

The Independent Panel Exchange

Learning from Nurses on the Front Line of the Pandemic

Summary:

“Learning from Nurses on the Front Line of the Pandemic was held 15th December, 2020. [Watch a recording of this Exchange.](#)”

Nurses have been at the sharp end of the battle to manage the COVID-19 pandemic since its beginning and continue to be intimately involved in efforts to care for and save the lives of patients who have the virus. On December 15, 2020, the International Council of Nurses (ICN) and Nursing Now collaborated on a webinar to enable nurses from around the world to share their experiences of working on the frontlines of the COVID-19 pandemic.

After introductions from the main panellists, nurses representing their National Nursing Associations and individuals with experience of caring for patients on the front line spoke about how the pandemic had dominated healthcare throughout 2020. They explained how a lack of preparedness, shortages of nurses, inadequate protection of nurses and other healthcare staff, and the absence of a nursing voice in the planning for the pandemic had made the situation much worse than it need have been.

Participants:

The webinar was chaired by Marion Subah, Last Mile Health’s Country Director in Liberia, and the panel consisted of the Rt Hon Helen Clark, ICN President Annette Kennedy, ICN Chief Executive Officer Howard Catton and Nursing Now Executive Director Barbara Stillwell.

Frontline nurses and National Nursing Association representatives contributed directly during the discussion, including Dr. Shin Kyung-Rim, President of the Korean Nurses Association, Dr Dileep Kumar, President of the Indian Nursing council, Italian intensive care nurse Florentina Pinto, Dr Somaya Al-booshi, United Arab Emirates Ministry of Health Director of Nursing, and Enok Dongo, President of the Zimbabwe Nurses Association. In total there were more than 250 participants in the webinar.

Main themes:

Global shortage of nurses: The world is in the midst of a nursing workforce crisis, and for the first time we have accurate data about the numbers. The WHO/ICN [State of the World’s Nursing](#) (SOWN) report, published last year, revealed that the world entered the pandemic with a global shortage of six million, 22% fewer than are needed to meet WHO’s aim of healthcare for all. The report called for massive investment in nursing education, jobs and leadership.

ICN Chief Executive Officer Howard Catton said the six million shortfall that was identified in the SOWN report was only half the story:

‘One in six nurses are due to retire in next ten years. Factor that in and we are talking about a shortage in the coming years of 10 million nurses. The shortage does not just have an effect on the nursing workforce: it impacts the safety and quality of care. We need to have indicators so that we know if we are making progress, so that we never again wake up to find a six million shortage of nurses.’

Lack of preparedness: Despite governments knowing that the occurrence of a dangerous pandemic was just a matter of time, very few countries were adequately prepared for what was to come. This lack of preparedness was compounded by delays in taking the necessary actions, which have led to the pandemic surging around the world with devastating consequences.

Annette Kennedy said:

'COVID-19 revealed overstretched, under-resourced, weakened health systems that were unable to meet demand. Nurses found themselves in situations never seen before: shortages of staff, heavy workloads, frequent working long hours with limited access to personal protective equipment and sporadic guidance on how to care for patients with this virus.'

Disregard for the safety of nurses: The safety of nurses and other health staff was put at risk because of a lack of personal protective equipment (PPE), inadequate training, poor mental health/psychological support and public ignorance about the transmission of the virus as a result of poor public health messages. ICNs' survey of its National Nursing Association members suggests that at least 2,000 nurses have died from COVID-19, and the suspicion is that many thousands more will have died by the time the pandemic is over. [Amnesty International](#) suggests more than 7,000 healthcare workers have died from the infection. In addition, the relentless nature of the pandemic is taking a toll on nurses' mental health and leading to large numbers experiencing burnout.

Howard Catton said:

'Infection rates among nurses and healthcare workers have been high from the start of the pandemic. There is great variation, but we think it looks like somewhere between ten and 14% of all infections are among healthcare workers. This is undoubtedly related to the lack of PPE, and faulty and inadequate PPE. We think there have been peaks and troughs in the supply of PPE, but with later surges, those [infection] rates are still very high. Tragically, we know 1,500 nurses [now 2,000] have died in 44 countries. The true number will be higher. Yet there is still no standardised systematic collection of data about nurses' COVID-19 infections and deaths. On top of this, many nurses are experiencing abuse and violence, with 70% of our National Nursing Associations reporting such incidents. In addition, only half of countries are formally recognising COVID as an occupational disease.'

ICN President Annette Kennedy said:

'I am very worried about mental health of nurses after this pandemic. How much more resilience can they produce? They are at the end of their tether. And without nurses, there is no healthcare workforce. Challenging conditions, new ways of working and an unrelenting global pandemic all created the perfect storm with the potential to seriously impact nurses' emotional and psychological wellbeing, which may manifest long after the virus has been controlled or eliminated.'

Absence of a nursing voice in planning for defeating the pandemic: Nurses have not routinely been involved in the policymaking and planning of responses to the pandemic. Many countries still do not have a government-level Chief Nursing Officer who articulate the voice of nursing at a ministerial level. Policies are 'handed down' and nurses are expected to implement them, without having a say in how they should be formulated.

Annette Kennedy said:

'Nurses have experienced more challenges with COVID-19 than any other health workers, yet very few strategic committees or taskforces for COVID-19 involved nurse leaders - or indeed any women - in their planning. And yet nurse leaders are often the implementors of the strategy and the innovators of the solutions that are so desperately needed.'

Barbara Stillwell said:

'Nurses are really good at talking to each other. We have meetings where we tell each other really interesting things, but the problem is that other health professionals and policy makers don't hear our evidence. From testing to diagnosis, through treatment, sadly through, palliative care, end of life care, caring for relatives, and prevention. Nurses are there in every step of that care chain. Where are they at the policy level? We're saying they need to be integral to policy making. Not just during this pandemic, but going forward, because we can see now that for an effective response, we need the nursing voice to be heard.'

Recommendations to the Independent Panel:

1. Governments should immediately implement the guidance in the WHO/ICN [State of the World's Nursing](#) report to begin to tackle the monumental global nursing workforce shortage.

2. National and regional pandemic plans need to be thoroughly revised in light of the experiences of COVID-19 to ensure that the inadequate responses that have been seen in some countries are not repeated.
3. There should be global cooperation regarding the manufacturing, supply, distribution and storage of high-quality PPE so that no nurse should ever have to be fearful of caring for patients with dangerous infectious diseases.
4. All countries should appoint a government-level Chief Nursing Officer to ensure that the voice of nursing is heard at ministerial level.
5. Nurses should automatically be members of healthcare policymaking groups at all levels to ensure that policy reflects the realities of nursing care.