The Emotional Toll of COVID-19

‘Focus on what you can control’

- As Shift Toward Telemedicine Continues, In Home Infusions Remain a No Go
- Nurse-Led Telephone Triage Decreases Hospitalizations and Cancer Costs
- Proposed Bill Could Slash Healthcare Providers’ Student Debt
- Tips for Palliative Care Nurses During the COVID-19 Pandemic
A day-in-the-life of many nurses looks drastically different than it did several months ago because of the coronavirus disease 2019 (COVID-19) outbreak, which is causing many nurses to endure more anxiety and even take on shifts in different departments.

**Nurses’ Routines May Change**

More than a third (38%) of nurses said that they have been reassigned to treat patients with COVID-19, according to a results from a recent survey conducted by NurseGrid that consisted of more than 15,000 responses.\(^1\) Even if nurses have not been directed to other units, there have been reports of more nurses floating between departments.

“When census is low, nurses are floating more often. We have heard that due to the financial burden, there may be hours cut and furloughs, but it is unclear how that will impact my team specifically,” said Jenna, an oncology nurse practitioner in Virginia.*

And although many nurses may stay on the oncology unit, there is still a shortage of skilled nurses, Jenna explained. For example, her institution, lacks enough nurses with training in administering chemotherapy.

**Stress, Burnout Are Widespread**

The survey also reported that the majority (79%) of nurses were worried about infecting family members and friends, and 61% were worried about becoming infected while at work. Other concerns included burnout (28%) and mental health (27%).

“Clinicians are definitely feeling the effects of anxiety. It’s

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*Jenna, an oncology nurse practitioner in Virginia.*

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**FIGURE.** Most prevalent concerns during the coronavirus disease 2019 outbreak.\(^1\)
especially challenging because we have to be supportive of our patients who are, in most cases, alone without their caregivers,” Jenna said. “The dedication to include caregivers in rounds, treatment decisions, and updates is a new obstacle that can be difficult to navigate. Clinicians are faced with burnout in ways they never have been before.”

Healthcare providers are not the only ones who are feeling stressed, too. The survey also found that 23% of nurses are concerned about the increased public complacency when it comes to social distancing/stay-at-home orders. As the pandemic continues to drag on, people may become fatigued of these guidelines and start venturing out.

But Jenna said that when people feel that way, they should write their loved one’s letters as well as take advantage of today’s technology with video calls. “Every time someone feels like breaking the social distancing guidelines, they should ask if it’s worth risking a life,” she said.

“I often share the following advice with patients: The big picture can be overwhelming sometimes (eg, When will this quarantine be over? When will the effects from COVID-19 slow or stop?). Focus on whatever part of the situation you can handle. Whether you address issues 1 week, 1 shift, 1 hour, or 1 moment at a time—take deep breaths and focus on what you can control. Always try to find a silver lining,” Jenna said.

*Interviewee did not want to print her full name or institution.

REFERENCE
manager of infusion services, New Mexico Oncology Hematology Consultants in Albuquerque, said in an interview with ONCOLOGY Nurse Edition®. “The importance of delivering multidrug regimens in the correct order cannot be overstated.”

The COA statement explains that adverse events from cancer treatment can happen quickly and could potentially be life-threatening to a patient.

Further, in-home infusions might not be administered by a trained oncology nurse, and unlike at a clinic, there is not a team of knowledgeable and skilled clinicians on standby if something goes wrong.

“Oncology nurses are trained to notice these often-subtle reactions, before a patient is even aware of a change in their status,” Bauman said. “Having multiple staff members and emergency medications on hand is paramount to delivering safe and quality oncology care.”

**Telemedicine Has Benefits and Limitations**

Clinicians are also seeing patients virtually—through phone calls or video chats—as another way to limit the number of people coming into the clinic.

“During this time of fear and uncertainty, I believe a telemedicine visit with a trusted physician is important because it allows the physician to address the patient’s overall well-being, it enables the patient to voice their concerns, and it keeps an open line of communication between the caregiver and the patient,” Bauman said. “It is important to let patients know we are still caring for them and to keep them from feeling isolated during the pandemic.”

