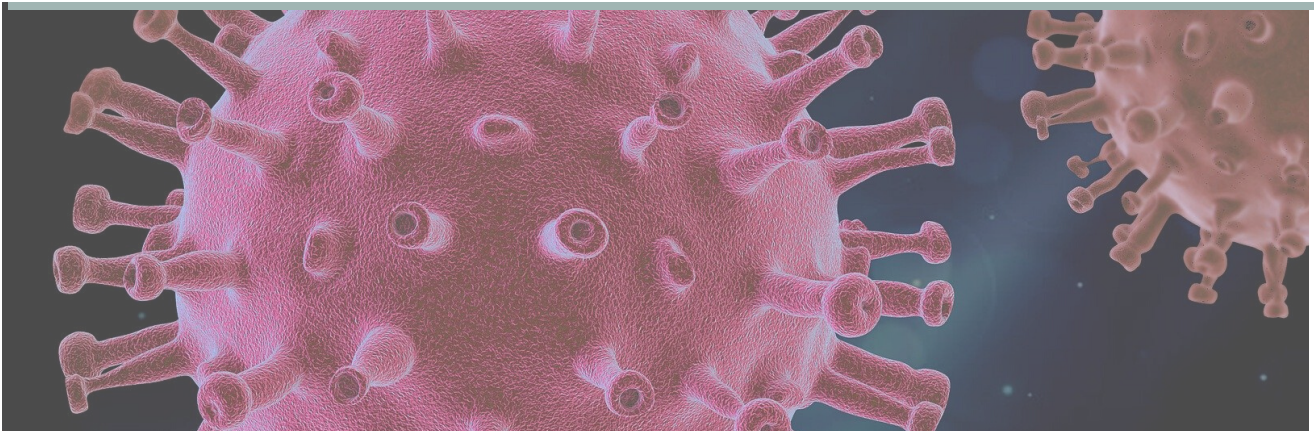


---

JUN 17, 2020,

## MFP/ANA Scholars Share Their COVID-19 Stories



In recognition of National Nurses Month, the MFP reached out to several MFP/ANA scholars who were impacted by COVID-19 or working on the front-lines. In this e-newsletter, we share with you the stories of Jaqueline Payne-Borden, Vicki Hines-Martin, Daisy Lara, Joi B. Henry, Juan Herrera and Margaret Kamara.

---

*"Some days I would look at myself in the mirror and think, wow I have a virus that is killing people"*

---



**Dr. Jacquie Payne-Borden**  
PhD, RN, PMHCNS-BC

This is a real virus. Nobody is immune. I tested positive for COVID-19. I did not go to the hospital, but it was rough. I have never been so sick. I have been a nurse for 40 years. I have worked with patients in isolation, newborns with contagious diseases, transported patients from all over the world as a flight nurse and never contracted anything. I am a Chief Nursing Officer in a hospital. I remember being in a safety briefing when COVID-19 first made headlines. It was being reported that the virus had spread to Italy and I

posed the question, “what are we doing to prepare?” Two days later, a coronavirus outbreak would be reported in Washington State. Although I do not work at the bedside, I knew that the probability of me contracting the virus was higher because I work in a hospital; however I still could not imagine that I would contract the virus. It makes sense to believe I may have been exposed at my hospital. I had a fever for 14 days and body aches. I started coughing the very same day my fever broke. The day after my fever broke, I dragged myself to urgent care. An x-ray at urgent care revealed I had pneumonia. The coughing only lasted two days, but I coughed a lot. I slept in an upright position of course, because of fear that I would die. There was always constant fear whether I was going to die, and what is the next twist. I had some dark days and I felt depressed and sad. Some days I would look at myself in the mirror and think, wow I have a virus that is killing people. I was a real patient isolating in my room for 30 days with no real interaction. I made my family wear masks and take their temperatures every day. Cooked meals were left on a tray on a tea cart outside my bedroom door. One day I called my son through facetime downstairs, so that I could see my grandson. The support from my family and job have been unwavering. Although my employer encouraged me to only do what I can manage, I continued to work from home, intermittently participating in calls even on days when my temperature was 101. Subconsciously I needed to stay connected with work, after all we were in the middle of preparing the hospital for a surge in COVID-19 patients. My second COVID-19 test result 4 weeks after was negative, but minimal activity now causes my pulse to raise to 130. A recent EKG determined that my body needs to be reconditioned to resume everyday normal activity. My daughter tested positive, but she was initially asymptomatic, she only had mild symptoms for two days. I decided that I did not want to hear or read about anything negative, I wanted to focus on the positive. I hope that my story sheds light on the importance of having a support system and encourages individuals to not feel stigmatized to share whether it has affected them emotionally. Although I was blessed not to be hospitalized, the suffering was still tremendous for my family and I. In addition, I encourage individuals to reach out to those who may be impacted by this virus because for some, “it is embarrassing,” and many are suffering alone. Lastly, we should focus on the major aftermath of this pandemic which is mental health.

