Training of Healthcare professionals: an important pandemic preparation

Working group 3 discussion paper

13 December 2023

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Many lessons have been learned throughout the EU as a result of the COVID-19 pandemic. Whilst pandemics caused by respiratory viruses are well known, particularly for influenza, preparedness for such new pandemics have been relatively neglected.

The importance of such planning has now been fully recognized and the formation of HERA is an important way forward to integrate the many aspects of preparedness for pandemics. A crucial part of such preparedness is the provision of training for healthcare professionals, and it must not be neglected. There are many categories of healthcare professionals who are potentially involved in the response to such pandemics. The main frontline professionals are doctors and nurses, particularly those in hospitals.

However, healthcare professionals are often the frontline contacts for suffering patients and, as such, their training must not be neglected.

The purpose of this document is to highlight the importance of training in preparedness for the next and indeed continuing pandemics. There is a great opportunity for HERA to be at the forefront of such training, which will help to protect both individuals and those in close contact with such infections.

Those two professions were selected as they are the closest to the population: the ones who will enable the most effective and rapid action to be taken, they know the population; they know their environment; they know the words for good understanding and trust building. Further work of the CSF in the coming years could integrate other professions.

[1] *This document has been endorsed by all members of the HERA Civil Society Forum except AMGROS and CPME.*

The COVID-19 pandemic has taught us some very painful lessons about being adequately prepared for any health crisis, a pandemic similar to COVID-19. Nurses in the EU are still suffering the COVID-19 pandemic's repercussions, including in many EU Member States huge workforce shortages, low pay and unfavourable working conditions, making many healthcare professionals, nurses and doctors, leaving the profession.

Workforce during COVID

During the disruptive pandemic, from 2020 till 2022, three broad types of strategies were used to scale up the health workforce capacity to manage the crisis:

- **Working harder**: the first strategy was to increase the working time of existing nursing staff by asking frontline nurses to work overtime, asking part-time workers to work full time, cancelling or postponing leave, and even not going home from work, with sleeping facilities in the hospital. This strategy had a huge negative impact on frontline nurses.
- **Reallocating staff and retraining staff to work in hospitals and units with the greatest emergencies**: the second strategy was to reallocate and reskill nurses to meet critical needs in intensive care units (ICUs) in hospitals that were overburdened with COVID-19 patients. The shortage of ICU nurses was solved by upskilling general care nurses from general care units towards ICUs capacity at the expense of all other general care nursing units, such as cardiology, internal medicine, cancer care units and even mental health units. This strategy was funded by DG Sante.
- **Mobilising additional staff**: the third strategy was to mobilise additional professionals and workers – notably to support testing, tracing and isolating activities and vaccination campaigns – and to provide information and advice to the general public. The scope of practice of nurses was expanded to respond to the huge demands for nursing care. Most countries mobilised nursing students nearing the end of their studies. This strategy had a huge negative impact on future nursing students leaving the profession even before graduation.

COVID consequences on nurses

The pandemic left front-line health care and long-term care workforce overstretched and exhausted, leading to an exodus of frontline nurses. Consequently, in 2023, we see nurses who moved to the ICUs (ESICM, 2022; Arabi, 2021), left the hospital, and even resigned from the nursing profession, leading to more scarcities of nurses in general hospital units, leading to the closure in 2023 of general care hospital beds, emergency units and ICU units, in almost all EU Member States (Sen-Crowe, 2021; De Standaard, 2021; Harvard Kennedy School, 2022; EFN, 2023).

Furthermore, the number of students in nursing education programmes has declined in 2023 with 40% (compared to 2019). It is clear that the interest of young people in pursuing a career as a nurse does appear to have lessened since the pandemic (Azzi-Huck, K. & Shmis, T, 2020).

