



COVID-19: Nursing Challenges into the Future

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Abstract: The COVID-19 pandemic continues to place countries and health care systems under stress, with rising morbidity and mortality around the world. Nurses have been and will continue to be under stress to care for patients and contain the infection. Against a backdrop of serious challenges, including shortages of equipment and other resources, threats to their health, overwhelming patient morbidity and mortality, nurses have risen to the challenge of caring during the pandemic. However, as second and third waves of the pandemic sweep around the world the challenges of caring are rising. The pace of change in health care is unprecedented so clinical and community nurses and nurse educators have had to adapt and change the way they work, against a backdrop of nursing shortages. Now more than ever it is vital that nurses and nurse leaders lend their voices, experience and knowledge to policy making and advocate for greater investment in nursing and health care to protect the public and themselves.

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What times we are experiencing! The COVID-19 pandemic began with early reports of a pneumonia of unknown origin in Wuhan, China at the end of 2019 and then spread rapidly around the world. By early January 2021, globally there were 85.5 million confirmed cases of the virus and 1.85 million deaths.¹ The virus causes severe health complications in about 15% of people affected, and the risk of death in 3-5% of cases.² Intensive care units around the world have had periods of been overwhelmed with patients, especially older people, and there have been acute shortages of ventilators. There have been many reports of hospital beds flowing into corridors, and additional emergency hospital beds have been allocated in purpose built in hospitals such as the Nightingale hospitals in England

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and a large superstructure built in record time in Wuhan.

However, many health experts contend that the infection rate and death rate globally has been underestimated due to the lack of accurate reporting or patients not being tested before death. People have been found having died alone in their homes, without family comfort, and deaths have occurred among the homeless. Bodies in many countries have thus been buried or cremated without an accurate diagnosis of causation. Evidence is emerging of complex and

long-term health complications for many of those who became infected, and this creates ongoing health system needs for rehabilitation services and community care well into the future.

As the second and third waves of the pandemic hit around the globe, COVID-19 continues to put untold pressure on health systems, and the economic, political and social fabric of countries. For example, at the time of writing in early January 2021, the UK has entered a total lockdown since experiencing over 58,000 new infections daily. In part, this is due to the presence of a new strain of the virus spreading up to 70 times faster across the UK, as well as the reluctance of the government to enforce another lockdown.

Whilst humanity is hopeful that the manufacture, distribution and administration of vaccines will save more lives and minimize suffering, the reality is that it will take a long time for the world's population to receive these, especially in poorer countries. Even in wealthy countries the roll out of vaccination is not efficient or speedy, and we cannot expect a magic cure globally for some time to come. Doubt has been expressed that COVID-19 will be truly eradicated in the future. Every facet of our lives will continue to be adversely affected in some way perhaps for a few years, as national debt rises negatively undermining systems, including those of education, employment, housing, food production and distribution, manufacturing, farming, and access to good health care, as well as social mobility within and between countries.

Nursing Challenges

Against this backdrop there are enormous challenges for the nursing workforce, unprecedented in modern times. In all countries affected by this virus, the profession of nursing has been under immense stress to deliver care to patients, to protect communities, their families and themselves. The pace of change in health care is unprecedented and nurses' critical roles in public health measures has never been greater. But

before the virus hit, many health systems were already short-staffed. In many situations most health care professionals and emergency workers were caught out, experiencing the under-preparedness of health systems and governments at all levels to deal with the magnitude of this infectious disease, including the critical shortages of staff to deliver needed care.

Nurses are frontline workers coping with the surge in infections and health systems buckling under the strain, and they "entered into the task of caring during the pandemic at a time when there were an estimated 6 million nurses short around the world."³ Last year, 2020, was the International Year of the Nurse and Midwife. This was intended to celebrate nursing, and to raise the visibility of nursing. But it is now clear that pandemic has raised the visibility of nurses more so, and highlighted that nurses are indispensable to health care.⁴

The nursing literature and social media are awash with stories of nurses exhausted, frightened, sometimes discriminated against, feeling burnt out, overworked, demoralised by ineffectual leadership of governments and health systems, or frustrated with the indifference of the public to adhere to public health regulations. Many nurses too are faced with morally unacceptable choices on the frontline, and suffer from ethical quandaries about the care they want to give versus the care they can provide.⁵ They struggle to find a balance between their own well-being and providing professional care at an expected level of quality as well as meeting the human right of their patients to good health care.