---

---

"As the pandemic made its way through the US, it was unique in that it brought the anticipated concerns about health and safety but surprisingly it also brought about an examination of – what is next?"

---



**Vicki P. Hines-Martin**

**PhD, PMHCNS, RN, FAAN**

Over the course of my professional career of 45 years, I have encountered many memorable experiences (both good and bad) and often learned something that influenced how I viewed my role as a mental health nurse or as a human being. However, as the pandemic made its way through the US, it was unique in that it brought the anticipated concerns about health and safety but surprisingly it also brought about an examination of – what is next?

I have spent my career as a clinician, manager, educator, researcher, and author in the areas of mental health promotion and early intervention, diversity, health disparities and community engagement. Currently, I serve as Professor and Assistant Dean for Community Engagement and Diversity Inclusion at the University of Louisville School of Nursing and my expertise was not a fit with the acute needs of patients with COVID19. As a minority nurse, I have always wanted to contribute in a meaningful way and this occasion was no different. As the news reports and social media emphasized the heroic nature of those who provided care to COVID patients, I was reminded of the potential psychological toll of this level of ongoing stress, physical effort, and uncertainty on mental health. Appreciating that risk, and given my focus on illness prevention, I saw the benefit of initiating a collaboration with mental health nurses in Kentucky, the Kentucky Nurses Association and the International Society of Psychiatric –Mental Health Nurses on a project entitled Kentucky Nurses Helping Nurses which began in March, 2020. Kentucky Nurses Helping Nurses is a volunteer network of nurses, working and retired, who have a passion for, and expertise in, mental health nursing who want to support and be available for frontline nurses in the Kentucky area while they are caring for others. The project includes educational materials & resources including videos and online education modules, as well as webinars developed specifically for project



users. Webinar topics have included guided meditation, grief and loss, depression and anxiety, mental health experiences of nurses in the United Kingdom, healthcare parents emotionally supporting kids at home, and micro-restorative practices for stress management. In addition, the project provides opportunities for peer support for nurses to connect with a compassionate nurse volunteer through a 24-hour free call line who will listen, support, encourage and connect them with mental health resources if and when necessary. The project has been very fortunate to have over 100 experienced PMH nurses volunteer to be peer supports and about 50% of these are advanced practice PMH nurses. I think what the project offers is meaningful and can help us all better understand what nurses need and what functions as barriers and/or facilitators to emotional self- help and resource acquisition. In the midst of trying to serve others, I learned that social distancing helped me personally. I can be quiet and appreciate the ability to withdraw from constant interaction with a variety of populations as part of my daily work over a number of years and think more deeply. I find that this suits me, and I am good at that. I do fully appreciate that the ability to work from home is a privilege, and recognition of the disparity in that ability is ever present in my mind. I am committed to using that ability well.

---

"As frontline workers it is important to remember  
that secondary trauma in nursing is real."

