

Interviewee: Shelby Kolar

Interviewer: Tiffany Goetz

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Abstract:

Shelby Kolar is a lifelong Eau Claire resident and Director of Nursing at a large long-term care facility in Eau Claire. In this interview, Shelby discusses how the COVID-19 pandemic has impacted her work and discusses how it has affected her family and friends. Shelby responded to my request for interviews because she felt it was important to share the high impact of COVID-19 on long-term care facilities and the geriatric population she cares for. Shelby highlights the emotional and mental toll caring for the elderly during the pandemic has been and provides a deeper look into geriatric care as a whole. Shelby touches upon how her kids and husband managed the pandemic and both the highs and lows of spending so much time together.

Tiffany C Goetz 00:06

Hi, I'm Tiffany, and this is my friend Shelby; and today, we're going to do an oral history interview. To talk about the COVID 19 pandemic and how it's affected your role as a human caretaker and a professional caretaker. First, I'm going to start with some COVID 19 pandemic statistics. Nationally, as of December 5, the total cases in the US were 49,190,746 cases, confirmed 787,064 deaths, with 60.1% of the population fully vaccinated. And 24% of the fully vaccinated people having had their booster shot, and 71.2% of the population having at least one shot. In Wisconsin, as of December 2, there were 889,078 cases with 9120 deaths, with 59.1% of the population vaccinated. And I'm in Eau Claire County. And so as Shelby and an Eau Claire County, there's been 17,591 cases, and 139 deaths, and 59.6% vaccination rate. In our county. In our county, currently, there is a critically high activity level and positivity rate for hospitals. So, if you could Shelby if you could introduce yourself and tell me what your name is, demographic information, if you mind sharing, such as race, ethnicity, age, gender.

Shelby Kolar 02:05

Okay, I'm Shelby Kohler. I am a white female. I am 36 years old. And I'm here because I'm a Director of Nursing at a long-term care facility here in Eau Claire, Wisconsin. And we're highly, highly impacted by COVID-19. So I worked here for 20 years total, almost ten (audio glitch) years, and my director capacity. So this is something that many, many people haven't seen, and we're all learning through. So.

TCG 02:44

Thanks. Um, so you just said, you're been in this role for a while now, this role, but yeah, this role for 10 years, and you've been working there since you were 16, right? Yes, yeah. A long time.

SK 03:01

Ah, yeah, I kind of started. I fell in love with geriatric population at first, and then geriatric nursing. And even through all this, I can't really see myself doing nursing [unclear in any other?] setting besides here, so I love it.

TCG 03:21

So, so a little bit of background, and this is going to make you think back because it's been such a long time. Can you recall what it was, or how you felt, or what information first alerted you to COVID-19?

SK 03:41

Um, we get information from, from the state and federal government. So when the Wisconsin Department of Public Health started kind of, well, nationally, there came news about it, you know, overseas, and then our first cases that were happening in the United States. First, well-known case was in a Washington skilled nursing facility. So that definitely kind of piqued our interest and perked our ears a lot. But then, I remember very vividly, when we had our first case in Wisconsin, I had printed out a map of all of our counties and highlighted the one county, and I got together with my infection preventionist and said, You know, I feel like we need to start kind of looking at and thinking about this and it blew up from there, but I, I had a little map, and I just was- was hopeful that it would be far away from us. But as we all know, that that that changed pretty quickly.

TCG 04:50

Right? Um, what issue is had you most concerned about the pandemic?

SK 04:59

Um, definitely the safety of our, our population that [unclear we] service, generally older, more vulnerable individuals. It's not all elderly people that we take care of. So they're here for a reason. And our job is to take care of them to leave, have them leave here or stay here healthier than when they showed up. So, you know, that's that was first and foremost, my biggest concern is how do I protect these people here? How do I protect the residents and my staff to make sure that we are safe within these walls? It was my concern as a professional here.

TCG 05:45

Okay, how many residents do you typically have at any given time?

SK 05:57

That's kind of a loaded question. Because it's changed a lot over the last couple years. We, I guess, probably throughout the last year, we've had a much lower census than we normally would; our average since this [since the pandemic] would be probably between 55 and 60 residents. We used to be licensed for 100 beds. So having that few of people definitely impacted us. I think, as we you know, we're a long-term care facility; we have palliative care. So you know, naturally we do have [unclear people?] pass away here. But a lot through the COVID process and, and the way that changed healthcare for us, we were definitely careful [unclear.. and strategic to have as many beds?] as we could [make sure we could?] help [take care of?] people that we did have- have, so we're actually writing off more than we could, but we are doing [that continuing] now. So that then we have space for an isolated [COVID-19] unit should we had a case and also so that we make sure like that, that we have it staffed to take care of people that we do accept because that's also a big problem right now.

