PREFACE

DECEMBER 2020

As I write this preface in December 2020, we are gaining perspective on the extraordinary challenges brought about by the COVID-19 pandemic, one of the most transcendental and traumatic moments in the history of the nursing profession.

The pandemic has placed nurses around the world at the center of the fight against the virus. To respond to this challenge, nurses and other health professionals have deployed every capability in their individual and professional toolboxes, while exerting themselves to the extreme to preserve life and health for billions of people. Nurses have brought not only their hearts, compassion, courage, and boundless energy to this enormous work but also their professional nursing knowledge.

This book details a program led by the Registered Nurses' Association of Ontario (RNAO) to advance evidence-based knowledge in nursing across more than 1,000 health organizations in 15 countries. At the core of the program are Best Practice Guidelines (BPG), reflecting state-of-the-art nursing knowledge implemented and evaluated systematically by participant organizations, which we call Best Practice Spotlight Organizations (BPSO; RNAO, 2018). Although this program has gained exponential uptake since its inception two decades ago and its effectiveness has been continuously evaluated, never before was it put to the test in a major crisis like a pandemic.

COVID-19 has presented challenges on many levels. This novel virus has an unforeseen capacity to spread. Within a span of only three months, an outbreak based in central China became the largest and most expansive pandemic since the 1917 Spanish flu. Virtually every country has been consumed with the demands of addressing this virulent infection, as well as the social, economic, psychological, political, and cultural ramifications.

In this context, health professionals have confronted COVID-19 without knowing and understanding the virus, much less having solid evidence-based knowledge of how to prevent and treat the infection and related illness. One inspiring aspect of the response has been the unprecedented collaboration and massive deployment of scientific knowledge across disciplines, institutions, and countries to address this massive threat to humanity. It speaks to the ingenuity and resources we can harness when we collaborate and act based on motives of solidarity, compassion, and deep belief in the precepts of Health for All.

Nurses have been on the front lines attending to COVID-19 patients, many gravely ill, as well as accompanying them as they succumb to the virus, isolated from their loved ones. No words can describe the humanity, generosity, fortitude, and professionalism required to endure and survive these experiences—not just once, but often one after another.

We must also recognize the resulting trauma and exhaustion that will mark healthcare professions for years, if not generations, to come. This is the case in societies with well-endowed health facilities. Imagine the role of healthcare workers in disadvantaged societies without proper resources, where they must care for patients and families to the best of their ability with the tools at hand. It is fitting that, by chance, the World Health Organization (WHO) declared 2020 the Year of the Nurse and the Midwife, marking the 200th anniversary of Florence Nightingale's birthday. WHO has now designated 2021

as the International Year of Health and Care Workers to honor their incredible role in addressing the COVID-19 pandemic.

Nurses have spearheaded the advancement of public health policies at least since the second half of the 19th century, when Nightingale espoused measures of clean water, sanitation, and fresh air to prevent infections and devised isolation and containment measures (Grinspun, 2020). Nurses have once again answered the call, bringing enormous expertise and leadership in responding to the pandemic. They have played an essential role in addressing public health, long-term care, home care, congregate settings, mental health and addictions, and every other focal point of the pandemic. Nurses also serve as core professionals within hospital and other acute care settings, including the intensive-care units that have been prominently featured in the news. Without their collective expertise and evidence-based knowledge, addressing the multifaceted challenges of a pandemic would have been impossible. Together, nurses have displayed a collective identity of expertise, reassurance, and unwavering commitment, reminding people that they can count on nursing, as always.

The rapidly evolving situation, uncertainty of a new pathogen, and lack of understanding on how to treat, prevent, and control it have led to anxiety and mental health problems. The peak staffing demands of the pandemic have compounded chronic staffing shortages that persist even in the richest countries and are more extreme in less advantaged settings. Many staff members have gotten sick, have been forced to isolate, or have been unable to cope. Stories of working 12-, 14-, and 18-hour shifts under enormous strain and stress abound, with health workers collapsing from exhaustion and with fear they will bring the virus home to their loved ones. Deficiencies in supply chains—despite the lessons of earlier outbreaks such as SARS—together with cost-cutting measures and intermittent political and bureaucratic ineptitude have led to lack of preparation and shortages of personal protective equipment. These scenarios have left nurses in the difficult dilemma of treating patients while endangering their own lives.

