

Role of Nursing in SARS-COV-2: A Global Pandemic

Bhargav Dave¹, Abhishek Jagtap²

¹(Medical Research Scientist & ABSN Student, MyraGe Scientific Laboratory & University of St. Thomas, United States of America)

²(Medical Research Scientist & DHSc Scholar, MyraGe Scientific Laboratory & A. T. Still University, United States of America)

Corresponding author: Bhargav Dave

Abstract: Corona virus has influenced the life and health of more than 49.5 million people over the world claiming over 1.25 million lives as of November 2020. This pandemic has overpowered and exhausted many countries' medical services system and obviously, influenced front line health care providers like doctors, nurses, physical therapists, etc battling on the bleeding edges to protect the lives of everybody affected. This paper investigates the role that nurses play and how we as a society help and support them along with assisting in developing conventions and plans to improve their readiness to respond to such health care crisis in future. Subsequently, this integrative audit will investigate the issues nurses faced during their response to the COVID-19 crisis. We propose nurses-led along with other healthcare professions in regards to advanced care plan conversations to ensure patient and family incorporation and comprehension of the disease forecast, prevention of over-treatment, and expected results in crisis times. We feature known barriers and rundown empowering agents, long term and transient opportunities to aid the way of life change.

Key Word: Nursing Science, COVID-19, SARS-COV-2, Corona Virus, Role of nursing, Healthcare.

Date of Submission: 06-11-2020

Date of acceptance: 21-11-2020

I. Introduction

During the Covid-19 pandemic, a full lockdown has been forced, including termination of work environments, schools and colleges as a way to secure populace health. The population was told to venture out from home just to look for fundamental necessities or to exercise once per day, and to look for clinical help only when required. The achievement of these outbreak control estimates lays on incorporation of all cultural groups in the outbreak reaction. During this global general health emergency, thought of populations excessively presented to risk is crucial. This article moves the nursing profession to address imbalances by handling the social determinants of health, and supporting and advocating for those at the most elevated risk of the impacts of Covid-19 in society.

II. Role of Nurses

Nurses make up the biggest workforce inside the NHS, and are among the main people present to give care during times of emergency. In January 2019, the Nursing and Midwifery Council presented another arrangement of principles, which set out the abilities and information needed to manufacture the next generation of nurses. Strangely, the term 'advocate' was referred to just a single time inside the Standards of Proficiency for Registered Nurses, and was not referenced inside the Standards system for Nursing and Midwifery Education. In the entirety of its structures, promotion acts to "ensure that people, especially the people who are generally helpless in the society, can have their voice heard on issues that are essential to them, shield and protect their rights, and have their perspectives and wishes really thought about when choices are being made about their lives".

As nurse advocacy assumes an essential role in decreasing health disparities, it must stay a focal segment of nursing practice and, all the more critically, nurses must be given the time, independence and information to go about as patient advocates. Nurses should be given the time and self-rule to expand on associations with network establishments and religious groups to ensure the arrangement and spread of proof based data.

Nurses ensured all medical colleagues by leading the arrangement of thorough disease control preparing and ensuring infection control strategies were carefully clung to. Senior nurses were the primary mentors and the assigned staff in each infection support zone to ensure personal protective equipment (PPE) was put on and taken off appropriately. Nurses also created explicit guidelines to prevent medical services workers from spreading the disease to the network. Remarkably, none of the external medical guide colleagues got infected with Corona virus infection.

Nurses required uncommon preparing to work under such challenging conditions. They needed to wear full defensive gears, for example, goggles, a few layers of gloves and outfits. It would be hard to execute any fundamental nursing operations with this full defensive equipment in any event, for the most dexterous ICU nurses. Pre-service and consistent recreation trainings were priceless in setting them up to change rapidly and convey quality nursing care for treating basically sick patients.

Nurses have end up being the health champions who have assumed on the liability eagerly with their essence. The profession is central to handling the pandemic and, nurses in each country, have "stepped up and ventured past" their calling. They are working in the cutting edge and are managing understanding screenings, position also the consideration of patients in the COVID zone. Nurses are working nonstop, stretching themselves as far as possible and risking their lives on with, regularly with restricted assets.

