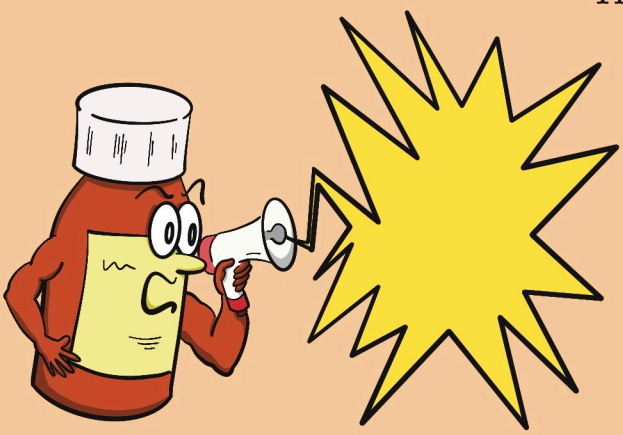
Planning for Preparedness in Nursing

Working with three people's stories of COVID -19 and Long Covid, foci for foundations of care were established

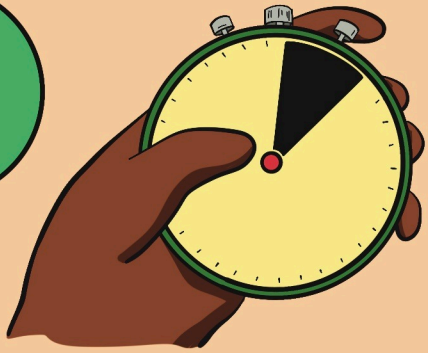
A lack of preparedness was evident, despite knowledge, skills and expertise being readily available yet untapped

This could be due to:

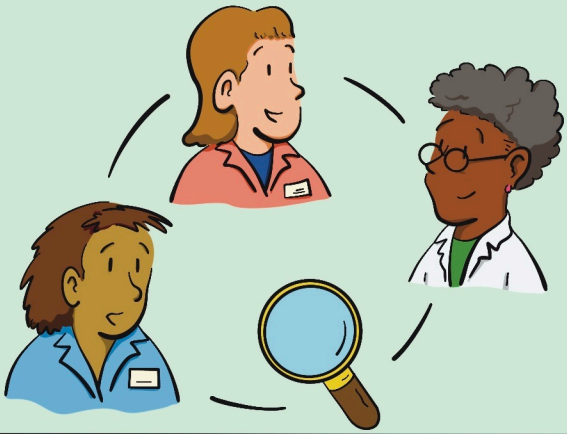


the dominant voice of medicine, with a focus on acute care across multidisciplinary arenas

the impact of managerialism and capitalist economic arguments within the provision of health services

