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EDITORIAL

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Does COVID-19 really call for an overhaul of nursing curricula or promoting the power, status, and representation of nursing?

The COVID-19 pandemic has presented us with many well-documented challenges as well as causing death, disability, and economic devastation. All around the globe people were caught unprepared for the pandemic despite the warnings of public health experts. Many of these warnings were not considered serious and moves towards nationalism and populism have challenged global collaboration. Some have suggested that nurses were not prepared (Redden, 2020) (Veenema & Meyer, 2020) – this is true – but few anticipated where we would be – with over 8,507,721 confirmed cases and 454,439 deaths worldwide. Moreover, the devastation in high-income countries has been striking. In fact, the adjectives that most commonly describe characteristics of this pandemic are 'unprecedented' and 'uncertain'. Transmission of the virus, testing characteristics, contact tracing, pathophysiological manifestations, and treatment approaches are just some of the factors hotly debated and contested (Chan & Yuen, 2020).

Some have claimed that more content on infection control and public health surveillance is required in the nursing curriculum but it is important that we balance this perspective and move forward constructively, particularly within the realm of contemporary trends in education (Dalley, Candela, & Benzel-Lindley, 2008). We want to avoid preparing nurses and other health professionals for the last disaster rather than a broad array of future challenges (Morin, 2020). We recognize that many of the specific topics that we teach today will likely be not relevant in the years ahead. The purpose of this editorial is to challenge the critique of nursing education programs in that they lack training in disaster preparedness or a focus on infection control. The death, disability of both nurses and patients has been the fault of systems, not the knowledge of individual nurses or the institutions that educate them (Daly, Jackson, Anders, & Davidson, 2020). Instead, we consider it important to address the structural issues that contribute to the vulnerability of nurses and health systems. We hope this discussion will drive us to robust, resilient health systems where nurses are respected, have access to safe work environments, and are active partners in decision-making.

The curricula of all health professions, not just the nursing profession, are crowded and there is often fierce competition for hours, credits, attention and focus. A curriculum centred on broad clinical competencies, ethical reasoning and leadership prepares nurses to act intentionally and courageously as the public has witnessed during this pandemic. There are varied educational paths to nursing but a particular strength has been the accelerated nursing programs that prepare those with advanced degrees in other fields to become nurses. Graduates of these programs often think differently and are unafraid to expand the boundaries of the profession beyond traditional limits. Particularly at the pre-licensure level, the moral grounding of the profession in the nurse–patient relationship and the ability to evaluate and translate research into practice and be critical of what is happening around them are timeless and essential elements of nursing education. Many agree that the pandemic has challenged us all and of concern the future is uncertain. Climate change and zoonotic conditions are just some of the factors challenging our planet (Chuang, Cuartas, Powell, & Gong, 2020).

Traditional models of learning and approaches to evidence-based practice have been challenged (Greenhalgh, Howick, & Maskrey, 2014). It is impractical to think that every item of particular focus needs its own course and, in fact, this defies best models of curriculum integration and promotion of competencies, which leads to either fragmentation or diluted vagueness. While there is consensus on disaster competencies and preparedness, there is a lack of agreement as to the approach in education (Veenema, Lavin, Griffin, Gable, Couig, & Dobalian, 2017). Broad curricular guidelines and minimal emphasis in licensing or certification examinations potentially contribute to a perceived limited highlighting of public health emergencies in nursing education. In respect to disaster preparedness, many of these core concepts are integrated into curricula and tenets, such as infection control, critical in a pandemic are fundamental in all nursing programs and to a lesser extent, domestic terrorism or environmental disasters.

Although criticism of nursing curricula has been levied at pre-licensure education, much of what nurses at the bedside have been doing in the COVID pandemic focusing on infection control practices in their care of patients has been essential to nursing care from the time of Florence Nightingale. What is new in this crisis is the presence of nurse leaders prepared in health systems leadership and research. This is relevant because of the dimensions of this crisis that have involved health systems challenges such as supply-chain interruptions and demands at or exceeding the capacity of health systems. The chief nursing officers of many health systems around the country, including the Johns Hopkins Health System, are doctorally prepared nurses who have served as leaders in this pandemic. Dr. Deborah Baker, Senior Vice President of Nursing for Johns Hopkins Health System, came into the profession through an accelerated nursing program after completing a degree in psychology

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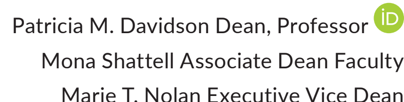
and serving as a mental health professional. Her previous psychiatric experience, nursing preparation and health systems leadership doctoral education in nursing placed her in good stead to lead nurses and interprofessional teams throughout the Hopkins system during this crisis.

Many schools of nursing, like ours, now offer dual degrees at the doctoral level in nursing and business or nursing and public health to prepare leaders of health systems and public health. The curricula for these programs remain grounded in the ethical commitments of nurses to patients, families and communities and prepare nurses with advanced research, health systems leadership and public health knowledge. These nurses will be prepared to lead in the next crisis whether in the form of a natural or manmade disaster. Throughout the whole of Johns Hopkins Health system, there have been no deaths of healthcare providers and this is in large part because of a dynamic, resilient, and well-led health system. Sadly, this is not the case around the world where many healthcare workers have died unnecessarily (Jackson, Anders, Padula, Daly, & Davidson, 2020).

Frequently the academy is an easy scapegoat for anything that goes wrong in the healthcare system (Davidson, 2020). In countries such as the United Kingdom and Australia, this has spurred calls to return nursing to hospital-based programs where this is a perception that the 'training' is superior to university-based education. Claims that nurses were unprepared to deal with COVID-19 due to their education and training fails to address the real issues that have led to the disastrous management of COVID-19 around the world – supply chain failures, exposure of vulnerable populations, and a void of leadership in some settings are just some factors that have contributed to deficiencies in the health system. After all, it is not that nurses do not know how to wear a mask, it is that they do not all have access to them (Davidson, Padula, Daly, & Jackson, 2020). Considered analysis of the COVID-19 pandemic have challenged us to pay close attention to workforce models as well as increasing the status of nursing and enabling scope of practice (Rosa et al., 2020).

1 | CONCLUSION

The issue of curriculum congestion will continue as knowledge increases exponentially, as will models of teaching and learning develop and evolve. Moral outrage, naming, and blaming are understandable but do not move us forward. Moreover, pointing the finger at nursing schools and saying that lack of disaster preparedness contributes substantially to COVID-19 is neither supportive nor enabling of the nursing profession and the complex challenges we face ahead.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