Nurses have had to engage their moral courage to continue protecting lives while some sectors of society engage in distortion and purposeful dissemination of dangerous, ill-informed information—the opposite of evidence-based knowledge. Social media platforms have allowed unfettered spread of misinformation by powerful public figures displaying reckless disregard for human life while peddling conspiracy theories and dangerous myths about COVID-19. Unsurprisingly, the disrespect for public health measures such as physical distancing, use of masks, and quarantining—and the unwillingness to be vaccinated—will continue to be instrumental in the rampant spread of the virus. One nurse, who spoke on Twitter of the "horror movie that never ends," has been particularly affected by patients who embraced misinformation around the virus, even as it wracked their bodies and eventually killed them (Elliott, 2020).

One lesson from COVID-19 is that evidence-based practice (EBP) saves lives and makes our world livable. The suffering and death would have been unimaginably less if policy around the world had been consistently driven by evidence. The reality of practice and policy is far different, and that's the challenge we tackle in this book. We describe a two-decade journey to build a nursing movement that advances EBP and policy and expands into interdisciplinary health settings as well as social services (Grinspun et al., 2020). Dive into this book to immerse yourself in the richness and impact of the movement.

It has been inspiring to witness hundreds of BPSOs around the world leverage the BPGs of RNAO to address issues of priority during this pandemic. In Chile, Hospital del Trabajador decided to join the

BPG program as the hospital struggled to respond to clinical issues such as pressure injuries, palliative care, and care transitions (Hospital del Trabajador, 2020). The BPG on *Establishing Therapeutic Relationships* (RNAO, 2006) was central to the work of public health nurses engaging in case and contact tracing. In countries as diverse as Australia, Canada, Chile, China, Colombia and Spain, BPSOs have relied on RNAO's BPGs to advance *Person- and Family-Centred Care* (RNAO, 2015).

The intellectual and ethical imperative of providing individualized care in the midst of COVID-19 is worthy of some detail. What does it mean to be person- and family-centered during a pandemic? We posed that question to Ontario Health Teams—groups and organizations in the province of Ontario, Canada, that are working with RNAO to implement the BPGs. They work across the full continuum of care, from acute care to home care, long-term care, mental health, substance use, homelessness, and so on (McNeill, 2020).

In knowledge-exchange virtual meetings during Ontario's full COVID-19 lockdown in April 2020, many mentioned that person- and family-centered care (PFCC) is the cornerstone of their pandemic response. Others said that PFCC has become even more important now—not only for people and families they care for but also for staff. They mentioned a number of challenges. Social distancing has meant being isolated from loved ones and social networks. Tough decisions, such as which sibling would visit a dying parent, had to be made. Huge adjustments were also needed in the way care was offered. At that time, most in-person visits had been replaced with virtual care. Meanwhile, constantly evolving information about COVID-19 created uncertainty and fear, and organizations needed to rapidly create policies and protocols and inform staff, patients, and families.

Care became more complex. Chronic diseases were compounded by isolation, loneliness, and poverty. Some people required logistical help, such as accessing basic supplies and food, and more were experiencing emotional distress or a mental health crisis. Isolating at home had additional challenges for people living in close quarters. The risk of domestic violence increased, and confidential conversations or private virtual visits were nearly impossible. The increased reliance on technology exposed inequities, such as inadequate internet access. Those unfamiliar with technology needed to gain new skills so they could connect with family or health providers.