However, telemedicine has drawbacks as well, because it is difficult to collect important patient data over the phone or video call.

“The biggest disadvantage to telemedicine is the lack of a good physical exam and the difficulty with obtaining vital signs,” Bauman explained. “The art of touch is so important to the practice of medicine and healing in general; it’s something we are all lacking during this era of screen time only.”

**Cancer Care Beyond the Pandemic**

Although many clinicians may be eager to see their patients face-to-face again, the COVID-19 crisis may have changed cancer care forever, as telemedicine has been placed under the spotlight.

“I believe most practices will return to hands-on medicine because it is most beneficial. However, I think we have also discovered that telemedicine has opened a way to reach the homebound and rural patient populations,” Bauman said.

In light of recent events, 1 thing is sure: Health care providers remain dedicated and passionate about what they do.

“This pandemic has allowed the true strength of health care workers everywhere to be recognized. For Oncology Nursing Month [held in May]..., I want to say I have never been more honored to be part of such a passionate, hard-working group of nurses,” Bauman said."

**REFERENCES**

Home health care has become increasingly popular in recent months, and nurses and other health care providers must ensure that they are properly and effectively managing adverse events (AEs) from anticancer treatments.

Research presented at the 2020 American Society of Clinical Oncology Virtual Scientific Program, May 29 to 31, analyzed the impact of nurse-led telephone triage in reducing hospitalizations in patients being treated for cancer.

“Integration of triage pathway protocols in addition to early palliative care may help in avoiding unnecessary hospitalization of cancer patients. Thinking about our patients receiving medical treatment in our oncology department, this might be translated into an early assessment, an early detection, and an early management of both treatment-related toxicity and cancer-related symptoms,” said Lorenzo Calvetti, MD, Department of Oncology, San Bortolo General Hospital in Vicenza, Italy.

The study involved 1075 patients receiving systemic anticancer therapies from September 2018 to September 2019. The most common cancers were breast, colorectal, and lung. Participants were instructed to refer to nurse-led telephone triage if they were experiencing any AEs. A nurse, who was working under supervision of a medical oncologist, would then assess the AE per the Common Terminology Criteria for Adverse Events scale, and take the needed actions.1

There were a total of 429 consultations with a nurse, with 581 AEs reported; 117 patients reported more than 1 AE. The most common grade 3 or higher AEs were:

- fever (38 events; 33.6%), including 7 cases of febrile neutropenia;
- cancer pain (15 events; 13.3%) and
- fatigue (9 events; 8%).

“Our nurses were trained to do autonomous interventions in case of mass grade 1, grade 2 events,” Calvetti said. “...[In] the case of grade 3 and grade 4 events, immediate referral to the [physician] on duty was required. All the events were registered in our clinic records, and an analysis was performed after the observation period of 1 year.”

The number of patients hospitalized was 109 compared with 138 in the control group observed in the prior year (Figure). This was a normalized hospitalization rate of 10.1% in the observation period versus 14.7% in the controlled period. The normalized number of hospitalizations reduced was 44.

“According to our main hospital stay cost, the reduction of normalized hospitalizations resulted in an estimated cost savings of approximately 380,000 euros in 1 year,” Calvetti said. In US$, 380,000 euros is equivalent to about $424,500.

“These results have been achieved only thanks to a close collaboration of our medical and nurse team,” Calvetti said.

REFERENCE
A proposed bill in the US House of Representatives would get rid of student debt for health care workers who are treating patients who have coronavirus disease 2019 (COVID-19). And because patients with cancer may be more susceptible to the virus, and many nurses’ assignments are to treat patients with COVID-19, oncology nurses could be included.

US Rep Carolyn Maloney (D, New York) introduced the Student Loan Forgiveness for Frontline Health Workers Act into the House of Representatives. It was initially cosigned by 9 other House members, all Democrats.