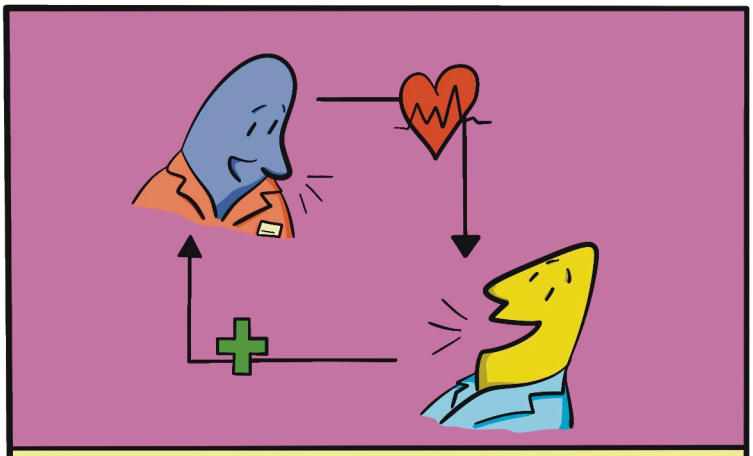


short-termism in political thinking

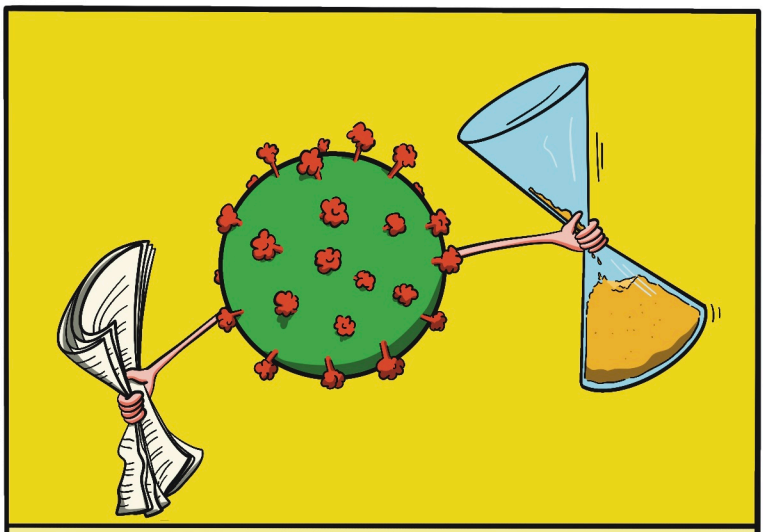


For many decades nurses have been expected to base their practice on up-to-date research-derived evidence, melded with knowledge from nursing theory and experience

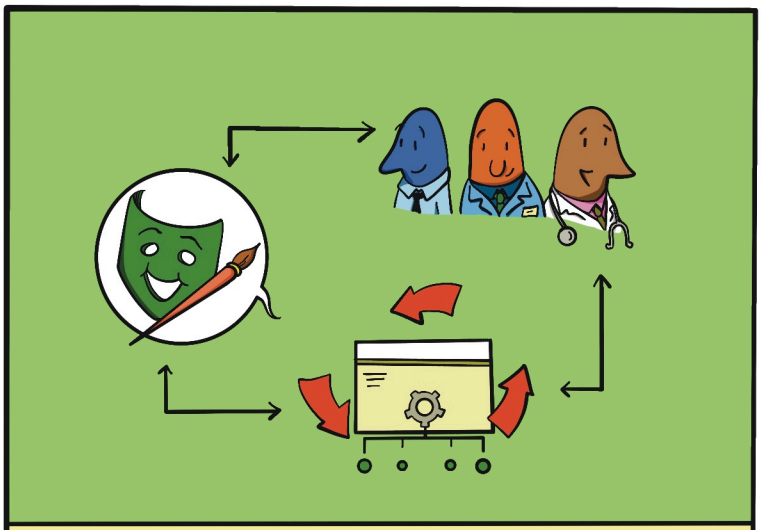
Narratives enable compelling, memorable links to be drawn between research, theory and experience, reducing uncertainty and increasing confidence



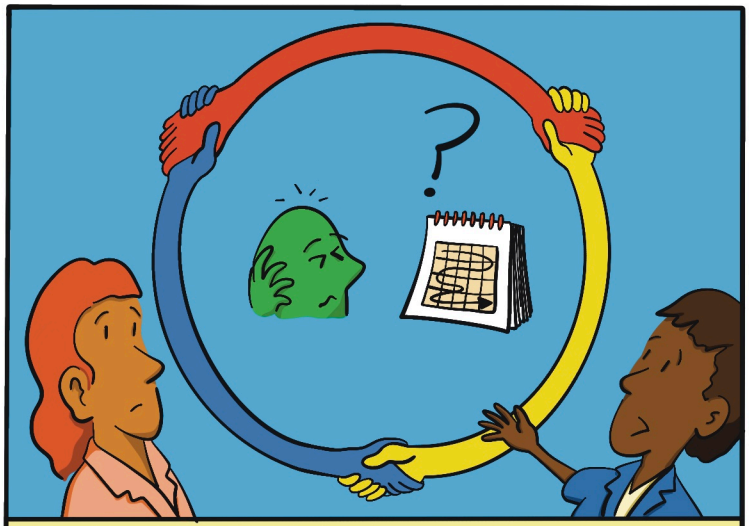
Articulating nursing's contribution through specialist nursing narratives and evidence reduces uncertainty and creates connections within nursing and between disciplines



