Examining the Global Nursing Regulatory Response to the COVID-19 Pandemic

Nicole Kaminski-Ozturk, PhD, and Brendan Martin, PhD

Background: During the COVID-19 pandemic, nursing regulatory bodies (NRBs) worldwide adopted a variety of measures to bolster the nursing workforce and ensure patient safety. **Purpose:** To examine the plethora of actions undertaken by the global nursing community in response to the public health emergency so that NRBs can increase transparency and better prepare for future crises. **Methods:** In early 2021, the National Council of State Boards of Nursing developed an online survey

demic, few resources exist for regulators to comprehensively examine the variety of approaches adopted by a large sample of their colleagues. This study sought to document the global nursing regulatory response to the COVID-19 pandemic, allowing careful examination of regulatory actions and thereby ensuring jurisdictions are better prepared for the next public health emergency.

Bac g d

Despite lessons learned from both the 2009–2010 H1N1 pandemic and the 2013–2016 Ebola outbreak, many countries—including the United States—were highly unprepared for the COVID-19

via Qualtrics (Provo, UT). The survey instrument itself consisted of 41 items and was organized into five domains: (a) Governance, (b) Practice, (c) Education, (d) Workforce and Discipline, and (e) Telehealth. Before final dissemination, the instrument was reviewed for face validity through coordination with experienced nurse regulators. The survey prompts and instrument were translated into

Practice

A similarly small number (n = 5) of representatives indicated their jurisdiction expanded the role of the nurse during the pandemic (Table 3). Actions included authorizing generalist and pediatrics nurses to prescribe COVID-19 vaccines to adult patients and authorizing unlicensed nursing students and recent (prelicensure) graduates to practice under certain conditions. Some jurisdictions (n = 4) also enacted changes to allow internationally educated nurses to practice within their jurisdictions. Changes outlined included strengthening bridge education opportunities, adjusting language proficiency requirements, and allowing nurses from independent territories and international jurisdictions to treat COVID-19 patients. Two-thirds of the representatives (n = 2) indicated these jurisdictional changes would be temporary in nature.

By contrast, a larger portion of representatives (37.0%, n = 10) indicated that there were changes to continued competency requirements within their jurisdiction. Primarily, most representatives highlighted the shift to online courses to assist nurses in fulfilling their continuing competency requirements. Additionally, many jurisdictions added courses related to "proper PPE [personal protective equipment] usage," "critical care," and "infectious diseases." As one representative indicated, "COVID-19 helped us to emphasise the need to develop competencies in emergencies." Nonetheless, of those respondents who indicated that continued competency changes were enacted in their jurisdictions, most (60.0%, n = 6) believed those changes would only be retained in part moving forward.

Education

Many representatives (53.8%, n = 14) reported that their jurisdictions made changes to nursing education to ensure students would graduate on time (Table 4). Participants indicated the delivery of nursing education was adjusted to accommodate student learning during the pandemic. For example, one representative comments, "Increased simulation, virtual reality due to decreased clinical placements; the college has allowed the use of more simulated learning hours as credit; [virtual education modality]."

Aligned with respondents' earlier comments -1.2383 (e)10.4 (a)14

representatives reported that a variety of actions were adopted, including increasing simulation-based experiences (65.0%, *n* = 13), increasing the use of virtual simulation (45.0%, *n* = 9), and waiving clinical experiences entirely (20.0%, *n* = 4). Respondents were fairly divided as to whether they believed these changes would be temporary (55.6%, *n* = 10) or a mix of temporary and permanent (44.4%, *n* = 8).

Workforce and Discipline

Only one respondent reported that their jurisdiction allowed student nurses to graduate early and enter the profession (Table 5). By

TABLE 5

S /e Re e : W f ce a d D c e

Survey Item	% (*n*)
W . r . .	
9. Were student nurses allowed to graduate early to enter the workforce? (= 26)	
Yes	3.8% (1)
No	96.2% (25)
10. Were retired nurses allowed to re-enter the workforce? (= 26)	
Yes	61.5% (16)
No	34.5% (10)
11. Were other changes made to licensure, registration, or regulation in order to expand the nursing workforce? (= 26)	
Yes	34.6% (9)
No	65.4% (17)
D !	
12. Did you receive fewer or more complaints about nurses during the pandemic? (= 26)	
Many fewer complaints	11.5% (3)
Fewer complaints	15.4% (4)
About the same number of complaints	61.5% (16)
M = 26) complaints 26)	
Yes	

TABLE 6

S /e Re e : Te e ea n a d A O ne C a ge

Survey Item	% (*n*)
T t	
14. Have there been any changes to regulations or policies regarding telehealth for nurses? (= 26)	
Yes	30.8% (8)
No	69.2% (18)
14b. Do you expect these changes to telehealth policies and regulations to remain… (= 8)	
Temporary	12.5% (1)
Permanent	25.0% (2)
A mix of both temporary and permanent	62.5% (5)
15. To your knowledge, are nurses located outside of your jurisdiction providing telehealth services to patients within your jurisdiction? (= 16)	
Yes	38.5% (10)
No	61.5% (16)
16. Do nurses in your jurisdiction provide telehealth nursing services across international borders? (= 26)	
Yes	15.4% (4)
No	84.6% (22)
A Or . C !	
17. Have there been any other changes made to nursing regulation or governance not previously addressed? (= 25)	
Yes	4.0% (1)
No	96.0% (24)

ing quality nursing education. The pandemic also provided a platform to challenge long-standing norms and modernize the nursing workforce by expanding telehealth-facilitated care and improving nurse mobility.