TCG 07:20

Okay, so the audio got a little jumpy, so I'm just going to reevaluate, re kind of say what you've said to just make sure that I heard you correctly. So basically, you're it's changed. So pre COVID, you had room for about 100 people; you were licensed. And now, during COVID, you have cut back to about 50 or so to make sure that you have room for everyone and

SK 07:48

yes,

TCG 07:49

for everyone, and that you have a separate space where you can put quarantine cases of COVID.

SK 07:57

Yes.

TCG 07:59

Correct. Yes. I'm sorry. I just, I could hear you mostly. But I know that when I listen back, it's gonna be tough for me. That's interesting, was it mandated that you had to reduce your beds, or did you kind of do that intentionally or?

SK 08:21

No, that was intentionally on our part. You know, I think I think one of the really scary things for me that I saw happening nationally was in the state of New York when their governor required skilled nursing facilities to take COVID-positive patients when they had nobody currently positive in their building. You know, basically opening that gateway to those vulnerable people and saying, figure it out. So I'm so glad that our state and our, our administrator and our owner here did not mandate anything like that. I definitely know hospitals had a challenge with trying to find places to discharge but, you know, that is one of the nicer things about being in control of our own space saying, that's not safe for

us, we need to be strategic and who we take [and how many we take?] to make sure that when we say I'll take care of you that we're actually meeting that that that statement and doing a good job.

TCG 09:31

Awesome. Thank you. So a lot of stuff I didn't know. Um, so you are a supervisor in your role at the facility, and would you say or, I guess how has your role as a supervisor has impacted how you deal with your employees

SK 10:00

It's definitely a lot more compassion and understanding, I think, you know, the the pandemic has been really, really frightening for a lot of people, you know, not just professionally, but personally, you know. When our staff started kind of having those first exposures and experiences, it was scary for all of us to contact trace and determine, you know, how many people were potentially impacted by this. But you, you can't let the employee think like, you know, what did you potentially do? We never wanted it to seem that way. You know, in the beginning, you could, you could do all the right things and still test positive. You know, that was just the nature of it. So I think, you know, being being protective of our staff to help them understand, like, it's okay to not come to work when you're sick. So many healthcare people, I think, who say, you know, I just push through it, you know, even if I'm not feeling good, I know that my, my patients or my residents need me, but that's not what we can do right now. And we have to normalize it being okay to be sick and to call into work if you can't be here because it could be anything, and the smallest symptom could be[come sort?] of a big deal. So I think that's what it's helped me understand a lot more about being a leader is making it okay, even when it doesn't feel okay. And I worry about how are I How am I going to take care of people here? It's understanding that if I make a bad choice, it could get a lot worse.

TCG 11:42

Right, what concerns do you have about the effects of COVID-19? On your employment? Specifically? Are you worried that it's going to impact your job or the future of your job? I think this probably was a more prudent question at the beginning. But I still feel like the nursing, and long-term care facilities are going to be impacted for a long time. And what do you think that looks like for you guys?

SK 12:15

Um, you know, I definitely think it does impact us. There's a lot of facilities and Eau Claire that are downsizing in terms of, you know, how many rehab patients they can take, how many long-term patients they can take. It really is going create a strain on our healthcare system as a whole. So if you want to be in healthcare, yeah, you can have a job, but it's very stressful. And, you know, the future of what exactly that job might be is uncertain a lot of times and, and I think, I guess my biggest worry is not necessarily having a job, but everybody continuing to want the job. Because there is a lot of trauma associated with what we've all been doing for the last almost two years now. And, you know, there's been days that I

personally have wondered, how long can I continue to do this? And I think a lot of my staff have those moments to that. Is it is the joy that I used to get out of it worth everything that we deal with right now.

TCG 13:26

Right, because burnout has been a thing in nursing for forever. I'm sure that when you went to nursing school,

SK 13:32

Yeah.

TCG 13:32

we talked about avoiding that. And we're in the midst of a health crisis. We- we know that you know, hospitals are going on bypass very frequently right now. Or at least I do; I'm sure you probably also know, I clearly you don't have as many beds. So you're not taking as many long-term patients for rehab and stuff. So there's they've got to go somewhere. So do you see burnout having a bigger impact than it did? Before this? on everyone?

