NURSES CONFRONT SARS WITH TEAMWORK, DEDICATION

RNs share personal stories of risk and reward while fighting the first SARS outbreak.

Health-care professionals around the world have been expecting something like severe acute respiratory syndrome (SARS) to strike for decades. Global population density and mobility are a potentially catastrophic combination when it comes to the proliferation of disease. But no one, not health-care professionals, politicians, nor the public expected it would spread so quickly, or that Ontario would be a hotspot.

For Yvonne Warner, a nurse in the day surgery/short stay unit (DSU/SSU) at Markham-Stouffville Hospital, the SARS experience turned her life completely upside-down. The operating room, within which she spent most of her working hours, closed when the first outbreak hit several Toronto area hospitals, including hers. As a result of the closure, Warner’s 18-bed DSU/SSU became the 14-bed SARS unit, which opened on Mar. 27 on the first floor of the Markham facility.

The unit was a self-contained area separated from the rest of the hospital by double doors and equipped with 11 negative pressure rooms.

In the beginning there was resentment, she remembers, among her DSU/SSU nursing colleagues that they were the ones chosen to deal with the frightening, mysterious new disease. Some felt they were handed the short end of the stick.

For Warner, the worst part of the experience was walking into the unknown.

“For the first two weeks, I cried every day on the way to work. I was so scared,” she explains. For the sake of her family’s safety she even sent her two children to her mother’s house and kept her two step-children from visiting during the first couple of weeks of the outbreak.

“I would just stand at the entrance of those double doors into the unit – you almost had to force yourself to go in,” she recalls.

As hours turned to days, the nursing staff
in the Markham facility's SARS unit began to learn more about the disease and slowly felt that progress was being made to contain the outbreak.

"After each shift, we would feel a little bit better, not as afraid," Warner says.

Then the unthinkable happened - one of her SARS unit colleagues contracted the disease.

"All of us just broke down, everyone was in tears. No one wanted to go to work; we were all scared to death," she says.

The SARS unit staff called an emergency meeting with the hospital's senior management team to determine how their colleague contracted the illness, how to prevent it in the future and what the nurses needed to do to keep fighting the disease. According to Warner, management was responsive to their concerns and worked with staff to establish criteria, such as double gloving and limiting nurses to a maximum of three eight-hour shifts per week.

After meeting with the management team, Warner says nursing staff regrouped and began to feel rejuvenated and ready to continue the battle against the disease.

One week later, another member of the SARS nursing staff at Markham-Stouffville exhibited symptoms and was admitted into..."
“Just as we were gathering ourselves together and were thinking ‘okay, I can do this’ it started all over again,” Warner remembers, noting that they may never know how her two colleagues contracted the disease.

As the first outbreak continued to spread and suspected cases climbed in Markham and across the GTA, the SARS hotline in downtown Toronto, which became operational on Mar. 15, was lighting up, each blink on the phone bank another potential emergency requiring immediate attention. Sharon Manchee, a 23-year veteran of public health at Toronto Public Health, was one of 30 people on the day shift during the peak of the first SARS outbreak.

Nurses, health inspectors, administration assistants, clerical staff and field workers were pulled from numerous public health projects across the city to focus on operating the hotline. In total, 300 people were brought together to undertake the massive task of fielding nearly 2,000 calls per day and providing case management and follow up during the outbreak’s peak.

According to Manchee, the request from her superiors to establish the hotline in mid-March was met with some skepticism. She and her colleagues “were not sure if it was a hoax.” Nonetheless, she felt ready for the challenge. She set aside her regular public health work on substance abuse, injury prevention and nutrition at her East York office and headed to the downtown call centre.

“I was asked to volunteer and I immediately agreed,” she says, confessing that she did not entirely know what to expect.

The early days of the hotline were frantic, she remembers. From mid-March to the end of April, Manchee and her nursing colleagues responded to almost 30,000 calls, many of which were focused on getting the latest information on the disease and advice on preventive measures.