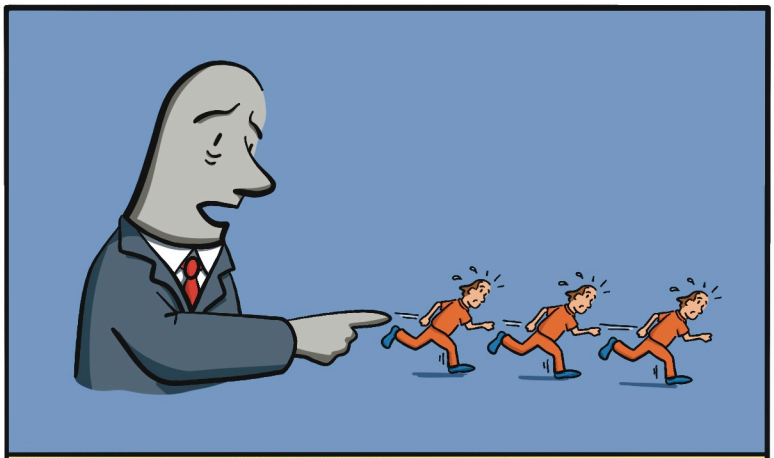
When a catastrophic event such as a pandemic hits, time and knowledge are limited



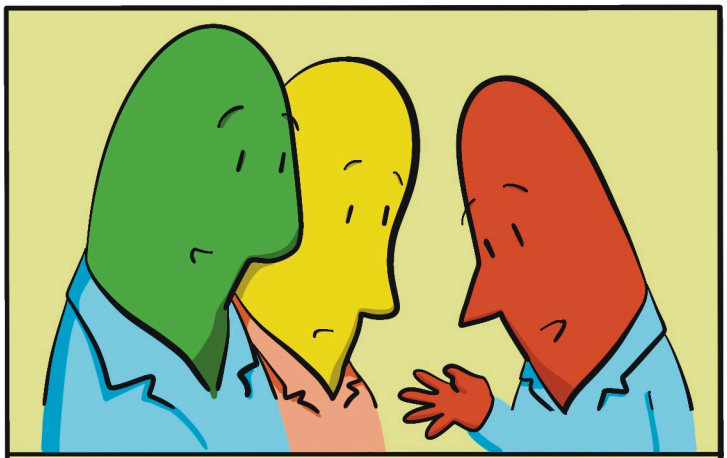
Nursing leadership must prepare itself, nurses and nursing for the next catastrophic event, now. This means working on culture, workforce and infrastructure - working on any one of these in isolation will not be good enough



Senior leaders must prepare the ground so that nurses can work collaboratively to provide care with confidence whilst supporting one another. Planning needs to strategically consider both acute and long-term impacts



When under pressure to redeploy nurses into different services managers must make a full risk assessment of the impacts on all patients and nurses

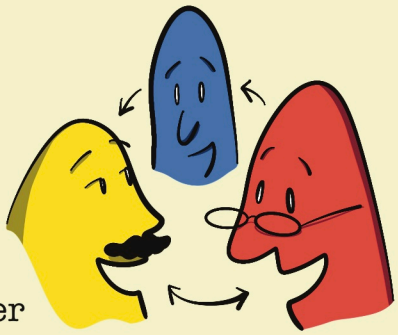


Nurses and others in public health roles should be actively deployed to identify, monitor and intervene to minimise any post-'acute' consequences

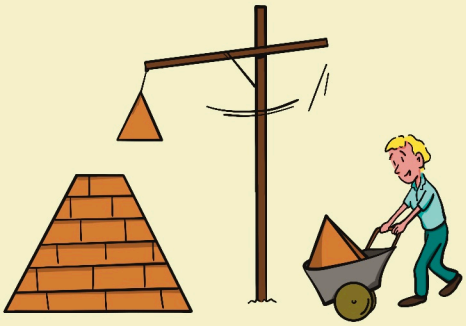
Ten focal points as a fundamental framework for action

