

# Critical Care Nurses Need Our Critical Care

Critical care nurses in many areas of Canada are on the brink of collapse.

They were already in limited supply before the pandemic. Now they are exhausted, traumatized, sad, and fed up with the politics surrounding their care.

No, they are not “managing,” and they are not OK. They do not have much left to give. And without them, intensive care stops. It is that simple.

Canada’s 440,000 regulated nurses have showed up from the outset. Now, 15 months into the COVID-19 pandemic, nurses are tired of empty words and flattery. Do not call them heroes or guardian angels, and do not talk about their resilience. Heroes are not treated like this. And resilience implies recovery and *bouncing back*. Weeping in hallways and break rooms throughout their shifts after witnessing indescribable human suffering is not resilience.

Do not confuse resilience with a professional ethic to not abandon patients. What nurses have is courage and stamina, but now even those are being tapped to the point where critical care teams are not going to be able to carry on.

While unimaginable losses haunt patients, families, and providers in so many critical care units, when they step out of those settings, they are confronted by attempts to discredit and attack the best global science and to malign our most credible public health leaders. These actions are gutting to the nurses, physicians, respiratory therapists, housekeeping staff, care attendants, and all the other team members putting their very lives at risk to keep their fellow citizens alive.

What are the facts about critical care nursing of COVID-19 patients?

When requiring critical care, many COVID-19 patients are so sick that they may need more than one nurse. But in some locations in Canada, one nurse is now caring for multiple patients. This puts patient safety at serious risk, and the moral distress of the staff taking responsibility for sub-optimal care is immeasurable. And now in a third wave with new variants, this virus is impacting many healthy young patients who were largely spared in the first two waves. Some of them are now fighting for their lives.

“Open beds” do not mean there is room to take more patients; those beds must be combined with adequate staffing. Currently, the intensity of the care needed by patients in critical care units has stretched providers to the breaking point. The notion equating empty beds with available capacity is a complete false narrative. **We ask the media, governments, public health officials and hospital leaders to avoid using this misleading language**, as it only speaks to physical space, not staff and resource capacity. This lack of clarity adds fuel to those who deny the gravity of the emergency and does nothing to discourage risk-taking behaviours of Canadians. We need our leaders to openly talk about real staffed capacity, not empty beds.

Some nurses are being moved erratically like chess pieces around systems. This is a sign of how dire the situation is and, although not ideal, nurses understand they are needed to address the immediate crisis. However, this is not the first time this has played out in nursing, and these decisions can impact patient care. Messaging that makes it sound like highly educated, highly experienced, and highly specialized nurses are simply interchangeable shows how nursing practice is misunderstood.

The situation that has unfolded in critical care units, in long-term care, in public health and so many other areas should terrify us all. Why? Because when the pandemic eases as it eventually will, all these same providers, in their own distress, are going to be expected to put in extra hours to address the hundreds of thousands of backlogged procedures and to pick up the pieces of broken systems. We are hearing that many of those providers are simply going to walk away — some already have. If they leave, who will care for our parents in an emergency? Our partners? Our children? Ourselves?

Society has not even begun to unpack the outcomes of the grief across Canada caused by the pandemic but concerns about deteriorating mental health are widespread. And the physical health impacts of delayed procedures and reduced care for many chronic conditions are hard to imagine. These long-term fallouts will rely on an engaged and energized health workforce. However, by their own assessments, the mental health of many nurses was already extremely precarious before the pandemic. Now they have been pushed to or beyond the brink at work, while they go home to all the same fears and challenges as everyone else across Canada. How well they will be able to respond post-pandemic is now a serious concern.

Today, when Canada needs nurses more urgently than at any point in our history, they themselves are at risk of utter collapse. What can be done to help?

- **Governments must work together as a federation in this crisis.** Urgent action is needed to shut borders, put in every measure to stop movement around society, shut every non-essential service, and support that by immediately providing every person with paid sick days and a basic income for their food, rent, and essential expenses so they are able to isolate until the emergency passes.
- **Vaccines must immediately be delivered** to the highest risk communities of the country, essential workers — often racialized communities — and all people living in hot spots, and within groups that are most at risk.
- Governments and regulators should immediately **remove all regulatory barriers** preventing regulated nurses in good standing from moving across borders to help fight COVID-19.
- Employers should **facilitate the hiring of health-care workers**, put every possible benefit and bonus in place to attract and retain staff in hard-to-staff areas, and work with unions to remove all barriers to movement within organizations.
- Governments and employers should **immediately mobilize mental health and crisis management teams** to do all they can to help take care of nurses and their colleagues including regular critical incident debriefing, and meaningful emotional supports accessible at the moment within the practice setting.

Canada's nearly 21,000 critical care nurses are our parents, siblings, friends, and neighbours. They are a precious resource for our country — highly specialized and deeply dedicated human beings who love their work and will defend patients to the end. In our shared exhaustion across

society, we ask that all people living in Canada look into their eyes, hear what they are saying, and re-double all efforts to do the right things to care for them. This will help them mount the energy to continue to care for all of us. The ball is now in society's court.

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**About the Canadian Nurses Association:**

The Canadian Nurses Association is the national and global professional voice of Canadian nursing. We represent registered nurses, nurse practitioners, licensed and registered practical nurses, registered psychiatric nurses and retired nurses across all 13 provinces and territories.

**About the Canadian Association of Critical Care Nurse**

The Canadian Association of Critical Care Nurses (CACCN) is a volunteer organization of Critical Care Nurses. CACCN is the voice for excellence in Canadian critical care nursing. Our shared goal is to promote quality patient- and family-centered care for Canadian's experiencing life threatening illness and injury. CACCN welcomes all registered nurses, nursing students, allied health professionals and other colleagues, who are interested in advancing the science and craft of critical illness care.

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