“It was incredibly busy,” Manchee says. “A lot of our time was spent on the phone trying to help people who had symptoms and to help (their family members) manage their way through quarantine.”

When working with callers who had symptoms, the public health nurses were required to open a file and issue a 10-day quarantine order, which would then go to the “contact followup” team. Occasionally, Manchee sent individuals to one of the SARS units in the city.

The nurses on the hotline played a vital role in the overall battle against the first outbreak of SARS. They were the primary conduits of information to the health unit’s senior management. The management would then make crucial decisions based on the data nurses collected to further combat the disease.

Liz Janzen, director of Family Health and Healthy Lifestyles for the south region of Toronto Public Health, helped assemble the team that included Manchee.

Once on the phones, “The nurses were immediately doing assessments for case management purposes,” Janzen explains. “They would track the signs and symptoms that individuals were reporting.”

The team of telephone nurses began and ended each day with a briefing on the latest information about the disease and an update on the battle to contain it. The briefings increased to three or four times daily during the first outbreak’s peak in the second and third weeks of April.

“When there is so much going on, it is vital to ensure that the nurses have the most up-to-date information possible to effectively address the issues of callers,” Janzen says, explaining the strategy behind the briefings.

Despite the frantic pace, intense stress levels and long hours, staff on the hotline coped very well. “They all responded with great professionalism on such short notice. They got right down to work and did their best to keep their spirits up,” she adds.

But the work was taxing, emotionally and physically.

“There were times when it was really scary. There were days when we thought we had turned the corner, then other days when we felt like (control) was slipping away,” Manchee explains. In addition, nurses were required to physically run updated case studies from one
Meanwhile, nurses and their health-care colleagues at the Grace site of the Scarborough Hospital (TSH) were in the midst of battling the disease from ground zero.

On March 7, Tse Chi Kwai, 47, was admitted to TSH with symptoms of a pneumonia-like illness. It was not until a few days later that the connection was made between Tse’s symptoms and the global SARS outbreak. At that point, Tse’s infection had spread to other patients and health-care workers at the facility – and the outbreak was underway.

Donna Tucker, chief nursing officer at TSH during the first SARS outbreak, says that demands on its nursing staff increased drastically when the hospital began isolating patients N urses in other areas of the hospital were redeployed to relieve the pressure on nurses in the SARS unit.

According to Tucker, public fear and confusion about SARS escalated stress on nurses. At that time, it was not yet known how the disease spread and what, if anything, the public could do to protect themselves.

“(Hospital staff) were getting shunned by the community,” Tucker remembers. “There are lots of examples of people’s children being turned away from day care, husbands being told to stay home from work.”

Despite it all, Tucker says all hospital staff remained resilient in the face of a deadly new disease. “It has been phenomenal,” she says.

From security guards and cleaning staff to nurses, doctors and management, she says everyone pulled together to get through the ordeal.

Warner saw the same thing happen at the Markham-Stouffville Hospital and feels the same way about her colleagues.

“I have a lot of respect for the people around here,” Warner says of the other nurses in the SARS unit, management and all staff members who willingly provided whatever support they could during the first outbreak. “Everyone really joined together … we pulled together fabulously as a group.”

Although workplace camaraderie is essential in these stressful situations, the outbreak meant significant operational changes that would impact the work nurses do. The spike in workload forced hospital administration across the Greater Toronto Area to juggle nurses’ schedules in an effort to contain the spread of the virus among health-care facilities. New directives limited working at multiple locations. The new limitations exacerbated an already growing concern from the nursing community that the trend toward part-time, casual employment was an accident waiting to happen. The result meant fewer options for nurses working more than one part time job or nurses working on a casual basis. It also meant less nursing care was available to those facilities that would otherwise rely on these nurses.

In a startling admission, Ontario’s Minister of Health and Long-Term Care Tony Clement told the media on May 6 that many patients would move to full-time work if “the right circumstances prevailed.”

