



# Behind the mask

One nurse recounts her journey through the storm winds of SARS – a poignant reminder that rising to a crisis is the only way to survive.

**A**uthor Eva Hoffman has written that “nothing fully exists until it is articulated.” My attempt to write about the profound impact SARS has had on my personal and professional life relates to my need to bring it into full existence.

It has been a strange journey through the up-ending of my world. A bizarre sense of unreality has been my constant companion as I’ve wandered, dazed, through what feels like a bad dream. I’m told that “in the revealing is the healing.” So I struggle through many attempts to find the words that will transform the raw, subjec-

tive experience reverberating in my emotional depths into a story that can be told. And into a reality that “fully exists.”

In March I arrive for work to a changed world. I endure my first screening, fill out forms, wait in line, have my temperature checked and am chastised for not having my ID with me. Bewildered, I make my way through the emerg staff entrance and encounter the re-designation of the area to a “clean” zone where I don the now requisite gowns, gloves, masks and goggles.

I negotiate note writing, medication mixing, and a multitude of other tasks with

Illustration: Thom Sewelrud/21 art



## SARS Hotline

Are you an RN with experience in a SARS affected hospital?

Have you or a loved one fallen ill as a result of SARS? Did you lose a loved one to the SARS virus?

RNAO has developed a SARS Hotline for RNAO members, nurses and other health-care professionals, and the public to share professional and personal perspectives on the SARS outbreak.

To access the SARS Hotline call 1-888-881-9782 / 416-599-6372\* or sarshotline@rnao.org

*\*Callers should leave a detailed message, including name and phone number, and indicate if a return call is required. Calls will be returned on a weekly basis.*

my dexterity impaired by gloves.

Nothing, however, compares to the mask.

A pounding headache, lethargy and disorientation appear a short time into each shift and last through the remaining long hours. I quadruple check my medications, terrified of making an error through the mental fog with which I must now contend. I periodically duck into an empty room to attach myself to an oxygen outlet and mask in an attempt to counter the CO<sub>2</sub> build-up in my system and relieve the headache.

In late-March I assist with the difficult intubation of a health-care worker. I later learn that colleagues at another facility contracted SARS from such an intubation and it becomes apparent that current precautions are not sufficient. Our protective clothing requirement is increased to two layers and I pray that this has not come too late for those of us who struggled to save a colleague's life that night.

While carrying out the labour intensive screening tests on a suspect patient, I become over-heated under all the layers, dizzy and light-headed from lack of air. As I'm drawing blood samples, the sweat begins to trickle

down my face, my goggles fog over and my face shield sticks to my skin. I blow puffs of air up across my own face to try and get through the procedure. I hope I don't faint from heat and hyperventilation. My patient is terrified. I squeeze his hand with my vinyl coated one and try to reassure him in the face of dreadful uncertainty and our mutual fear.

I miss the smiles of my colleagues. I learn to recognize people, whose faces and hair are shrouded in barriers, by just their eyes. I'm sure the colour and shape of all my co-worker's eyes will be forever imprinted on my memory as we learn to communicate with the nuances and subtleties of a gaze alone.

With suspect suddenness, we're informed that SARS is over.

We're not as elated as might be expected. Despite our freedom to work unencumbered by the layers, many will not remove the protection. We are not so sure that this thing is over. We continue to see patients whose symptoms defy the news that SARS is done, that we are safe. We treat several members of one family who are sick with fevers and whose chest X-rays reveal the dreaded infiltrates. Red flags are raised and are countered with reassurances. Alarm bells are muted with the insistence that all is well.

And so it is, in defiance of the assertion that without a known link there can be no SARS, we find ourselves in the epi-centre of a second outbreak. The storm winds

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blow far more vicious this second time around.

Our workplace becomes a "level 3" facility and is transformed into what looks like the set of a science fiction movie. I am ordered into quarantine and feel as though such a restriction could apply only to some plague-threatened inhabitant of the Middle Ages. I venture out just to travel to work. Our emerg shuts down, but our ill colleagues stream in. The hospital takes on the feel of a ghost town. Sheets of plastic hang from floor to ceiling and I wander, in shock, through these makeshift, desolate corridors. I see nurses and physicians cry.

I volunteer for the SARS intensive care unit where I encounter the very worst of this disease and its ravages. One weekend I am assigned

to the care of a fellow nurse. She has a son the same age as mine and is living out what could easily be my fate.

I stroke her hair and talk to her through the pharmacological paralysis and heavily sedated state she is in. I whisper the names of her husband and children to her and pass on their messages; they are healthy and they love her. I encourage her in her fight to recover so she can go home to them. When some religious articles are delivered to the room, I hang the rosary and holy water from the cardiac monitor. I place the picture of Jesus to look down on her. I go home and write up my will.

Sleep brings its own kind of struggle when the dreams begin.

I dream of disembodied mouths gasping

## Pain management in a SARS environment

for air and wake struggling to catch my own breath. I dream of ventilators that turn into vacuums and suck up the air they are supposed to deliver. My sleeping self struggles to fix the problem before everyone suffocates. The theme of isolation extends deeply into my personal life and I begin to feel most secure in separateness. My connections with family and friends outside of work begin to dissolve in a new reality of apartness. I'm haunted by the spectre of putting my family at risk and begin to withdraw from them. I lose a sense of common ground with anyone except those who know what it's like on the inside.

I learn early in the first outbreak that some friends will be the first to withdraw from me. Nurses are praised for what we do, but shunned because we do it. I live in the paradox of being a hero and a pariah at the same time.

The daily routines of my life begin to feel trivial in comparison to the razor sharp intensity of my working world and I find I've little energy to devote to the mundane. I spend most of my free time recovering, physically and emotionally, from time spent at work. I sometimes lie to people about what I do for a living.

