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Staff Perspectives on Caring for the First Patients with COVID-19

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with contributions by Hillcrest nurses and nurse leaders

In February 2020, UC San Diego Health (UCSDH) began caring for some of the earliest patients that were under investigation for COVID-19 from Marine Corps Air Station Miramar, where they were transported to quarantine after evacuation from Wuhan. As patients arrived, they were initially cared for on the 8th floor unit in Hillcrest. Shortly thereafter, Hillcrest 4-East became designated as the primary COVID-19 unit for UCSDH and was staffed completely by nurse volunteers. The Hillcrest Nurse Leaders elected a group management model to divide and concur the immense amount of novel work to be undertaken opening a new unit to care amid the unknowns of an evolving pandemic. Director level Nurse Leaders manned the UCSDH Incident Command (IC) Center operationalizing the constant flow of internal, local, national and global data and requirements. Unit Managers (NM) and Assistant Nurse Managers (ANM) assembled themselves and pooled their collective strengths to identify needs and address them in real time. Nurses and nurse leaders were asked to reflect on their experiences at the beginning of the pandemic, and the changes they have witnessed in the months since. Below are some themes that emerged from these interviews, with direct quotes from the frontline nurses who cared for the first wave of patients with COVID-19.

COVID-19 Unit Logistics

As the pandemic developed, nurses innovated ways to make caring for COVID-19 patients more efficient and considerate. The unit was locked and under guard, visitors were strictly prohibited. Nurses were responsible for total care of these patients, while also trying to understand this unknown disease process. Because exposure and transmissibility were yet to be fully understood, some volunteer nurses needed to quarantine away from their families and felt they were treated as “contagious” by their peers for working with COVID-19 patients. There were additional cultural and linguistic considerations that made care more complex. Nurse leader team and Frank Myers of Infection Prevention, Control and Epidemiology (IPCE) created a rotation to round on unit and provide ongoing two-way communication between the unit and IC.

“The environment [of 4-East] at that time was very cold, almost sterile feeling, and had so much fear wrapped into it initially, from both a healthcare worker and patient perspective.”

“Nothing about this unit was normal. It was a locked unit with armed U.S. Marshals in the hallways.”

“It was really odd. [The first] patients weren’t really sick at all. We were



Dorothy Lang, PhD, RN, CCRN, CPHQ has been an RN at UCSDH for 15 years, with 13 of those years being in the 10 ICU. While working in 10 ICU, she has had the pleasure of working with a spectacular group of nurses as a bedside nurse, then transitioning to an Assistant Nurse Manager, and currently as the Advance Practice Specialist.



Missy Meehan, MSN, RN, ACNS-BC has 20-plus years of experience in Liver Disease, Transplantation, and Hepatobiliary Surgery in Los Angeles, CA. She has also long been involved with industry sponsored and MD driven research, grants, and program development within those specialties. Since relocating to San Diego in 2009, she obtained her MSN/CNS at Point Loma Nazarene University, a second professional certification, and became a adjunct professor as well as a licensed foster and adoptive parent. Her practice focus has shifted to Professional Development of nurses and Quality Improvement.

extremely cautious and used negative pressure rooms for all patients and a very specific way of doffing PPE.”

“It took us 2 plus hours just to deliver meal trays because of the donning and doffing and use of interpreters to ensure each patient had what they needed.”

“A challenging aspect with the Wuhan evacuees was the language barrier. Most of our patients on 4 East were Mandarin speaking ... [and] required interpreters at every interaction.”

Changing Information and Protocols

Resource availability and swift changes in the understanding of the transmissibility of COVID-19 resulted in rapid changes with infection control protocols, which caused anxiety among staff and the public. On the 4-East unit, nurses needed to stay flexible in order to pivot to new guidelines, sometimes from one shift to another. Nurse leader team and Frank Myers of Infection Prevention, Control and Epidemiology (IPCE) created a rotation to round on unit and provide ongoing two-way communication between the unit and IC. Hearing the need for more communication, UCSDH executive leadership started CEO Townhalls and the Pulse COVID-19 webpage late March 2022 in an effort to increase accessibility and disseminate important information quickly and efficiently to staff. Communication and transparency remain key in challenging times, but what that they look like optimally is still open for debate.

“Changes frequently contradicted prior guidelines or policies, leading to perceptions of leadership’s lack of transparency in communication.”

