can to bring their patients comfort.

As COVID-19 cases continue to proliferate across Alberta, our healthcare system and the welfare of our frontline workers approach critical conditions. At the time of writing, Alberta is reporting a thousand new cases a day with over 14,000 active cases. It would be an understatement to say that our healthcare workers are bearing the brunt of the impact. Inglis, Janmohamed, and Ho all credit teamwork as the reason they’ve been able to handle everything the pandemic has thrown at them.

“If I have a patient that has become incredibly unstable and I need to implement various orders to stabilize them, I reach out for support from my team members to assist my other patients, and I do the same for them if the roles are reversed,” Inglis said.

“Though it was scary to be starting as a new graduate registered nurse during a pandemic, it also brought a sense of unfamiliarity to all the nurses in my unit. It was a way I could bond with my colleagues,” Janmohamed said. “I have gained a tremendous amount of knowledge from my coworkers which I plan to continue to implement in my practice.”

Ho also has a supportive team around her. “Even if I am on my own as a nurse, I never felt completely alone with the supportive staff members. They understood the struggles starting out of nursing school and asked if I needed help with any tasks or to catch up on my charting.”

Even with the most efficient teamwork, nurses are needing to adapt quicker as pandemic policies fluctuate and the pandemic spreads. For Ho, the pandemic has pushed her to mature professionally. “The pandemic has taught me to learn to work with what I’ve got and do what I can in the moment,” she said. She’s also thankful to have had clinical experiences that value mental health while still in school. “I think the clinical experiences as a student has helped me consider the

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situation in a holistic manner, where I’m not only looking at the signs and symptoms of COVID, but also the impacts on our mental health,” Ho explained.

In between wound therapies, carrying out doctors’ orders, and responding to emergencies, nurses often forget to take care of themselves. Although innovations allow them to keep in touch with friends and family, the nature of being a healthcare professional in the middle of a pandemic necessitates extra precaution for seeing loved ones. The result is compounded feelings of isolation and burnout.

Though she cannot directly speak for her employers or fellow colleagues, Inglis notes that burnout is evident within the profession. “A lot of nurses, including myself, are feeling the impact of the pandemic,” she said. “The toll on mental health has been disastrous to say the least due to the situation we wake up to every day.”

Ho also stressed the importance of taking care of our mental health, both for frontline workers and for everyone who is relying on

them. “Nursing school made me realize it’s crucial that we take care of ourselves first. If we’re unable to take care of ourselves, how will we properly care for our patients in a safe and efficient manner?”

With issues like PPE and staffing shortages, nurses are taking on more patients each shift while keeping up with meticulous COVID-screening for every person who enters the hospital. Each new case feels like another straw on the proverbial camel’s back.

As for what everyone, frontline worker or not, could be doing, the nurses had an unanimous answer: wear your masks, practice good hand hygiene, and take care of your mental health. “When in the community please wear a mask, social distance when possible, stay at home and practice good hand hygiene. Your actions affect the livelihood of those around you, including your loved ones,” Janmohamed said. **g**

