FROM THE EDITOR

Pandemic Paradox

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The COVID-19 crisis continues. Worldwide, there have been roughly 6.3 million cases and 380,000 deaths (World Health Organization, 2020). In the United States, at the time of this writing, there were 106,200 deaths (Centers for Disease Control and Prevention, 2020). As life has changed on many fronts, some predictable effects of the pandemic have occurred, including socioeconomic hardships, social isolation, and political unease. Although the intensity of the need for effective treatments and a vaccine is ongoing, other issues have arisen that were not widely anticipated in the early days of the pandemic. Several of these consequences have brought a focus on issues that are at the heart of oncology nursing.

Health care in the United States has faced a monumental disruption. The COVID-19 "surge" has had differential effects on the healthcare system, with severe overuse in a few areas, such as New York, New York, and Detroit, Michigan, and underuse in many other places across the country. Elective surgeries have been postponed since mid-March, many hospitals are running at 50% bed capacity, and emergency department visits have been almost 50% reduced (Abelson, 2020). Non-urgent treatments, including standard cancer treatment regimens in stable patients, have been modified to prevent exposure of immunosuppressed patients to the novel coronavirus. Many healthcare systems have responded to the financial losses by reducing the healthcare workforce payroll. Surprisingly, more than 200 hospitals and numerous private and public clinics have furloughed healthcare workers, including RNs and advanced practice nurses. In the first quarter of 2020, the single biggest source of the gross domestic product decline of 5.5% came from health care: every subcategory of the healthcare measure dropped, contributing negative 2.3 percentage points to the overall decline (Klein, 2020).

Along with changes in usual clinical practices, research in most universities and other research facilities has been shut down, except for COVID-19 research. For many researchers, including those focused on oncology, implementation of current clinical studies has been stopped, even for ongoing national cohort studies and other longitudinal cancer clinical trials. National conferences have been abruptly canceled, and many academic nurse scientists have made a quick pivot to online teaching, requiring an intense focus on providing academic and clinical courses in a virtual environment.

During the pandemic, several critical underlying issues facing oncology nursing and nursing science have been brought forth and highlighted. First, patients with cancer in all phases of treatment and survivorship face short- and long-term disruption of care with the closure of clinics and private practices (Saini et al., 2020). Early indicators, although not without some controversy, suggest that patients with cancer are more susceptible to developing COVID-19 and, if infected, adverse outcomes to the disease (Onder et al., 2020). Given this backdrop, an algorithm for treating only the most critically ill patients with cancer in inpatient settings has been enacted to minimize the risk of severe consequences from acquiring COVID-19 infection. For most patients with

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cancer, chemotherapy and radiation therapy have been delayed. Others are waiting in the diagnostic pipeline to confirm cancer, and some are waiting for surgical resection of solid tumors. Routine screening, including mammography and colonoscopy, are on hold. Some palliative care practices have moved to telehealth visits so that follow-up continues without on-site evaluation.

From these disruptions, several important lingering questions remain. Will the reduction in the number of employed healthcare workers bounce back quickly, or will these reductions in staff linger and perhaps become permanent over time? For nurses outside of high-incidence areas, layoffs and furloughs happened quickly to a seemingly untouchable workforce, raising the issue of how to get nursing care out of the background, to be viewed not as a healthcare sunk cost, but an essential element that is clearly beneficial from qualitative and quantitative standpoints across healthcare systems.

During this pandemic, several oncology nurse scientists have been speaking out on Twitter and other social media platforms about issues that are critical to nursing. These nurse scientists have demonstrated different ways to lead. Via social media, new models of connection and timely dissemination have become a complement to traditional publications with a longer time frame. Given the cancellation of academic research conferences, Rachel Walker, PhD, RN, and colleagues organized and delivered a virtual conference called NursingMutalAid (#mutualaid) to present and discuss new knowledge relevant to the nursing community in the context of the pandemic and to give nurse authors a venue to present previously accepted posters and presentations that could not be delivered in traditional venues because of sheltering in place and physical distancing requirements. Christopher R. Friese, PhD, RN, AOCN®, FAAN, has relentlessly addressed the lack of adequate personal protective equipment in multiple venues, including a thought piece published in *The Hill* (Friese, 2020).

The pandemic has magnified not only the gaps, but also the essential strengths of nursing. A high level of regard for healthcare workers, including nurses, has been demonstrated publicly in different ways, including flyovers by members of the armed forces, street art, blue lights, and other symbols. The designation of 2020 by the World Health Organization as the Year of the Nurse, marking 200 years since the birth of Florence Nightingale, may have seemed like a look back at a remote time in the history of nursing. The focus on delivering nursing patient care in a war setting with no vaccines or curative treatment and using statistics to model infection rates seemed historic and notable, but in the far reaches of history. However, we now face an issue that will challenge us to recreate and support our discipline and the patients, families, and communities who not only respect us, but also depend on our discipline to promote optimal health outcomes for all. Using not only traditional means, such as published oncology nursing research, but also communicating through social media and public-facing commentaries, will further illustrate the issues that affect nursing, patients, and families. This is a pivotal time for oncology nursing to connect our historic foundation with new tools for the future.

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