BPSOs mobilized to address the identified challenges by engaging in person- and family-centered solutions. They taught people how to use technology. They supported mental health by expanding telephone-based counseling services and applying principles of person- and family-centered communication, such as listening and therapeutic communication. They regularly shared information about the virus and were transparent about limitations, such as those related to visitation. They established one consistent point person to work with families and provide updates. They developed "call scripts" for questions that needed to be asked as the pandemic evolved, and they adapted care plans as needed.

BPSOs also met tangible needs in new ways. They partnered with community organizations and pooled resources to provide logistical support, such as helping persons experiencing homelessness move from shelters to apartments and arranging delivery of groceries and medications. They also ensured continuity of care through regular nurse visits, virtually or in-person, to address complex chronic diseases and social issues.

Organizations also took a PFCC approach to meet the emotional needs of staff—acknowledging fears and concerns, meeting frequently to offer support and help them transition to new roles, and helping them deal with decreased staffing. Some provided a "wellness cart" with snacks, water, and

hand sanitizer, and others offered virtual counseling. Pastoral services and trained staff responded to "lavender alerts"—an immediate system of support for staff in crisis—to offer resources for coping and to reduce the risk of post-traumatic stress disorder.

BPSOs communicated with staff in a number of ways, such as by hosting virtual town halls with senior leadership, and also took time to reflect and document lessons learned. And they celebrated appropriately for small wins and big successes, such as when an ICU patient came off a ventilator or a nursing home resident recovered.

In the reality of COVID-19, EBP means sharing the outstanding work of nurses and other healthcare workers; bringing out creative, flexible, and compassion-filled solutions to rapidly arising problems; and collaborating effectively within and between health professions and organizations. EBP in a pandemic means learning from one another and striving for clinical and practice excellence while nurturing camaraderie in the midst of a crisis.

Such are the gigantic contributions that nurses have made, and will continue to make, to people's health and well-being. My RNAO colleagues and I count ourselves fortunate to contribute to this rousing and inspiring collective effort. We invite you to join this influential social movement for EBP for all.

–Doris Grinspun, PhD, MSN, BScN, RN, LLD(hon), Dr(hc), FAAN, FCAN, O.ONT
CEO, RNAO

REFERENCES

Elliott, J. K. (2020, November 17). Many COVID-19 patients insist 'it's not real' until they die, nurse says. *Global News.* https://globalnews.ca/news/7467283/coronavirus-denier-deaths-nurse-hoax/

Grinspun, D. (2020). Conversations with Nightingale: Thoughts by one of her disciples. *Metas de Enfermería*, *23*(7), 3–6. https://doi.org/10.35667/metasenf.2020.23.1003081632

Grinspun, D., Wallace, K., Li, S.-A., McNeill, S., & Squires, J. (2020, Spring). Leading change through social movement. *Registered Nurse Journal*. https://rnj.rnao.ca/feature/leading-change-through-social-movement

Hospital del Trabajador. (2020). *Hospital del Trabajador firma alianza estratégica con la Asociación de Enfermeras de Ontario (RNAO)*. https://www.hospitaldeltrabajador.cl/ht/Comunidad/Noticias/Paginas/hospital-del-trabajador-firma-alianza-estrategica-con-la-asociacion-de-enfermeras-de-ontario.aspx

McNeill, S. (2020, May 3). Being person- and family-centred during COVID-19. *Doris' COVID-19 blog.* https://doris-blog.rnao.ca/post/being-person-and-family-centred-during-covid-19

Registered Nurses' Association of Ontario. (2006). *Establishing therapeutic relationships*. https://rnao.ca/sites/rnao-ca/files/Establishing_Therapeutic_Relationships.pdf?

Registered Nurses' Association of Ontario. (2015). *Person- and family-centred care*. https://rnao.ca/bpg/guidelines/person-and-family-centred-care

Registered Nurses' Association of Ontario. (2018, July-August). 20 years of BPGs: Focus on BPSOs. *Registered Nurse Journal*, 9–24. https://rnao.ca/sites/rnao-ca/files/RNJ-JulyJAug2018-web.pdf