Sadly, many nurses have become victims of the disease, dying or becoming infected, too often because they were not appropriately protected on the job with much needed equipment. How many nurses have died or become infected is not known due to the lack of accurate reporting around the world and the International Council of Nurses (ICN) has repeatedly called on country leaders to collect these statistics. ICN's believes that about 10% of COVID-19 cases globally are among healthcare workers.³ In Brazil, the Federal Nursing Council stated that the number of

infected nursing professionals is high, with more than 20,000 having taken sick leave to June 2020, although the number of cases is considered underreported.⁵

Maintaining infection control protocols against a backdrop of shortages of staff, personal protective equipment (PPE), enough hospital beds and other medical equipment has been an endless battle for many. Nursing infected patients or those potentially infected is a difficult task when having to work in cumbersome and hot personal protective equipment for long hours. Many nurses spend long hours in testing stations taking much needed personnel away from the bedside, and too often nurses, knowing the risks of transmission of the virus, have separated themselves from family for fear they will infect them. Many have not been able to parent their children for some months. "Nurses need strong moral courage, stamina and resilience to work on the front lines of the pandemic, often while separated from their loved ones." ^{6,p.164}

During this pandemic nursing education has also met with unprecedented challenges with students not being able to study at many universities, colleges or nursing schools around the world. Students have been shut out of campuses and sent into lockdown in their homes, and have had to learn to be educated online, although this is not always feasible in technologically challenged situations. Students' clinical practice has been severely hampered in many cases, due to their being excluded from busy clinical sites, or the lack of clinical staff being available to supervise their practice. Students' exclusion from real life clinical experience is serious since it threatens the future feasibility of qualified nursing numbers.

Rising to the Challenges

The ability of nurses to care for infectious patients has been demonstrated since the days of Florence Nightingale, for they have the technical and human competences to provide safe, quality care. Among

healthcare providers, nurses are at the heart of recognizing the clinical manifestations of COVID-19, anticipating the needs of patients and their families, providing evidence-based care, and managing health. There is no doubt that nurses have risen to the challenge of caring for those seriously ill or dying from COVID-19 whilst trying to maintain care for their usual patient populations, for nurses are the frontline experts tending to the suffering of the patient: psychologically, emotionally, spiritually, socially, and physically. They also have risen to the challenges of community education, testing and triage, and contact tracing during the pandemic and this has made enormous differences in those countries that have reduced or contained the infection rate.

Tribute needs to be paid to nurse educators around the world who have had to labour under time pressures to organise distance and online learning for their students, to try to enrich student learning in the face of the pandemic. There is no doubt that nurse educators everywhere have had to have become innovative, helping students to deal with study stress, while learning how to learn and teach in different modes. Many nursing students have risen to the challenge of helping in hospitals, clinics and communities during the pandemic in ways they would not have envisaged at the beginning of their studies. Without this help, health care systems would have buckled.

Tribute is also to be paid to the many retired nurses around the world who came back into the workforce to lend their many years of experience of caring in practice once again. This is often at a risk to their own health as they age.

The literature now alludes to nursing resilience, and evidence about nurses' innovations in practice in the face of difficulties in caring. This is not unexpected for nurses have, for too long, had to 'make do' and deal with scarce resources in many settings. This is not a situation that most desire and nursing deserves appropriate resources to undertake their vital work.

Many nurses are at the forefront of expertise gained during this pandemic and their sharing of this knowledge and experience is so vital to the profession in the months and years ahead. For it almost seems certain that the road to eliminating or sufficiently suppressing COVID-19 is going to be a long haul.

Putting Experiences into Policy

So what are the critical issues influencing nursing experiences of COVID-19 that need urgent policy attention around the world? Some of these issues are the continuing call for greater investment in nursing requiring governments' urgent and ongoing attention; the ongoing morbidity and mortality of nurses due to the disease; the importance of accurate community education and communication; nursing shortages; the ongoing call for skilled nurse leaders who can advocate strongly for nurses on the ground; and shortages of PPE and other equipment. We now realise the vulnerability of different groups regarding their potential for higher morbidity and mortality: older adults, those in palliative care situations, those with complex care needs, or those who are marginalised with poverty, disability, or racial or social inequality. In situations of health emergencies and disasters, it is vital that health systems should have undertaken prior informed strategic planning. However, as we now know, prior preparation for this pandemic fell well short of the mark in many countries and settings, even though scientists had been warning of this eventuality for years.

