COVID-19 in the Year of the Nurse

Carole Treston, RN, MPH, ACRN, FAAN*

As I write this in late March, we are 1 month into the COVID-19 pandemic in the United States. I do not know what it will be like in April or May when you read this. One thing I do know is that nurses have been and will continue to be the frontline in this pandemic, providing myriad vital services to our patients, families, and communities. The irony of the COVID-19 pandemic occurring now, in the Year of the Nurse, is not lost on many of us. One of the tag lines for the Year of the Nurse and Midwife—"It's time to recognize the critical contribution nurses and midwives make to global health"—has never been more apparent.

Nurses are going into work every day, committed to providing quality care to combat this pandemic. We may be involved in systems planning, implementing surge capacity strategies, providing triage in emergency rooms and Federally Qualified Health Centers, screening people in the long lines at testing sites, educating the public and reminding staff about infection control techniques, ensuring public health, sourcing personal protective equipment, protecting and reassuring immunocompromised patients at risk, and providing compassionate skillful care to patients—those with the many conditions we face normally and, now, increasing numbers with COVID-19. Nurses are providing treatments and symptom relief, collecting data in clinical trials, protecting patients' safety, and monitoring vital functions for critically ill patients. We are not alone; it is taking a whole workforce to care for our communities during this crisis. The team is large and includes hospital staff such as housekeeping, food service, and maintenance (the critical team members behind the scenes), and our clinical colleagues: physicians, respiratory therapists, aides and technicians, pharmacists, social workers, and others. First responders, supply chain and retail workers in food stores, and other public facing sites are vital links in protecting our way of life. Yet no profession is as front and center in the response as nurses. It is our

time to do what we do best, coincidentally in the Year of the Nurse. Nurses have always stepped up to serve their patients and communities during times of crisis. And we step up close. No one on the health care team has the same personal touch and connection to patients. That is one of our superpowers. But who could imagine that nurses would be tapping into this superpower to the degree that was unimaginable just a few weeks ago. Visitors are severely restricted in many hospitals and long-term care facilities. Critically ill patients are struggling, and some are dying without the comfort of family and friends at the bedside. But nurses are there. Just as nurses were there at the bedside of too many patients with AIDS in the past, providing comfort to the dying when few did.

Just like then, nurses are now providing calm evidence-based information and calming the fears of the public about the COVID-19 pandemic. I was so proud to see my ANAC colleagues in this role on national media and in front of Congress, in this, the Year of the Nurse. Yes, there are some similarities to the nursing responses in the early AIDS epidemic. But there are differences too. COVID-19 is easily spread through droplet transmission. For those who will have serious complications, the onset is rapid, causing surges in admissions that stretch the capacity of our health care systems and, if not properly addressed, endangering patients and the hospital staff caring for them. Writing this in March, it's unclear what impact on patient and staff safety will result from rapidly rising infection rates. We will do our best to promote social distancing and other epidemic control measures. We will educate our colleagues on the latest developments in the epidemiology and treatment of COVID-19 and its complications. We will advocate for workplace safety to the degree that was unimaginable just a month ago in the United States. Nurses on the frontlines in hospitals, long-term care facilities, ambulatory, and homecare settings must have access to safe and effective personal protective equipment when they need it and safe staffing ratios that allow for optimal patient care. Nurses are resilient innovators and problem solvers who seek the best person-centered solutions for their patients. But, we must not allow our colleagues to become our COVID-19 patients because there is a lack of knowledge about this new pandemic or a shortage of the

Sponsorships or competing interests that may be relevant to content are disclosed at the end of this article.

Carole Treston RN, MPH, ACRN, FAAN, is the Executive Director of the Association of Nurses in AIDS Care, Washington, DC.

*Corresponding author: Carole Treston e-mail: carole@anacnet.org

Copyright © 2020 Association of Nurses in AIDS Care

<http://dx.doi.org/10.1097/JNC.0000000000000173>

resources needed to safely combat it. Sadly, I am writing this after reading of the death today from COVID-19 complications of Kious Kelly, RN, Assistant Nurse Manager at the Mount Sinai Hospital in New York City. This piece is dedicated to him. I hope in the weeks that pass between today and when you read this, there are not more nurses and other health care workers who die from

doing their job. This is not the attention we had hoped for in the Year of the Nurse.

Disclosures

The author reports no financial interests or potential conflicts of interest.

SPECIAL ISSUE ON Resilience & Wellbeing throughout the Lifespan of People Living with HIV

CALL FOR PAPERS

The *Journal of the Association of Nurses in AIDS Care (JANAC)* plans to publish a special issue on the topic of **Resilience & Wellbeing throughout the Lifespan of People Living with HIV** in the beginning of 2022. We are seeking feature articles (including original research and systematic reviews), as well as practice briefs, program briefs, commentaries, and case studies. We encourage a critical uptake of the concepts of resilience and wellbeing. Of special interest are manuscripts in the following areas:

- Novel research methodologies and methods to study resilience and wellbeing among people living with HIV
- Theoretical approaches, models and interventions which emphasize living and aging well with HIV
- Promoting resilience and wellbeing among people living with HIV throughout the lifespan including separate manuscripts on the following special populations
 - Perinatally infected/pediatric patients living with HIV
 - Older adults living with HIV
 - Women living with HIV
 - Individuals from diverse sexual and gender populations
 - Racial and ethnically diverse populations
 - People Living with HIV in Low and Middle Income Countries
- Policy analyses of legislation impacting resilience and wellbeing of people living with HIV
- Insights gained on resilience by long-term HIV survivors and affected communities
- Research focused on understanding resilience and wellbeing in relation to HIV as political concepts

If you have a manuscript (or would like to develop one) on one of the topics listed above, or another topic related to **Resilience & Wellbeing among People Living with HIV**, please contact one of the following JANAC Guest Editors for this issue:

Vera Caine PhD, RN
Office: (780) 248.1974
Email: vera.caine@ualberta.ca

David Vance PhD, MGS, MS
Office: (205) 934.7589
Email: devance@uab.edu

The due date for submissions
for the **Resilience & Wellbeing among People Living with HIV** special issue of *JANAC*
is on or before **December 1, 2020**

Please refer to JANAC's Author Instructions and Style Guide, available at
<https://journals.lww.com/janac/layouts/15/1033/oaks.journals/informationforauthors.aspx>

Manuscripts for the special issue should be submitted through JANAC's electronic system at
<https://www.editorialmanager.com/janac/Default.aspx>. Identify your submission for consideration for the special issue.