Our findings prove yet again, as they did in our 2000 survey of expatriate RNs, that a large percentage of part-time and casual RNs want full-time work, but government funding and employer human resource practices have limited these opportunities,” Falk-Rafael says. “Both surveys indicate that nurses love their profession, and they are committed, but they will withdraw their services if the work situation becomes untenable.”

Another disturbing finding of the study indicates that one-quarter of all respondents listed two or more employers, which is why the SARS outbreak nearly crippled the system.

“During the SARS outbreak, nurses were forced to make a choice between employers. Employers were placed in the difficult position of staffing their facilities with fewer nurses,” Falk-Rafael says. “This made a terrible situation even worse.”

Stress levels rose so dramatically during the peak of the first SARS outbreak that many nurses were contemplating resignations because they simply could no longer cope.

“Sure, there were many of us that thought about resigning,” says Warner. But when it came right down to it, she says that professionalism and dedication to patients kept everyone there.

Tucker compares troubled health human resources across the province to a rubber band.

“Our nursing resources were very stretched even before the (first SARS) outbreak. The system can only stretch so far before it snaps,” she says. “There needs to be enough flexibility and reserve in the staffing of nurses to be able to handle these types of outbreaks.”

Third-year Centennial College nursing student Mini Chacko was working at Scarborough General Hospital when the first outbreak hit. She hoped to help relieve the burden experienced by nurses stretched to the breaking point but learned from program administrators that students were barred from helping due to safety concerns.

“EVENYONE REALLY JOINED TOGETHER... WE PULLED TOGETHER FABULOUSLY AS A GROUP.”

A patient had visited a Scarborough clinic; four on Mount Sinai staff develop symptoms

rino prayer group

nald’s funeral, two other group members infected

ay “Mr. D.” could not pass. Two other workers

One traveled to a Montreal conference

One traveled to Pennsylvania

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TIME Diagram

S Registered Nurse Journal 15
“At the end of this year, we were supposed to have finished our course but the school has cancelled the summer semester,” she says, explaining that there is also backlogged work still to be completed from the spring semester. “I expected to be graduating in December but that was pushed back to at least April of next year.”

Plans to be working by early 2004 have been quashed and Chacko and her fellow students will face significant financial challenges. Not only has another four months of living expenses and absence of income been added to her financial challenges, but also the window in which she can write her licensing exam has shrunk. Chacko’s class is among the last batch of diploma nurses who are required to write their exam by mid-2004. The college did waive the tuition fees for the summer semester.

According to Chacko, students were not given a fair chance to help out and gain valuable experience from SARS.

“We could have relieved a lot of stress by helping the nurses since we are (advanced) in our clinicals” she says, noting that as a final year student she could have done a lot to help the nursing staff cope with the spike in workload.

Chacko is aware of the risks SARS imposes but she is unfazed by the danger of working with an unknown, deadly disease.

“Front-line health professionals are at risk all the time. Today it’s SARS. Tomorrow it’s something else. I was ready to help,” she says, adding that she does not expect an easy ride in her career as a nurse.

Warner, Manchee and Tucker all agreed that, above all else, it was the ability of nurses and their colleagues to rely on each other that helped them navigate through the SARS crisis.

Warner simply states, “I would not have made it without my colleagues”.

“Everyone has been simply amazing. They’ve supported each other and I’ve heard many of them talking about their colleagues as family,” Tucker explains.

Falk-Rafael says the first SARS outbreak was a wake-up call for the government to finally realize that the health-care system cannot function without significant change in human and financial resources. The second outbreak, which began in mid-May at North York General Hospital, is further proof that nurses’ knowledge and work deserves the respect and admiration of the government and other health-care professionals.

“They are the health-care system’s most valuable resource. Without their courage, bravery and commitment to their patients during the SARS outbreaks, I am afraid to think what may have happened.”

CARL MAVROMICHALIS IS A STAFF WRITER FOR RNAO.