

# A Time to Reflect and a Time to Move Forward

Debra Lyon, RN, PhD, FNP-BC, FAAN

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**T**he winter solstice marks the astronomical moment when the sun is aligned over the Tropic of Capricorn. On December 21, those who live in the Northern Hemisphere had the shortest day and longest night of the year. This was accompanied in 2020 by a rare alignment of Jupiter and Saturn, which appeared as a singular bright point of light in the night sky for the first time since the Middle Ages (Carter, 2020). Although many cultures celebrate the winter solstice, the solstice is mostly overlooked in the United States, largely because of the multitude of other holidays around this time of the year. However, the shortest day and longest night seems like a metaphor of sorts for a year like no other in the memory of most—a fitting end and a pause. From the stillness, we can reflect in the space between the past and the future, reviewing the year behind us while appreciating the challenges to be faced in 2021.

The World Health Organization designated 2020 as the Year of the Nurse and the Midwife, honoring the 200th anniversary of Florence Nightingale's birth. This designation was an important marker of the realized and potential importance of nursing as a source of worldwide health promotion, as well as a source of pride and optimism for many in the profession. However, the COVID-19 pandemic has brought to the fore some of the same issues faced by Nightingale and

her associates in the quest to improve sanitation and decrease infection during the Crimean War. Frontline healthcare workers, particularly those in nursing-related occupations, have borne a disproportionate burden of COVID-19 exposures and resultant infections. Of the healthcare providers hospitalized for COVID-19 in the United States between March 1 and May 31, nursing-related occupations (36%) represented the largest proportion of healthcare provider groups (Centers for Disease Control and Prevention, 2020). The International Council of Nurses (ICN, 2020) reported in August that at least 1,500 nurses had died after contracting COVID-19. The figure, which includes nurses from only 44 of the world's 195 countries, is an underestimate of the actual number of deaths. ICN's analysis suggests that, in the earlier stages of the pandemic, only about 10% of COVID-19 cases globally were identified among healthcare workers (ICN, 2020). In Italy, which experienced an earlier COVID-19 outbreak than the United States, 32% of nurse deaths by April 16 resulted from contracting the virus while on duty in nursing care homes where personal protective equipment (PPE) was mostly lacking; 50% were working in nonhospital healthcare facilities (Lapolla et al., 2020). The lack of PPE continues to be problematic and is a known and potentially avoidable risk factor for frontline healthcare workers. The pandemic has also led to employment vulnerabilities for some healthcare providers, and furloughs, layoffs, pay cuts, and other forms of loss of employment or income have occurred in nursing and other healthcare disciplines. It is unclear if these disruptions will lead to permanent changes in the nursing workforce (Frogner & Skillman, 2020).

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In addition to a lack of PPE and frontline exposures experienced by nurses during the pandemic, disparities have been revealed regarding age and racial/ethnic groups. The median age of healthcare providers hospitalized with COVID-19 was 49 years (interquartile range = 38–57 years), and 72% were female, 52% were non-Hispanic Black, 27% were non-Hispanic White, and 9% were Hispanic or Latinx (Masson, 2020). Filipino and Filipino American nurses have died from COVID-19 at disproportionately higher rates, accounting for more than 30% of the nurses who have died in the United States but making up just 4% of the total nurse workforce (Masson, 2020). A multinational study by Nguyen et al. (2020) found that non-White healthcare workers were disproportionately affected by inadequate PPE and more likely to work in clinical settings with greater exposure to patients with COVID-19.

Although 2020 has now passed, the lessons of the year loom large. Most of these lessons have both immediate and long-term implications that will require recognition and action to get to a desired state that places us closer to our pre-pandemic views of normalcy and future orientation. What must we learn from 2020 to promote the future of nursing, particularly oncology nursing? First, we now understand that frontline healthcare workers are vulnerable to the anticipated and unanticipated effects of a pandemic, including loss of life, excess morbidity, and financial challenges. Second, notable racial and health disparities exist within our healthcare workforce and continue to be measurable and amplified within the context of a pandemic. Third, the false news narratives and erosion of public trust require new strategies, including unified and assertive communication, such as social media that uses the strength of over 2 million nurses to promote health across healthcare settings. Finally, we must note and adjust to the disruption of our education systems. Current nursing students and graduates will enter their initial career positions with different experiences and outlooks, informed by rapid changes in course and clinical teaching modalities. We must be vigilant to support them with additional educational opportunities.

The hope for new beginnings with the advent of the new year are more pronounced than any year that I can remember. At the time of this writing, the pandemic not only continues but has accelerated,

with new cases and deaths increasing daily. The rapid development of promising vaccines gives hope that the pandemic may end in 2021. However, the present and future of nursing and healthcare have been fundamentally challenged. In 2021, we have the opportunity to redefine, recreate, and reimagine a new future. We cannot forget 2020, but we must move forward, focusing on promoting our professional workforce so that we have the tools to provide and promote universal health for our patients.



**Debra Lyon, RN, PhD, FNP-BC, FAAN**, is the executive associate dean and Kirbo Endowed Chair in the College of Nursing at the University of Florida in Gainesville. Lyon can be reached at [ONFEditor@ons.org](mailto:ONFEditor@ons.org).

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