SK 14:09

Yeah, absolutely. You know, I think our normal, our normal burnout of, gosh, I work a lot of hours, and I didn't get a lunch break today, or I didn't, you know, get to get to the bathroom as much. You know, those are things that as nurses we kind of joke about but are accustomed to, you know, these are the things of, you know, I can't- I can't continue to see these people, you know, in my setting these people that I care for every day long term. I can't continue to watch them suffer. I can't continue to feel like I'm keeping them from their family members, which, fortunately, isn't the case anymore. Initially, we were mandated to close doors and to restrict these elderly people from seeing their loved ones, and you know those things that they feel very personal to us. They feel very devastating to us, and I think those are the kinds of things that pushes a lot of nurses over the edge right now. The things that, you know, we were okay with, with when it affects us and not getting a bathroom break or lunch, but when we see our patients suffering our co-workers [unclear suffering], it gets to be a lot. And you- you'll wonder, you know, is there something else out there for me? And I think a lot of people are kind of [unclear make?] that um going through that process right now. And so I do see a lot of people leaving health care, you know, retiring early or younger people not even going into health care, because why would you want to right now? It's scary.

TCG 15:51

And that brought up two more questions to me. So first, I wonder if or I'm curious, are you guys doing anything to kind of help with self-care or like work-life balance and making, taking extra steps with your staff to be like, Okay, you guys, you need a break, or make sure you're taking this time off, or any sort of things like that, have you guys done anything with that?

SK 16:20

Yeah, we tried to, you know, that was another thing that- that was kind of hard. People in nursing, we- we love to eat, we love to, like have events with- with ourselves, you know, we're going to have a potluck, we're going to do this, we're going to do that. And that was really all shut down. You know, don't share food, don't eat by each other, don't take your mask off by each other. So trying to get back to our little things that- that do bring us joy and give us camaraderie with each other. We've been working really hard for that, you know, something that we all love with our company as our Christmas party, we usually go out, and it's a really wonderful thing that they do for our staff. But the past couple years, we haven't been able to do it. So just kind of slowly inching back to those normal things. You know, our employees really value that. You know, we have our employee assistance program, we really encourage our staff, to keep us informed when they're not feeling well, or maybe getting burnt out on [a certain floor and?] move them around. But, you know, just on a daily basis, practicing, we just call it management by walking around, and we go and talk to all of our employees and say, you know, how are you doing today? Do you have everything you need? And, and kind of opening those doors of trust so that they can tell us, you know, if it's something more mentally or more personally, that they feel comfortable coming to us as reviser to say like, I'm not okay, and I need some help.

TCG 17:51

Good. Okay, so the other thing that that brought up was, we haven't gotten to it yet. But there have been many buzzwords and key terms that have come around with like, you know, self-isolation and flattening the curve and mandates, mask mandates, don't wear a mask here, wear a mask here, and a lot of controversy and divisiveness. And I remember seeing the first images of, you know, your community through windows talking to their family because that's as close as they could get. And I was just heartbroken for them because they're already separated from their family. And so that's got to be really hard, but at the same time, you know, they are more vulnerable, and they are at risk of potentially being killed by the virus. So, how this is probably a complicated question. So first, how did your community within and your staff react to the mandates of keeping people out of the building? And let's just start with that

SK 19:15

You know, initially, it was like, Okay, let's, let's be careful about this. We're gonna put some sanitizer and masks by the doors. And it was like, I think 5pm on a Friday and they said, Shut them shut everything, close it lock the doors. And it was terrifying, you know, and as a leader, as a health care professional, as somebody who like genuinely and wholeheartedly loves every single person who lives here. It was very hard to separate, you know, being scared and being doing the right thing and balancing those and not making decisions that are rash, out of fear, and not being too liberal where, you know, we- we have state and federal regulations that they can come behind us, you know, should we have an outbreak and say, this person and this, we can connect all these dots and you caused all these people to die or whatever. So, it was very scary if you don't follow the rules, how those dominoes can start to fall. So, you know, we definitely were, it was like, every day or every other day the guidance changing and

so, my infection preventionist and I actually like, kind of had our own bunker and we were just every single day reviewing the guidance, reviewing CDC website reviewing public health, making sure that we were constantly doing the right things and reacting to everything new that was coming out. So you know, as far as our residents were concerned, it was immediately monitoring them for mental and emotional distress because of this, you know, are they are their sleep changing? Is their appetite changing is there, you know, we we didn't want to impact their quality of life. And, you know, we were very fortunate to have wonderful families who trusted us before this, to know that, okay, if this is what you're telling me, we have to do, then I believe you and I, I want to make sure that my loved one is safe, I think just having open communication really helped us. But it was hard, you know, especially those people who are coming in new for short term care, they didn't know us, they didn't know that they could trust that we're going to take good care of their loved ones when they're not watching us. So building that trust over the phone and via Skype, Facetime, and all those things, you know, they still need to see their loved one. And our building is such that there's like a few wings that you can get to the outside. But otherwise, we've got several floors were built on a hill. So it was meeting that challenge of how can I still visualize my loved one and see that they are okay. So that they could continue to have that trust and build that trust with us.

