

The changing roles of a nurse in an epidemic:

<https://healthcare-communications.imedpub.com/communicating-the-changing-role-of-a-nurse-in-an-epidemic-the-example-of-the-merscov-outbreak-in-saudi-arabia.php?aid=19286> (Links to an external site.)

Please read the above article about the changing roles of a nurse during an epidemic.

Please answer the following:

1. What are four roles that a nurse could have during an epidemic?
2. How could the four roles be implemented in your community?
3. What are measures we could use to evaluate the effectiveness of the nursing roles during an epidemic?
4. View your local emergency action plan, what ideas do you see for improvement? Please list three examples.
5. How has the epidemic of COVID-19 changed your perspective of the nursing role? Give three examples.

The Changing Role of a Nurse Action Plan:

Please address the areas listed to develop your own preparation for an epidemic:

1. How can you help to share information about epidemics and disease control in regular training? Please list three examples with detail.
2. How can you teach and reinforce information during the time of outbreaks? What methods of delivery will you choose and why?
3. How can you share direction on screening and provide assistance on where to access the latest information and policies should be well-known. Please develop two examples of information you will use: One handout and one post.
4. What ideas do you have on staffing and support during times of increased workload?
5. What needs do you foresee to apply reassurance? Please expand of three concepts.
6. What resources will be needed to protect patients, nurses and their families?

**Develop your own Personal Plan of Action, it will include #7-10 listed below:

7. How will you plan to share accurate messages about your facilities response during an epidemic, adhering to an emergency planning processes and protocols?
8. How will you continue to develop and cope with emotional resilience and emotional labor required to be a nurse?
9. How will you be a role models for the community and within your families?
10. How will you continue ongoing education and skill development?

In this study, the general roles of critical care nurses were reviewed in order to compare how they changed during the epidemic. We grouped the roles into 18 categories that are applicable to most acute care nurses **Table 2**.

Nursing roles	Some of the changes and challenges due to the MERS-CoV epidemic
Administering medications	Most patients with symptomatic MERS-CoV experience breathing difficulties. Patients require nebulized medications and sometimes intubation- both of which increase the risk for the virus to become airborne for some time in the environment. To avoid further transmission, patients should be in negative pressure environments during nebulization and intubation.
Assisting with elimination	About one third of all MERS-CoV patients have nausea and diarrhea. Nursing staff responded to patients needs in a timely fashion. Infectious waste and laundry must be handled in a way to avoid further infections.
Assisting with mobility	Unconscious or severely weakened patients require frequent range of motion assistance. Mobile patients increase the potential for spread of the virus and require teaching, assistance with PPE and monitoring.
Assessing patients' health	Nurses in the emergency room increased screening for symptoms related to MERS-CoV. Patients with MERS-CoV diagnoses required continual monitoring as they could easily develop ARDS and kidney failure.
Caring for wounds	Dehydration, diarrhea, the need for isolation and immobility due to general weakness all contribute to the patients' increased risk of developing wounds. Nurses increased their vigilance for wound prevention and care during the epidemic.
Communication	In the Saudi environment, there are policies that are in place due to cultural considerations. As per hospital rules, it was not permitted to tell the students or family members if someone was diagnosed with MERS-CoV. In some cases, the patients were not told. This increased the risk of nosocomial spread.
Managing care	New units were eventually opened to specifically care for MERS-CoV patients. Prior to this, special assignments were made. Early on, cohorting of patients with probable MERS-CoV and those confirmed occurred. There could have been resulting new cases of MERS-CoV.

Nursing roles

Some of the changes and challenges due to the MERS-CoV epidemic

Delegating work	To reduce movement in and out of rooms, and the number of people exposed to patients with MERS-CoV, nurses were required to fill in on some duties that were usually covered by housekeeping and technologists.
Documenting	Nurses paid special attention to the movements of tablets, papers and writing utensils that were in rooms of MERS-CoV patients as they could act as vectors for the virus. Logs of visitors were kept and nurses monitored the process.
Emotional Counselling	Some nurses were themselves stressed and concerned, making it difficult for them to console concerned patients, family members and community members.
Patient hygiene	In the Saudi environment, family members or a personal maid may be (under usual circumstances) involved in hygiene activities. During the epidemic, this was discouraged, further increasing the nurses' role and duties.
Making evidence based decisions	Nurses were encouraged to check the WHO.int website, as well as the Ministry of Health often to keep up on current guidance, in relation to the epidemic. As the virus was only recently identified, little was known about how it spread or where it originated. While there was initially no official guidance on the type of respirator mask or fit testing, some nurses advocated for them, basing their demands on evidence from the published literature.
Mentoring and Preceptorship	First to forth year students were removed from the units and given extra nursing lab and Clinical Simulation time. Preceptorship students were left on the units with further training and support. Nurses who had been involved in previous epidemics elsewhere took on informal leadership roles.
Collecting specimens and interpreting results	Patients were screened for the virus with nasal pharyngeal swabs as well as broncho-alveolar lavage and tracheal aspirates. Clearly nurses were required to don appropriate PPE and follow handling of specimen policies carefully. Lab staffs were also encouraged to increase precautions.
Nutrition and hydration	Many MERS-CoV patients were dehydrated due to fever, shortness of breath and diarrhea. Hydration of patients was a priority.

Nursing roles	Some of the changes and challenges due to the MERS-CoV epidemic
Disease prevention and health promotion	Patients who had MERS-CoV diagnoses and were ambulatory were reminded to wash their hands and bodies frequently, wear a mask in the presence of visitors and stay in their rooms. Designated equipment was used, where possible. Nurses and other staff were reminded to use PPE.
Setting priorities	While the patients' healing process remained the goal of the nurses and student nurses, there was also an urgency to reduce the exposure to the virus and protect patients and themselves from infection and mental stress. Consistent procedures for screening, monitoring of visitor and staff exposures, and availability of PPE needed to be prioritized.
Teaching patients and families	Families of patients who did not have MERS-CoV were concerned about the safety of their families and required information and support. Nurses dealt with anxious family members needing information and comfort.

A summary table of the lessons learned during the epidemic is included (Table 3).

Information about epidemics and disease control should be done as a part of the hospital's regular training, and reinforced during the time of outbreaks. Direction on screening, the robustness of the supply chain during a surge in demand for PPE, cohorting of patients and where to access the latest information and policies should be well-known.

Hospital management has a duty to care for their staff and to support them during times of increased workload, especially during an epidemic. Staff need to have reassurance and adequate resources to protect their patients, themselves and their families.

Hospital management need to give clear, responsive and timely accurate messages about the hospitals response during an epidemic, adhering to an emergency planning processes and protocols.

Nurses need to continue their development of emotional resilience and emotional labor required to be a registered nurse, these skills and attributes need to be recognized and developed as part of their career pathway.

Nurses are role models in the hospitals, community and within their families. As nurses are required to maintain calm and give assurance during an epidemic, ongoing education and skill development is essential.

