

Pandemic Uncertainty: Considerations for Nephrology Nurses

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CE 1.3 contact hours

The very nature of a pandemic is a rapidly changing situation, and as such, writing for publication in a journal is difficult given the temporal relevance and unpredictable events from the time of writing to printing. On March 11, 2020, the World Health Organization (WHO) officially stated that the coronavirus COVID-19 situation is now a pandemic. Since that time, the pandemic has grown exponentially worse. The word *pandemic* stems from the Ancient Greek word, *panemos*, meaning ‘all of the people’ (Morens & Taubenberger, 2011). A pandemic refers to a widespread occurrence of a disease affecting a high proportion of the population in one or more regions (Morens & Taubenberger, 2011). The two reasons given for the decision to proclaim a pandemic were the speed and scale of transmission of the virus and the opinion that some countries, despite warnings, were not approaching the threat with the political commitment that was required for control (WHO, 2020). Often in outbreaks, there is uncertainty; evolving science; unpredictable and changing information regarding the potential scale, risk, severity, and mortality; and who is most at risk (Morens & Taubenberger, 2011). These situations globally present us with both personal and professional challenges whereby clear, consistent, and understandable communication is required to reduce ambiguity (Driedger et al., 2018). This article briefly discusses points to consider and/or approaches to use to reduce uncertainty.

Uncertainty

It is very important to acknowledge that the only certainty in a pandemic is that there will be uncertainty. As nurses, we are more familiar with the concept of uncer-

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Statement of Disclosure: The authors reported no actual or potential conflict of interest in relation to this continuing nursing education activity.

Note: Additional statements of disclosure and instructions for CNE evaluation can be found on page 131.

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Harwood, L. (2020). Pandemic uncertainty: Considerations for nephrology nurses. *Nephrology Nursing Journal*, 47(2), 127-130. <https://doi.org/10.37526/1526-744X.2020.47.2.127>

The COVID-19 pandemic is a situation of great magnitude that most of us have not experienced in our lifetime. Pandemics are widespread, affecting many geographical areas, and uncertainty is inherent given the rapidly changing situations. As nurses in dialysis providing a life-sustaining therapy, we are required to provide an essential service during pandemics and need to thrive in the uncertainty. This article offers points for consideration that can assist nephrology nurses in their approach to these uncertain times.

Key Words:

Pandemic, uncertainty, nephrology nurses, dialysis, COVID-19, coronavirus.

tainty of illness (Mishel, 1981); however, the definition of a judgment about how we appraise an event or situation is applicable for our patients and perhaps also nurses’ judgments, emotions, and subsequent behavior. When an event is appraised as uncertain, it usually contains one or more of the following characteristics: 1) vagueness, 2) lack of clarity, 3) ambiguity, 4) unpredictability, 5) inconsistency, 6) probability, 7) multiple meanings, and/or 8) lack of information (Norton, 1975). Uncertainty during an infectious disease outbreak is undisciplined, anxiety-provoking, and not easily managed (MacPhail, 2010).

Taha, Matheson, and Anisman (2014) examined relationships between intolerance of uncertainty and anxiety mediated by appraisal of a viral threat to 316 adults who were provided with several stressful scenarios. Participants perceived the threats as moderately stressful (Taha, Matheson, & Anisman, 2014). The people who reported high levels of measured intolerance of uncertainty also experienced high levels of anxiety. The authors also noted

