



## Editorial

## Global pandemic of COVID-19



The August 2020 Issue of JNN has many great original manuscripts that are very interesting. In addition, given the immediate Global pandemic of COVID-19 Disease, we would like to explore how our neonatal nursing community is preparing for and dealing with the impact of COVID-19. We are sharing these experiences in weekly video blogs on social media, and in published written reflections in a mini-series in the Council of International Neonatal Nurses (COINN) section of the Journal of Neonatal Nursing (JNN), which is open access for a global audience. We want to hear the thoughts and experiences of neonatal nursing colleagues all around the world, to show how we are working together to help the babies and families that we care for.

As the number of cases of COVID-19 increases, so does the associated stress and anxiety. Compassion fatigue is increasing as caregivers are caring for COVID-19 positive mothers, and the resulting safety hazards. Compassion fatigue is a normal result of chronic anxiety and stress resulting from caregiving for people we feel compassion for. Compassion fatigue and empathy burnout for health care workers can be similar and can occur for anyone working with individuals who are experiencing physical and/or emotional stress. Compassion is the showing of kindness and willingness to help others during times of stressful events, conditions, or situations. It's when a person cares enough about the other person's experiences and feeling that they want to help. Some of the symptoms of compassion fatigue are:

- Excessive blaming
- Bottled up emotions
- Isolation from others
- Receives unusual amount of complaints from others
- Voices excessive complaints about work functions
- Substance abuse used to mask feelings
- Compulsive behaviors such as overspending, overeating, gambling, sexual addiction
- Poor self-care
- Legal problems
- Reoccurrence of nightmares and flashbacks to traumatic event
- Chronic physical ailments such as gastrointestinal problems or colds
- Sadness
- Difficulty concentrating
- Mentally and physically tired
- Preoccupied
- In denial about problems

When caregivers become aware that they are prone to compassion fatigue or are already exhibiting these symptoms, this realization can lead to thoughts about past trauma, pain, and suffering in their own lives. Too many people try to stuff their own feelings away and try to keep working in a “business as usual” approach. This reaction can easily lead to crisis.

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## Positive self-care to avoid crisis:

- Be kind to yourself
- Take personal time and breaks
- Educate yourself to understand your reactions
- Accept where you are in your own journey
- Know that the people who are close to you may not always be available to help you cope.
- Talk things over your feelings and thoughts with people who can validate you
- Listen to others who have had similar experiences
- Be sure to set boundaries in your work and care giving relationships
- Express your needs out loud

Being proactive in addressing your needs is healing. Setting limits and boundaries can help prevent debilitating compassion fatigue. Make sure to work on your own life outside of your caregiver role. For some people, establishing specific rituals or routines that separate their work from their personal time can be helpful.

Empathy burnout is common when individuals spend so much of their emotional strength relating deeply to the problems and stress of others that they forget to care for themselves. A high level of empathy is good, but without conscious skills to deal with it can lead you to empathy burnout. It is emotional exhausting and can result in a withdrawal from caring or feeling empathy for others. With anxiety around COVID-19, the restrictive visitation policies, and separation of parents from baby, we are all at a high-risk for empathy burnout. If the person in the caring role can recognize this tendency, there are some practical steps that they can take.

- Shift thinking about empathy from a feeling to a skill
  - o The skill of empathy can help others while maintaining sufficient self-awareness to avoid burnout.
  - o Be aware of self-care, this will enable the person to provide on-going support.
- Set clear boundaries
  - o The individual should set clear boundaries for what they are willing to do and what they are not willing to do.
  - o This helps to set clear boundaries for what the other person can expect.
- Don't take things personally
  - o People should not become “personally” invested in the other person's problems
  - o They should remember that even if they can feel the other person's feeling it doesn't mean that it is about them.
- Believe that others can save themselves
  - o Provide support emotionally but know that only the individual experiencing problems can overcome them.

- o It is wrong for the individual providing assistance to assume that you know the answers better than the person you are empathizing with.
- o Assist the other person in figuring out the solutions but do not become the solution.

Through conscious thought, empathy burnout is something you can avoid. Remember to think of empathy as a skill that you can practice when appropriate and set aside when it is not or when it becomes overwhelming.

Amid the Global COVID-19 pandemic, it seemed appropriate to start this JNN issue with a background of COVID-19, presented by Drs. Adam Seiver and Leslie Altimier. We believe that a baseline knowledge of COVID-19 is a good starting point to understanding the pathophysiology of COVID-19. The novel coronavirus, namely severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) causing the current global pandemic will be explained from an adult, pediatric, pregnancy-related, and newborn perspective.

Staff working on NICUs are often the ones who witness and experience traumatic responses from parents and families, as well as having to care for some of the sickest babies in the country. They are frequently faced with significant ethical dilemmas and are therefore exposed to traumatic situations, including management of the baby's medical needs and exposure to death. One way of meeting the emotional wellbeing needs of staff is for NICUs to offer pre-briefs and debriefs. Please join Drs. Sarah-Jane Archibald and Sara O'Curry as they present presents the first review article discussing the overview of a pre and debrief protocol which was custom developed to support staff working on a level-three Neonatal Intensive Care Unit.

