Rediscovering my roots: Lessons from a COVID-19 unit

BY SHANNON R. CRILLY, BSN, RN, CMSRN

When the COVID-19 pandemic hit our small-town hospital in Western Maryland, it set off panic and fears of uncertainty that would change life as we knew it. Our hospital took extraordinary measures to protect and support all staff and patients. These measures included turning an empty medical-surgical unit into a COVID-19 unit, building a new regional infection containment unit within 4 short months, creating a command center for COVID-19-related issues, and developing new policies and procedures to ensure staff and patient safety. Another change was that nurses had to draw their own blood specimens and administer respiratory treatments—something that nurses at our hospital never had to do. As such, nurse education and training for new procedures had to be conducted quickly. For the staff members, it was inevitable to ask some critical questions: *Who would staff this COVID-19 unit? And how would it be determined who works there?* Being transferred from my medical-surgical unit to the new COVID-19 unit was a scary experience. However, it brought me back to my roots in nursing and why I entered this profession in the first place: to care for the whole patient.

Nurses did not want to work in the COVID-19 unit at first because we were concerned that we would contract SARS-CoV-2 or take it home to our loved ones.

When it was my turn to work in the COVID-19 unit, I was faced with an unfamiliar and daunting work environment. Challenges included observing strict standards for donning and doffing PPE, wearing N95 masks for a full 12-hour shift, answering call lights from a phone system, limiting patient contact and going into patient rooms only when necessary, and working in hot and warm safety zones. Hot zones are rooms with patients with COVID-19 and required full PPE, while warm safety zones included areas like the nurses' station, hallways, and utility rooms where the staff could wear some PPE such as bleach-wiped gowns and N95 or surgical masks.

During one of my first shifts in the COVID-19 unit, one of my patients was an older woman who was scared and lonely. After donning my PPE, I performed a physical assessment and gave her medications. I helped her to the bathroom where she brushed her teeth. I bathed her and combed her gray thin hair. We chatted about her family, the weather, and her dog. I was in her room for over an hour taking care of some of her basic needs. I didn't have to worry about the normal hustle and bustle of my busy medical-surgical home unit. All I had to worry about was taking care of my patient as a whole.

As a new graduate nurse, I remember setting goals to take care of patients and be the best nurse I could be.

Working in the COVID-19 unit—though it required some difficult adjustments—somehow felt refreshing; it was a breath of fresh air that brought me back to the fundamental roots of my nursing career: caring for patients as a whole, connecting with them personally, and making sure their needs were met.

With these realizations, I started seeing the new COVID-19 unit to be less frightening. The pandemic has impacted my personal and professional life in many ways, but one thing I am grateful for is it rekindled my appreciation for nursing by taking me back to my roots in nursing care. ■

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