Sub-optimal solutions

The lack of work-life balance is one of the main reasons for nurses leaving the profession. A better balance can be reached by no longer mandating overtime, short notice calling in, and even cancelling vacation time. This is the main reason why many nurses turn to Agency work to have a more flexibility schedule, better working conditions and benefits and career opportunities. Agency nurses have more control over their work schedule and can choose shifts that fit their lifestyle. This flexibility is particularly beneficial for nurses who have family and education commitments. Another significant advantage of agency work is that nurses earn significantly more and often receive benefits such as sick pay, holiday pay, and pension contributions, a car, a paid phone bill and PC. Agencies often provide training and development opportunities for their nurses, including access to online courses and training events, and all within their working time.

However, the increased use of agency nurses to address staff shortages in hospitals has consequences for hospital budgets. It increases costs for hospitals and generated tensions in the workplace, as nurses doing the same jobs are often paid more when employed by an interim company than if they are directly employed by the hospital.

The challenges

The *OECD report, 'Ready for the Next Crisis? Investing in Health System Resilience' says that even the most advanced health systems in the world were not resilient to the COVID-19 pandemic. The report emphasises three major vulnerabilities: health systems were underprepared and* ***understaffed and*** *faced underinvestment. The report recommends a focus on six policy areas to promote: population health;* ***workforce retention and recruitment****; data collection and use; international co-operation; supply chain resilience; and governance and trust. Boosting the resilience of health systems therefore requires smart investments, better co-ordination and improved global health co-operation.*

But from the OECD statement, what can the European Commission, and in particular HERA, do in the EU Member States, regardless its current limited mandate?

It is crucial we reflect on key HERA actions for its 2024 mandate to pro-actively prepare EU healthcare systems for the next health crisis. While the EU and national governments have taken some steps towards improving pandemic preparedness and management, we do not see any effective action to tackle the underlying fragility of healthcare: the shortage of nurses.

An urgent policy focus should therefore focus on responding to the growing nurse workforce gap created by the impact of COVID-19. The COVID-19 pandemic has been a major disruptor of nurse retention and contributes to risks of higher nurse turnover, increased organisational costs and has negative effects on patient safety. A stable and effective nursing workforce is essential for the quality of care and accessibility of healthcare throughout the EU. The pandemic has heightened the prospect of this vicious cycle of an organisation having poor retention rates, causing lower staffing, leading to poorer retention.

Challenges not in the hands of HERA:

- Planning for and educating/training a nursing workforce to sufficient levels to enable safe patient care and engage with patients meaningfully without lowering standards of education/training (Directive 2013/55/EU). This will contribute to higher qualified and motivated domestic nurses in the EU. The focus should be on recruiting more youngsters to the nursing schools in the EU.
- Preventing dropouts during the 4 years EU education circle by promoting and investing in mentorship for nursing students. Let's try to keep more nursing students to finish the education and start working as a registered nurse.
- Ethical Recruitment of nurses from abroad, which is often seen as the only solution at national and regional level, which should not be regarded as a simple tool to mitigate shortages of domestically trained nurses. With a global health crisis, every country needs its nurses, including the Philippines, Pakistan, India and for sure countries in Africa. Therefore, it is important to recognise that although WHO has done some work on ethical recruitment (Tallinn Declaration, 2013), and Member States commit on paper to implement ethical recruitment policies in line with the WHO Global Code of Practice on the International Recruitment of Health Personnel, national governments and employers still keep on "Robbing Paul to Pay Peter".
- Analyse the use of health system data providing benchmarks for minimum workforce capacities. This means determining safe staffing levels for high quality patient care and as such closing down hospital beds if the safe staffing levels are not being reached. The dialogue with the community nurses is key when hospitals beds are being closed.
- Although building an improved data collection between the OECD, the European Commission and WHO-Europe to collect more reliable workforce data, in particular on the nursing workforce, the ILO confirmed that they will not improve the categories definitions before 2028. However, waiting for more reliable data until 2028 will not be an option to be better prepared for the next health pandemic.
- Maintaining effective retention of nurses should be the cornerstone of an effective nurse workforce strategy. Keeping scarce and vitally skilled staff for as long as possible is a more effective, and less costly organisational response than having to replace them. The retention strategy is linked to salary and wellbeing of frontline nurses. Policy responses to improve nurse retention during the pandemic are:
  - ✓ Professional autonomy and participation in decision-making;
  - ✓ Responsive management, effective supervision and focused mentoring;
  - ✓ Improving working conditions requires reducing the workload and pressure on nurses; safe staffing levels; supporting frontline nurses health and well-being; and compensating their extra efforts into better pay rates.
  - ✓ Expanding the capacity of the domestic nurse education system to meet the emergency demand;
  - ✓ Implementing advanced practice roles, effective skill mix and provision of appropriate technology and equipment, including training in its use.