The second review comes to us from Queensland, Australia by Amy Forbes-Coe, Jennifer Dawson, Andrea Flint, and Karen Walker. The neonatal nurse practitioner role originated in the 1960's in the United States from a short fall in physicians. This occurred because of changes in medical training which reduced time in specialist areas and in conjunction, the demand for neonatal care increased due to the survival of premature babies and advances in specialised care. The aim of this review is to identify the discrepancies between roles and responsibilities, highlight the challenges NNP face and explore possible role development opportunities to make the position sustainable.

A recent survey of 20 tertiary NICUs found that only 20% of NICUs reported routinely asking and offering support related to smoking, and less than half (47%) reported offering any advice about smoking at discharge. Many NICU stays are quite long, thus providing an opportunity window to engage parents who smoke and may have heightened concerns about their child's health. Neonatal ICU (NICU) hospitalizations provide opportunities to engage individuals/families who smoke with evidence-based cessation treatments to protect infants from tobacco smoke exposure. Dr. Thomas Northrup et al. discuss their pilot study which establishes the feasibility and potential efficacy of providing both motivational advice (MA) and Nicotine Replacement Therapy (NRT) (MA + NRT) to families of NICU infants.

Our next manuscript is very appropriate as we are all in the midst of the COVID-19 Pandemic. Tertiary hospital services have introduced live streaming video cameras into Neonatal units with the aim of reducing distress and enhancing bonding and attachment between infants and parents during hospitalisation. However, there is a paucity of research exploring the impact of using live streaming video cameras in the neonatal unit. This study, titled 'Neonatal nurses' perceptions of using live streaming video cameras to view infants in a regional NICU' comes to us from Dr. Meegan Kilcullen and the team from QLD, Australia.

Positioning is performed to provide support, comfort and physiological stability of preterm infants. An observational study aimed at comparing the physiological parameters of preterm infants with respiratory distress in different postures in Neonatal Intensive Care Unit is

presented by Fatemeh Cheraghi et al. from the Islamic Republic of Iran.

Drs. Margaret Broom and Zsuzsoka Kecskes performed a prospective comparative observational design study that ran over a five-year period from 2011 to 2015. The study compared the impact of an Open Plan (OP) and Dual Occupancy (DO) NICU on parent activities and perceptions of NICU design.

Our eighth manuscript describes a randomized controlled trial that was conducted by Deshabhotla Saikiran and his team from India to determine whether estimating the endotracheal tube insertion length using gestation compared to weight resulted in more correctly placed ET tube tips.

The last manuscript comes to us again from Queensland, Australia by Michelle Paliwoda, titled "Physiological vital sign differences between well newborns greater than 34 weeks gestation: A pilot study". This study explores differences in physiological vital signs between three gestational age groups: late preterm (34 + 0–36 + 6), early term (37 + 0–38 + 6) and term (39 + 0) weeks gestation. Michelle's study demonstrates that a "one-size fits all" approach may not actually fit "all" newborns.

We hope that you enjoy the mix of reviews, original articles and topics on COVID-19 presented in the August issue of JNN. As we continue expanding the Journal of Neonatal Nursing for you, the readers, Dr. Breidge Boyle and myself, Dr. Leslie Altimier, would like to hear from authors interested in submitting abstracts for a special issue later in 2020 on Infant Mental Health issues. Infants who begin their lives in intensive care are impacted physically and socioemotionally for many months and years to come. Likewise, stressful experiences of caring for a baby hospitalized in intensive care have an impact on primary caregivers, typically the baby's parents. Infant mental health (IMH) is an expanding, evidence-based field that emphasizes the importance of supporting early relationship development and optimal social and emotional outcomes through enhancing early relationships. Multidisciplinary IMH providers are uniquely prepared to support early relationship development between parents and infants, parents and intensive care professionals, and community mental health resources. As well-prepared and experienced IMH providers become available in intensive care units, babies, parents, and staff will benefit. If this is a subject of expertise or an area of interest, kindly submit your manuscript to the Journal of Neonatal Nursing at <https://www.journals.elsevier.com/journal-of-neonatal-nursing>.

We would also like to continue hearing the thoughts and experiences of neonatal nursing colleagues all around the world, to show how we are working together to help the babies and families that we care for. We encourage to submit your published written reflections in the mini-series in the Council of International Neonatal Nurses (COINN) section of the Journal of Neonatal Nursing (JNN). Email your videos or reflections to either: Julia Petty (UK NNA) [j.petty@herts.ac.uk](mailto:j.petty@herts.ac.uk), Breidge Boyle (JNN Editor) [breidge.boyle@qub.ac.uk](mailto:breidge.boyle@qub.ac.uk), Katie Gallagher (UCL IfWH) [katie.gallagher@ucl.ac.uk](mailto:katie.gallagher@ucl.ac.uk) or Alex Mancini (Chelsea & Westminster NHS FT) [a.mancini@nhs.net](mailto:a.mancini@nhs.net). Please share this information and let's get as many countries as possible to highlight the valuable work of our neonatal nursing community.

Leslie Altimier\*

Northeastern University, Boston, MA, United States

Clinical Innovation & Research, Philips HealthTech, Cambridge, MA, United States

Breidge Boyle

Children's and Neonatal Nursing, Queens University, Belfast, United Kingdom

E-mail addresses: [laltimier@gmail.com](mailto:laltimier@gmail.com) (L. Altimier), [breidge.boyle@qub.ac.uk](mailto:breidge.boyle@qub.ac.uk) (B. Boyle),

\* Corresponding author.