that intolerance of uncertainty is a person-level trait, and as such, our patients and nurse colleagues will have differing responses and behaviors in a pandemic. One may question whether focusing on the controllable factors in our immediate environment (such as restricting visitors, ensuring patients perform hand hygiene before entering and exiting the dialysis units, and ensuring that nurses use the correct personal protective equipment) reduces anxiety. Further, Taha, Matheson, Cronin, and Anisman (2014) studied emotional reactions to a perceived threat. Online surveys were completed ($n = 1,027$) on self-reported measures during the H1N1 pandemic in 2009. Greater intolerance of uncertainty was associated with lower appraisals of self and others' control, which was predictive of lower levels of problem-focused coping and greater anxiety due to H1N1 (Taha, Matheson, Cronin et al., 2014). People who were intolerant of uncertainty were more likely to appraise the pandemic as threatening and more likely to use emotion-focused coping, contributing to higher anxiety levels (Taha, Matheson, Cronin et al., 2014). Essentially, this research demonstrates that being able to tolerate more uncertainty is preferable because it relates to problem-solving coping strategies and less anxiety, which are important qualities for nurses in a pandemic.

The Precautionary Approach is a framework that can be used for outbreaks of infection when the impact on patient outcomes is uncertain. This Precautionary Approach was established in the European Union as a means to structure responses to a threat, such as novel pandemic influenza viruses, when the impact of the threat is uncertain (Millar, 2014). Using this approach, actions are proportional, non-discriminatory, consistent, account for costs and benefits, and subject to revision, and decision-making is guided by scientific evidence when it is available (Millar, 2014). For example, in assessing the proportionality, Millar (2014) lists the following as points for consideration: "What are the risks, how serious and how likely? What are the uncertainties? Who or what is at risk? What are the available and feasible options to mitigate the risk? and What are the risk, costs and benefits associated with these options" (p. 91)? These questions can be a guide to assist leaders in making decisions in their units and also for those interested in trying to understand how decisions are made during a pandemic.

Communication, Transparency, and Trust

Communication is essential in a pandemic. Siegrist and Zingg (2014) recommend the following for successful communication in a crisis:

- "Focus not only on confidence but also on trust,
- A heterogeneous set of experts should communicate,
- Use a transparent information strategy,
- Establish trust in health authorities before an outbreak, and
- Medical personnel need to adopt the recommended behavior" (p. 29).

Driedger and colleagues (2018) further emphasize that the cornerstone of strategic risk communication is transparency. In a pandemic, this involves being open and honest about the uncertainty, specifically communicating both what is known and what is unknown to patients and staff.

A key point in mitigating a pandemic is the behavior of the public. The likelihood that the public will follow the advice, in this instance of COVID-19, to increase hand washing and social distancing is very dependent on their ability to trust. Trust is one of the most important factors in decision-making for adopting precautionary behavior during a pandemic (Siegrist & Zingg, 2014). Transparent communication enhances trust and the likelihood that people will engage in behaviors that reduce the potential for the virus to spread. These principles would also be important for leaders in health care organizations to communicate to their staff. Communicate in a transparent manner, and acknowledge that decisions will be made based on the best available knowledge and that this may change often. Transparency should also be included when disclosing information to patients in dialysis units. It also involves being honest regarding the situation in the unit and how patients can help protect themselves, their health care providers, and their family members. It is important to communicate what they can and cannot expect from us. For example, patients can expect that recommended and current infection control practices will be used to reduce transmission. At the same time, patients should also expect their dialysis schedule(s) will likely change. Dialysis units may have an advantage because there may already be trusting therapeutic relationships developed between nurses and patients, and patients may be more likely have trust in health care advice and the managing of the situation to mitigate risk. This also includes that nurses have trust in their unit leadership, despite the frequent and rapid changes. Unit leadership is likely to have the most up-to-date information regarding the organizational status and recommendations.

A theoretical framework, called the Trust, Confidence, and Cooperation (TCC) model, which describes the influence of trust and confidence on cooperation, can be applied for use in pandemics (Siegrist & Zingg, 2014). Siegrist and Zingg (2014) define trust as "the willingness to make oneself vulnerable to another based on a judgment of similarity of intentions or values" and note that "the judged value similarity between one's currently salient values and the values attributed to others determines social trust" (p. 25). Siegrist and Zingg (2014) define confidence as "the belief based on past experience or evidence that certain future events will occur as expected" posit therefore that "the abilities and competences attributed to others determine confidence" (p. 25) and note that "the distinction between trust and confidence implies a distinction between intentions and abilities" (p. 26).