---



**Daisy Lara**  
**DNP, MSN, RN, CRNP**

I am working in both inpatient and outpatient mental health/substance use treatment facilities during the COVID-19 pandemic. I work at The Ranch in Wrightsville, PA which is an inpatient dual diagnosis mental health facility that offers specialized mental health and substance use treatment including MAT (Medication Assisted Treatment). I have been providing traditional services face to face. I am also working at La Comunidad Hispana (LCH) in Kennett Square, PA where I provide outpatient psychiatric services via

telepsychiatry. I am also the President of the Philadelphia chapter of the National Association of Hispanic Nurses (NAHN). I have seen an increase in telepsych patients since COVID-19. Some of my patients are recovering from the virus or dealing with family members who may have had or have it. Many patients and their family report that COVID-19 takes a toll on their mental health. They report that the social distancing; isolation, lack of support and anxiety have worsened their mental health symptoms or have caused them to relapse on substances. I am seeing more patients with mental health issues related to loss of job, lack of childcare, financial stress, grief and loss of loved ones, depression, and anxiety from the sudden change in lifestyles. I teach my patients that it is important to maintain a daily schedule, include exercise, meditation, or grounding techniques. It is important to incorporate other exercises (biking, hiking, or exercising at home) especially if the gym was a regular routine to their schedules. Self-care is important to produce positive feelings. Self-care is providing love and care for oneself intentionally. It can be as simple as turning off your phone, avoiding social media, going for a walk, or sitting outside with a cup of coffee.

As the President for NAHN's Philadelphia chapter, I have implemented various strategies and activities to help nurses cope with the mental anguish due to the pandemic. We have created a Nurse Relief Fund for nurses who may face furloughs, financial stress, or COVID-19 related illnesses. Additionally, we created a Wellness and Resilience committee including Psychiatric Mental Health Nurse Practitioners and other nurses with psychiatric experiences to keep in touch with NAHN members by sending heartfelt letters/cards. Some of our activities include hosting educational zoom meetings that discuss mental health, suicide and resources that can be applied to our members' professional and private lives. We aim to educate nurses to improve their mental health and the health of their families and their patients. As frontline workers it is important to remember that secondary trauma in nursing is real. It is not often discussed but it is important to be aware of compassion fatigue where nurses may feel overwhelmed and feelings of burn out. Nurses are working vigorously and following their calling of caring for patients during this pandemic. Many nurses have expressed fear of going to work and not knowing whether they will bring COVID-19 home to their family. Or, should they self-isolate from their families while working on the frontlines to protect them from the virus. This further adds to the trauma. The feeling of uncertainty can cause a continued sense of unrest. My family, friends and NAHN are currently my biggest support during the pandemic. I hope that my current

work, my story, and recent events shed light to the many layers of stress and trauma that COVID-19 has caused and exposed. I hope that we can all continue to listen, empathize, learn and work to improve the health of vulnerable populations. As nurses we have a duty to provide quality care to all patients. We must advocate for the racial disparities that exist in healthcare. Racism is a healthcare crisis. Systemic disparities have been exposed in the media and we must advocate for the access to excellent healthcare for our black and brown patients. COVID-19 is disproportionately affecting their communities.

---

"The part about this experience that saddens me the most is the constant undeniable health disparities being highlighted in minority communities."

---



**Joi B. Henry**  
**MSN, RN, CNL**

My role as a psychiatric nurse working with adolescents changed in March after the shutdown began. Although I was not directly working with COVID-19 positive patients, I was still within the hospital outpatient department. As an essential worker, it was important for me to practice social distancing to make sure my household was safe. The first few weeks into the shutdown, I was feeling fine and had no signs of having the virus. The first week in April, I was walking up a flight of stairs to my apartment. Immediately, I began to

have shortness of breath and later that night, a sore throat. There was no sign of a fever or a cough, but something did not feel right. On my next off day, I called my boss to let them know I was experiencing shortness of breath after minimal exertion. They recommended I contact my organization's hotline as soon as possible to be screened via telehealth and then swabbed for COVID-19. The next day I was tested and confirmed positive within 24 hours. Initially, I was shocked and nervous because I was not sure what to expect moving forward. My symptoms were mild, and I was instructed to quarantine for two weeks before returning to work. During my quarantine I continued to struggle with breathing when I would