1 Building confidence and competence to work with uncertain circumstances

drawing on, and adapting knowledge and skills used in other situations

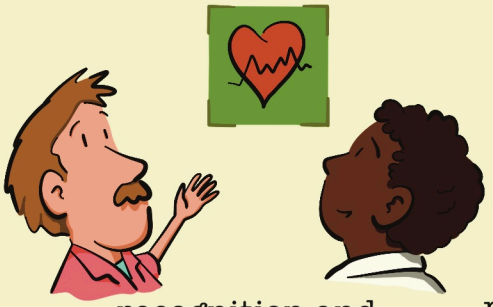


networking and sharing knowledge with others

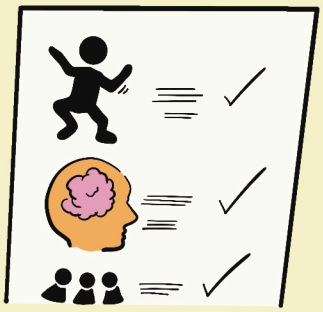


building and sharing an evidence base for practice

2 Building and sustaining relationships through...



recognition and understanding of the 'condition'



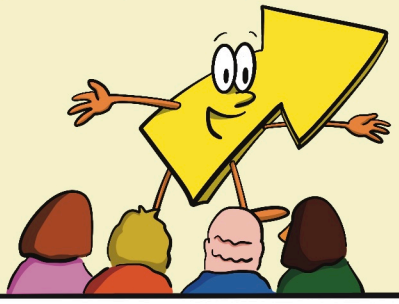
making comprehensive, ongoing assessments of physical, mental and social wellbeing

acting as a point of contact and referral

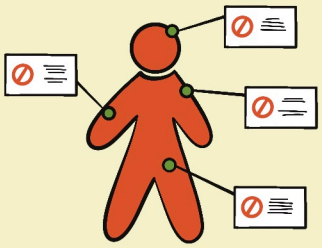
3 The nature of the consultation and ongoing support

person-centred style and service navigation and co-ordination

4 Support and service navigation for parents/carers/family/professionals



5 Symptom identification, management and prevention



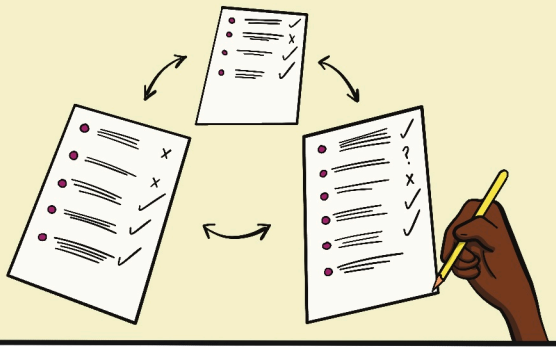
6 Information giving/referrals in relation to varied contexts. eg. work, family support, self-help approaches

7 Liaising with services - ongoing/ follow ups/referrals

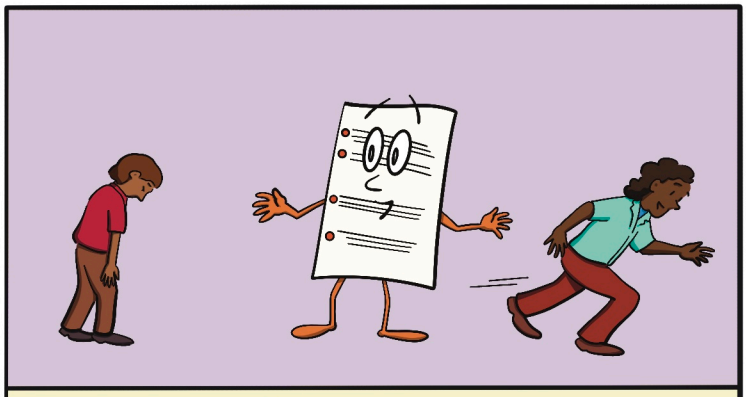
8 Financial support advice, monitoring and referral

9 Coaching and orientation to empower decision making

10 Promoting cross-disciplinary planning, reviews and policy development



Globally, nursing is not immune to the impact of managerialism and capitalist economics on its work. There is a dissonance between the expectation that nurses will base their practice on up-to-date research, theoretical knowledge and experience, and with innovations in practice



The moral injury nurses suffer in these circumstances can be devastating, burnout is frequent, and the profession is understandably haemorrhaging expertise and commitment. Urgent action is needed

Nursing has a great deal to be proud of in terms of its contribution to the COVID 19 pandemic. A plan for preparedness is offered here in order to give future responses an outline for consistency, coherence and global relevance

Illustrated by Alex Brenchley