Hello Everyone.

Thank you for your participation in “Reflections: Stories from Canadian Critical Care Nurses”. The 17 participants who were able to attend represented critical care nurses, educators and leaders from every province. This is a summary of that enlightening conversation.

Regardless of whether we worked in a rural community, or a large urban centre, our experiences were similar. Some key themes highlighted in the stories that were shared were:

- It was a year and a half of implementing ienumerable rapid changes to our practices (PPE, protected code blue, etc), and countless firsts (awake proning, team nursing, etc.)
- State of worry - as this pandemic progressed around the world and through Canada, we were in a state of preparing for the worst possible, watching COVID-19 overwhelm other countries and jurisdictions and bracing for that to happen in our communities.
- We all experienced patient volumes in great excess of what our hospitals were designed to accommodate. It required collaboration like never before. It was scary, not having the resources we needed, watching deteriorating patients not being able to access critical care in a timely way. It left us feeling helpless. Those experiences still affect us.
- Team nursing was implemented in many jurisdictions, and the experience was always intertwined with feelings of both comradery and fear. Help was welcomed and made it possible to provide care for more patients. Team nursing for both the nurse receiving help and the redeployed nurse was a scary experience because you didn’t know what could be asked of you, if you were competent to take on that role (i.e., team lead or redeployed staff), and the consequences of missing something important.
- Breakdown in trust with leadership, especially when:
    - changes were imposed without adequate support, consultation, or consideration;.
    - misinformation and disinformation was shared;
    - being asked to work beyond one’s competencies, with inadequate resources.
- Frustration of public health measures that are out of step with the current evidence, being implemented too late, lifted too early, and, knowing (and fearing) those decisions are making surges in critically ill patients inevitable.

- Disheartened with the public - Most distressing is when some communities continue to spread disinformation, and deny the suffering we as nurses have borne witness to. Even when the general public offered support, and called us 'heroes', they didn't fully grasp what we have gone through. The label of 'hero' is problematic because it can whitewash our experiences: 'heroes' don't complain, they carry on. (See article "Stop Sacrificing Health Workers in the Name of Heroism.")

In our conversation, we also developed understanding of where we are today, and discussed some strategies our critical care nursing communities need:

- We are angry - and as nurses it can be hard to accept our anger, and express our anger, but a starting place is to recognize that anger is an appropriate response to what we have seen, and been asked to do.

- We are traumatized - and we need to develop our language to speak to this, and ask for resources to help us through this. Critical care nurses, new and seasoned, need to learn about the signs, symptoms and management of trauma, especially in the months ahead. This knowledge also needs to be embedded in nursing education, so new nurses have the ability to recognize it, speak to it, and get help if needed, from the very beginning of their career. Historically, survivors of trauma (military, victim groups, etc.) usually have to demand recognition of their trauma to get needed resources, thus, we need to prepare to advocate for each other.
    - Consider submitting (and sharing) the CACCN's letter entitled "Canada's Critical Care Nurses Need Critical Care" to our provincial and federal governments.
    - Review CACCN's Nursing Self-Care Resources page

- Developing debriefing and psychological support strategies.
    - Debriefing in ICUs are most often used for learning, but what is needed is more debriefing for psychological first aid. Debriefing for psychological support is distinct, requires different communication skills, and our teams need to develop those skills to help process our experiences.
    - Embedding psychological support in the front line. We heard of teams who are augmenting their normal employee counseling services with psychologists who are being deployed to ICUs, making that support visible and accessible.

- Advocating for safe work environments - there is a risk this pandemic will normalize potentially unsafe patient ratios and we need tools to advocate for a return to safe and healthy work environments. Some resources to help us advocate this are:
    - CACCN's position statement on "Healthy Work Environments"
    - Nurse Observatory – Is a website of resources created by Dr. Marilou Gagnon (UVic) and Dr. Amélie Perron (UofO). This page includes resources, and research, to help nurse whistleblowers navigate reporting unsafe situations.

Finally, while these were sometimes difficult stories to share, attendees appreciated being able to connect with our wider nursing community and recommended creating more opportunities (which we will endeavour to do!)