

# Palliative Care in the COVID-19 Pandemic

## Briefing Note

# “Leaving No One Behind”: Valuing & Strengthening Palliative Nursing in the time of COVID-19

### Issue

Globally, nurses have been at the forefront of the COVID-19 pandemic. Their contribution has highlighted the particular competencies and skills that palliative care nurses (PCN) possess.

### Background

The COVID-19 pandemic is creating enormous challenges for health care systems (HCS) globally; it also presents opportunities. Throughout the pandemic, nursing has been at the forefront of care provision, giving nurses the opportunity to demonstrate the knowledge, skills, and commitment required to provide high quality evidence-based care. The pandemic has also exposed the challenges nurses face, including excessive workloads, redeployment to areas requiring new or different competencies, the risk of being infected or infecting others, and often working without the recommended Personal Protective Equipment (PPE). It has also shown that nurses are working in HCS where the role and value of nursing is not always appreciated. This Briefing Note sets out the recommendations for recognising the unique value of PCN.

### Key Facts

Nurses are critical to “leaving no one behind” and the global response to the COVID-19 pandemic. During the pandemic PCN’s have:

- The opportunity to showcase their unique and innovative skill set, in particular, the holistic approach to care that is the cornerstone of PC. Often this contribution is not recognised or diminished, limiting opportunities for leadership development.
- Utilised their experience in dealing with complex problems and decisions and are instrumental in balancing the holistic needs of patients, their families, and staff caring for them, including grief and bereavement.
- Demonstrated that PC is not a luxury but a human right and an essential response to COVID-19.
- Shown that all nurses caring directly for patients with COVID-19 are at increased risk of stress and burnout and need to ensure that they are offered opportunities for self-care.

### Current Status

- Nurses are the largest occupational group in the HCS, accounting for approximately 59% of health professionals globally. In 2018, there was a global shortage of 5.9 million nurses, with a shortage of 5.3 million (89%) concentrated in low-and middle-income countries (LMICs).
- Approximately 90% of the global nursing workforce is female. Gender-based issues prevalent in nursing include: pay gaps, minimum wage, inequality, discrimination in promotion, leadership and decision-making positions, and lack of social protection. Nurses are experiencing a heavy workload, cumulative loss and exposure to repeated trauma.
- In many countries, particularly LMICs, nurses fear for their safety and are providing care without adequate PPE thus putting themselves, their patients and their families at risk. To minimise risks, some nurses are isolated from their own family members in order to continue to provide care.



- Some PCN's have been redeployed from their usual places of work and have had to rapidly learn new skills.
- Retired nurses and nursing academics have returned to clinical practice to support the COVID-19 response.
- Coping with restrictions such as 'lockdown', quarantine and a lack of public transport is making it difficult for nurses to get to work, causing increased stress and expense.
- Some nurses caring for COVID-19 patients have been stigmatised.
- In many LMICs trained community care/ health workers are performing care traditionally provided by nurses both in the community, in hospitals, etc.

## Recommendations to UN member states and civil society organisations

- Recognise the important and unique role of nurses, particularly PCN, as an essential part of the COVID-19 pandemic response.
- Ensure PC is seen as an integral component of nursing practice, regardless of specialty or setting.
- Provide nurses with the appropriate resources to carry out their work efficiently, effectively and safely.
- Provide education and training that enables all nurses to acquire adequate competencies for the management of COVID-19, including prevention, assessment, treatment and PC.
- Support and mentor retired nurses and nursing academics returning to clinical practice to support the COVID-19 response to ensure that they are competent in the work being undertaken.
- Provide all nurses with the appropriate PPE required to carry out their work.
- Protect nurses from gender-based issues at the workplace where they should feel safe and secure to carry out their nursing roles.
- Provide transport for nurses to get to, and from their places of work without increased personal financial burden and to reduce the risk of their becoming infected.
- Provide supervision and mentorship of nurses without PC training by PCN.
- Ensure that nurses are paid for all of the hours that they are working, and review nursing salaries in the light of the COVID-19 pandemic.
- Ensure nurses have adequate time off work to enable self-care and resilience, and access to counselling.
- Invest in education, training, jobs and leadership training for PCN.

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