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Now Is the Time

Jessica E. Draughon Moret ▼ Jocelyn C. Anderson ▼ Candace W. Burton ▼ Jessica Williams

We appreciate the efforts in the July/August 2020 (69:4) issue of *Nursing Research* to address the tremendous upheaval the COVID-19 pandemic has created in our collective scholarship. We were, however, dismayed to read two articles from well-meaning, tenured nurse scientists, which are entirely disconnected from many of our realities.

The editorial, “Back to Science,” characterizes nursing workforce research—such as studying compassion fatigue and burnout—as “navel-gazing.” Dr. Pickler argues that nursing science is overly concerned with how nurses feel. Dictating which kinds of research constitute “real science” and that we should study “redesigned work environments on patient outcomes” instead of “our ‘psyche’” silences nurse scholars in a time when the health of our workforce is crucial. Throughout the pandemic, nurses have been subjected to some of the most challenging conditions of their careers. At least 68 U.S.-based nurses have died providing care to patients (The Guardian & Kaiser Health News, 2020). We have watched as state and federal governments failed to secure necessary personal protective equipment leading to these unnecessary deaths. If now is not the time to study the well-being of nurses, when is?

This editorial was followed by Dr. Bruner’s article—“How Nurse Scientists Can Stay Productive and On Track During the Pandemic.” We applaud the article’s spirit, providing concrete suggestions for maintaining scholarly momentum. These suggestions are timely and useful for those in a position to continue work largely unchanged. Bruner’s article fails to recognize that there may be no momentum left after 6 months without childcare, working from home, and sheltering in place, not to mention the emotional work being done by our black, indigenous, and people of color colleagues in light of continuing endemic structural racism.

Bruner fails to acknowledge that many of us are shifting the way we do work. Things previously accomplished

during working hours must now be done during “downtime”: before kids wake, after running team meetings that feel like group therapy for the collective trauma we are all experiencing, or in the 10 minutes that must be “stolen” from other activities. Additional time is being spent transitioning research and teaching to remote procedures and supporting students who are also going through traumatic adjustments to COVID-19.

These two articles show how much work we still have to do as members of the nursing profession. Nursing needs to recognize diversity of thought as a strength, not a weakness. We need to show care and compassion for each other. Disregard for others is exactly why we are seeing a surge in COVID-19 cases and political unrest across the country. Now is the time for change in our profession, but not to “get back” to a definition of nursing in which nurses’ time, labor, and well-being is an afterthought.

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