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LETTER TO THE EDITOR

Will nursing go back to the way it was before COVID-19?

A qualitative synthesis entitled "Pandemic Perspectives from the Front Line—The Nursing Stories" was recently published by the Journal of Advanced Nursing (Polinard et al., 2022). This manuscript described 45 nurse stories from around the country during the first year of the COVID-19 pandemic. The included stories documented an overarching theme of pandemic-related personal and professional evolutions of nursing that transpired between June 2020 and February 2021. These evolutions reflect shifts in perspectives, nursing care delivery methods, patient engagement strategies, moral identity formation, mental and physical well-being and values. Yet it was evident in the Polinard et al. (2022) manuscript that qualities of nurses and values long-attributed to nursing have endured, such as a strong perceived sense of duty to helping others, or the role of human connectedness in maintaining and restoring health.

Now, just over 1 year later, the publication of this article has led me to reflect on how nursing has evolved since that cross-sectional study. In what ways are these themes still relevant now, and has nursing been impactfully and enduringly changed? What might that mean for the current and future state of the nursing profession?

The world is still experiencing a global pandemic. The theme of *the art and science of pandemic nursing* continues to evolve as care moves to the outpatient clinics for both new cases and 'long-covid' syndrome management. The pandemic continues to impact nurses nationwide across the full spectrum of the nursing profession (e.g. workforce demographics, education and training, availability of practising nurses, care delivery models, available resources for practice and compensation). These factors may continue to precipitate moral identity disruption because some nurses still perceive that their ability to provide safe patient care is compromised, regardless of where they practice. Until this is resolved, the nursing shortage and high turnover rates are likely to endure.

The authors described the sub-theme of 'wholeness.' Nurses' described a heightened reliance on holistic self-care efforts to preserve a sense of wholeness during the first year of the pandemic. Now that the pandemic has lasted over 2 years, we are seeing signs that self-preservation efforts may be insufficient to maintain wholeness. System-level attention needs to be directed to help nurses restore a sense of wholeness that may have been fractured by the sustained trauma experience.

The theme of *persisting despite challenges* endures, but it has shifted away from issues related to the virus itself as inpatient cases decline. Instead, the challenges are now more likely to be post-acute effects of the decisions that the healthcare industry made in the acute phase of the pandemic. Staffing shortages, the physical effects of COVID-19 on our workforce (i.e. cognitive impairments, long-COVID-19 symptoms), and the psychological effects of managing patients with COVID-19 (i.e. trauma, post-traumatic stress disorder, grief) have become more urgent needs. Hospitals everywhere face supply-chain shortages that cause the practice environment to operate with reduced resources. Simultaneously, the economics of healthcare are also experiencing an evolution in part due to rising costs of supplies and labour, with large national hospital systems posting dramatic losses in the first quarter of 2022 (Ellison, 2022a, 2022b). This environment of financial recovery is further limiting the resources available in the workplace, and no hospital is immune. Although circumstances are not ideal, nurses excel at their abilities to innovate and create solutions during times of need. Just as we have done before, we will find new solutions. As discussed in the Polinard et al. (2022) paper, it is essential now more than ever that nurses be included on hospital boards and in the highest levels of decision-making in the government.

Finally, the theme of *learning as we went* continues to be relevant in the post-acute phase of the pandemic. Our knowledge about the virus itself requires continual learning as scientists learn more about its function, as the virus's longer-term effects are revealed, and as the virus mutates. We are still faced with questions of how to best address the care delivery in times of severe staffing shortages, and how to educate students and train new graduates when there is a dearth of experienced nurses available to teach them. Embedded hospital-based nursing research about our workforce and about patient care is still needed. In addition, we need to direct attention to innovations for hospital systems. In terms of technology, hospitals may be lagging behind the rest of the industries that were forced to adapt to remote working over the past 2 years (Ambrosina, 2020). We need the brightest technological minds to focus on ways to reduce inefficiencies, automate processes, and modernize healthcare. Specifically, we need ways to amplify the precious and limited resource of nursing experience and wisdom without compromising the core values of nursing described in our study (e.g. the role of human connectedness in maintaining and restoring health). Nurses themselves are agents of change and healing, and right now they are in short supply.

It remains unknown how many of these things will linger beyond the present moment and which will be fleeting. What might this mean for the nursing profession? We must fully grieve the loss of the way nursing was before March 2020. By accepting that the old times have gone, we can begin to create a new definition. This is a period of immense opportunity, and now we must look to the future to forge a new path. We must continue to embrace the reality of *persisting despite challenges* and *learning as we go* by adopting an experimental and flexible mindset. We need our colleagues both in

nursing and beyond to join us in re-envisioning the future of nursing in a changed world.

CONFLICT OF INTEREST

The authors declare no financial conflict of interest.

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REFERENCES

Ambrosina, J. (2020). *The evolution of healthcare and technology in the hospital of tomorrow*. MedCity News. https://medcitynews.com/2020/08/the-evolution-of-healthcare-and-technology-in-the-hospital-of-tomorrow/

Ellison, A. (2022a, May 2). *Ascension posts $884M quarterly loss*. Becker's Hospital review. https://www.beckershospitalreview.com/finance/ascension-posts-884m-quarterly-loss.html

Ellison, A. (2022b, May 27). *Cleveland clinic reports $282 million quarterly loss*. Becker's Hospital review. https://www.beckershospitalreview.com/finance/cleveland-clinic-reports-282m-quarterly-loss.html

Polinard, E. L., Ricks, T. N., Duke, E. S., & Lewis, K. A. (2022). Pandemic perspectives from the frontline-the nursing stories. *Journal of Advanced Nursing*. https://doi.org/10.1111/jan.15306