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Quarter 1 2021/22 RUNNER-UP

#400WORDS: COVID-19 RESPONSE

Covid-19: Have we been more in tune with our patients?

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Background

Starting out as a new Student Nursing Associate Apprentice in September 2020, mid global pandemic, I won't pretend that my community nursing placement was a scary and exhausting experience. Being able to deliver person-centred care in their own home and having the opportunity to build the strongest of therapeutic relationships is a key nursing competency (NMC 2018a, 2018b).

Exploring the evidence in practice

Underdown (2020) explains that 'in times of crisis, people crave connection' and it is our NMC (2018) duty of care to advocate and be honest and truthful, which helps to strengthen those relationships. Covid-19, however, seems to present two aspects to our community patients; for some, who were already very isolated, they may have already adjusted as they have lived this for a number of years; for others, it seems to have stolen their social connections, taken away their lifelines and enhanced their anxieties and at times their depression. Mendes (2020) identifies that people living with a disability are more vulnerable to developing depression through the pandemic, going on to discuss that although medication may help for some in the short-term, social reconnection is key to unlocking symptoms.

The longer we isolate, the harder it becomes to resume normal social activities, or access communities we have lost connection with. Older people have become fearful of attending hospital appointments, the impact of such could be critical. Bevan (2020) reiterates this by stating some of the most severe cases of deteriorating health have been witnessed due to delay and reluctance in accessing healthcare. Green et al. (2020) highlights the number of patients being cared for at home, including those 'becoming' housebound has sharply increased since the pandemic.

Community nursing teams have consistently delivered care throughout the pandemic, despite increasing caseloads. Professionals have had to navigate and adjust their communication skills to reassure their patients during times of mask wearing and avoiding some physical patient contact such as the reassuring touch of an arm. Despite such barriers, interaction between patients and staff may have strengthened through this period,

as it is recognised that patients are developing a greater willingness to be more involved in their care (Green et al, 2020).

Conclusion

From a Biopsychosocial approach, Covid-19 has posed many threats and actual harms to individuals health and wellbeing. Evidence suggests that by ceasing social routines, the effect on physical and mental health and wellbeing has been compromised. Importantly, timely access to healthcare and community support has needed to be reinforced as an intervention against fear during the Covid-19 lockdowns and restrictions.

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