

# The Year of *I Don't Know*

**T**he year 2020 will go down in various online archives as unbelievable, unreal, seemingly unending, and brimming with unknowns. Let's face it. How many times this year have you said, "I don't know" to yourself or to others? Let me offer a litany of situations.

When I am taking care of patients—what kind, how much, or how many times can I use one set of personal protective equipment? *I don't know.*

When is a patient's spiking temperature only because of his cancer treatment and not an early sign that he has contracted the coronavirus? *I don't know.*

I believe my neighbor exposed me to the virus, so I may be positive for COVID-19. Where do I go for testing? Then, who have I been around? And then, where would I go to quarantine? *I don't know.*

How can I ease the fear in my patient's eyes—the only part of her masked face that I can see—when I, also masked, start her induction chemotherapy? *I don't know.*

Can I be enough comfort to my patient whose spouse cannot be by her side during her weekly chemotherapy treatment because of COVID-19 visitor restrictions? *I don't know.*

When will I be able to exchange smiles and hugs with my patients again without multiple barriers, such as face masks, shields, gloves, and gowns? *I don't know.*

There have been plenty of *I don't know*s this year, and they will continue into next year, prompted by ambiguous policies, well-meaning but confusing decisions, and many revised or updated directives (Koffman et al., 2020). Yet, clinical oncology nurses consistently demonstrate that an environment saturated with *I don't know* does not mean that there cannot also be extraordinary patient care.

Clinical oncology nurses rely on solid competencies as their bedrock for safe, evidence-based, compassionate care. Each day, a myriad of questions can still be confidently answered, based on clinical experience and the clinical expertise of colleagues. Think about where you were in early 2020 and where you are now. You've gotten through days this year that lacked direction, surety, and rhythm. To provide lifesaving care and quell your patients'

they are a source of sanity when sanity is in short supply.

So, here's to 2020. Bid it adieu. C'est la vie. It certainly was a year to remember. And now, on to 2021. You've got this. This, I know.



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*"An environment saturated with I don't know does not mean that there cannot also be extraordinary patient care."*

anxieties, you are still a model for how to use personal protective equipment, minimize direct-care contact, and wash hands frequently. You have had many moments of managing to stay on schedule with abundant anxiety in the room from both patients and coworkers. As usual, you have deftly dealt with a steady flow of patients, some with unanticipated reactions to treatment. You have learned how to really listen to your patients through sometimes iffy telecommunications, picking up on their new but vague symptoms. And you can still cut through your own wearying fatigue and make crucial patient care decisions that belie to outsiders just how tired you are.

Let's acknowledge that, in most cases, you do know and can figure it out even when there is doubt. Clinical nurses are built to be resilient (Rishel, 2015). They are perceptive critical thinkers (Nibbelink & Brewer, 2018) and savvy communicators (Ferrell et al., 2020). At the end of the day,

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## KEYWORDS

COVID-19; resilience; oncology nurses; patient care

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