Recommendations in the hands of HERA

As the healthcare workforce in many EU countries is in a state of crisis, HERA has a key role to play to better prepare the healthcare systems for the next upcoming health crisis.
Following the presentations of EMA and ECDC on 30 June 2023, nurses and general practitioners are not included nor targeted in the training to the threats that fall into the scope of the mandate of HERA. Although the mandate of HERA is currently limited to medical countermeasures, to be better prepared for the next pandemic will imply a clear focus on all cross-border health threats that fall into the scope of HERA, with a specific focus on education. HERA's mandate need therefore to be extended in 2024.

HERA should then fill this gap by facilitating the development of different training policies. There are enough materials that analysed the needs and even identified the solutions to avoid another survey on this. But there is not enough knowledge on the existing training for the different health threats for nurses and general practitioners. As healthcare systems are very diverse HERA could provide a better knowledge of the ways training on health threats is organised. This mapping should be the first step.

On that basis, the second step, would be to create training modules on one or several cross-border threats, as was tested during the covid with ICU fast training, on the basis of its evaluation and on the basis of the evaluation of previous initiatives financed by the Commission. We are proposing training modules on management, procurement, demand analysis and dispensing of medical countermeasures, as well as on how to communicate with patients in times of crisis. The target audience are frontline nurses and frontline GPs, to cover an integrated care systems between hospital care and community care. We learned out of COVID19 the weakness of the coordination between both sectors, leading to an increase of unmet needs (De Raeve, 2022). Although the actions can refer to all health care professionals, we suggest focusing down our efforts on nurses and GPs to get tangible outcomes and impact, which can then be replicated to other frontline professionals.

In addition, concerning the daily management of the health crisis, experienced frontline nurses must be member of the European Health Security Council, not only physicians and epidemiologists, to advise on training. The coordination of care is essential, with a specific focus on a dialogue between hospital care and community care (including care at home). Nurses must be fully utilised to manage the health crisis.

In the crisis phase, HERA would shift into a different operational mode. To be able to work effectively, this must include swift decision-making and emergency measures led by nurses. Therefore, the establishment of a “Health Crisis Board” to coordinate urgent action concerning training in response to the health crisis should be extended to frontline healthcare professionals, especially nurses and doctors, who manage frontline care. As such, this Health Crisis Board will be composed of the European Commission and two representatives from each Member State (including a frontline nurse); other institutions and agencies to be considered as well as organisations such as EFN. The role of this group during the preparedness time is key to organise the healthcare systems during emergencies from the pandemic.

Member organisations HERA CSF WG3
Federation of European Academies of Medicine (FEAM)
European Hospital and Healthcare Federation (HOPE)
European Federation of Nurses Associations (EFN)
European Federation of Allergy and Airways Diseases Patients' Associations (EFA)
European Public Health Alliance (EPHA)
European Union of General Practitioners (UEMO)
European Patients' Forum (EPF)
European Association of Hospital Pharmacists (EAHP)
European Society of Intensive Care Medicine (ESICM)
European Respiratory Society (ERS)