MIDWEST NURSING RESEARCH SOCIETY DECISION-MAKING RIG

JULY 2020

DECISION-MAKING IN THE TIME OF COVID-19

Thank you for lifting my spirits!

Elizabeth Eisenhauer, PhD, RN

On April 2nd, 2020, the day of the RIG meeting during the historic virtual MNRS conference, I was particularly down. I had

YOU LIFTED MY SPIRITS



Picture: <u>Cloudhoppers</u> bv Roland Escher / CC-BY-2.5

been greatly looking forward to returning to MNRS and experiencing the energy of so many nurse-scientists in one place again. The day before the RIG meeting, there were more than 1,587 cases of COVID-19 and 125 deaths in Michigan, in just 24 hours. Frighteningly, compared to some of the numbers we are hearing now, in July, that may sound low, but that was not the case back in April. My home state of New York, where I am still licensed, was even worse, and the governor was pleading for clinicians to return to practice. It was on my mind and in my heart. However, the practicalities were virtually impossible, and I felt guilty. All of you made me feel better as (Thank you, continues p. 2)

CONTACT INFORMATION

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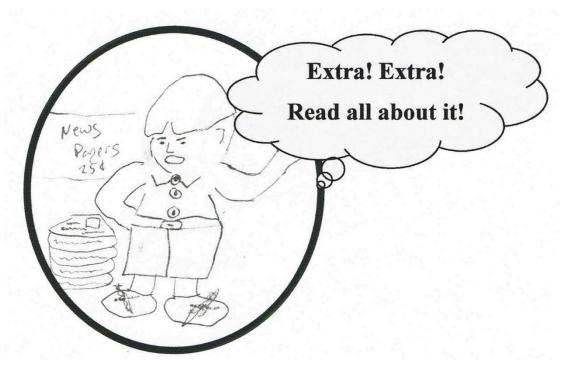
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MNRS DECISION-MAKING RESEARCH INTEREST GROUP

we discussed factors that contribute to such a decision: weighing clinical skills, current responsibilities, personal health issues, and the fact that being an educator and researcher is indeed a contribution to the profession. I also took comfort in the American Nurses Association (2020) guidelines about the matter (see: https://www.nursingworld.org/~4981cc/globalassets/covid19/nurses-ethics-and-the-response-to-the-covid-19-pandemic_pdf-1.pdf). I have no magic words of comfort about the pandemic; I readily admit my fear for all of us. This is a good time to remember what is most important, and be grateful for each day. I just wanted to express my gratitude for your words of comfort. Thank you! Stay safe, and please stay well!



DM RIG Members' Recent News &

Publications

Dr. Patricia E. Hershberger has a decision-study funded by AWHONN to develop a decision-support tool: "Development of the TELL Tool to Aid Women and Their Partners with Disclosing Donor Conception to Their Children". See: <u>https://awhonn.org/blog/2019/10/23/awhonn-announces-recipients-of-every-woman-every-baby-research-grants/</u>

Dr. Hershberger and her team are in the midst of data collection/data analysis regarding this study!

Yan, H., Kukora, S. K., **Arslanian-Engoren, C**., Deldin, P. J., Pituch, K., & Yates, J. F. (2020). Aiding end-of-life medical decision-making: A Cardinal Issue Perspective. *Palliative & Supportive Care*, *18*(1), 1-3. https://doi.org/10.1017/S1478951519000981

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Jones, A. M., **Carter-Harris, L.,** Stiffler, D., Macy, J., Staten, L., & Shieh, C. (2020). Smoking status and symptoms of depression during and after pregnancy among low-income women. *Journal of Obstetric, Gynecologic, and Neonatal Nursing: JOGNN*, https://doi.org/10.1016/j.jogn.2020.05.006

Conway-Phillips, R., Dagadu, H., Motley, D., Shawahin, L., Janusek, L. W., Klonowski, S., & Saban, K. L. (2020). Qualitative evidence for Resilience, Stress, and Ethnicity (RiSE): A program to address race-based stress among Black women at risk for cardiovascular disease. *Complementary Therapies in Medicine*, *48*, 102277. https://doi.org/10.1016/j.ctim.2019.102277

Dunn Lopez, K., Gephart, S. M., & **Hershberger, P. E**. (2020). Using online survey software to enhance rigor and efficiency of knowledge synthesis reviews. *Western Journal of Nursing Research*, https://doi.org/10.1177/0193945920904442

