





COVID-19: reflections on its impact on nursing

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One of the characteristics of the COVID-19 pandemic is that much of what is published about it quickly becomes outdated. Such is the rate of change in the pandemic's course—whether due to the roll-out of the vaccine program globally or the evolution of new variants—that the context in which articles are written may be very different by the time of publication.

Given that, it's perhaps important to 'time-stamp' this editorial and outline the context at the time of writing. We're writing this in the late summer of 2021; the UK is experiencing a third wave of the pandemic, while simultaneously removing almost all COVID-19 restrictions (such as limits on public gatherings), having fully vaccinated three-quarters of the adult population and partially vaccinated almost 9 out of 10 adults. Although there are differences, the situation is similar within other countries in Europe and North America, with vaccines seemingly weakening the link between infection, serious illness and death, thereby allowing for loosening of social restrictions.

Though the situation at the time you are reading this will no doubt be different, there are some things of which we can be sure. First, COVID-19 has already '...killed millions, affected billions and cost trillions.'¹ impacting all parts of the globe over a prolonged period. Second, the impact on healthcare services has been immense, whether through the acute pressures on hospital capacity during each wave of the pandemic, the need to redesign service delivery in order to minimise face-to-face interaction, or the long-term consequences of reduced elective and preventative services.

There has also been a personal toll on nurses and other healthcare professionals. The WHO estimates that as of May 2021, approximately 115 000 healthcare workers have died from COVID-19.² The impact of the pandemic on the mental health and well-being on practitioners has been well-documented, with anxiety, depression and post-traumatic stress disorder being reported in nurses,³ along with increased risk of burnout and emotional exhaustion.⁴ Some healthcare workers, including nurses, have also been subject to bullying and stigma, partly due to the perception that they are more likely to contract and spread COVID-19.⁵

In the short-term then, the nursing profession's focus must be on supporting its members' well-being as we hopefully (given the roll-out of vaccinations globally) move into final stages of the pandemic. But what will the legacy of COVID-19 be for nurses and nursing in the years to come?

The delivery of healthcare has changed irreversibly during COVID-19, and nursing will need to adapt accordingly. The rapid shift to technology-mediated healthcare, such as virtual primary care consultations, will require nurses to ensure that they possess not only the technological skills required to manage these new approaches to providing care, but also the communication skills necessary to assess and support patients via

different media (eg, videoconferencing; telephone). Critically, nurses must also be aware of the potential risk that certain groups of the population, such as older people or those facing digital poverty, may be uncomfortable with—or excluded by—the move to technology-mediated care.⁶ As advocates for their patients, nurses must ensure that not only is the care they deliver person-centred, but that the modality through which care is provided is adapted according to the patients' characteristics, abilities and preferences.

Placidity with infection control measures and gaps in public health policies and processes quickly became apparent during the pandemic. This is one area where nursing really showed its worth. Throughout the pandemic, nurses have used their extensive knowledge and skills on infection control measures, such as the effective use of PPE, to enhance the safety of staff and patients. Moving forward, nurses need to further define their role in infection control and ensure that they are centrally involved in related policy development and decision-making.⁷

The public and media profile of nursing has never been higher. Across the globe, we have seen nurses and other practitioners applauded, praised and honoured for their work during the pandemic. There is no question that the contribution of nurses, along with other healthcare professionals and key workers, should be acknowledged by wider society. However, the raised and changed profile of the nursing profession within society is something of a double-edged sword.

One benefit may be that as nursing continues to face a workforce crisis, the public awareness of the profession will increase recruitment to nurse education courses. There are already indications that this could be occurring—in the UK, for example, 2021 saw a 32% year-on-year increase in applications to commence nursing courses (with a 39% increase in applications from the over-35s).⁸ There are two important caveats with these data. First, it is impossible to know exactly what drives this increase or whether it is a long-term or short-term trend. For example, it may be due in part to the economic downturn and job insecurity linked to societal lockdowns, so could represent a transient increase in interest in nursing as a profession. Second, any benefit from increased student nurse recruitment may be offset by nurses leaving the profession due to the psychological and physical impact of COVID-19. The International Council of Nurses has highlighted that one-in-five National Nurses Associations report increased numbers of nurses leaving the profession in 2020, with many more reporting higher rates of intention-to-leave.⁹

The enhanced profile of nurses has led to some concerns being raised regarding the nature of the profession's portrayal in the media and among the public. This particularly relates to the 'angels and heroes' narrative, where nurses are viewed as self-sacrificing, brave and quasi-superhuman. Though this narrative is well-meaning and representative of the public's gratitude towards nurses, it

also risks the high-level skills and knowledge demonstrated by nurses being overlooked, potentially serving to ‘...undermine the professionalism of the nursing workforce, and reinforce the perception that nursing is an innately feminine, nurturing role.’¹⁰ Over the coming years then, nursing needs to shape its profile in such a way that the complexity and skill involved in providing high quality care are at the forefront, while still acknowledging and celebrating the public trust and gratitude demonstrated during the pandemic.

There will come a time when we speak of COVID-19 in the past tense; when it will be subject to retrospective analysis and debate, rather than being something we continue to live through. However, the pandemic’s repercussions will be felt for years to come in society, in healthcare and in nursing. As a profession, there has never been a more important time to demonstrate resilience, to adapt to the changed context of care and to highlight nurses’ skills, knowledge and expertise. EBN journal will be focusing on this during October 2021 when the weekly blogs will explore the impact of COVID-19 on nurses, nursing and health.

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