TCG 22:13

Wonderful. Do you see that there was any problems technology-wise because I'm sure that you had to have I mean; obviously, you probably had internet before this, and some of them are probably technologically savvy, but I'm sure that the need for that increased a great deal was that a problem that you had unexpectedly to face?

SK 22:40

Um, fortunately, we had devices kind of already in place, we didn't utilize them nearly as much before you know, it was like oh this, you know, one or two people their family lives far away. We set up Skype appointments routinely so that they can have this visit, but we, our recreation director, essentially was like scheduling visits via all of these social media and- and web access sites. So you know, the residents it was a learning curve for them showing them like okay if you see here See, this is them, and that's you, and so that was a full-time job in itself to is kind of going person to person to person with the tablet and making sure you know, because all their rooms you know, this is building this is a brick and so making sure they had Wi-Fi, or it was a challenge, but everybody was really on board with doing the right thing and making sure that we were supporting whatever way we could to make sure that they had that interaction.

TCG 23:46

That's so cute. Okay, you said something prevention person that you worked with directly? What was that?

SK 23:58

We have an infection preventionist; actually, all skilled nursing facilities are required to have one by the- by the state and federal government. Our building size, we're lucky enough that that was her full-time job. Many buildings who are smaller you know, it might be the DON (Director of Nursing) also does the infection control or somebody else who is a dual role person, so you know, I I've sung her praises, since the beginning of being able to kind of be level headed and, and we bounce things off of each other. But having her have that extra knowledge and training was just such an asset because there was so many things that we had to think through so much differently than we ever have before. So having some of that extra certification and training was really essential for us.

TCG 24:53

Okay, we're going to leave the topic of work for just a teeny bit, and we're going to talk a little bit about how this, in fact, it impacted you personally. And then like your personal community. But I think we're gonna get back to work because I have things I want to talk about. So. Okay, so you obviously care her caregiver at work, but you're also a caregiver at home. Um, how has the pandemic impacted your caregiving roles and the other roles in your family and household?

SK 25:30

Well, I so, I have three kids and a husband, and I'm very lucky that he is the supportive person that he is because he knows that sometimes my job is, you know, things just click along like they should, and I'll be home or available, or I have flexibility in my role. But there's other times where, you know, I tell him, like, I, I need to be here, and he's understanding and, and takes on more of the load. You know, definitely, he felt a lot of the weight of my stress. When I would cry every day, coming home from work. I was a mess. It makes me emotional, even thinking about it now. Because, um, because he said, No, he said, I love you. And I know you love your job. And I kind of joke with him sometimes that I've loved this building longer than I've loved him. Because I worked here before we met, but he said, you know, it, it makes me really sad to see how hard this is for you now, because it used to be really fun and easy-going to work. So that, sorry (crying),³

TCG 26:46

No, that's okay.

SK 26:47

That was a big, kind of a big wake-up call for me that, you know, he, he knows that I take a lot of stress and that I'm happy to take a lot of stress because I love this job. But he kind of gave me the okay to say, like, you know, when you've had enough, it's okay. And fortunately, I haven't felt like I needed to get to that point. But you know, I'm, I'm very open with saying, you know, this has, the pandemic has caused me anxiety and depression. And so kind of working through that process and being okay with saying, like, I need help, I need medication, I need to, you know, to get through this, this situation. So I think, you know, being fortunate to have that supportive person at home to help me balance the role and making sure that all the all the balls stay in the air at home was really helpful. You know, the other

thing, too, is really early on. When, when we finally, you know, we started having cases within our building, I was one of the first people to start, like testing the residents. And so then, not long after that, I was diagnosed with COVID. So we kind of like bunkered me into our master bedroom and had bathrooms, like feeding me through the door, and, you know, we're clearing the hallway and, and then, you know, he starts getting sick, and you know, things like that. So it was definitely a challenge for him to try to keep everybody going. And then he ended up getting COVID. And so it's like, well, I might as well just come out because we're all exposed at this anyway. But, you know, there is good in it, too. I remember several times my husband and I talking about, you know, with having three kids, we're always constantly running. And when everything just slammed on the brakes, we really just got to be together and spend time together. And you know, it got to be a lot after a while, (chuckles) but there were times that it was really, really nice, you know, just to kind of refocus on on being a family and, and doing small things together, cooking and you know, our first our Thanksgiving in in COVID, you know, we made our own meal, and we were so grown up and because we used to, you know, go with big family events and things. So, you know, it's important to kind of think of those things too. When I when the stress and the trauma involved in it. I also have to remember that we had that time together that we probably wouldn't have had before if this hadn't come up.