try and do everyday tasks like cooking, washing dishes and showering. In the end, the symptoms of the virus lasted approximately 14-16 days before I began to fully recover. Additionally, my family, friends, mentors, and supervisors were beyond supportive. Drs. Dawn Bounds and Wrenetha Julion, my advisor and mentor, called me every day to provide breathing exercises and natural remedies to promote healing. My family went to the grocery store for me, sent care packages and checked on me constantly to make sure my symptoms were improving. I was completely overwhelmed with love, support and never felt isolated. The part about this experience that saddens me the most are the constant undeniable health disparities being highlighted in minority communities. The rates of positive cases for COVID-19 in the minority communities are more than concerning. As a lifelong resident of Chicago, I have seen firsthand how racism, lack of resources and education have directly impacted health within these communities. Mayor Lori Lightfoot has been a champion in highlighting the health disparities in the city and has gracefully shown tough love through education and advocacy to ensure the safety of Chicago residents. As a future practitioner, it is my duty to help bridge the gap of these health disparities within the city of Chicago by educating, advocating, and showing compassion for my patients.

---

"With the support of my beautiful wife, my strong religious faith and continuous prayer, I have the strength to continue to study full time in the PMHNP program to meet my goal of graduating in August 2021."

---



**Juan Herrera**  
**BSN, RN**

I am in my first year of the Psychiatric Mental Health Nurse Practitioner (PMHNP) program at Maryville University in St. Louis, Missouri. I earned my bachelor's degree in Nursing in 2017 from Chamberlain University. Upon graduation, my goal is to provide behavioral health services to minority youth, young adults, and older adults in underserved communities. Currently, my family and I have been extremely impacted by COVID-19. At the end of the spring semester, my 23-year-old daughter, a Certified Nursing Assistant

working at Banner Health, experienced the symptoms associated with the virus, with the exception of a high fever. We believe that she contracted the virus at work as she was exposed to patients who had tested positive for COVID-19. While my wife has had some symptoms such as coughing and headaches, she has not been diagnosed with the virus. My youngest daughter who is 7 years old, has had headaches and swollen tonsils for the last month and we were certain she contracted COVID-19. She spiked a fever of 100.0 one day, experienced tachycardia and shortness of breath. After an examination by the primary care provider it was determined that she had a right ear infection and was prescribed the standard treatment of antibiotics, although at the end of her treatment her tonsils remained swollen. The good news is that she tested negative for COVID-19 and is presently in the care of an Ear, Nose and Throat specialist for the issues with her tonsils. Fortunately, I have not experienced any symptoms associated with COVID-19. With the support of my beautiful wife, my strong religious faith and continuous prayer, I have the strength to continue to study full time in the PMHNP program to meet my goal of graduating in August 2021.

---

---

"In addition to dealing with the stress of both parents suffering from COVID-19, my employer accused me of intentionally spreading the virus when I informed them about my stepmother testing positive."

---



**Margaret Kamara**  
**MBA-HCM, BSN, RN**

My stepmother had no underlying health conditions before contracting the virus. Yet, she was intubated in the hospital and was hooked up to ECMO, dialysis, and the vent. On the other hand, my father, who had underlying health conditions, diabetes, hypertension, and congestive heart failure (CHF), was asymptomatic and remained quarantined at home. I used to drop groceries for him at the door at the house. Although my stepmother is still in the hospital, she is off sedation and receiving therapy. I believe that she is now at 50 percent in terms of being able to breathe on her own. In addition to



dealing with the stress of both parents suffering from COVID-19, my employer accused me of intentionally spreading the virus when I informed them about my stepmother testing positive. To clear my conscious, I got tested; test results displayed negative for COVID-19. The heavyweight of my employer's accusations, concerns about the possibility of losing both my parents to COVID-19, losing an uncle to the virus while trying to finish my school course was a lot to deal with all at once. I am taking it one- day- at- a time and praying a lot. My spiritual life with God and the support of my boyfriend, friends, and family have been getting me through this. These unprecedented times have reinforced my belief in holding my loved ones close because anything catastrophic or uneventful can happen at any time and take them away.

