

Pandemic Uncertainty

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How do we move forward, stepping out of the COVID-19 miasma to fulfill our personal and professional roles and to continue despite the pandemic?

The COVID-19 pandemic continues to affect most aspects of daily life, and looking for ways to cope and adapt in this altered state is a priority. Days of unsettling changes have turned into weeks, months, and, most likely, at least a year or more until an effective vaccine is distributed worldwide. COVID-19 has disrupted societies across the world, with a global scope that is unprecedented, ongoing, and without a demarcated end. Combined with the political turmoil related to the presidential election in the United States, environmental turmoil including widespread fires, and ongoing structural barriers (most notably systemic racism), 2020 has been, for most, a year that will live on in our minds long after the pandemic ends. For those of us who prefer a level of certainty, and who have been fortunate to never experience a life-altering event or structural barriers, the COVID-19 pandemic may be one of the first times we have had to deal with a long-term, unpredictable, and seemingly uncontrollable situation. In our professional roles, we may be used to leading from a secure knowledge and experience base to provide guidance to others in the clinic, during acute care nursing care encounters, in the classroom, or while designing and implementing research studies and leading teams. However, the COVID-19 pandemic has brought to the fore a sense of individual, societal, and professional uncertainty. The scale of the COVID-19 crisis has been documented by media sources and

unrelenting news that continuously replays images of disaster, disease, and death (Horesh & Brown, 2020). Terms such as “lockdown,” “shelter in place,” and “herd immunity” have entered our daily vernacular. We mourn George Floyd and Breonna Taylor and feel sickened by these and other injustices. This is not the 2020 International Year of the Nurse and the Midwife that we were anticipating.

The effects of living with an ongoing pandemic are multifocal. For most, the pandemic has contributed to higher levels of psychological distress and disruption in major sources of daily life; educational pathways have been affected, employment for many has been lost or changed, and daily connections to others have been lost or altered. The mental health effects of the pandemic are striking and show differential effects across groups. A systematic search of research conducted from the inception of COVID-19 to May 17, 2020 (relatively early in the pandemic) revealed that common risk factors associated with mental distress during the COVID-19 pandemic include female gender, younger age group (aged 40 years or younger), presence of chronic/psychiatric illnesses, unemployment, student status, and frequent exposure to social media/news concerning COVID-19 (Xiong et al., 2020).

The oncology literature shows that the impact of COVID-19 on cancer survivors requires immediate attention. In an online survey of 187 patients with cancer from a registry of participants from current and past studies, Miaskowski et al. (2020) found high rates of stress and an extraordinarily high symptom burden during the current pandemic. The levels of stress among cancer survivors were on par with non-cancer patients with post-traumatic stress disorder, and patients with high levels of pain had the most

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severe stress. These study findings point to the ongoing work not only to screen patients who are receiving active treatment, but also to consider the expanded needs of cancer survivors.

Given that COVID-19 affects most domains of our lives, how do we move forward, stepping out of the COVID-19 miasma to fulfill our personal and professional roles and to continue despite the pandemic? How do we let go of our usual notions of how our roles must be fulfilled? I suggest that we pull up some of our seminal research, by oncology nurse scientists and others, to seek guidance. Reading over the concepts, theories, and models that drive oncology nursing practice can be applied more broadly to the context of adapting to living in the pandemic.

One useful middle-range theory for understanding response to the pandemic is the original and revised theory of uncertainty in illness, developed by renowned nurse scientist Merle Mishel, PhD, RN, FAAN. Based on research and informed by the personal experience of Mishel's father coping with colon cancer, the theory explains how people construct meaning for illness events, with uncertainty indicating the absence of meaning (Mishel, 1988). Later, Mishel (1990) reconceptualized uncertainty to include outcomes, including formation of a new life perspective. An important mediator of this adaptation process is response shift, which involves changing internal standards, values, and the conceptualization of quality of life. This process involves letting go of the preferred past and future to focus more in the moment.

As scholars, researchers, clinicians, and administrators, we have the opportunity, and, realistically, the necessity, to let go of our preferred ways, to focus more intently on reframing our present, and to consider different views of the future. For those of us in academia who are in senior ranks, we need to focus on our systems and consider the effects of the pandemic on colleagues who are in a more developmental stage. Setbacks to pre-tenure faculty may take years to reverse, and our profession will not sustain itself without the success of these colleagues. Revising the hallmarks for judging success in academia needs collective attention. For those in clinical settings, this includes the realization that current and future graduates will have learned and lived during a pandemic and will have different needs than other cohorts of graduating nurses. Reduction of noncritical work activities across settings may help to promote productivity and long-term accomplishments. In addition to recommending personal wellness strategies at the

individual level, it is important that our work settings focus on organizational cultures that ensure fairness, respect, and social justice.

In a recent editorial in the *Journal of the Royal Society of Medicine*, Koffman et al. (2020) stated that, "we must then learn from this pandemic and develop strategies to change professional cultures that have thrived on developing antibodies to uncertainty and avoiding its presence" (p. 215).

Consistent with Mishel's theory, we can change our individual and collective subjective appraisal: restructuring beliefs and life priorities and finding meaning somewhat differently than in our preferred past. We know now that patient care, professional organizations, and academia will be forever changed. How we respond is the challenge and opportunity that the current Year of the Nurse and the Midwife, and the future, requires from us.



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