TCG 29:33

That was a lot. Well, I can say that you're certainly not alone. No, that's fine. Well, I just I think of all the things, but I want to ask retro actively like anyway, you're certainly now did a number on I feel like almost anyone who had a caretaking role in life so nursing, doctors, teachers, daycare people, anyone who had take care for us for someone else that was, you're very impacted, right? Because you're already in a position where you're caring for someone, and you want them to be okay. And then you have to deal with trying to figure out what is the best course of action. Um, it is good that you have a supportive husband. And the kids home bonding, I asked my last interview, what were some of the things that you guys did? Because the kids had to go home, right? So oh geez had like, a year and a half. Was it two years ago, almost now? Where they're just like, Yep, and that's all back to school, and you're like, ah I work full time like, I don't (laughing) We

SK 30:41

Yeah.

TCG 30:43

They're like, well, we're just gonna go ahead.

SK 30:46

Yeah. So, you know, in the beginning, we thought it was just going to be a little extra time, and I kind of, as a health care person, knew that that was not going to be the end of it, but was so hopeful. So, um, you know, one of one of the things we did is we built desks for all three kids, and we kind of remade one of the rooms in our house to be like, their little school area. And they each had their own spot with, you

know, their technology and their books and everything. And, you know, we did that together. And we just kind of said, you know, if this is how it's going to be, we're going to make sure that you guys are able to learn. I was lucky that my daughter was old enough to kind of be at home with the kids. Because yeah, like you said, we both have jobs. What was I suppose [to do]? I wasn't comfortable sending my kids to childcare because of potential exposure; they could then bring to me that I would bring here. So I was lucky in that aspect. But it put a lot of weight on her too. And we were really careful to make sure that she was still allowed to be a kid that she wasn't then forced to be the caretaker of these two younger brothers who definitely were a handful for her some day's. So you know, it, it showed us how responsible and smart and compassionate she was, but also showed, you know, how adaptable the other kids were to I think a lot of people were so worried about, you know, How are children going to respond through this, and every child has a different experience. But I'm thankful that ours ended up the way it did because they kind of came through unscathed. (laughing) We laugh about some of the things we had to invest in some cameras to kind of keep an eye on what was going on in our house when we weren't there because siblings and such, but yeah, it was a challenge. But- But I, you know, I'm really grateful for my oldest because she really stepped up and, and I'm proud of her. And I think it's something she's going to remember forever, too, you know, that role that she had with our family and getting us through it, too.

TCG 32:56

It's my personal opinion that parents dictate the reaction of their kids. And so that shut to me, that tells me that you guys were very positive. And outlook like, you were like, Okay, this probably sucks, but we're gonna get through it. And we're gonna get through it together. And we're gonna try and have fun while we do it. So and it worked out.

SK 33:18

Yeah, absolutely. I agree. I think, you know, being negative and complaining and, and, you know, being disrespectful of rules, and in school and other places, it's not going to change it, you know, we need to understand that everybody's trying to do the best that they can to make sure everybody's okay. And so, you know, I think we as citizens need to teach our children to be good citizens of our community and, and to just be respectful because there's, there's things that we can do that are really easy to that go a long way. And I think that promoting that with our kids, you know, I think they had a lot less concerns than we thought they would have. You know, I my little one he still he'll like ride around in the car with his mask on he just forgets it there. And I'm like, buddy, you can take that off now. You're You're good. But you know, they're they're adaptable. And, and, yeah, I think being positive is really the key to making sure that this whole time in their life just doesn't be reflected as terrible.

TCG 34:19

Yeah. Yeah, I forget I'm wearing my mask sometimes too. I'm the idiot you see with it on when they're driving, and I'm like, you know, four blocks away from I'm like, Oh, I forgot. And just like because I have to wear it all day and you have to wear your mask all day. So Yep, yep. Okay, so I'm going to get

a little bit, so you got COVID I didn't I didn't know that actually. I don't think I know that. So yes. COVID Andy got COVID Sorry, husband got COVID uh I can redact that if you want. No, I think he's fine with it. Did the kids they got out unscathed?