“We quickly learned about the science, and changing science, of COVID and the importance of using resources diligently.”

“Policies have swung from strictly enforcing that staff were not allowed to wear regular masks unless in patient rooms—to now we aren’t even allowed to walk into the hospital without a mask.”

“It is mind-blowing that N95 masks were initially reserved for wearing only during aerosolizing procedures and had to be reused due to the scarcity of PPE.”

“While...executive leaders were navigating immense regional, national, and global pressures...[we wanted] more of a day-to-day physical presence from executive leaders on COVID units.”

Teamwork

COVID-19 nurses on 4 East quickly collaborated to address the challenges of caring for patients with the novel coronavirus. The volunteer nurses were motivated by many factors, ranging from wanting new experiences, “doing the right thing”, being part of something larger than themselves, to “helping out not only patients but also my fellow coworkers.”

“The staff built relationships with each other, as well as the US Marshals, and had great rapport with the patients.”

“Watching the teams come together to problem solve and support each other was inspiring.”

“I loved it so much I would volunteer even if it meant working 5 plus days in a row.”

“I felt like the hospital system as a whole really looked out for all the caregivers throughout the entire experience.”

“We work well together in a crisis.”

“I am still overwhelmingly touched when I think about my unit specifically [the 8th Floor] and how every single person found a way to contribute one way or another.”

“Collaboration and teamwork have been the constant threads throughout this entire pandemic, despite all the challenges and obstacles that came along. Staff at every level found the will to continue because we held each other accountable and made it clear that we are all in it together. No one is alone. That is what keeps me going.”

Moral Distress and Burnout

Even though nurses believed in the importance of their work, the physical and social-emotional burden took a toll on their wellbeing. Additionally, the risk of exposure, divisiveness over vaccination, and high mortality rate led to frequent expressions of demoralization for those on the frontlines of healthcare. While some units were able to take periodic breaks from being COVID-19 designated units, due to limited number of beds our ICU level of care areas were not



8th Floor—first to stand together receiving the initial patients arriving from Wuhan, China via MCAS Miramar.

able to be afforded this same respite period. These are of course also the precise areas experiencing higher volumes of death and end of life care related to COVID. Nurse leaders and staff are recognizing the importance of caring for themselves and advocating for more resources to help prevent burnout.

“[We are] fighting exhaustion, both physically and emotionally.”

“It is heart wrenching trying to update families and keeping them away from their loved ones”

“Our nurses have been exposed to more death and dying than nurses before us experienced in an entire career.”

“[It is frustrating that] unvaccinated individuals [are] suffering and infecting others and causing completely preventable hospitalizations.”

“It is frustrating that the worst could have been prevented.”

“We need a lot more relief mentally and physically.”

“We learned we are stronger and can withstand more than we think,

but that we are also in dire need of a better model of self-care and burnout prevention.”

“It was very challenging personally and professionally to shift from crisis management mode to realizing there is no immediate end in sight and ultimately shifting to long-haul mode incorporating COVID-19 into daily life and ongoing operations.”

Final Reflections

Many nurse volunteers felt working with the first patients with COVID-19 on the 4-East unit was an “honor” and “career defining”. Reflections on the how the experience has shifted their whole perspective on life were also prominent. While much has changed since those initial days, the feelings of pride, respect, and professional achievement remain.

“The pandemic has brought a focus on the simpler things that bring us joy, like spending time with loved ones, and I hope this persists into the future.”

“I did not think I had much to



“We Showed Up—We Cared—We Conquered—Day-to-Day Heroes without Capes!” (L-R: 9 PCU Maria Barreto, Maria Fernandes, Debritu Mekonnen, and Jennifer Langton.)

contribute but working on 4-East was truly the greatest honor of my young career so far.”

“Everyone needs to be cared for compassionately.”

“Professional caregivers [should] continue to value and respect each other, learn from each other, and truly listen to one another.”

“I have so much respect for my fellow healthcare workers—from physicians to nurses to housekeeping—everybody involved!”



Hillcrest Nurse Leaders rallying together to support staff and patients...ready to celebrate a COVID-19 patient being discharged. (L-R: Monica Neslage, Paige Fitzwater, Lauralee Pittman, Lisa D'Olier, and Steffanie Bartholme)