Tragedy and Innovation: How Disasters Change the Field of Medicine

Perspectives from three seasoned nurses working in the wake of the Pandemic

Exterior of Crouse Hospital, Syracuse, NY, December 15, 2023. Photo by Zoe Hansen

by Zoe Hansen, December 2023

In 2023, Lynne Odell is an accomplished Nurse Practitioner and the owner of her own private practice, but before that she was an overqualified nurse wishing she could give her patients more full care under the restrictive systems of her employers, and before that she was a college student taking on more than she was trained for, and before that she was a highschooler and a candy striper, who chose to pursue a career in nursing to guarantee herself a future with autonomy as a woman.

When Lynne began working as a nurse in the 70s, there was no such thing as Nurse Practitioner, only nurses like her that took it upon themselves to do the most they could for their patients within their role.

Lynne explains that this ambitiously caring nature of medical professionals has been a driving force for innovation in the medical field and in the birth of specialized professions like nurse practitioner.

“Nurses in general, and nurse practitioners, we took care of people's physical therapy needs before PT was invented, we took care of their nutritional needs and teaching them before nutritionists were invented, and we took care of social issues before social workers were invented […] Occupational Therapy, speech, all of these things, we did before all these specialties were invented. NP is just one more specialty of nursing,” Lynne said.

The commitment of medical professionals to providing the best possible care expands the field of medicine, but not without the catalyst of external forces creating situations where it is imperative that the status quo be broken to make providing the best care a possibility.

This is not to say that innovation under extreme pressure always has the best possible results, however, events with massive health impacts like wars and pandemics have proven throughout history to precede medical innovation or at least changes in how it is practiced.

An example of this given by Lynne is the Vietnam War.

“The irony is that PAs that evolved about the same time as NPs, they evolved out of the Vietnam War. That's where they ended up doing much more than their original role because there weren't enough doctors and so forth. But because they’re mostly men, a PA, who here in Syracuse or any other place in the States, they get about a third more than

NPS do. NPs are again predominantly female. The other bias is that both in nursing and pas and NPS, the males end up progressing up into administration instead of at the bedside. So that's just a fact of our patriarchal society," said Lynne, "Yeah, but it toasts me because a PA cannot do prescriptions without having a physician but a nurse practitioner can," she added.

The U.S. only drafted men to fight in the Vietnam War, so with the only American women present being nurses who had volunteered their service, the vast majority of people practicing medicine and gaining more advanced skills than their actual qualifications in this situation were men, which established Physician's Assistants as a male role.

An event that has shifted the roles of medical professionals more recently is the COVID-19 pandemic.

Susan Newman Richards works in a managerial position at Virginia Commonwealth University Health, from which she has been able to observe changes to the nursing industry.

In her 40 years of nursing experience, Susan has been employed as a staff nurse, a charge nurse and the nurse manager of a Pediatric ER, and more, giving her the experience to speak on the impact of the COVID-19 pandemic on the role of nurses from a personal and administrative perspective.

"As we have moved forward from the pandemic, I have noted changes in roles. Often they overlap. For example, we have had a huge influx of psych patients. The psych units and institutions have become full and are often overcrowded and bedside RNs with little to no experience (save a few weeks in nursing school) now have to care for this population. We simply do not have the expertise to do this safely and the patients and

their families suffer. Our government, both at the state and federal level have done precious little to help our team move towards a safer delivery of care and I find this incredibly frustrating and insulting. Nurses have been physically and emotionally hurt, left the organization and their units to avoid taking care of these patients because we simply do not have the skills to do so safely. Nurses do not back down from tough assignments but when you do not have the tools to do your job, it is terrifying for them," said Susan.

Additionally, many nurses left their jobs during the pandemic out of fear for their health and the health of their families, leaving their remaining peers stretched thin.

Susan said it was previously unheard of to see openings in ICUs, Labor and Delivery, and the PEDs ER, now they are all experiencing high rates of vacancy.

Healthcare Facilities have turned to hiring travel nurses with the incentive of higher pay to fill these vacancies, which has created an interesting dynamic in which nurses are leaving their jobs to become travel nurses to replace others who did the same thing elsewhere.

"Many nurses that had long work histories at VCU left for more lucrative travel positions. They were able to hand pick their assignments, and part of the fallout from this phenomena were decreased dedicated RNs at the bedside and more travel RNs," Susan said.

"In the past it was very rare to have travel RNs in the Peds ER, now it has become a commonplace occurrence. It has been tough on the team members that did not leave and travel. They realize that the travel RNs are paid a lot more, have control of their schedules and can often dictate their practice. However, so many of our travel nurses have been just gifts to our division and they are forgoing time with their families, benefits

to include vacation and leave accrual. They have no retirement and benefits, that is a tough way to live and I often worry about them," she continued.

Nurses who chose to stay at VCU Health are still suffering the consequences of severe understaffing, which the facility has responded to by offering incentivised shifts and overtime pay in hopes of making shifts as fully staffed as possible, given their current staffing shortage.

"They call it an incentive bonus, so they call them IB shifts and if a shift is IB for example, it has a premium amount placed on it. So the current rate at my hospital is $35 Extra an hour. So if you work an incentivized shift to make your base pay, your shift differential, which is like hospitals pay more money for certain shifts, like if you work after 3 p.m. you get what's called the evening shift differential, which is like maybe 5 or 6 an dollars-an-hour during the week, or 8 on the weekend. And then the night shift is a little bit higher than that even. But so if you work incentivized shifts, you get your base, pay your differential pay, and incentive bonus. And then if it happens to be overtime for you, like if it's over 40 hours, you'll also get time and a half of your base rate," said Sue Beckman, a fellow nurse of Susan's at VCU Health.

Sue Beckman has been a nurse for 37 years, spending most of her career working in a pediatric ER where she has seen NPs gain more autonomy within their position through the implementation of standing orders or care pathways. These terms refer to pre-planned protocols set in place by physicians that NPs can put into action based on the age and symptoms of a patient.

"If a patient comes in with, for example, chest pain, there's a pre-planned protocol of things that can be initiated such as an EKG, a list of a list of labs that can be drawn, you know, a few certain medications that can be given. So it basically relies on the skill of the

nurse to identify and assess patients' problems and put them within a protocol that's already kind of preordained by physicians," Sue said.

These protocols have been effective in streamlining the process of assessing ER patients, because they eliminate the need to wait for a physician to become available to do things like run tests, which had previously added hours to hospital visits.

Sue says these protocols are new in the history of nursing, but have been around for at least 10 years.

The nurse shortage that has become a national crisis since the pandemic is far from resolved, so we have yet to see what lasting impact it will have on the role of nurses within the medical industry. However, the current state of nursing makes it clear that significant change is necessary in order to create a future where the wellbeing of nurses and their patients is valued and protected.