The whole nursing community is in the danger zone and we have all observed the exceptional degrees of exhaust by nurses, especially those in serious consideration units, those in the executives or those most legitimately engaged with the reaction to the COVID-19 pandemic, generally without sufficient rest and recovery, without rest and help, with restricted contemplations for their emotional health and prosperity. However, these duties, responsibility and difficulties are so willingly and happily acknowledged by nurses.

III. Nursing and Health Protection

Generally, the role of public health nurses zeroed in on the administration of disinfection and irresistible infection. Over the twentieth century, as the threats of infectious disease lessened, the role moved to address new difficulties including the impacts of deprivation, and non-transmittable sickness. This emphasis on the administration of non-transferable disease was reflected in nursing programs, which right now give practically nothing, if any training on irresistible infection management.

In 2004, under the Health Protection Act, the Health Protection Agency was set up (presently separately Public Health Scotland and Public Health England). Comprised of multidisciplinary health security groups shaped of nurses, professionals, specialists, reconnaissance and authoritative staff these groups give nearby specialist help to prevent and decrease the effect of irresistible disease, risks and significant crises. Following the Ebola flare-up in 2014, the measles outbreak in 2018 and all the more as of late Covid-19, health protection has been given an increasingly prominent and perceived for its authority information and skills. Despite this, health protection preparing keeps on being saved for those nurses who decide to seek after this claim to fame as a profession in health protection post registration.

IV. Socially Sensitive Nursing

With roughly one of every eight NHS staff detailing a non-United States nationality, some might have the option to decipher/interpret health interchanges during times of emergency a job generally embraced by mediator/interpretation service (Public Health US, 2018). The diversity that exists inside the NHS should be saddled during this crucial time.

The production of a register of bilingual nurses and other medical care staff who can go about as mediators and interpreters could assist with taking out language boundaries during routine consideration and basic functions, and secure the arrangement of socially sensitive and persistent focused consideration.

In addition, nurses must be given the time and self rule to exploit and expand on the links they hold with community foundations and religious groups during times of emergency. Community and religious leaders are essential sources of help, direction, solace and medical care for the communities they serve. They can offer spiritual and peaceful help during general health crises and advocate for the necessities of vulnerable groups. In the 2018 measles breakout, correspondence and joint effort with community and religious leaders was critical to the scattering of proof based data and outbreak control. By imparting transparent, proof based strides to prevent Covid-19 to religious and community leaders, nurses can advance the scattering of supportive data, reduce fear and disgrace and advance health sparing practices in designs that people can comprehend and are more inclined to follow up on and share.

V. Nurse Advocate

Providing nurses the abilities to distinguish vulnerable populaces and their different medical services needs, close by expanded information on the basics of health protection, will mean they are very much positioned to go about as supporters, maintain the privileges of these vulnerable groups to keep up their pride, defend against separation and ensure against imbalances in medical services arrangement. The way to accomplish this incorporates ensuring the conveyance of available, precise and proof based health data during times of emergency (Inter-Agency Standing Committee, 2020). All through the Covid-19 reaction, an array of health related data about Covid-19 has been introduced in different media stations, including online media, transmissions, radio, postal and instant message alarms. The failure to convey this data in promptly open and

justifiable arrangements to vulnerable groups, incorporating people living with incapacities, outcasts and transients, more established people, and people from dark and minority ethnic (BME) foundations has been considered a basic freedoms concern. International human freedoms law declares that administrations are answerable for giving basic data to help the advancement and protection of rights, including the privilege to health. Regarding this privilege during the Covid-19 reaction includes ensuring exact and modern data is given about the infection and is promptly accessible and available to all.

VI. Nursing and People with Disabilities

Internationally there is as of now a change to the manner in which the world is seeing nurses and medical services experts. The COVID-19 pandemic has carried nurses to the cutting edge of people's minds and the media consideration and public appreciation towards health care experts is being caught consistently. As not every person comprehends what occurs in a health care office, and the COVID-19 pandemic has featured the significance of the commitment of the nurses to medical services counteraction and advancement.

