

SUMMARY OF THOUGHTS ON COVID 19
Nurse Leader's visibility during COVID 19 Pandemic in different countries
(ENDA ZOOM Meeting held on 18 May 2020)

Important thoughts shared in Zoom Meeting

- Where do you feel ENDA had an impact on / in the COVID 19 crisis?
 - Where can ENDA help in this current COVID 19 pandemic crisis?
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Mrs. Iris Meyenburg-Altweig (Germany), The President, ENDA

- Immediately after hearing the news of Corona impact from China, I was organized masks and other equipment through my networks and made it available in the hospital (MHH).
- A few weeks later, we heard the news from our European neighbors about the effects of COVID 19 and the shutdown in Germany.
- With few exceptions, the provision of PPE in acute hospitals was reasonably stable and sufficient. But there have been still problems with quality of the products. In many cases, products were also bought from unknown suppliers and the lower quality was only recognized upon delivery.
- University hospitals in Germany have offered countries that are severely affected, especially Italy, to take over and treat patients with intensive care through our Government.
- The state of Lower Saxony, in cooperation with specialists from the large clinics, the army (Bundeswehr), the technical support service and the Hannover Trade Fair, immediately started to plan and build a temporary hospital with 500 beds for COVID 19 patients Incl. of planning, building, logistics, material procurement and training planning- **It took four weeks' time**. The collaboration was great and everyone brought in their expertise. In the end, this clinic has not been put into operation until now- thank God- but can be activated at any time within 10 days.
- I was responsible for the training concept and its implementation. We developed training concepts and the logistics with separate software as well as over 1000 employees within 4 days, mostly with low qualifications, trained and trained in working in the makeshift hospital. In the clinic itself, we immediately started to create training videos on the correct use of PPE and to train them both in presents (with distance rules) and online.
- The intensive capacities were expanded, specific COVID Stations were set up and the staff were also trained as a team.
- The task force has provided the written information to the staff and corresponding working groups on how special risk groups should behave with pregnant women, employees with chronic illnesses, and etc.
- Special behaviors were also developed for special patient groups and made available to everyone, even across hospital boundaries.
- There is still a daily briefing for all employees on the intranet about the current status and the strategic implementation.

- All university hospitals published an overview of the current situation of infected, ventilated COVID 19 patients in one report. The current free intensive capacities throughout Germany were displayed in a database for all clinics.
- After the highest infection rate in Germany had been overcome, I wrote an article for Healthmanagement.org Journal entitled "Preparing Staff for Crisis".

Prof. Jacqui Filkins (UK), Honorary President, ENDA

- Prof. Jacqui has mentioned about the preparedness (training) of Nurse Directors to be able to function effectively.
- This brought us back to the discussion about role models and function. Consensus appears to be that there is not one leadership model that fits all situations, and which combines visibility and courage.
- ENDA to use on its website and FB the challenges experienced by the many nurses and healthcare staffs (and many have given their lives) not just in the UK, Spain, Italy and more.
- ENDA needs to take the opportunity to reflection
 - What did ND well (in all care settings)?
 - What skills and personal qualities did they need for managing the situation?
 - Were there any support mechanisms in place for ND and their staff?
 - How did their staff perceive the role of ND during the pandemic?
 - How can ENDA, with its members, act in order to influence the development and training for countries to be better prepared for the next time?
- Are we, ENDA, prepared to formulate a plan to research answers to the above?

Mrs. Rakel Guolaus Guðjónsdóttir (Iceland), Vice President, ENDA

- Mrs. Rakel is part of a team in the hospital, planning all preparedness and in connection with the authorities.
- Iceland have a very informative website www.covid.is
- This website is quite interesting with nine languages and option providing all the data, statistics, Iceland's preparedness and management on COVID 19 pandemic.

Mr. Alessandro Stievano (Italy), Board Member, ENDA

- Emphasized on the preparedness of individual countries how to be prepared for a pandemic.
- Also, highlighted that this is a big issue and one which ND should seek to influence at local, national and international level.

Mrs. Sabine Torgler (UK), Board Member, ENDA

- Mrs. Sabine's open letter has gone worldwide which highlights the effect on lack of equipment and training and appropriate staffing levels mean to nurses at the bed side, especially during a pandemic situation.