Nurses, doctors, medical residents and interns, medical fellows, home health care workers, and mental health professionals are all included in the bill, which describes a frontline worker as “certified under federal or state law to provide health care services and who provides COVID-[19]–related health care services.” Coverage also extends to medical or nursing students performing COVID-[19]–related services, lab workers, investigators, and emergency medical service workers.

“Frontline health workers are delivering care to the sickest patients and putting their own safety at great risk in order to keep doing their jobs,” said Maloney in a statement. “And in return, I believe that we have an obligation to ensure that they are relieved of the debt they incurred to train for this critical work—in graduate degree programs or other professional certification.”

If passed, the bill would allow qualified individuals to have eligible federal and private loans and interest forgiven. Furthermore, the amount of money given toward the loan would not count as taxable income. A 2017 financial report by the American Association of Colleges of Nursing found that 71% of nurses with a master’s degree carried student loans.

The bill proposes the creation of a 9-member Intergovernmental Working Group to determine who is eligible, and perform the administrative duties of carrying out the loan forgiveness. The group would comprise:

- 5 members from the US Department of Health and Human Services, selected by the health and human services secretary;
- 2 members from the Department of Education, selected by the education secretary of education and
- 2 members from the Treasury Department, selected by the treasury secretary.

With only 1 Republican among the current list of 27 co-sponsors, lack of apparent bipartisan support may indicate
that its eventual passage is a longshot.3

“Health care workers are worrying about their own health and how it will affect their families. They should not have to worry about their financial security after the crisis has passed. That is a burden that we can lift right now. And this bill will do that. It will help take care of the people taking care of all of us,” Maloney said in the statement.4

REFERENCE

Tips for Palliative Care Nurses During the COVID-19 Pandemic

Brielle Benyon

The novel coronavirus (COVID-19) may have forever changed the way that cancer is treated, with more frequent use of telemedicine and more thorough symptom monitoring, for both COVID-19 and cancer. Although these alterations in care may carry benefits into the future, many patients miss the personal touch of their health care team and are eager to get it back.

“One of the biggest challenges that our oncology patients face is the feeling of being alone, and now we have quarantine, so that really messes with their heads,” said Rebecca Bank, BSN, RN, OCN, CHPN, a palliative care and advanced planning nurse at Sansum Clinic Ridley-Tree Cancer Center, Santa Barbara, California.

Bank recently spoke with Oncology Nursing News® about
how the pandemic has changed palliative care for patients with cancer.

“My advice to nurses and patients is that during COVID-19, while many oncology patients can feel alone, and it can be a very challenging time in their lives, the biggest thing that nurses can do is reach out. Take that time out to connect with patients,” Bank said.

However, Bank noted that since nurses have to wear face-masks whenever in contact with patients and practice social distancing, it can be difficult to show empathy and compassion that is usually communicated through facial expressions and human touch.

In an attempt to make up for the lack of closeness with patients, nurses should implement more follow-up, Bank said. “If I’m consistently there, if I answer their phone calls and follow up with their concerns, you bet that they will know that I care,” she said. “I’ve had many patients connect with me that way and say, ‘Rebecca, I’m glad to know that you’ll pick up and be there if I have a question.’ ”

When a cancer diagnosis coincides with a frightening pandemic, patients and their loved ones are likely to have a lot of questions about symptoms and their management, social distancing guidelines, and overall safety.

Once again, the nurse has a key role, which involves asking the right questions to get to the root of any issues that patients may be experiencing. For example, if a patient has a symptom and is unsure if it is related to cancer or COVID-19, nurses should conduct screening.

“It’s about asking the right questions and making a really thorough assessment, even if you’re not able to see the patient in person.”

--- Rebecca Bank, BSN, RN, OCN, CHPN

Although many organizations may have temporarily closed, Bank mentioned there are still many that are operating to help patients with cancer.

“Find out what resources are still out there,” she said. “The persistence and outreach to find that network not only benefits ourselves [as nurses], but patient care as well.”