

THE EMERGENCY NURSES ASSOCIATION FAMILY TODAY



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The interesting thing about the “way it was” is how nothing ever goes back to the “way it was” when the world goes through something as dramatic as we’ve seen since the pandemic hit us in early 2020. Most of us remember what air travel was like before September 11, yet we’ve learned to coexist with what it takes to get on a plane in the past 21 years.

The more experienced Emergency Nurses Association (ENA) members probably remember nursing before the AIDS epidemic. The “way it was” then involved no gloves, no goggles, and very little thought to how we might be endangered while caring for our patients. Gloves were only for the physicians and not the nurses!

The “way it was” for me when I started in nursing: If a patient didn’t like the “emergency room” at our hospital, they were encouraged to go find another one. The emergency room chart was one piece of paper and one clipboard. If a physician got angry, they might throw that clipboard across the room like a frisbee—sometimes at a nurse! And, finally, with only 1 or 2 cardiac monitors, we “eyeballed” intravenous drips for Isuprel, Aramine, and Bretylium!

It’s only natural for us to think back about the “way it was” personally and professionally, but know all we really can do is live and work for today. As emergency nurses, we certainly know that every day is a gift, with a focus on

building a better future for ourselves, our coworkers, our patients, and the people and things that matter most to us.

I wouldn’t be here, becoming ENA’s president, without understanding how to adapt and evolve to the changes in life and at work. Believing only in the “way it was” would have left me behind if I didn’t focus on what is happening today. My entire nursing life, I have been blessed to work with a tremendously talented group of emergency nurses and physicians at St. Elizabeth in northern Kentucky who I lean on to learn from as much, I hope, as they look to me for experience and guidance.

Our new emergency nurses are not a threat; they are an asset in every emergency department. Those of us with more than a few years of experience in our scrubs should embrace the youth and fresh perspectives that arrive with each new face who joins our team.

Show them the ropes; tell them what you know. Explain to them how to spot an ectopic pregnancy, a “triple A,” or a renal calculi “from across the lobby.” (You just visualized the clinical picture of all three, didn’t you?) In many cases, they’re not learning those clinical assessment skills in nursing school. Hold their hand through the process. Throwing them to the wolves—that “way it was” is not a recipe for success in these modern times. Sharing your wealth of experience, intuition, and expertise takes so little, but can mean so much as the years go by. One day, the hand of a new nurse you hold today might be the very hand holding yours when you or your loved one desperately need it most.

Fortunately, ENA provides us so many opportunities to help bridge the gap between the generations because we truly have so much in common. ENA was so important in my career, helping me grow and develop as a clinician, but also giving me a network—no, really, a family—that I could always turn to. We’ve been through tremendous highs and lows, marriages, births, and deaths—both in our ENA family and our own. I don’t think I could have made it through my own loss and struggles without the love and support of my ENA family so many years ago.

Let’s remember, though, ENA represents all emergency nurses, regardless of age, experience, or their backgrounds. ENA must be a leader for everyone, novice to expert, first day on the job to chief nursing officer, young and old. I want to ensure that all of us—no matter where we are in

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our careers—do all we can to leave the specialty and ENA better than where we found it. At ENA general assemblies and conferences, we have a habit of really welcoming new delegates or new attendees. Let's start doing the very same thing at work.

You can also support your emergency nurse friends and peers—and ENA—by volunteering for a committee, offering a quick tip in the CONNECT Community, and building a community of your own within your nursing network and through mentoring opportunities, such as the program ENA has available.

Engaging our new members is part of this. Show them that the ENA way is about supporting them today and into the future. Show them they belong to this family and are wanted in the emergency department. Show them what will be, so no one ever mistakes the “way it was” for the best things ever were.

Author Disclosures

Conflicts of interest: none to report.