Hershberger, P. E., Driessnack, M., Kavanuagh, K., & Klock, S. C. (2020). Emerging views of kinships created through oocyte donation. *MCN, The American Journal of Maternal Child Nursing, 45*(1), 18-24. https://doi.org/10.1097/NMC.00000000000586

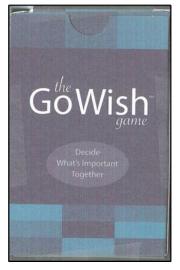
Hetland, B., Lindroth, H., Kamp, K., Gates, B., Wierenga, K., Hardin, H., Gilmore-Bykovski, A., Topp, R., **Hershberger, P. E., &** Madigan, E. (2020). The Emerging Scholars' Network within MNRS: From acorns to oaks. *Western Journal of Nursing Research, 42*(2), 143-152. https://doi.org/10.1177/0193945919845065

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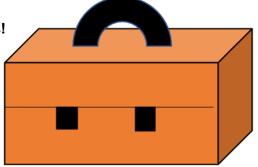
Shea, T. L. (2020). Informed decision making regarding prenatal aneuploidy screening. *Journal of Obstetric, Gynecologic & Neonatal Nursing, 49*(1), 41-54. https://doi.org/10.1016/j.jogn.2019.11.001

What's in Your Decision-Making Tool Box?

Please send any future ideas for this column to the co-chairs!



Have you heard about Go Wish from the Coda Alliance? It's a deck of cards with statements of varying importance to each individual about End-of-Life care. This can be a great way to start a crucial conversation with loved ones about



what is most important to them. This tool can be used as a decision aid about personal values and care choices during serious illness. Card sorting exercises can be a means of value-clarification which can help to facilitate decision-making (Menkin, 2007; Tucker Edmonds et al., 2019).

Check it out!



To purchase or learn more, please see their website: http://www.gowish.org/

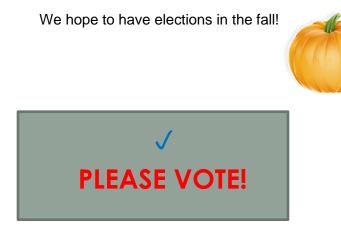
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We Need Co-Chairs Elect!

Please feel free to express your interest and/or send nominations to Grant or Elizabeth.



Perceptual Bias in COVID-19 Prevention and its Application to Healthcare Decision-Making Grant Pignatiello, PhD, RN

In the United States, there is still much controversy regarding the effectiveness of wearing a mask to prevent the spread of COVID-19. This may relate, in part, to a lack of initial consensus from leading institutions (e.g., CDC, WHO, etc...). However, existing evidence suggests that wearing a face covering can significantly reduce the spread of COVID-19 (Zhang et al., 2020). As such, the CDC recommends all Americans don protective face covering while in public to prevent the spread of COVID-19. Unfortunately, in the United States, this practice is still not universally adopted. But why? Some Americans believe that wearing a mask imposes on their civil liberties, others worry it may cause them to appear weak, and others are simply still confused by best practice recommendations (Andrew, 2020). Furthermore, it certainly doesn't help that our leadership is behind the curve in terms of mask upkeep (Blake, 2020). However, scientists also attribute perceptual bias to reluctance or unwillingness to engage in protective and preventative COVID-19 behaviors. Lammers et al. (2020) attributes the failure of some to take protective measures, such as social distancing, to an "exponential growth bias". Simply put, this bias relates to the misperception that individuals fail to grasp that COVID-19 will grow exponentially, rather than linearly. In this particular study, Lammers et al. (2020) found that the exponential growth bias was significantly related to support of social distancing. Furthermore, this bias was also correctable via intervention. As nursing decision scientists, I believe it is important we examine the relevance of these findings to our own research. Is it possible that the decision-making we study in our research programs are affected by bias? To what extent is this bias eroding decisionmaking quality in our participants? Is this bias susceptible to intervention? As the COVID-19 era continues to unfold and become a part of our history, it may be worth examining how our responses and decision-making as individuals, family-systems, communities, states, and a country, can be extrapolated and understood in light of our own research phenomenon, be it chronic disease selfmanagement, family decision-making, clinician decision-making, etc... COVID-19 is (hopefully) a oncein-a-lifetime experience, and now, more than ever, our decisions not only impact us, but society as a whole. Thus, this is a unique opportunity, regardless of your decision science focus, to improve our understanding of healthcare decision-making.

https://www.washingtonpost.com/politics/2020/06/25/trumps-dumbfounding-refusal-encouragewearing-masks/

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Interested in volunteering for the

MNRS Grants Review Committee?



Please let us know By August 1st! Thank you!

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