

The Effects of COVID-19 on Nursing Practice

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Introduction

In early 2020, the COVID 19 pandemic began in the United States (U.S.), causing widespread social disruption. This disruption has had the greatest impact on the healthcare workforce. Shortages of medical personnel, supplies, equipment, and physical space have hampered the response to the massive number of Americans diagnosed with COVID-19 since the disease's emergence. States have responded with emergency declarations and changes to healthcare personnel regulation in order to meet healthcare workforce needs. This paper provides an overview of the regulatory response to the pandemic in terms of registered nurse licensure and the education provided by associate and baccalaureate degree nursing programmes [1].

Description

Nursing regulation to protect the American public occurred at the same time as changes in American society such as industrialization and urbanisation (Alexander, 2017). Nursing regulation has evolved over time to address both nurse education and licensure. Stievano et al. (2019) conducted a systematic review of factors influencing nursing regulation around the world from papers published between 2000 and 2016. Their research uncovered themes influencing nursing regulation, including those related to societal challenges [2].

While challenges and changes in nursing practise have influenced nursing regulation in the past, no external factor has had such a significant impact on nursing regulation as the unprecedented pandemic that has affected health globally for more than a year. In terms of practise, the current pandemic has created a demand for healthcare providers from various disciplines to meet the exponential increase in patients in need of care. The National Academies of Sciences, Engineering, and Medicine (2020) Rapid Expert Consultation on Staffing Considerations for Crisis Standards of Care for the COVID-19 Pandemic report states that "the availability of trained staff, more than any other element, will likely continue to be the biggest challenge of COVID-19 hospital care." This report identifies the need for more providers of all types, with a focus on nurses and respiratory therapists [3]. The panel suggests a variety of staffing strategies, including "stepping up staff" and position-specific training. Early in the pandemic, recommendations included instituting changes in nursing regulation, such as reactivating expired licences and allowing for cross-state practise.

The pandemic has also had an impact on healthcare professional education, particularly for new nurses. As the pandemic spread across the United States, colleges and universities closed their doors, forcing nurse

educators in baccalaureate and associate degree programmes to cancel on-campus classes and laboratory experiences [4]. Furthermore, nurse educators discovered that they were unable to provide clinical experiences because agencies closed their doors to students in order to deal with the increased patient numbers with a limited supply of PPE. Nursing education organisations issued recommendations in response to changes in the healthcare environment. Accreditation bodies for nursing programmes, such as the Accreditation Commission for Education in Nursing (ACEN, 2020) and the Commission on Collegiate Nursing Education (CCNE, 2020), have both issued guidance to support their accredited nursing programmes, allowing for flexibility in offering didactic coursework and clinical experiences. In addition, the Society for Simulation in Healthcare and the International Nursing Association for Clinical Simulation and Learning (2020) released a joint position statement encouraging the use of virtual simulations to replace required clinical hours. To ensure regulatory compliance, all of these bodies providing guidance advised nursing education programmes to consult with local state boards of nursing regulations before making decisions [5].

Conclusion

As the pandemic spread across states in varying degrees of severity, states responded to the public's needs in a variety of ways based on their unique circumstances. This paper summarises the response in nursing regulation from the standpoints of practise and education, with implications for baccalaureate and associate degree nurse educators provided.

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