- Strengthening nurse leaders in ethical decision-making during COVID-19.
- Governments, health systems and policy makers need to support nurse leaders and their expertise in high risk settings where the workforce is deployed.
- Decision-makers may have to take difficult decisions about staff assignments and there is inadequate support for meeting the nurses' personal and family needs.
- Nurse leaders are prone to respect human rights and to follow their code of conduct especially during a pandemic crisis.
- **Sharing skills and knowledge is the key** - Nurse Leaders have to be visible for their staff and exchange their knowledge, their expertise within a pandemic crisis.
- Networking amongst the nursing profession (on each level of hierarchy) and with an ESNO shall make us stronger and helps to share and exchange knowledge and skills.
- A questionnaire (to be filled in by staff members) can be an instrument and create guidelines (approved with national guidelines) for their staff and stood as a leader for their staffs.
- To ensure also safety for their staff – according to the feedbacks and its evaluation.
- A view on how ND's and their staff can influence the government/ authorities / politicians.

Mrs. Tiina Freimann (Estonia), Board Member, ENDA

- Mrs. Tina is taking part in the crisis management teams of Tartu University Hospital and South Estonia region.
- Perhaps the greatest achievement of her responsibility area was that none of the hospital staff members became infected with the COVID-19 virus in the workplace (similar to MHH in Germany).
- Supported in quick compilation of two e-learning courses on infection control subject, which were used to educate infection control commissioners for hospitals and nursing homes in Estonia. Detailed practical training for this course took place in Zoom.
- The COVID-19 epidemic showed the potential danger to the Estonian residents if there is an unexpected increase in the workload and there are not enough nurses in hospitals and nursing homes to deal with it. Estonian Nurse Directors Association and the Estonian Nurses' Union has sent a letter to Estonian Prime Minister Mr. Jüri Ratas, drawing attention to the great shortage of nurses and asking them to take measures to ensure the continuity of the health care sector. A press release about it in Estonian can be found on the EstNDA website <https://www.estnda.ee/>
- ENDA can therefore be part of the political discussion amongst international and national guidelines. Nurses' union as well as nurses' association can / must change politicians' view of how nurses have to deal within a pandemic crisis. AND how they will be ensured by these politicians to be looked after by their own governments (i.e. evidence based guidelines)
- Investment in research into the need for nurses and the training of a needs-based number of nurses is crucial for the sustainability of the health system and the security of the residents.

- In Estonia, 70,000 coronavirus tests have been taken, of which 1,784 (2.5%) were positive. There are currently 43 patients with COVID-19 diagnosis in the hospital, 4 of them are on controlled breathing. Unfortunately, 64 COVID-19 patients have died.
- Estonia has only 1.3 million inhabitants!

Mrs. Sillanpää Kirsi (Finland), Board Member, ENDA

- Emphasized on the crucial need and visibility of a nurse leader in this crisis.
- Role models have evolved, and courage was another key word which was seen to be important.
- **Raised Question:**
 - o How could ENDA demonstrate examples of this from various countries?
 - o Asking staff nurses how they experienced the role of the Nurse Director?
 - o And also asking ND how they saw their own role?

Mrs. Margareta Bruckner (Austria), Board Member, ENDA

- Described the difficulty when in one country different health care suppliers are overruled by the state and it is assumed that the individual organisations can easily change their reporting and management arrangements.
- This causes undue pressures on ND at a time when the focus is on patient and staff care and less on reporting centrally.
- Margareta highlighted on a similar situation seen in UK where in the past procurement for PPE was managed in localities. The Health Department then took on the role to do it centrally which led to huge problems.
- Spoke about the employer App Lolyo regarding COVID 19 training /PPE - This App also a tool supports the communication pathway between ND and staff.

Mr. Ippolito Notarnicola (Italy)

- Mr. Ippolito mentioned about the confidence in the ND as well as the ND having acquired the necessary authority to be able to act with confidence.
- **Prof. Jacqui's comment:**
Is this an issue that can be embedded in the role of ND as part of leadership role?

General Points for Discussion

- There is a need to organize next ENDA annual meeting.