I stay close to home under the guise of needing rest and say little about the panic and anxiety I experience whenever I venture

out in public. I recognize in myself many of the textbook signs of traumatic stress. The emotions are intensified by the mounting physical distress. Mask-induced throat irritation, chest tightness, facial rashes and sinus inflammation are part of my "new normal."

I take sugared solace in the free desserts the hospital provides and gain six pounds, a symbolic buffer zone. I'm comforted by the prayers with which staff meetings now open. By the letters of support from nurses across the city and country. I'm amused by the school kids who write to remind us of the advantages of quarantine...such as "getting to clean your house and watch your soap operas."

My emotional response feels limited to a choice between grief and outrage.

I ponder the song in which musician Bruce Cockburn asserts "there ain't nothing worth having comes without a fight, you gotta kick at the darkness till it bleeds daylight".... and I go with outrage.

I'm inspired by nurses who find their voice and speak out. I become active in my professional association and accompany a contingent to Queen's Park to demand a public inquiry. I'm not motivated by a desire to lay blame. We have faced something we weren't prepared for. Valiant efforts have been made. Mistakes have also been made.

Political, economic and

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In light of all the precautions taken to fight SARS, effective pain management can be challenging. Normal patterns of pain assessment may be lost in an attempt to re-organize care to include new infection control standards. Although these policies and procedures can cause distractions through the day, it is important to remain vigilant about care practices, and especially managing a patient's pain.

The following are some tips on how to keep pain management on the radar during the challenging times of SARS precautions:

- Involve patients by having them use an objective measure to report their pain at regular intervals and as they experience it. Inform them that pain is stressful on their bodies and managing it will help promote healing by reducing pain-related side effects.
- Do your pain assessment when you obtain a patient's vital signs. This ensures pain is assessed at regular intervals.
- Visiting has been limited since the identification of SARS, decreasing patients' ability to use distraction and emotional support to cope with pain. Suggest other methods of distraction such as reading, listening to music, watching television or planning their next vacation.
- Offer and administer pain treatment pre-emptively.
- Talk to your patients. They are the experts on their pain.
- Ask your colleagues to help with assessment and management strategies.
- Obtain copies of the RNAO best practice guidelines for pain management and have them readily available for review.

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## RNAO spearheads SARS report

**T**oshed light on nurses' experiences during the SARS outbreaks, RNAO is preparing a provincial report, tentatively titled *If Not Now, When? A Wake-up Call for Urgent Change*.

"Ultimately, we would like to find out what the SARS outbreaks meant for the people providing care on a day-to-day basis during the crisis," says Nancy Purdy, a nursing consultant hired by RNAO to work closely with executive director Doris Grinspun and director of policy and research Jacqueline Choiniere.

The research is based on first-person interviews, focus groups and policy analysis. The report will describe the state of nursing and nursing services before, during and after the outbreaks. Purdy will focus the research on the Greater Toronto Area, but is also approaching nurses from across the province to contribute.

Eight focus groups, comprised of nurses in all roles and from all sectors, have been conducted to date. The information, Purdy says, will lead to recommendations for government and others to ensure the nursing workforce is well-prepared to properly manage the next crisis.

Initial interviews have yielded "phenomenal" results, Purdy says. Increased reliance on casual RNs was one of the major issues exposed by the outbreaks, as nurses were no longer free to work in multiple locations for fear of spreading SARS.

Although the focus group and interview subjects have been selected, RNAO members wishing to share their perspective are encouraged to contact the SARS Hotline, at 1-888-881-9782 (416-599-6372) or by e-mail at sarshotline@rnao.org.

other concerns have distracted too much attention from the unquestionable number-one priority of health and safety. I support a public inquiry in the hope that it will aid in understanding and articulating our most important lessons learned and in re-ordering values and priorities in our beleaguered system. I want to know why the warnings of nurses and others were discounted.

My heart is blessed, even as it breaks.

I'm privileged to work with amazing people who rise to this crisis with the very best they have. I am

healed by the reminder that what happens with my physical health, is deeply situated in my emotional, mental and spiritual health. I remember that unless my practice is rooted in my own whole health, my support of another's healing will be fragmented and only partial.

I embrace the poignant reminders that our work is as much sacred trust as career path. I'm awakened to the truth that advocacy for the safety of my patients and colleagues must be embedded in all levels of my practice. Personal responsibility to speak up is carved in my consciousness. I can never again face a threat like this and tell myself it is ultimately someone else's concern. Being under-valued, under-estimated or without power in the hospital hierarchy can no longer serve as an excuse for any nurse not to walk the path journalists Buresh and Gordon (2000) call "from silence to voice."

I am renewed to see, in the light of crisis,

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the value of a nurse's work. I re-affirm the powerful support that resides in the 24-7 connection of nurses and patients, where fears are assuaged, healing words whispered, intuitive perceptions formed and intimate processes aided by the bedpan offered, the hand held, the warm blanket given. This caring connection provides a context for the extensive clinical skill and expertise and cannot be afforded less value than the life supports that are monitored, the drugs that are titrated, the expert assessments and the technical tasks. Nor can we

tolerate the minimizing of our expertise because of the "basic" nature of some of the care we provide.

While my experience pales in comparison to the anguish of those who have been stricken with SARS and of those who have lost the people they loved most in the world, I am nonetheless one of many whose personal and professional lives are irrevocably and permanently changed. Understanding the scope of those changes and grasping the extent of the personal impact will remain a work in progress for some time to come.

One chaplain, in prayer, described our hospital as having "been through the fire." I hope the voice and power of nurses can rise, a phoenix of sorts, from the ashes that are left. **RN**

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