

EFN Report on EU Health Professionals' Perceptions of Preparedness for Ebola and Infectious Diseases of High Consequences (IDHC)

**We are not prepared,
unless we are all
prepared!**



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Executive Summary

In response to a question about the extent to which the European Union (EU) is prepared to respond to Ebola, the special advisor to the United Nations on Ebola, Dr Paul Farmer, noted that ‘we cannot be prepared anywhere if we are not prepared everywhere’, such is the nature of pandemics¹. The European Federation of Nurses’ Associations (EFN) has therefore developed an online questionnaire on infectious diseases of high consequences (IDHC) and Ebola to assess the level of preparedness among the frontline healthcare workforce, mainly across the EU. The results of this questionnaire are presented and analysed in this report.

The data were collected through the networks of the members of EFN, reaching out to National Nurses’ Associations from 34 Member States. A total of 1800 responses, from 23 Member States were secured from nurses, healthcare assistants, physicians and social workers. The data were analysed with Survey Monkey®, Excel and SPSS.

The overall objective of the report is to identify the frontline workforce’s needs for capacity building in the EU in relation to pandemic preparedness and management. Furthermore, this report aims at raising awareness for targeted capacity building at EU and Member State level, especially at a time when Ebola gets under control in Africa. It is imperative to identify gaps in the daily practice of health professionals in EU Member States on preparedness in order to identify ways for improvement. We cannot ignore that health professionals have been infected in Member States because they volunteered for the caring process with insufficient safety measures to protect them. The study results will therefore identify necessary action to be taken, to address any shortcomings and increase the preparedness of nurses caring for patients with IDHC and Ebola.

The data analysis revealed that from the perspective of the frontline staff who responded to the questionnaire, there are currently varying degrees of preparedness for Ebola and IDHC among countries in Europe. While certain areas of preparedness appear well within countries’ reach, others still require substantial investment to improve. It is significant, that health professionals report a lack of policies to protect them from working overtime and from stigma. It is especially worrying that 55% of those respondents who have cared for a patient with Ebola noted being stigmatised. Interventions to increase the level of preparedness for Ebola are straightforward and inexpensive, yet these require still more attention. It was surprising to find in the data that health professionals do not feel they are being consulted enough on the equipment and protocols they are to use, and are not adequately briefed from their organisation, for example about the conclusions of risk assessment exercises. These difficulties persist regardless of the settings in which staff work.

¹ Farmer P (2015) Failure to collide: Ebola and Modern Medicine. Kapuscinski Development Lectures. <http://kapuscinskilectures.eu/lectures/failure-to-collide-ebola-and-modern-medicine/>

Staff views are a critical resource in assessing the preparedness of different countries at the level of everyday practice, where patients are cared for and staff risk exposure to dangerous IDHC. It is vital that policy-makers pay attention to the voices and messages of frontline staff, represented in this report, as it is they who ultimately act as the guardians against the threat of IDHC and Ebola in the EU and Europe. DG SANTE and ECDC should therefore take the results seriously and support the health workforce, particularly the nurses, in more practical actions to be better prepared for the next potential outbreak.

Therefore it is of utmost importance that the EU provides funds that can be used to support the capacity building of the health workforce, including the provision of education and training, while stigmatisation needs special attention when health professionals care for patients with Ebola. To handle stigmatisation in a systematic way, its causes and consequences need to be researched thoroughly. Designing a proposal for effective crisis management and investing in capacity building by drawing conclusions from past experiences will move policy-makers and politicians forward in strengthening health systems. It is important that Ebola reference centres are identified and that the public and health professionals need to have a clear understanding how the network operates. Overall, awareness-raising initiatives are imperative in improving preparedness for IDHC and Ebola; nurses have first-hand knowledge and experience of the reality of caring for patients with IDHC and Ebola, can give valuable contributions and consequently need to be involved in the decision-making, selection of material, development of protocols, as well as the design of policies and procedures which are “fit for practice”. Finally, in order to ensure better preparedness and redesign an EU preparedness strategy based on a stakeholder engagement approach, investments in health systems, in quality and safety, will need to be made to counter the cuts in the healthcare sector since 2009.