Most respondents indicated that changes were made to nursing education during the pandemic. More than half (53.8%, *n* = 14) of all representatives indicated that changes were made to nursing education to ensure students graduated on time. Furthermore, both lecture-based (76.9%, *n* = 20) and clinical experiences (75.0%, *n* = 15) were adjusted to support students' educational needs. Representatives pointed to an increase in both simulation-based experiences (65.0%, *n* = 13) and virtual simulation (45.0%, *n* = 9). These adjustments parallel the shift to remote learning from didactic lecture courses and the shift to simulation-based experiences from traditional in-person clinical experiences observed in the United States (Martin et al., 2023; Kaminski-Ozturk & Martin, 2023). It is not yet clear how these changes will ultimately impact nurses who received their education during the pandemic (Monforte-Royo & Fuster, 2020). Early research seems to suggest the pandemic-driven shifts to remote learning and simulation-based experiences may have exacerbated education inequalities, particularly in developing countries with limited internet access (Agu et al., 2021).

A small number of surveyed respondents also indicated their jurisdiction expanded the role of nurses (18.5%, *n* = 5) or changed licensure, registration, or regulatory processes to improve efficacy (34.6%, *n* = 9). Jurisdictions that expanded the role of nurses did not coalesce around a central theme; rather, they adopted diverse measures, such as allowing students to practice before becoming licensed and allowing pediatric-trained providers to administer COVID-19 vaccines to adults. In terms of changes to licensure, representatives indicated their jurisdictions had made telehealth-specific licenses more available, and some nurses were allowed to practice with verbal confirmation from their NRB before official documentation was furnished.

El Bcheraoui, C., Weishaar, H., Pozo-Martin, F., & Hanefeld, J. (2020). Assessing COVID-19 through the lens of health systems' preparedness: Time for a change. *Globalization and Health*, *16*, Article 112. https://doi.org/10.1186/s12992-020-00645-5

Fraher, E. P., Pittman, P., Frogner, B. K., Spetz, J., Moore, J., Beck, A. J., Armstrong, D. & Buerhaus, P. I. (2020). Ensuring and sustaining a pandemic workforce. *New England Journal of Medicine*, *382*(23), 2181-2183.

Glasper, A. (2020). Healthcare regulators' responses to the COVID-19 pandemic. *British Journal of Nursing*, *29*(8), 484–485. https://doi.org/10.12968/bjon.2020.29.8.484

Jackson, D., Bradbury-Jones, C., Baptiste, D., Gelling, L., Morin, K., Neville, S., & Smith, G. D. (2020). Life in the pandemic: Some reflections on nursing in the context of COVID-19. *Journal of Clinical Nursing*, *29*(13–14), 2041–2043. https://doi.org/10.1111/jocn.15257

Kaminski-Ozturk, N., & Martin, B. (2023). Virtual clinical simulation adoption and use by licensed practical nurse/licensed vocational nurse education programs during the COVID-19 pandemic. *Journal of Nursing Regulation*, *14*(1) 21–29.

Konrad, S., Fitzgerald, A., & Deckers, C. (2021). Nursing fundamentals–Supporting clinical competency online during the COVID-19 pandemic. *Teaching and Learning in Nursing*, *16*(1), 53–56. https://doi.org/10.1016/j.teln.2020.07.005

Lippert, A. (2020). Ensuring effective and quality care during a pandemic. *Journal of Nursing Regulation*, 11(1), 58.

Martin, B., & Kaminski-Ozturk, N. (2023). A preliminary examination of healthcare facilities' nurse staffing strategies to address COVID-19 surges. *Journal of Nursing Regulation*, *14*(1) 64–72.

Martin, B., Kaminski-Ozturk, N., Smiley, R., Spector, N., Silvestre, J., Bowles, W., Alexander, M. (2023). Assessing the impact of the COVID-19 pandemic on nursing education: A national study of prelicensure RN programs. *Journal of Nursing Regulation*, *14*(1S) S1-S68.

Mason, D. J., & Friese, C. R. (2020). Protecting health care workers against COVID-19—and being prepared for future pandemics. *JAMA Health Forum*, *1*(3), e200353. https://doi.org/10.1001/jamahealthforum.2020.0353

Monforte-Royo, C., & Fuster, P. (2020). Coronials: Nurses who graduated during the COVID-19 pandemic. Will they be better nurses? *Nurse Education Today*, *94*, Article 104536. https://doi.org/10.1016/j.nedt.2020.104536

National Council of State Boards of Nursing. (2018). *NCSBN launches Global Regulatory Atlas* [Press release]. Retrieved October 20, 2021, from