



The Coronavirus Collective

Who cares for the carers?

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You travelled thousands of miles from the east, a stranger equipped with nursing skills. You hold a nursing degree, trained from your home land. Grew in a place of comfort, a home that is full of familiarity and warmth. A place where you have walked and talked without being judged. You need not say a word and you are understood. A place called home.

Like many nurses, the decision to become a nurse is influenced by family, so that one day you can travel in search for a better life. Raised in a land where there is year-round sunshine, you ventured in to a place where the season changes four times in a day. The two years became twenty years, despite the multiple opportunities that came by, you stayed. You left home, you forgot the comfort of affluence, having your own driver, the comfort of your chef at home. You took pride on being independent, knowing how to travel through the underground. This is the place, you found home again, a second home. Suddenly work is work no more, you found a purpose, 'it is for the betterment of many', you say.

You carried on developing and growing, the quest for knowledge took you to research. The competency through to running a daily clinical service. The composure and strength to stand as a leader and face adversity. The humility to listen and follow. You are in the world where diversity is advocated, you embraced the culture. You look forward for an afternoon tea, not anymore a coconut drink. You break boundaries, there are million times when you stood up for what you believe in.

You are a nurse, you review patients and not only carrying out doctors' order like it was traditionally done. You train doctors and influence change. You research possible treatments or develop clinical guidelines. You are a nurse and you lead, trained like a scientist or a pilot, the way you talk, move and aim for perfection. There is no room for error. You are a nurse. You are known to care.

Suddenly, you heard of a virus that came from the east. You continue the routine, preparing two weeks ahead of many. You hold your breath, you are used to entering a contagious room with a mask, you see patients with pneumonia every day. You are mask-fit tested and have a flu vaccine every year. You learn to talk with breathless patients, you are comfortable to hear a respiratory patient shout and yell, that he/she cannot breathe. You provide comfort to a distressed patient, check that the airway is patent. You observe a chest that rises and falls, you look at a pursed lip that takes on a blue hue. Your eyes inspecting and observing, that there is a nebuliser by the bedside. An oxygen mask, you are ready anytime and for anything.

But nothing prepared you for what is yet to come.

The whole team were called up, divided and designated in to different roles. You were waiting to be at the bedside, 'this is my area' you say, because you are a nurse. Then, you receive a call, you lead a diverse group of healthcare professionals, from maternity to AIDS (acquired immunodeficiency syndrome). Those who have previously worked with you to



deliver research, are now ready to help the clinical teams. Your team receives the support they need.

Now that the surge is past, the research, you had been advocating for in clinical practice, is once again to be fought for. A national executive order that comes a lot later than the critical care order. You are not in the military but it feels like you are. You cannot 'question' the orders nor the sequence. You asked, 'Are we not late? Should we start from the accident and emergency?'

There are many of them, patients, doctors and nurses alike, in intensive care. Do we have enough research nurses? There are many patients coming in but your fellow specialists were in the intensive care. You took comfort in the support given by your paediatric and midwifery colleagues. They learn fast, they embrace the change. I often wonder what was going on in their heads but the impossible was made possible. There was unity despite the despair. We lost a father, mother, son and daughter.

We are facing a global pandemic, this COVID-19 that came from the east. The only thing that can be seen and not covered by the mask, are your eyes. Your eyes that resembles those from the east. You are not used to this, the face mask you wear at work is amplified, even outside. Many of your race were routinely shouted and jeered at. You find you cannot ignore or tolerate that anymore. There are the same people that you care for, that are now in the streets rushing and jostling past you to get food and then there is none left for you, at the end of your gruelling shift.

Then, people also care, there was free tea and biscuits, the five-star hotel accommodation, you would not even dream of booking with your meagre salary, suddenly it is free and you are treated like a VIP. Although it is a lockdown, the the big society does not stop, everyone focuses and for the first time, think and act like one. For the first time, the society has recognised what you do in health care, they call you 'heroes' and clap every Thursday evening. You lost many of our colleagues, you struggled to be heard but you choose to see the positive. This is the only way to

cope, you either fight, or dismiss the negative and carry on. You choose the later, dismiss the negative and be positive. Together we are stronger they say.

'Please do not call me a hero', you say.

'I am a nurse delivering my oath and this is what we do, day in and day out. Long before the pandemic.' You existed before the pandemic and you will continue to serve your fellow man beyond. Scientific research on SARS-COV-2 is showing outcomes, there are promising treatment emerging, there is vaccine in development. The big society has come together and it works.

Slowly the lockdown is being eased off. Slowly, they are drifting away. You are left with hundreds to follow-up in the clinic. You continue to stand guard by the entrance to serve those that come with suspected or positive COVID-19. The old and new services are overlapping. The society is going back to the old world, the diversity of life that boosts the economy. No more free tea, biscuits and accommodation. You too, search for a break, a holiday. We find comfort in the material things, dictated by society, an escape from reality. All this happens so fast and suddenly six months have flown past. You go back to the new norm, face a new reality.

Where are they now? They rejoice for the research outcomes, for the services set-up and sustained. You had a break, but you continue to be vigilant. They rejoice and take pride in what you do. You are a research nurse working in the background. The pandemic emphasised your purpose. You fought hard to be heard. They do understand now. Did they ask, if you are fine?

You came from the east where the word stress comes with a stigma. It shows weakness. You are too proud to acknowledge it to yourself, or even admit it exists. You too, don't understand, it is all new to you and wish people could read the signs. You deny it yourself. You are a proud Asian, raised and resilient overcoming the disasters and storms that pass through the 7,641 islands in your home land. But you stayed in your second home longer than in your motherland. Where do you really belong? How will they listen when they don't really know you?



There's no question that the COVID-19 pandemic, the largest global disruption since World War II, is devastating millions of people with unexpected illness, disability, or death, financial ruin, postponed weddings or virtual graduations, and more [1]. COVID-19 during nationwide lockdowns produces acute panic, anxiety, obsessive behaviours, hoarding, paranoia, and depression, and post-traumatic stress disorder (PTSD) in the long run for society as a whole. These have been fuelled by an 'infodemic' spread via different online platforms and social media. Outbursts of racism, stigmatisation, and xenophobia against particular communities is also being widely reported. Nevertheless, frontline healthcare workers are at higher-risk of contracting the disease as well as experiencing adverse psychological outcomes in form of burnout, anxiety, fear of transmitting infection, feeling of incompatibility, depression and PTSD. [2]

Since the outbreak started, the Laura Hyde Foundation has seen an 88% increase in calls to its helpline in search for support [3]. Many non-profit organisations that were formed during the pandemic, responded to calls in support to those affected [4]. Humphries and Jabson, investigated the influence of culture and history of trauma on the specificity of autobiographical memory. The group exposed to high trauma appeared to provide significantly fewer specific autobiographical memories, than the low trauma group. The findings suggest that even in cultures where specificity is not as evident in autobiographical remembering style, trauma exposure appears to further lower the specificity on autobiographical memory [5]. Hence, we forget the impact a traumatic event has on our memory, this may be a survival strategy for humans.

Perhaps we are now beginning to ask the right questions? However, do we always expect to get the right answers. We continue to search. Who cares for the carers? Who supports the leaders? We aim to survive and be resilient in search for post traumatic growth.

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Conflict of Interest
None declared.