

From the Editor-in-Chief

This journal is about nursing leaders and nursing leadership. Consequently, I find I must talk about SARS, that new, very scary and often fatal disease that emerged from China and caught a ride to Toronto in the lungs of an unsuspecting Canadian woman who had visited relatives in Hong Kong. It killed her and set off a chain of events that is still being played out in hospitals and in homes around Toronto. Healthcare workers have received many kudos for the way they have risen to the challenge of caring for people who were either suspected of having or who had actually acquired SARS, and who pose a very real threat to those who care for them. The majority of these healthcare workers are nurses.

Every day throughout this crisis, nurses have demonstrated leadership. Thousands of nurses went to work every day and looked after people with SARS, or at risk of SARS or needing to be protected from SARS. Those who cared for people with SARS put their own health at risk. What is little appreciated is that these same nurses were required to quarantine themselves while at home to protect their families and friends and to return to work the next day under the very difficult circumstances of gowns, masks, goggles and gloves for days on end. We heard about them as a group, and they deserve all the gratitude they received. Too many of them got SARS. According to a recent analysis of 144 cases of probable SARS in Toronto, 21% were nurses, the largest of any group (Booth et al. 2003); we met few of them as individuals. That is unfortunate, because they have stories of leadership to tell us.

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We heard hardly anything at all of the leadership that departments of nursing showed; how VPs and chiefs of nursing, directors and nurse managers got hospitals through this crisis; about how these nurses figured out how to keep hospitals functioning in spite of many of their staff being down with the disease or quarantined and not allowed to work. We saw Dr. Sheela Basrur, the Medical Officer of Health for Toronto, Dr. Colin D’Cunha, the Commissioner of Public Health, and Dr. James Young, the Commissioner of Public Safety for Ontario, on TV every day telling us about numbers of new, suspected or probable cases and numbers of deaths. For the most part they were excellent; clear in their accounts and straightforward in response to questions. Dr. Basrur deserves special men-

tion for the way she handled the crisis. What we did not see were the directors of nursing of public health units in Toronto, York, Durham and Peel who pulled all their nursing staff into the service of tracing contacts, placing people in quarantine and keeping in touch with them daily. Yet the containment of SARS would not have been possible without the concerted efforts of these public health nurses and the leadership of the nurses in these units.

Occasionally, a nurse was interviewed. Early in the crisis, Barbara Wahl, President of the Ontario Nurses Association, the major nursing union in Ontario, talked about the strain on nurses, the lack of availability of the N-95 masks required for protection from the virus and the financial consequences for nurses of being able

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to work in only one institution. Doris Grinspun, Executive Director of Registered Nurses Association of Ontario, was interviewed occasionally about the effect that caring for SARS clients was having on nurses, and Dr. Mary Ferguson-Pare, the VP of Nursing at the University Health Network (Toronto General, Toronto Western and Princess Margaret

Hospitals), reported later in the crisis that a few nurses (the number six was mentioned) had resigned because of the strain of caring for clients over so many weeks. Too infrequently, we met staff nurses through the media who were working with clients, but every one of them who was interviewed was self-deprecating and matter-of-fact about the role she was playing.

One of my colleagues at the University of Toronto, Dr. Jody Macdonald, compared nurses' behaviour to that of the firemen who ran into the burning World Trade Center buildings. She said that while others were running away from SARS, nurses were running toward people with the disease to take care of them. I like the analogy. I wish undergraduate students had been allowed to participate in managing this crisis. I realize there are issues of insurance and safety for them and for clients, but they would have learned how to "run into the burning buildings" along with their future nursing colleagues – in this case, their role models. I have every confidence that they would have risen to the challenge and been as magnificent as the others.

I cannot recall when I have been more proud to be a nurse and to be associated by profession with those who got us through. I regret, however, that there were not more faces and names: from the masked and goggled frontline nurses who cared for clients every day; to the public health nurses who spent 12 to 14 hours a day on phones and walking neighbourhoods, tracking down contacts and getting them to understand and accept quarantine; to the chiefs and directors of



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nursing who made hospitals work throughout this crisis. How could so many leaders and so much leadership be so anonymous and so invisible?

What is the responsibility of a journal like the *CJNL* in response to a crisis such as SARS? We need to understand how leadership was manifest during the crisis, what shape it took, what the greatest challenges were and how they were managed. In this issue, Leslie Vincent and Lynn Nagle at Toronto's Mt. Sinai Hospital share some of their experiences as senior leaders. Jim Porto, a U.S.-based expert in crises response, also adds his unique perspective.

Next, we need to identify the research questions that emerged from this situation and the research that needs to be done that will assist us in future, similar circumstances. In future issues of the *CJNL* we will address these needs. Meanwhile, thank you to all the nurses in Toronto and Vancouver, and in all the other places where clients with SARS required care. We have seen true leadership in action.

References

Booth, C.M., L.M. Matukas, G.A. Tomlinson, A.R. Rachlis, D.B. Rose, H.A. Dwosh, S.L. Walmsley, T. Mazzulli, M. Avendano, P. Derkach, I.E. Epthimios, I. Kitai, B.D. Mederski, S.B. Shadowitz, W.L. Gold, L.A. Hawryluck, E. Rea, J.S. Chenkin, D.W. Cescon, S.M. Poutanen and A.S. Detsky. 2003. "Clinical Features and Short-term Outcomes of 144 Patients with SARS in the Greater Toronto Area." *Journal of the American Medical Association* 289(21). Retrieved May 9, 2003. www.jama.ama-assn.org/cgi/content/full/289.21.JOC30885v1



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