SK 34:59

Um, One of the three tested positive, the other two didn't, which was surprising to me, but kind of thinking back, I'm assuming that they had it before we did because they had some other illnesses kind of going through with their extracurricular activities, that retrospectively thinking it was like, Oh, you probably already had it. That's why you didn't get it this time around. But, you know, on the other hand, to my, my daughter, the oldest, you know, she, as soon as vaccines came available, she was all for it. She was sick of quarantining, and she said, she's like, I'll do what I got to do, it did not have to stay home anymore. And, and, you know, Now, fortunately, my younger two, there, step one, and step two is tomorrow. So we're excited about that. And I think that they're also, you know, again, proud to be, you know, again, protecting themselves, protecting our home and our communities. So, you know, again, it's how you react and what- what tools you have access to and when you can, and now that it's available, I'm proud of them for doing that making that choice.

TCG 36:10

Yes, my kids were on board too.

SK 36:14

Yep.

TCG 36:16

So actually, that was kind of where I was gonna go with, like, if you've had the vaccine or any of that, but we will ask, um, we talked about mental health, and your kids are doing great. We just keep covering all of this stuff, which is great. Okay, so we'll talk about your community. Quick. And by that, I mean, like your friends and family. In this respect, now, when will go back to your work community in a minute. So obviously, COVID-19 affected everyone kind of a little different, right? We all have our own ideals, and morals, and positive or negative behaviors or reactions to things. And so have you seen the people around you change their opinions or like day-to-day activities or relationships in response to the pandemic?

SK 37:21

Yeah, definitely, um, you know, I have, a lot of friends are in healthcare. So I think a lot of us kind of share that same opinion, same ideals, morals, whatever code of conduct. But, you know, there are people in my life who, who question more, and, you know, it's, it's finding that balance of how much you let in and how much you let affect you, you know, I definitely have, personally, really kind of found boundaries for certain people in my life. And I think, being able to understand that just because you have a different opinion doesn't mean that I like you less or, or things like that. But at the same time, it's

understanding that you know, for me to cope with this situation, this is what I have to do. If you don't agree with that, that's okay. When it's time, then we can come back together and, you know, find our new common ground, I guess. But, you know, again, with, with where I work, I was very, very nervous about having social interactions, especially during lockdown and things like that, when some people didn't take it as seriously, I took it probably more serious than other people. But that's what I needed. That's how I had to get through it. And so just kind of explained to people that I'm not asking you to agree with me, you know, it's okay. But you have to understand that I'm going to be comfortable getting through this situation and being able to sleep at night, knowing that I'm protecting the other people that I care for. It's not just about me and my family; it's about this community at my work. So it has changed relationships for me. But overall, I think everybody has had kind of an understanding that they know where I stand. And so we kind of avoid certain hot topics. If if, you know, we don't agree, and I think that's kind of always how we need to conduct ourselves as individuals, politics, health, whatever it is. You know, I think it's just being kind to everybody at this point and understanding that we all have opinions. We're all on a journey, but I can respect your journey as long as you respect mine.

TCG 39:43

Yes, it's hard. Sometimes you want to try and have those conversations. And it's just not [condusive laughing at same time], right? Yeah. [talking at the same time my husband used to joke] Go ahead.

SK 39:57

My husband usage when COVID kind of first started, and, you know, he would see people, and they would start talking about it. He's like, Oh, God, I know, she's gonna say something. And, you know, I would try to not be reactive or try to like over-educate people who didn't want me to do that for them. But it was kind of our joke is like, everybody would hold their breath when somebody would bring up COVID. And I was around because I was really sensitive to it. And it impacted me differently than other people. So, yeah, it was it was kind of a running joke that that my husband would be like, don't say that around her, please.

TCG 40:36

Well, here you go, Shelby, now another thing we have in common is Joe is frequently holding his breath for me, like, Oh, God, what is she gonna say? [laughing, yeah] I mean, I try not to come in, in a very, like loving and educational way, right? Like, hey, I have a information that might help you understand this in a different way, usually, and I'm not very, like, argumentative or I try not to be, but sometimes. You just got to say what you got to say.

SK 41:02

Yeah.

TCG 41:05

Okay. Yep. How have you managed at work and at home personally, with coping with the death and grief and mourning with all of the stuff? I'm sure you've had residents pass away, both from COVID and during the pandemic, that added extra stress on you? I don't know if you in person had anyone personally that you knew. But if you did, I would love to hear about that if you want to share that story. Let me know.

