



AMERICAN NURSES ASSOCIATION

COVID-19:

EVIDENCE AS THE BASIS OF DECISIONS

COVID-19, caused by the novel coronavirus called SARS-CoV-2, spreads mainly through close contact with people through respiratory droplets that can land in the mouth or nose, or inhaled into the lungs when a person talks, coughs, or sneezes. It may also potentially be spread in other ways, such as touching an object that has the virus on it, and most certainly can be spread by people who are asymptomatic. This is a global pandemic and a public health disaster that has resulted in widespread illness and deaths, as well as social and economic disruptions. The access to appropriate and adequate resources and supplies is key to the rapid and safe response to a pandemic for patients, nurses, and other clinicians. Lack of resources contributes to the uncertainty surrounding the response to COVID-19.

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BACKGROUND: THE EVOLVING EVIDENCE

The importance of informed and timely communication of constantly evolving information is crucial as health care organizations and public federal, state, and local agencies grapple with how to respond to the pandemic. Actions that were considered appropriate at the beginning of the pandemic may not be appropriate the next day, as new scientific data and evidence emerge. We are daily observers of an emerging situation in which scientists and others are constantly learning and using the changing evidence to make decisions and provide guidance. Information about resources, such as personal protective equipment (PPE), and the evolving recommendations about their use by health care professionals and the public is an example. Scientists, policy-makers, and health care professionals are continuously learning about how the virus spreads, about how to mitigate its spread, about treatments that work and those that don't, about testing and contact tracing, and about the possibility of developing a vaccine that is effective and efficacious. The ANA provides information on the COVID-19 pandemic, our current national emergency status, and specific implications for nursing through the ANA Coronavirus Resources Center, which is continuously updated (<https://www.nursingworld.org/coronavirus>). It is essential that scientific findings and data be used as evidence in health care decision-making, practice interventions, and policy.

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FROM ERODING TRUST TO ENGENDERING TRUST

Trust is the cornerstone of the work that nurses do. Nurses are trusted by the public, as reported in Gallup polls, and in turn, must be able to trust that evidence will guide nursing practice and decision-making. Trust in key public health and governmental agencies, such as the Centers for Disease Control and Prevention (CDC), the United States Department of Health and Human Services (HHS), and the U.S. Food and Drug Administration (FDA), and others tasked with protecting the health and safety of Americans is essential.

Transparency, accompanied by honesty and caring, is required to establish trust. Confusing and contradictory information does not engender trust. When information changes and there is new evidence and data to support new recommendations and policy, it is important that this is communicated in a variety of ways by public health and governmental agencies, as well as by individual agencies and healthcare facilities. Health care decision-making, policy, and interventions must be based on the science. Data and evidence are the foundation of safe patient care, and they inform decisions made to protect nurses and other health care professionals.



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ESTABLISHING ETHICAL PRACTICE

Several provisions in the Code of Ethics for Nurses with Interpretive Statements (2015) guide nurses faced with the need for transparent, timely, and honest information to provide the confidence that they are working in a safe environment.

Interpretive Statement 1.3 addresses the leadership role of nurses in “assuring the responsible and appropriate use of interventions in order to optimize the health and well-being of those in their care”, and includes “acting to minimize unwarranted, or unnecessary medical treatment and patient suffering” (Code of Ethics, pg. 2). Scarcity of resources and the need to consider allocation algorithms opened the door to frank conversations regarding medically appropriate (and inappropriate) interventions, the impact of co-morbidities, and the pervasive health disparities in today’s health care system. Nurses were trusted to provide comfort and intentional presence for patients suffering physically, psychologically, spiritually, and emotionally.

Interpretive Statement 3.5 addresses the responsibility of nurses to be aware of and report questionable practices and concerns in order to promote the patient’s best interests and the integrity of nursing practice. Nurses who know that persons or leaders in organizations are not using the most current evidence to make practice decisions must take these concerns forward and communicate them. Further, nurses have a responsibility to assist whistle-blowers, who identify potentially questionable practices that are factually supported, to reduce the risk of reprisal against the reporting nurse. Such actions should be focused equally on the best interests of the patient and the integrity of nursing practice.

Interpretive Statement 5.4 addresses preservation of integrity where nurses practice with and expect integrity. When circumstances change, nurses expect to be informed in an honest and open manner, and that decisions will be made using the best possible evidence that is in the best interests of patients and staff. Availability of space, equipment, supplies, and finances must also inform decisions. When faced with natural disasters, nurses and other health care professionals have demonstrated the ability to adapt, innovate, and overcome the crisis at hand. This work is directly or indirectly guided by an organization’s mission and vision statements, professional ethics and practice standards, and the principles of quality including safety, equity, and professional performance as required by regulatory and accrediting agencies. In essence, nurses innovate and create new avenues of nursing care while remaining within the requirements of quality performance.

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As addressed in **Provision 6**, nurses must have a voice and participate in decision-making involving patient care activities and activities related to their practice and working conditions. Having this voice allows nurses and other health care professionals to shape the new avenues of care within the necessary boundaries. The establishment of horizontal and vertical communication networks focused on accurate, timely, and suitable information, ultimately build trust, stability, and a sense of community. While much of this communication can be electronic, some must be in person. Leadership visibility encourages communication, while building trust and community.

Interpretive Statement 8.4 addresses the need for collaboration to protect human rights in extraordinary situations, such as a pandemic, which may necessitate altered standards of care. In such cases, a “utilitarian framework usually guides decisions and actions with special emphasis on transparency, protection of the public, proportional restriction of individual liberty, and fair stewardship of resources” (Code of Ethics, p. 33). All of this must be done with a sense of caring for our patients, their family and friends, and each other, while maintaining our sense of empathy and caring. In doing this, it is important to build our resilience and avoid burnout. Finally, we must as individuals, as units, facilities and organizations, and as a profession, take time to honor the loss, recognize the survivors, and celebrate our accomplishments.

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SUMMARY

- During the crisis of a pandemic, as expected in all aspects of nursing practice, it is essential that nursing practice and nursing interventions be based on the evidence derived from science and data.
- In this time of unprecedented change and uncertainty due to COVID-19, the emerging scientific evidence results in recommendations that may change based on new data and information. As new information emerges, this must be communicated with all those affected by the pandemic and caring for patients.
- Ongoing, honest, timely, and transparent communication through various mechanisms and among all those involved in patient care is essential, especially in times of change and uncertainty.
- Nurses must feel that they can express their viewpoints and concerns about patient care, the need for equipment, including personal protective equipment, without fear of retribution or retaliation.
- The Code of Ethics for Nurses with Interpretive Statements (2015), as the ethical standard for the profession, serves as a guide for nurses to use in their ethical practice to guide decision-making.