Agility

“In the complex and uncertain environment of a sustained, evolving crisis, the most robust organization will not be those that simply have plans in place, but those that have continuous sensing and response capabilities” (Nohria, 2020, p. 1). Organizations better positioned to continually respond to uncertainty are those that have the ability to rapidly appraise changes in situations and respond based on simple principles (Nohria, 2020). Nohria (2020) gives an example from complexity theory that in a crisis-response, basic actions saves lives, noting that in the event of a fire, walking slowly toward the exit saves more lives than complicated escape plans. Organizations that are more likely to be successful in a sustained crisis include characteristics such as having established networks, distributed leadership, less interdependence, dispersed workforce, and cross-trained generalists, and are guided by simple yet flexible rules (Nohria, 2020). This is somewhat concerning given that health care organizations tend to be or have more hierarchical, centralized leadership, a concentrated workforce, and specialists, and are typically driven by policy and procedure. Dialysis units in particular tend to have a concentrated nursing workforce with a practice that is highly driven by policy and procedure.

The concept of agility, when applied to pandemics, refers to the ability to make successful adjustments to processes and routine-breaking actions (Lai, 2018). Agile organizations are capable of adapting to changing pandemic scenarios in a timely manner, adequately and with flexibility (Lai, 2018). Unfortunately, it is not known how best to learn these skills and develop organizational agility in extreme situations (Lai, 2018). Lai (2018) recommends the following factors, which may be conducive to developing organization agility:

- Leadership,
- Knowledge and expertise,
- Interdependence, and
- A shared understanding.

How can this information help nephrology nurses? Nephrology nurses can adopt a mindset of agility and be responsive in a pandemic by:

- Keeping up to date with the recent changes in practice,
- Gaining knowledge about COVID-19 from reputable sources,
- Using a team approach and understanding that we are interdependent,
- Accepting there is a common goal, and
- Being adaptable in one’s behavior and the actions needed to achieve them.

The Greater Good

On a personal level, events such as crises can bring out the best (or worst) in people. How do we as health care professionals bring our best physical and emotional self to this situation? Jill Suttie (2020) discusses how to keep the

greater good in mind during the COVID-19 outbreak. She describes four ways that we can be more altruistic:

- Look to the heroes,
- Stay calm and focused,
- Show gratitude, and
- Remember our common humanity and show compassion.

Look for everyday heroes in your units who inspire you, who promote optimism, and who are doing things right; try to model aspects of their positive behavior. These people inspire us to be better. Being calm and focused is essential. We all experience uncertainty, anxiety, and fears with a pandemic, but focusing on the facts, evidence, and reputable information will assist us in our ability to remain calm. There will be many people who act and say things purely out of kindness; remember to show gratitude and be thankful. For example, be thankful to a coworker who may have helped get the work done, be thankful for your leader who provides you with current facts and processes so that you can provide appropriate care. One way we can be compassionate to ourselves and others is to recognize our common humanity. Mindful self-compassion contains the three overlapping components of mindfulness, self-kindness, and common humanity, and evidence demonstrates that mindful self-compassion can improve emotional resilience (Neff, 2011). When people act in a compassionate manner, teamwork is enhanced with better problem-solving, and mistakes are acknowledged in a non-judgmental manner that can be corrected and learned from (Suttie, 2020).

Conclusion

In summary, pandemics are extreme situations that are ripe with uncertainty. Acknowledging that this uncertainty is universal in a pandemic for patients, staff, and leaders is important in understanding individual behaviors and actions, reactions, or inaction among some. Using problem rather than emotion-focused problem-solving, communicating with transparency to instill trust, aiming to be agile in our responses to situations, and keeping mindful of ‘the greater good’ may assist nephrology nurses in ameliorating the uncertainty.

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