Call to Action for a US Nurse General: From Ebola to Corona

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The COVID-19 pandemic highlights the need for additional action to be taken by RNs worldwide.¹ In the United States, there are more than 4 million RNs who are on the frontlines, most of whom are of caring for patients. During the March 18, 2020, meeting with President Donald Trump, Debbie Hatmaker, PhD, RN, chief nursing officer of the American Nurses Association, stated, “Our number one priority is keeping frontline healthcare professionals, including our nurses, healthy by making sure they have the personal protective equipment they need.”

To do this, more is definitely needed now as COVID-19 is in every state and is exponentially straining our healthcare resources. Perhaps it is time for a US Nurse General to represent the needs of nurses, being an equal partner, and working with regulators (e.g., Centers for Disease Control and Prevention, Food and Drug Administration, Federal Emergency Management Agency), the World Health Organization and nursing organizations/associations, and the private sector and universities who have innovated testing, monitoring, conducting research, and

strategizing supply chain needs through the COVID-19 pandemic.

In 2014, we initiated a national Ebola virus disease (EVD) survey research study for RNs when the 1st EVD patient was hospitalized in the United States.^{2,3} Researchers reported concerns of RNs, who identified not only EVD challenges but also those that are applicable to new emerging diseases. Five years later, a new emerging disease has hit the world with pandemic strength, coronavirus (COVID-19). The EVD-related challenges reported by 966 RNs from the EVD study continue to be those we see with COVID-19 (Table 1).

These challenges underscore the need for a call to action. The EVD study conclusions were that nurses perceived a moderate risk in the provision of EVD-related patient care

(ie, persons under investigation and confirmed patients). While the potential impact of nurses leaving the field of nursing as a result of EVD was small (6.8%), knowledge that nurses would consider leaving the workforce prematurely provides guidance for the design of optimal management strategies for EVD and other emerging diseases, particularly in a country with a projected nursing workplace shortage. The need and opportunity for safe patient care training extend not only to RNs but also to ancillary staff. Those responsible for training should consider EVD, flu, and unknown emerging diseases.

Per the qualitative analysis we reported, the ability to provide the most effective care may only be possible when all parties involved understand and follow best practices guided by good evidence and

Table 1. Challenges with Contagious Disease

Lack of preparedness/readiness
Need for training, education and improved communications
Fear of disease transmission
Lack of best practices regarding required personal protective equipment (PPE) and infection prevention precautions
Lack of treating nurses with professionalism
CDC issues
Implications of caring for patients with disease, contracting disease, and quarantine
Nurses should be able to opt out of patient care and only nurses who volunteer should care for disease patients
Health care institutions are doing their best
Nurses as professionals cannot opt out of patient care of those with disease
Lack of science guiding evidence-based care
Nursing stress as a result of disease in U.S.
Concern with other emerging diseases

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meticulous science. The voices of nurses may influence the discourse on the ethics, politics, and distribution of resources necessary to address EVD and other emerging infectious diseases. Continued research that seeks to understand nurse perceptions and needs is an initial step in securing a safer workplace for nurses. Nurses statements from the EVD study continue to be on point for COVID-19, including “We need a new practice specialty of nursing for emerging diseases and biohazard, etc. They need special education, training, and preparedness and surely should be compensated with hazard pay.” “It is a call to action for better preparation for

contagious diseases in general.” Most importantly, one RN stated, “I am concerned that this issue is being politicized in a destructive way when some good could come from it. Nurses should be trusted to control infection. Where is the Surgeon General on this issue? Perhaps we need a National Nurse.”

A call to action is needed for nursing to continue to progress and to lead our nation. We are all in this together. A US Nurse General can further direct and ensure needed resources are budgeted, allocated, and made available for RNs to innovate, research, and gather data to implement evidence-based strategies for safely caring for patients, testing, and

vaccinating, not only for COVID-19 but also for the next emerging disease.

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