As demonstrated to the world and the country, nurses keep on being the ones to share the burden of medical care and are cheerful that their commitment is being recognized like never before previously. The picture of the nursing community and society and the general resolve of nursing are getting critical affirmation and acknowledgment during these difficult occasions. Nurses are mindful of the difficulties of conveying great consideration during a period of pandemic and have exhibited how they can improve efficiency with supported high quality. We salute these healthcare warriors who work with no desires and by giving up their own life and family and for their commitment in sparing lives and improving health results. I trust that nurses as a group, develop expertly and that enrollments into nursing profession increment. This year, 2020, being the time of the Nurse and Midwife and there is no time like the present to celebrate and be glad for the compensating profession.

VII. Conclusion

The inequitable reaction to Covid-19 is now clear. Corona virus relief strategies must be comprehensive of weak groups to ensure the maintenance of their basic rights and decrease inequities, instead of compound them. Nurses, as advisors, play a crucial role in this process. Speculations to upgrade the information and ranges of abilities of nurses won't just present positive results currently however will make sure about readiness for future outbreaks. In the event that any exercise has been gained from this general health crisis, it is that the expenses of inaction are immense. The world will in all likely observe another pandemic later on. Efforts must be made to ensure Covid-19 doesn't turn into a blurring memory, just like the case with the 2014 Ebola outbreak, and that lessons are learnt.

VIII. Recommendations

As this study focused on investigating the role of nurses in their reaction to COVID-19, and dependent on this conversation of our discoveries, it is recommended that a disaster plan for pandemics be kept set up that expects to guide nurses previously, during, and after any health related emergencies. It is also suggested that an arrangement for nursing powers be made for putting resources into nurses, as they make up the biggest medical care group and are significant medical care laborers who have clear and critical roles. Moreover, we should ensure that nurses react successfully to the pandemic and that all medical supplies be accessible, for example, PPE, to help keep the lives of nurses and patients safe. At last, more research is needed on the investigation of the experiences of nurses, and more exploration on pandemic crises including readiness, responsiveness, and recuperation by and large; more studies must focus on nurses' levels of information, readiness, and risk observation, which influence their adherence to precautionary behaviors, as these are basic issues with regards to epidemics with no treatment.

References

- [1]. Armitage R, Vellums LB (2020) The COVID-19 reaction must be handicap comprehensive. *The Lancet Public Health*; 2667: 20, 30076.
- [2]. Burnett E (2018) Effective contamination avoidance and control: the nurse's role. *Nursing Standard*; 33: 4, 68–72.
- [3]. Corliss IB et al (2018) Expanding nursing's role in reacting to global pandemics. *Nursing Outlook*; 66: 4, 412–415.
- [4]. Dave, B., & Shah, R. (2018). Peripheral stent technology and current status for endovascular treatment of femoropopliteal artery disease: a clinical review. *International Journal Of Research In Medical Sciences*, 6(5), 1474. <https://doi.org/10.18203/2320-6012.ijrms20181743>
- [5]. Hemingway A, Bosanquet J (2018) Role of nurses in handling health disparities, *Journal of Community Nursing*; 32: 6, 62–64.
- [6]. Hickey K et al (2018) Low health proficiency: Implications for overseeing heart patients in practice, *Nurse Practitioner*; 43: 8, 49–55.
- [7]. Kuenburg a et al (2016) Health care access among hard of hearing people. *Journal of Deaf Studies and Deaf Education*; 21: 1, 1–10.

- [8]. Mitchell, Gamma (20 March 2020). "Nurses among affirmed passings from Covid-19 around the globe". Nursing Times. Recovered 13 May 2020.
- [9]. Shah, R., & Dave, B. (2018). Impressive journey of TAVI so far, but miles to go. *International Journal Of Research In Medical Science*,6(6), 1847. <https://doi.org/10.18203/2320-6012.ijrms20182261>
- [10]. Ward DJ (2011) the disease control instruction needs of nursing students: a meeting concentrates with students and mentors. *Nurse Education Today*; 31: 8, 819-824.

Bhargav Dave. "Role of Nursing in SARS-COV-2: A Global Pandemic." *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*, 9(6), 2020, pp. 24-27.