The challenge for nurses is to ensure that our voices are heard into the future and we need to take our place at policy making tables like never before. The experience, knowledge and skills nurses have gained during the pandemic has given them unique insights into the gaps in communication of knowledge, caring, community and health system preparation, management and preparation. They need to communicate those insights to governments, health systems and the public as well as to the profession itself. Like never

before, our daily media has focused on illness, death and dying, and the inadequate and sometimes chaotic role of politics and policy in health care to ensure preparations were in place for adequate and appropriate supply chains and resources. Many governments for instance, have come under fire for not having adequate stocks of equipment needed for a pandemic. Having frontline workers caring during a pandemic without masks or other equipment is unacceptable and unethical. So, having resilient and responsive health care systems, prepared to meet the challenges of a pandemic, requires nurses to step up to the mark and contribute to public policy making using their expertise and vital experiences.

In many locations, nurses' roles and scopes of practice have expanded during this pandemic, for example in critical care, public health, aged care, end-of-life care, in communities and emergency care and education. I hope that health and nurse leaders in hindsight now recognise that if nurses had been more involved in planning for and managing this pandemic, then the unacceptable loss of life and morbidity rates might have been lessened. Nurse leaders everywhere need to advocate for the profession, to ensure adequate nursing numbers, better education for health emergencies, and investment in the profession, as well as helping nurses deal with the ethical quandaries in practice. This includes resources for much needed research and education into the nursing aspects of a pandemic. We cannot afford to lose the momentum of gaining a greater voice in health especially when the public is so much on our side for the work we do. And especially when the challenges of this pandemic are far from over.

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โควิด-19: ความท้าทายในการพยาบาลสู่นาคต

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บทคัดย่อ: การแพร่ระบาดใหญ่ของโควิด-19 ยังคงทำให้ประเทศต่าง ๆ และระบบการดูแลสุขภาพตกอยู่ภายใต้ความกดดันจากการที่อัตราการเจ็บป่วยและการเสียชีวิตเพิ่มสูงขึ้นทั่วโลก พยาบาลยังคงอยู่ภายใต้ความเครียดในการดูแลผู้ป่วยและควบคุมการติดเชื้ออีกต่อไป ท่ามกลางความท้าทายที่ร้ายแรงรวมถึงการขาดแคลนอุปกรณ์และทรัพยากรอื่น ๆ ภัยคุกคามต่อสุขภาพ การเจ็บป่วยและการเสียชีวิตของผู้ป่วยที่มีจำนวนท่วมท้นนั้น พยาบาลต้องยกระดับการดูแลต่อความท้าทายในช่วงที่มีการระบาดใหญ่ของโรค อย่างไรก็ตาม ในขณะที่คลื่นลูกที่สองและลูกที่สามของการระบาดใหญ่กวาดไปทั่วโลก ความท้าทายในการดูแลยิ่งต้องเพิ่มมากขึ้น การเปลี่ยนแปลงขนาดใหญ่ในการดูแลสุขภาพเช่นนี้เป็นเรื่องที่ไม่เคยมีมาก่อน ดังนั้น พยาบาลที่ทำงานในโรงพยาบาลและในชุมชน รวมทั้ง อาจารย์หรือนักการศึกษาทางการพยาบาลจึงต้องปรับตัวและเปลี่ยนวิธีการทำงานท่ามกลางปัญหาการขาดแคลนพยาบาล ในปัจจุบันจึงจำเป็นอย่างยิ่งที่พยาบาลและผู้นำทางการพยาบาลต้องเป็นกระบอกเสียง ใช้ประสบการณ์และความรู้ในการกำหนดนโยบาย และสนับสนุนให้มีการลงทุนด้านการพยาบาลและการดูแลสุขภาพให้มากขึ้นเพื่อปกป้องสาธารณสุขและตนเอง

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