

EDITORIAL

ONE YEAR OF THE COVID-19 PANDEMIC: NURSING RESEARCH PRIORITIES FOR THE NEW NORMAL ERA

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We have been living in the COVID-19 pandemic since it was first detected in December, 2019 in Wuhan City, Hubei Province of China ([World Health Organization, 2020](https://www.who.int/news-room/feature-stories/2020-12-11-wuhan)). Every country has been trying to face the virus and its impacts on the community. At the beginning of the pandemic, policymakers and politicians were often accused of doing the wrong things as they balanced the dichotomies between to do lockdown or not; to close borders or not; and to protect life or economy. Did they actually make the wrong decisions based on what they didn't know or their political priorities? Basically, decisions could only be based on what seemed reasonable to do at a particular point in time because so little was known about this novel virus. In recent months of the pandemic, science is providing policy makers with updated data related to the virus' impact on its victims, transmission factors, and the effectiveness of mitigation strategies. However, it is a matter of choices and commitments of the policymakers and politicians to preserve lives today and what may happen next as well as the willingness of populations to comply with those policies.

Decisions varied greatly from one country to another. Clearly, different countries have come to different approaches and conclusions based on their particular situations, cultures, and most importantly, political realities. Each government needs to show consistency as a key to ethical decision-making. Inconsistency creates trust issues and a blame game among communities with differing outcomes related to the virus' impact. Examining the behaviors of more "successful" counties might provide the best clues to enhancing outcomes across the globe.

Today, thousands of research papers have been published to address all aspects of COVID-19. The scientific community has studied the origin,

structures, and pathogenesis of the virus ([Mishra & Tripathi, 2020](https://doi.org/10.1016/j.npr.2020.12.001)). World Health Organization (WHO) has also updated the guidelines and protocols regularly, specifically to prevent the second wave although there are still many countries are fighting for longer for the first wave, such as Indonesia. However, although several potential vaccine candidates have been developed ([Mishra & Tripathi, 2020](https://doi.org/10.1016/j.npr.2020.12.001)), the trickiest time is still ahead, most critically when a safe and effective COVID-19 vaccine will be available and widely distributed.

As of December 8, 2020, there were 68,055,468 cases with 47,145,603 recovered, and 1,553,150 deaths worldwide ([Worldometer, 2020](https://www.worldometers.info/coronavirus/)). It is impossible to predict the ultimate COVID numbers. However, during the crisis, people are trying to adapt to the new normal while nurses and other healthcare workers are still struggling under the heavy load of the continuing pandemic. There is a lot of appreciation for the nurses, as they are referred to as heroes today. Their sacrifices have been huge, including many becoming sick themselves due to lack of protective equipment and continuous exposure to the virus over many hours of daily contact with the sick.

Despite the negative impacts of the COVID-19 pandemic, many people have seen the virus from the positive angles, such as the decreased pollution of reduced commuting to jobs, the application of hygiene-based preventive and action protocols in the institutions, paperless learning due to online courses, having more time with family due to working from home, and some examples of people and communities supporting one another ([Acob, 2020](https://doi.org/10.1016/j.npr.2020.12.001); [Gunawan, Aunguroch, et al., 2020](https://doi.org/10.1016/j.npr.2020.12.001)). This pandemic also teaches us deeply about our relationship to God, specifically in remembering about death that can happen at any

time (Acob, 2020). Life is a long marathon; slow it down, and enjoy every moment.

However, everyone has a role to play. As editors, we hope to play our part in curbing the virus and supporting the nurses in the new normal after the pandemic subsides. This editorial highlights ten nursing research priorities that may guide researchers to conduct future studies and advance collaboration. Setting research priorities is needed as research is vital to professional nursing practices that use evidence to provide optimal care (Lusmilasari et al., 2020). The ten research priorities are described:

First, during the COVID-19 pandemic, nursing care has been delivered both directly or virtually. The majority now use virtual nursing care in the community where possible (Gunawan, 2020). Therefore, the concept of virtual caring and nursing care model with less non-verbal communication should be further developed and examined. In addition, telenursing has become an essential component for nursing care delivery (Rakhmawati, 2020), whether we are ready or not for the new normal era. Nurse preparation and competence towards the use of telecommunication technology should be investigated. Also, the design of new tools for telenursing needs to be examined in terms of quality, ease, and effectiveness. Its impact on access and quality of care, especially for disadvantaged populations, will be vital. In addition, a protocol for telenursing evaluation and follow-up of patients should be developed. What health systems need to be altered to enhance these new practice realities? How does funding impact these? What is the time allotment impact of these new technologies? Are they more or less efficient?

