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Capturing the Impact of the COVID-19 Pandemic on Children's Nursing

In early 2020 the COVID-19 pandemic unfolded across the globe. Countries worldwide responded by introducing a range of measures to limit social interaction to reduce the spread of the virus amongst the population and to protect their health, social care and educational systems. This meant the closure of schools, health centres, youth centres, shops, places of worship and work and restricted use of open spaces – discussed in this commentary as 'lockdown' conditions. Undoubtedly the pandemic has had a major impact on the work of all healthcare professionals but this commentary looks specifically at the impact on children and young people the work of paediatric nurses and the implications for nurse education both now and in the future.

Although it is written in the context of a rapidly growing and changing body of evidence related to COVID-19 we do know that in terms of physical health children are less likely than adults to acquire the disease and globally there have been far fewer cases of confirmed COVID-19 in children when compared to adults (Royal College of Paediatrics and Child Health [RCPCH] 2020a). The potential role of children in the transmission of the virus has not yet been established (RCPCH, 2020a) but most children present with much milder symptoms than adults or indeed are totally asymptomatic (RCPCH, 2020a) and childhood death due to COVID-19 is rare (RCPCH, 2020a). The majority of children with mild symptoms do not require hospital admission (ESPNIC, 2020).

That said, reports from the UK, the US, Italy and France have identified a small number of children with known exposure to COVID-19 who went on to develop a rare but 'significant' inflammatory response similar to 'Kawasaki shock' and other paediatric inflammatory conditions (RCPCH, 2020b). Although the mechanisms of this syndrome are as yet unknown, excessive inflammatory markers are reported alongside symptoms such as abdominal pain, fever, vomiting, and diarrhoea that often progress to cardiac involvement (RCPCH, 2020b) and such children are likely to require intensive care.

Providing nursing care to children and young people during the COVID 19 crisis has required new ways of working particularly as remote services and telephone helplines have replaced many face-to-face consultations. In hospital settings maintaining safety in the context of child and family centred care has required

that nurses pay particular attention to communication with parents about hand hygiene and the necessary limits to visiting whilst minimising fears and promoting remote contact through available technology (European Society of Paediatric and Neonatal Intensive Care [ESPNIC] 2020). Restrictions to visiting also increase the burden for the accompanying parent or carer (NHS 2020). Communication and engagement with children and young people about COVID-19 in an age appropriate way that also empowers them to express their needs is both crucial and possible, as shown in the approaches towards this population in Canada and New Zealand (Green, 2020).

The timing and duration of lockdown conditions have varied across nations but all have experienced major disruptions to normal society. Albeit imposed to protect the population, lockdown has had unintended health consequences for children and young people in the home - and those living in poverty are likely to be disproportionately affected (Fry-Bower 2020; RCPCH 2020). For example, children in these homes will experience increased exposure to poor housing conditions or passive smoking which will impact on their respiratory health, and they may miss out on meals that they would normally access in school or other day-care settings.

In terms of safeguarding issues, lockdown has exposed vulnerable children and young people to increased domestic risk through unusually extended periods of family contact time that cause stress and anxiety through disrupted routines, home schooling expectations or financial concerns. They may also be living in homes with clinically vulnerable family members who are 'shielding' (Public Health England [PHE] 2020). These domestic risks are exacerbated in countries where there is already an acknowledged child health crisis including the US (Fry-Bowers, 2020) and the UK (Horton, 2018; RCPCH, 2020c). There is also potential for safeguarding processes to breakdown through reduction of the usual education, health and social care surveillance systems (Green, 2020; NSPCC, 2020) illustrated through increased numbers of calls to child support lines (Hennessy, 2020), increased police attendance at domestic abuse incidents (Green, 2020) and a marked escalation on alcohol sales (Ellson, 2020). At the same time, reports of a significant decline in children attending healthcare services such as accident and emergency or their GP (Thornton, 2020) highlight reduced opportunities for face-to-face consultations that might otherwise alert

children's nurses to potential abuse or neglect. As restrictions lift worldwide, the safeguarding workload is likely to increase adding to the burden of potentially unfinished caseloads from the outset of lockdown measures.

