


## EDITORIAL

# Setting minimum standards of practice in times of crisis

Maria Kyranou PhD, Assistant Professor 

Department of Nursing, School of Health Sciences, Cyprus University of Technology, Limassol, Cyprus

**Correspondence**

Maria Kyranou, Department of Nursing, School of Health Sciences, Cyprus University of Technology, 15 Vragadinou street, Limassol 3603, Cyprus.  
Email: maria.kyranou@cut.ac.cy

**Abstract**

The COVID-19 global pandemic is certainly taking a toll on all countries of the world. Health care systems are seriously challenged, and shortages both in staff and in equipment are evident even in high-income countries. Nonetheless, one cannot avoid wondering: Were these problems new or did they just exacerbate because of the terrible pandemic? Were there ways to have avoided the trauma faced by nurses (International Council of Nurses, ICN, 2021) after the overexposure to the health care crisis? Such a grim realization has specific implications for nursing. Naturally, one cannot change the world. Similarly, nurses cannot affect all aspects of health care systems that need serious reform. But nurses can affect nursing-sensitive outcomes. Most importantly, nursing-sensitive outcomes can be used to establish criteria for safe nursing practice. Health care institutions must enable health care professionals to function within the scope of their professional ethical codes. After all, systems operate thanks to the professionals comprising them. Similarly, professionals need to be facilitated by systems to function with integrity.

**KEYWORDS**

crisis, nursing practice, quality standards

The COVID-19 global pandemic is certainly taking a toll on all countries of the world. Health care systems are seriously challenged, and shortages both in staff and in equipment are evident even in high-income countries. Nonetheless, one cannot avoid wondering: Were these problems new or did they just exacerbate because of the terrible pandemic? Were there ways to have avoided the trauma faced by nurses (International Council of Nurses, ICN, 2021) after the overexposure to the health care crisis?

Reports by the European Federation of Nurses Associations (EFN) reveal that the Ebola crisis of 2015 did not find us prepared but left us with certain lessons (EFN, 2020). Were these lessons transformed into specific actions by regulatory bodies so that the COVID-19 pandemic could find us better equipped? Rather not. This a lesson for all countries as highlighted by the EFN report on EU Health Professionals' Perceptions of Preparedness for Ebola and Infectious Diseases of High Consequence (IDHC) 'We are not prepared unless we are all prepared' (EFN, 2015). Even worse, the same report confirms that 'nurses are still missing from discussions relating to policy both at the EU and Member State level'.

Such a grim realization has specific implications for nursing. Naturally, one cannot change the world. Similarly, nurses cannot affect all aspects of health care systems that need serious reform. But nurses can affect nursing-sensitive outcomes. Nursing-sensitive outcomes are indicators of nurses' contribution to the changes of patients' health status, experience with the health care system and cost of care (Joint Commission International, 2014). They are distinct and specific to nursing and differ from medical indicators of care quality. According to research studies that took place in the last 20 years, the most frequently investigated nursing-sensitive indicators are nursing ratios, mortality and nosocomial infections followed by pressure ulcer, patient falls, length of stay, patient satisfaction, central line infection and pulmonary embolism (Audet et al., 2018; Myers et al., 2018; Oner et al., 2020). For example, nurse staffing and the nurse-patient ratio affect the quality of nurse communication which in turn affects patients' functional independence at the time of hospital discharge (McGillis et al., 2003).

Other than their contribution to the systemization and improvement of clinical care, nursing-sensitive outcomes bear the potential to benefit nursing in multiple ways. To start with, funding can be sought

according to specific research goals geared towards the improvement of the quality of care nurses can affect. Research agendas can be constructed based on this approach and the findings of research studies could target the quick uptake by clinical nurses. Finally, education can be guided accordingly to prepare professionals with a focus on nursing quality and nursing-sensitive outcomes. Undoubtedly, the above approach should take place in the context of multidisciplinary teams which work together to maximize patient outcomes.

Most importantly, nursing-sensitive outcomes can be used to establish criteria for safe nursing practice. Health care institutions must enable health care professionals to function within the scope of their professional ethical codes. When specific organisational standards, such as low staffing and/or poor supplies, are not met, then professionals cannot be held accountable for missed care. However, each professional is personally responsible for the care he/she provides. Therefore, as Tonnessen et al. (2020) propose, a minimum set of standards need to be guaranteed by health care institutions to allow nurses to provide safe and competent care. After all, systems operate thanks to the professionals comprising them. Similarly, professionals need to be facilitated by systems to function with integrity.

What are the criteria for setting minimum standards for nursing care? Indisputably, health and health care are considered a human right (WHO, 2017). Thus, aspects of nursing care that are thought of as humane need to be safeguarded in any work setting. Patients' fundamental needs, such as nutrition and hydration, comfort care as well as psychological and spiritual concerns need to be addressed in all occasions assuming we are practising in a safe and organised environment (International Council of Nurses, 2012). It would be noteworthy if the revisions of the Code of Ethics for Nurses, currently taking place (ICN, press release: 21 October 2020), could take into account the above concerns and provided a way to specify what constitutes minimum standards of nursing practice.

Nurses have traditionally been in the frontline of every pandemic around the world and need be, will operate again having their patients' best interest as a priority even at the expense of their own health. When the crisis is over, nurses need to participate equally in decision-making processes for the training and coordination of acute responses in future similar situations. Furthermore, instead of waiting from others to acknowledge the contribution of nurses in the care of individuals, a set of minimum standards for safe nursing care need to be established to prove when nurses are functioning within the scope of their professional moral codes or when they are being overstretched to save as many lives as possible. In these latter situations, health care authorities and systems need to take responsibility for their level of preparedness that allow or hinder health care professionals to practise for the welfare of patients.

#### CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

#### ETHICAL APPROVAL

Ethical approval not required as this is a discursive article that did not involve primary research or the involvement of research participants, and does not present data.

#### ORCID

Maria Kyranou  <https://orcid.org/0000-0002-8724-2429>

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