Second, it is clear that, in the battle of COVID-19, people's behavior is one of the crucial components for fighting the novel coronavirus and its consequences while waiting for a COVID-19 vaccine. Preventive behaviors, such as keeping physical and social distancing, hand hygiene, and wearing a face mask, have been encouraged by the government and healthcare workers for everyone to follow. But some may subconsciously refuse to cooperate, and it may be related to many variables, such as knowledge, attitude, habits, culture, personality traits, and even conspiracy. Therefore, understanding people's complex behavior is another priority to explore, so we can act to mitigate its impacts. Studying the impact of culture on these behavioral variations will inform new approaches to improve compliance.

Third, stress, burnout, depression, stigma, and other mental health problems among nurses have become crucial issues today (Gunawan, Juthamane, et al., 2020; Ketphan et al., 2020), and they should be prioritized now. Nurses are leaving the profession at alarming numbers due to these ongoing stresses. What supports work best to help nurses? How can they best be deployed? Psychological problems among all people during quarantine or lockdown, economic loss and the loss of beloved ones are also important topics (Gunawan, Juthamane, et al., 2020; Ketphan et al., 2020). Designing, implementing and evaluating mental health science innovations and solutions are needed.

Fourth, research related to human resource management is essential. It is no doubt that we must start planning now for a future with enough nurses, and the entire nursing workforce should be better paid (Gunawan, 2020). Also, there is a generation gap for the replacement of retiring nurses. Designing staffing models and innovative human

resource strategies for the new normal is necessary. Besides, organizational commitment among nurses needs further investigation due to high workload, low salaries, high ratios of patients/nurses, and other factors (Cabrera & Zabalegui, 2020).

Fifth, from the COVID-19 crisis, we realize that palliative care must be integrated with each level of nursing services, specifically to ensure that the frontline nurses have a degree of communicating emphatically and effectively and managing symptoms comfortably in a time of uncertainty and high stress. Palliative care models should be well developed, and palliative nurses' roles should be examined. The profound loss felt by families because their loved one died alone, without family ability to be there and comfort them can have lasting effects. How do nurses need to follow up with these grieving families??

Sixth, after one year of the pandemic, it is better to understand government responses and compare the politics of COVID-19 and how they impact nursing practice in both hospital and community settings. We should be able to review and judge whether the decisions that the policymakers made are acceptable. Variations in virus incidence and outcomes across settings provide data to compare effectiveness of policy on the populations

Seventh, unfortunately, there is a gap in understanding how nursing theories are linked with nursing practice in the COVID-19 crisis. Perhaps, we may be able to develop nursing care models to create healing environments. The linkage of Florence Nightingale's theory, Jean Watson's caring, Betty Neuman's health system model, or other theories to nursing practice in the new normal era should be further analyzed.

Eighth, in the new normal era, e-learning in nursing education is mostly used, and it may impact the students' wellness and academic outcomes. Additionally, most of the students just sit down in front of their computers/laptops most of the days without real interactions. It may affect their mental health. Besides, nursing is still not attractive enough for a career choice for young generations, especially for men. It is the homework for nursing educators to provide the solutions.

Ninth, nurse competence is essential to improve COVID patient outcomes. From this pandemic, we learn that the hospitals lack trained nurses to provide full care for patients with COVID-19. Infection prevention and control should be the basic requirement and training for new nurses and the required curriculum for nursing students. The nurse competence should be regularly updated and examined to maintain the quality of care and patient safety. What have we learned about best nursing practices for these patients that enhance their outcomes and reduce complications? How can these be included in nurse competency updates?

Tenth, 2020 is considered the year of the nurse and midwife designated by WHO (Gunawan, 2020). Without a doubt, the image of nurses is increased during the pandemic in playing important roles to provide care and save lives (Gunawan, 2020). A high profile of nursing is in the spotlight right now. Evaluating and increasing the quality of the nursing image in the new normal are needed, as the image will influence the trust of the patients in nurses' abilities. Besides, some countries have poor professional consideration related to low autonomy and visibility (Cabrera & Zabalegui, 2020). Society should be aware of the full

potential of nurses and not have laws limiting that potential. How does nursing as a profession advocate for itself to eliminate these barriers to full practice?

Finally, these ten research priorities are expected to be the future nursing research direction in the new normal era. They should be viewed as a positive step for the nursing agenda in each country. It is clear that countries that invest more in their nursing workforce have a stronger healthcare system and make a more significant impact on health. We acknowledge the hard work of the nurses around the world in the battle of COVID-19. Their work should be truly valued, as cited in the anonymous quote, "save one life and you are a hero, save one hundred lives and you are a nurse."

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