

# Effects of covid-19 on nursing practice and education regulation

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## ABSTRACT

States all around the country adopted new regulations affecting nursing education, entry into practice, and licensure in order to respond to the environment brought on by a global epidemic. Data for the state board of nursing was gathered by the authors for this article from several websites and letters from the state boards to deans, directors, and chairmen. Information gathered showed changes in practice and educational regulation. Associate degree instructors will need to continue keeping up with changes in nursing regulations as the pandemic progresses in order to meet the need for a healthcare workforce while also maintaining public safety. Early in 2020, the COVID 19 pandemic started in the United States (US.), causing significant social unrest.

Healthcare environments have been the most severely affected worker sector by this disruption. The overwhelming number of Americans who have been diagnosed with COVID-19 disease since the disease first arose has had a significant impact on the response to the lack of medical staff, supplies, equipment and physical space. States have implemented emergency declarations and modifications to the regulation of healthcare employees in response to the necessity for a workforce to provide healthcare. The regulatory response to this pandemic relating to registered nurse licensure and the education offered by associate degree and baccalaureate degree nursing programmes is examined in this study.

**Key Words:** *Nursing regulation; Nursing law; Nursing education; COVID-19; Pandemic*

## INTRODUCTION

The regulation of nursing to safeguard the public in America happened at the same time as social changes like industrialization and urbanization. The regulation of nursing has changed over time to cover both nurse education and licensing. A systematic assessment of publications published between 2000 to 2016, and then was done in 2019 to determine the elements that have affected nursing regulation globally. Their investigation uncovered social concerns as well as other themes that have an impact on nursing regulation. While nursing guideline has developed in view of difficulties and nursing practice changes previously, no outside factor fundamentally affects nursing guideline as the remarkable pandemic that has impacted wellbeing worldwide for over a year [1]. As far as training, the ongoing pandemic has made a requirement for medical services suppliers across disciplines to meet the remarkable expansion in patients requiring care. In the report by the National academies of sciences, engineering, and medicine (2020). Rapid expert consultation on staffing considerations for crisis standards of care for the COVID-19 pandemic, "the accessibility of prepared staff, more than some other component, will probably keep on being the greatest test of COVID-19 emergency clinic care". The need to expand a wide range of suppliers is recognized in this report with accentuation on the requirement for medical caretakers and respiratory specialists [2].

The board recommends various methodologies to enhance staffing including "moving forward staff" and position explicit preparation. From the get-go in the pandemic, proposals additionally included organizing changes in guideline of nursing, for example, reactivating lapsed licenses and considering practice across states. The pandemic has likewise affected training of medical services experts, including new attendants. As the pandemic grabbed hold across the US, grounds the nation over shut their entryways, requiring medical attendant teachers in baccalaureate and partner degree projects to drop nearby classes and research center encounters. Moreover, nurture teachers likewise found they couldn't give clinical encounters as organizations shut their ways to understudies to manage the expansion in persistent numbers with a restricted stockpile of PPE. Nursing schooling associations answered changes in the medical care climate with suggestions [3]. Nursing program license bodies, for example, the Accreditation Commission for Education in Nursing (ACEN, 2020) and the Commission on Collegiate Nursing Education (CCNE, 2020), both gave direction to help their authorize nursing programs considering adaptability in presenting of pedantic coursework and clinical encounters. The Society for Simulation in Healthcare and the International Nursing Association for Clinical Simulation and Learning (2020), likewise gave a joint position proclamation empowering the utilization of programmatic experiences to supplant required clinical hours.

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This large number of bodies offering direction forewarned nursing instruction projects to allude to neighborhood state sheets of nursing guidelines preceding going with choices to guarantee administrative consistence.

States have responded to the demands of the public in a variety of ways based on their particular circumstances as the epidemic has swept through states in waves of varying severity. This essay provides implications for bachelor and associate degree nurse educators while summarising the response to nursing regulation from a practice and educational standpoint [4]. A survey of COVID related licensure and schooling changes was led utilizing various sources. The creators started with utilizing materials distributed on sites, including the NCSBN archives framing changes in both practice and training. Moreover, archives connected in these tables of changes were likewise surveyed, like state/lead representative decrees, Board of Nursing administrative changes, as well as Letters to Program Directors, on account of instructive changes. The materials from each state leading body of nursing site were gotten to as well as letters to chiefs from the State Boards, whenever posted. A few states had no data posted and in these cases the state board or chiefs inside the state were messaged for additional data or a hunt of extra news things posted on sites were likewise used to distinguish changes made. The data from the sheets was checked on in two general classes as they connected with changes in view of COVID 19: 1) changes made connected with the guideline of training and licensure, including passage to practice, and 2) changes made to guidelines connected with conveyance of educational program. Administrative practice changes offering crisis permitting waivers because of the pandemic were made accessible in practically all states. These progressions were most normally made in view of declarations or chief orders made by lead representatives. In any case, few states carried out changes in view of authoritative orders, state administrative bodies (like the Board of Nursing), or state Board of Health orders. One state made changes in light of Department of State direction [5]. The most well-known change was potential open doors for medical caretakers with dynamic licenses in different states to rehearse in the state (counting the District of Columbia and Guam) regardless of whether the state was not piece of the Nurse Licensure Compact (NLC). Just two states didn't offer a waiver choice Arkansas (a reduced state) and Illinois (non-conservative). Many states (n= 24). Likewise gave changes to licensure reestablishment rules for both at present and previously authorized medical caretakers in the state, for example, permitting recharging without required proceeding with training, broadening cutoff times for restoration for 90 days or more, as well as permitting previously authorized attendants (resigned or slipped by licenses) to be authorized to rehearse, for the most part in the event that the permit had passed under five years earlier [6]. These waivers were presented in states that were both country and metropolitan all through the U.S. Many states (n=25), likewise offered new open doors or extended open doors for graduate medical caretakers who had not yet taken the National Council Licensure Exam (NCLEX) to rehearse, with management by an authorized medical caretaker presented as a prerequisite for those states posting this graduate nursing practice, despite the fact that it was not satisfactory the number of states that had this choice before the pandemic. Understudy nurture practice was likewise permitted in six states (i.e., senior nursing understudies or understudies with specific degrees of training) with limitations, like restricted extent of training and oversight by an authorized specialist. No less than 14 states and Guam had somewhere around one program in the state in which nursing understudies were permitted to graduate right on time to take the NCLEX and enter the labor force [7]. Changes in administrative oversight of the schooling of new medical attendants was additionally normal, with 42 states announcing changes in nursing training guidelines addressing both provincial and metropolitan networks the nation over.