The pandemic is undoubtedly a time of increased stress and anxiety for children and young people but as schools and colleges close, they not only lose their usual peer support systems but the opportunities for direct contact with health professionals too. Agencies are also warning of the serious impact on the mental health of young people caused by the lack of youth services at this time (National Youth Agency, 2020). The reported daily death toll of adults due to COVID-19 also makes it increasingly likely that bereaved children and young people across the world will need emotional support services that are currently difficult to access. Reports of worsening mental health and reduced access to mental health support (Young Minds, 2020) during this crisis suggest that there are many unmet emotional needs in this group that require vigilance not only in the short term, but also in the long term (Dalton et al., 2020) as lockdown conditions loosen.

This all reminds us that although COVID-19 has predominantly impacted on the physical health of the adult population, the impact on the health and wellbeing of children and young people should not be underestimated. The very different Covid-19 experiences of children and young people both in terms of their immediate physical health and long term mental health serve as a reminder that children and young people should not be regarded as 'small adults' and that the nurses who care for this group need to be effectively prepared for the potential impact of this pandemic on children and young people both now and in the future.

Implications for the education of children's nurses

The educational preparation required to become a paediatric nurse varies across the world. Whether undertaking an undergraduate or postgraduate route to qualification, paediatric nursing students have experienced a number of changes or disruptions to their theoretical and practice education experiences as a result of the COVID-19 pandemic.

Many elective services for children were cancelled during the early months of the crisis to reduce the general burden on various health systems, and to allow

staff to focus on the expected influx of patients affected by COVID-19. This meant that some children's healthcare settings were temporarily closed or reconfigured to enable spaces to be merged or converted to dedicated COVID-19 units for children, young people or adults. Some registered children's nurses were also redeployed to critical areas, paediatric intensive care units, emergency departments or indeed to adult settings and many community settings had to close their doors to students. Such changes undoubtedly led to disruption of practice learning opportunities for students and effected their experience of supervision.

Student nurses have also had to adjust rapidly to alternative arrangements for completion of both theoretical and clinical components of their programmes following campus closures and severely disrupted clinical rotations. Their role in supporting the health workforce during the pandemic varied from country to country depending on the rules and regulations related to licensing and accrediting bodies. For most though, student programmes were radically altered to allow students to 'move to the frontline' with many eligible final year students reducing theoretical components of their programme in favour of extended clinical practice in order to complete their programme whilst supporting the Covid-19 effort. Arrangements have necessarily varied between nations. In the UK for example England gave third year students the opportunity to join an 'emergency' nursing register, entering the paid (and thus insured) workforce on extended placements that lead to qualification, whilst students in Wales, Scotland and Northern Ireland completed their programmes via a paid extended placement but were not temporarily registered. The unanticipated early ending of such paid contracts as the first wave of the pandemic eased was also a cause for some grievance in England (Quinn, 2020).

Of course, not all students were experienced enough or eligible to undertake clinical practice in these circumstances. For these students, Faculty have had to negotiate with nurse regulators to replace clinical rotations with screen based simulated learning and drawn heavily on remote and online technology as campuses closed or planned for limited opening with social distancing measures. Such measures have undeniably impacted on academic experiences. Availability and quality of technology has become pivotal to learning and assessment experiences not just in terms of what is offered by the learning institution, but

also on the student's own resources. The environment in which this learning takes place has also become an issue for academics to consider as classmates and the classroom and indeed academic offices are replaced by homes and competing family demands. Continuation of these measures and the predicted diminished social experiences associated with university life have also brought about Faculty concerns related to reduced applications for nursing programmes for the coming academic year.

Whilst the devastating impact of Covid-19 on the adult population worldwide is acknowledged, this commentary aimed to highlight the impact of the pandemic not only on children and young people but on the preparation of the students who will care for this group in the future.

Commentary written in collaboration by Dr Debbie Fallon, Dr Jane Davies, Dr Sonya Clarke, Katie McGhee, Fiona MacLeod, and Wendy Sinclair on behalf of the committee for Children and Young People Nurse Academics UK

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