SK 41:48

Yeah, I think, you know, not anybody directly in my family, or my close friend group, you know, passed from COVID. But a lot of people in me, at one point or another, getting it, um, my mom, at one point, ended up with it. And I was at the point with her where I was like, listen, you're going to, you're going to let me take care of you, or I'm going to take you to the emergency room kind of thing. And fortunately, she she ended up recovering and getting better. But, you know, knowing people who, who came through it without having a symptom at all, to people who are young and have long-lasting symptoms, who, you know, I'm in my 30s. And now I have to wear a CPAP at night, I can't breathe anymore, or, you know, I have problems with my blood pressure that I never used to have before this, and I'm a healthy person. You know, seeing those long-lasting impacts is definitely there for me. But in terms of my work, yeah, we- we definitely had people pass from COVID. And it was devastating. My favorite residents and I, we're not supposed to have favorites, but we, you know, we definitely see different things in different people and passed away when I was on quarantine. And I was just devastated because I couldn't be here, you know, part of long term care nursing is, is supporting through that process, that dying process and giving dignity and making it a beautiful experience, like coming into the world is going out of it should be just as dignified and separated. And, you know, appreciated for what it is in the circle of life. And so, you know, that is part of how I cope with things is, is being in that process and being available to family members to educate them on, you know, what's going on. And, you know, seeing that my resident is comfortable and that they're not suffering is important to me. So, not being there for those types of things was hard. Seeing people still, you know, to breathe and struggle, it was difficult, but you know, I think because of the setting we're in, we are adapt to managing those things and still get through it with as much dignity and respect and comfort as we were able to do. But yeah, he's still I still have a list of my names on my board in my office. And I, I think of them all, often. And I think of how they each changed the way I do my job, and I care for other people in health and in the process and you know, knowing that, that sometimes it'll affect everybody differently. You know, I we had residents that survived, we had residents that were asymptomatic, and they're wonders to me. I don't know, I don't know how it works or why certain people are affected different ways. But yeah, it was definitely hard to- to lose the people that We lost and in the way that we [did] because typically will have a bedside service where we all get together and, and reminisce about the resident with their family member and you know, help them understand that we love them very much too. So, not having those opportunities to have those- those get-togethers and those kind of rallying around the family was hard. But again, I feel like families really understood where we were coming from; they were so supportive of us and constantly asking what they could do for us, which, you know, is so appreciated. And yeah,

TCG 45:35

Well, I hope that when I need it, I have a director of nursing like you. I was like, crying while you're talking about this? I'm totally, I'm just like, flabbergasted. Um, wow. All right. So actually, that kind of leads to a question. So the other person I interviewed was a nurse or a first-year nurse. She graduated during the pandemic and is working on a cardiac floor in a hospital here. And she was a CNA in the critical care unit while she was still early in the pandemic. And she talked about- first, I would like to know what like your primary sources of information are like news, ner, news, wise media, what kind of media you take in, and second, how that has changed over time. And then if you could talk about the change of like, support that you guys had at the beginning, and if that's changed over time, so like, I'm referring to you, obviously, I'm local news, would be, They're out in the freezing cold interviewing nurses like giving you guys lunches, sending pizza, sending cake doing all these things to like, try and take care of you. And I don't really see that much anymore, personally, but I don't work in nursing. So you let me know.

SK 47:10

Yeah, I agree. Um, I definitely, you know, seeing kind of watching the pandemic start to unfold, like I said, you know, on our coasts, as that kind of been closed into our country, in our Midwest region here, you know, seeing the coverage on a national news, local news, you know, looking at the CDC and, and the World Health Organization, and how how it was being addressed, and how the education was coming out, you know, I felt, okay, science tells me this, and this and this. So, you know, it was easier for me to understand when- when I had those good sources of news behind me, you know, now, I think the media has changed a lot when it comes to, like you said, not only the support, but also the information, it's hard to know, you know, what's accurate, but whose opinion is really being portrayed here? Is this fact? Or is this somebody his personal belief? So really, you know, that's kind of where I see the shift is, in the beginning, it was, Wow, this is scary, you know, good job to you guys. You know, thanks for all you do. And now it's a lot more critical and questioning and, you know, if I do try to, you know, make a comment about things as well, but what about this, or I heard that and it's like, well, but science says this, or, you know, and it's, it's reminding people to make sure that they understand their sources where they get information. And it's, it's different for everybody, and my knowledge level is different than than somebody who doesn't work in health care. And I understand, you know, immunity and vaccinations and how things spread and so kind of keeping that in mind, but I do think that that's public perspective of health care providers and emergency services providers, you know, in the beginning, it was very, like, Thank you for everything and now it's kind of like, okay, this is your job, just deal with it. You know, I think a lot about it with the vaccine mandates and the the controversy around that. You know, personally, I feel like if you don't work in health care, you don't really need an opinion on on the matter of us vaccinating. You know, when it comes to OSHA and their mandates of all businesses, then you can have your opinion. But also, you know, I think health care professionals may still need to be considered, you know, this trustworthy industry. You know, nursing is always one of the most trusted professions that that, you know, whenever surveyed, this is what the American public trust is, is nursing. And so I think remembering that when you come to get care from us, and we're