These progressions were most generally imparted straightforwardly to nursing program chiefs through letters from state sheets of nursing. In any case, some state sheets of nursing gave official administrative direction while in certain states, administrative direction was given through leader orders [8]. The most widely recognized administrative reaction was as direction connected with giving clinical hours and utilization of reenactment to fill in for clinical hours (25 states). 9 extra states, for the most part those with practically no state required number of understudy clinical hours, gave general suggestions asking adaptability in advancing understudy program finish. Just four states (Arizona, Florida, Maryland, and Maine) explicitly distinguished choices for meeting pedantic course requirements. Less regularly, corrections were made to site visit timetables and rules administering workforce. Most states likewise recorded time limits for these waivers, the majority of which have now since terminated. As far as waivers connected with clinical hours, a larger part of the state sheets of nursing approved changes connected with clinical encounters, preceptorships, and informative choices including reproduction. It was clarified by many Boards that no two projects were indistinguishable and individual plans receptive to the singular program conditions should have been created. Normal subjects influencing nursing training incorporated the replacement of reproduction for clinical practice, update of required clinical hours or potentially graduation necessities and an accentuation on adaptability and imagination in gathering clinical targets [9]. Arrangements were proposed to meet required clinical hours including giving credit for understudy's working, chipping in, and participating in apprenticeships in clinical offices. Many Boards proposed that changes could be made to current training plans without earlier endorsement, yet with the prerequisite that a report be submitted to the board illustrating any changes. Reproduction as a substitute for clinical practice was frequently recommended. In those states with norms restricting the percent of reenactment that can be filling in for

## DISCUSSION

The need for healthcare workers, notably nurses, is still a major labor issue as the pandemic spreads rapidly across the nation. The regulation of practice and education has both undergone adjustments as a result of the epidemic, according to this evaluation of regulatory modifications enacted as a result. Expanding opportunities for student nurse practice was one of the most frequent regulation changes made by boards in relation to nursing practice within the state. Moving recent graduates into the job before passing the NCLEX has been another typical response to the pandemic. Teachers in associate degree and bachelor programs will be directly impacted by the changes in both practice and regulation. The immediate effect of administrative and curricular changes since the pandemic is yet to be seen. Nonetheless, results to consider are NCLEX pass rates and preparation for training. While the utilization of graduate medical caretakers practically speaking isn't new, what is different is the conditions and intricacy of the medical services climate graduates are entering. As new rehearsing experts, the effect on changes to new alumni with modified showing modalities makes a potential concern given the commitment schools of nursing have in getting ready future rehearsing medical caretakers. With many projects moving to reenacted encounters to supplant clinical, including computer experience choices, the planning of graduates has not been norm across programs. While not plainly a causal relationship, public NCLEX-RN first time elapse rates have been declining since the pandemic with first time elapse rate in 2019 at 88.18% yet those since the pandemic have been lower with a pass pace of 86.57% in 2020 and 83.75% for the initial 3/4 of 2021. What's more, an investigation of 2020 alumni broadly showed that certainty of graduates with restricted direct clinical open doors harmed their self-assurance. Partner degree nurture teachers should be perceptive of what current changes in planning are meaning for

NCLEX results and carry out proof based training methodologies to help NCLEX achievement and status for training. clinical, frequently those principles were loose [10].

### CONCLUSION

Unprecedented changes in healthcare, such as the regulation of nursing practice and education, have been brought about by the present epidemic. Nursing regulatory organizations will continue to address the issues brought on by the current pandemic to support the demands of the healthcare workforce in an endeavor to safeguard the security and welfare of the nation. As they advance and collaborate with clinical partners to meet student learning needs and graduation readiness, nurse educators at all levels will need to face regulatory adjustments. By doing this, educators will be helping to prepare our workforce for future catastrophic events as well as meeting healthcare results during the current epidemic.

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