

# We Thank You: Now Let's Work Together to Enact Change

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**T**he omicron variant of the SARS-CoV-2 virus continues to overwhelm healthcare systems. The anticipated temporary disruption of the COVID-19 pandemic is now in its third year. Across multiple settings, nurses have continued to provide direct care, lead in healthcare organizations and political arenas, conduct research, and teach the next generation of nurses amid a novel virus and politicization of the healthcare infrastructure that has led to enmity toward healthcare providers. This editorial focuses on the next steps for demonstrating gratitude for the nurses who have persisted, continuing to do their jobs and honoring their professional creed in conditions that have extracted personal, professional and, for some, moral costs.

In academic settings, nursing faculty have made multiple changes to their teaching modalities, pivoting online during the initial coronavirus surge in 2020 and using innovative methods to ensure that students received optimal clinical and didactic instruction. Over time, academic settings have had widely differing vaccination, masking, and return-to-work procedures for faculty and students. Students, faculty, and staff have persisted, although the toll of the pandemic on mental health outcomes for both students and faculty is quite worrisome.

Nurse scientists and other members of the research team have been adversely affected, with indications that the disruptions may have long-lasting effects. Early in the pandemic, research involving human, animal, and basic laboratory science was shut down for many months. Although most locations reopened research by late 2020, slowdowns affecting productivity are evident. The COVID-19 pandemic has not affected all scientists equally. Black women, regardless of whether they are mothers, and White mothers are the groups taking the strongest hit in academia (Deryugina et al., 2021; Staniscuaski et al., 2021). A survey by Myers et al. (2020) found that female scientists, individuals in the “bench sciences,” and, particularly, scientists who have young children experienced a substantial decline in the amount of time devoted to research, which could have short- and long-term effects on their careers (Myers et al., 2020). In addition, scientists who do not work on COVID-19-related projects reported that their new publications and submissions dropped by 9% and 15% during 2020, respectively. Scientists launched fewer research projects in 2020, with an average drop of 26% when compared to 2019. At least one academic institution has developed a targeted strategy for long-term development of early-stage academics. Stanford University is offering junior faculty members another pretenure year or an additional quarter of research leave, plus childcare and research grants (Gao et al., 2021).

The highest level of gratitude is for acute care nurses, who have faced an ongoing pandemic that has shifted multiple times within the past two years. For oncology nurses, in addition to concerns about

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the increased morbidity and mortality that COVID-19 presents for patients with cancer and work disruptions—including deployment to other acute care settings—potentially curative cancer surgeries and other treatments are postponed. During increased acuity and higher patient–nurse ratios, clinical nurses have also incorporated orienting new graduate nurses—some of whom have had fewer hours of clinical training in their educational programs during the pandemic—and, for many organizations, integrating travel nurses into the clinical workforce has been another challenge.

Although nurses have persisted across numerous settings, we must realize that multiple factors have converged to make this a fundamentally different nursing shortage and healthcare environment. Thankfully, nurse leaders, including currently practicing nurses, have recently been more visible in the media. Academic thought leaders—such as Christopher R. Friese, PhD, RN, AOCN®, FAAN, (@ChrisFriese\_RN on Twitter), an oncology nurse and expert on nurse practice environments—have broadened their impact and are speaking to the current challenges not only in academic journals, but also in news sources such as *The Hill* and NPR, which reach a very wide audience. There are three nurse legislators in the U.S. Congress, including Congresswomen Cori Bush, Lauren Underwood, and Eddie Bernice Johnson (American Nurses Association, n.d.). These representatives bring a nurse’s view of healthcare to the governmental processes. In addition, other representatives are focusing on healthcare legislation, such as the Nurse Staffing Standards for Hospital Patient Safety and Quality Care Act of 2021 sponsored by Senator Sherrod Brown of Ohio, aimed at amending the Public Health Service Act to establish direct care RN–patient staffing ratio requirements in hospitals.

As oncology nurses at all levels, we must continue to use multiple strategies to bring about changes to support the healthcare system of the United States and across the world. Gaining visibility in different media, working with our professional organizations, and communicating with legislators at the state and national levels is needed. Nurses are the infrastructure—without support for systematic changes, individual nurses will continue to try to enact individual and local solutions to systematic problems. For

now, we are stopping to be grateful for all the efforts of nurses during this pandemic. Yet, collective action is needed to move toward the next stage of progress: action directed toward the root causes of the current crisis in healthcare settings, including mandatory nurse–patient staffing ratios that will create a desirable career path for current and future nurses. For academic nurses and researchers, continued focus on re-engagement strategies that not only acknowledge the adverse effects of the pandemic, but also provide tailored interventions is needed. This pandemic will end. We must ensure that nurses, who are the infrastructure of the healthcare system, have the professional work environments that allow us to flourish as integral leaders in the post-pandemic restructuring of the U.S. healthcare system. That will be the highest demonstration of gratitude.



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