educating and and telling you about rules, it's not because I personally want to hurt your feelings or challenge your beliefs, it's because this is what I have to do. This is the rules that I need to follow. So I think kind of remembering back to the beginning, you know, seeing seeing the the faces of the pandemic, and the pressure injuries that people were getting from wearing their N95 masks, I think we're still those same people. So please just continue to treat us as such as people who should be respected for what we're continuing to do, because it's, it's lightened up for a lot of other people, but it's not lightening up for us at all.

TCG 50:52

Well, I appreciate you and all the work you do, just so you know. Okay, so we're gonna try and move on in the future because I'm taking up a lot of your time, but I literally probably could talk to you for two more hours. But I'm not going to do that to you, because you have to work and study. So how has your experience with COVID transformed how you think about your role and the roles of others, as caregivers and care work in general, and in what ways?

SK 51:27

It's changed my feeling of my role, kind of, like I talked about before, it's, you know, helping to kind of continue to understand boundaries, and caring for myself, in addition to caring for everybody else, I think that that's something that health care providers and emergency service providers, you get a lot, and it's, it's seems selfish to us to say, you know, like, here's my boundary, here's what I need. But I think a lot of people are kind of starting to stand up for themselves more in terms of identifying, you know, this is my limit, going, I can't make another I need to rest, or I need this to be well, I need my time off, or, you know, those kinds of things. So I think that that's something that I see changing in healthcare is having those better boundaries for ourselves. But it's, it's still, you know, it's still a work of heart. And it's still kind of one of those things that you've never be probably compensated enough for the work you do. But it's not about that, for us. It's about the feeling that I get from being able to care for somebody or, you know, the the way I smile when I see all my residents and get to stop and talk to them. And, you know, I think that that's the biggest thing that we need to remember as healthcare professionals is, you know, is what I'm getting out of it, worth putting into it. And hopefully, the community and the world continues to allow us to love our profession. Because it like I said, it's not because of compensation is because this is what I was born to do. I was born to care for people. And I don't know who I would be if I felt like I couldn't do this anymore. So just, you know, hoping to continue to get support, you know, from anybody and everybody to understand that, you know, when you're working in a role like this, it takes a lot, and it takes grace and support from- from the community.

TCG 53:35

I have been talking to my kids and about grace a lot this last year, not only grace for themselves, but grace for others, and trying to understand that everyone's kind of going through it at different stages and in different ways. And just being kind be good humans really will go a long way.

SK 53:54

Yes.

TCG 53:56

All right. So last question. Are you ready? Knowing what [talking at the same time Yes]. You know now. What do you think that individuals, communities, or governments need to keep in mind for the future?

SK 54:15

I think never underestimating possibilities of what could happen in terms of public health. You know, I think a lot about our past procedures for outbreaks. And when this you know, I was always very confident in what we were doing, you know, overall, we had a lot of success with our previous procedures. But then, you know, it doesn't take much to just say, wow, like I grossly underestimated what the potential could be. And, you know, again, it's always finding that sense of not letting fear guide our decisions. But I think also understanding that the world is so much different, you know, looking at you know, The Spanish flu pandemic and how that was, you know, it was- it was very deadly, but the transport was the same, and continuing to realize what's different now? And how do I account for that in my planning and in my policymaking and things like that for the future? So it's kind of always being that forward-thinking. And never, never kind of resting, always kind of looking for what more can I be doing and what more protection can I can bring to, to our industry and to our residents. So, you know, it's, it was an eye-opener, and I hope we never, you know, go through this again, but I think, knowing what we know now, [laughing] yeah. Knowing how to sew my own gowns and things like that for the future. I think it's showed us how resourceful be when we need to, but also made us understand like, Wow, I can't underestimate what what the power of infectious disease can be these days because of the it's just much, much different than we've ever had before, so.

TCG 56:17

Like I said, I could probably ask you a million more questions and talk to you for a long time, but we both don't have time for that. So I just want to say thank you for allowing me to talk to you in about this and put it into our archive, and it should be uploaded by the end of the semester. I think so.

SK 56:33

[I stopped recording, but Shelby reiterated how important she felt this interview was for people to see from the Nursing home perspective and was so happy to participate]