

International Editor Clifford Holt spoke to the EFN's Secretary General Paul de Raeve about how the COVID-19 pandemic has affected Europe's nurses and what needs to be done to better support the profession

he mission of the European Federation of Nurses Associations (EFN) is to promote and protect nurses and the nursing profession with particular reference to the EU by lobbying the European institutions. It provides a broad platform for developing health and social EU policy by supporting the European Union decision-making process on all areas which affect the nursing profession.

In the context of the 15th European Patients' Rights Day (which takes the theme of civic society's and Patient Advocacy Groups' role in achieving more resilient health care systems) and the Conference on the Future of Europe, *Health Europa Quarterly* and the Active Citizenship Network (ACN) have collaborated on a series of interviews for this Special Feature.

In this interview, International Editor Clifford Holt spoke to the EFN's Secretary General, Paul de Raeve, about how the COVID-19 pandemic has affected Europe's nurses and what needs to be done moving forwards, including via the Conference, to better support the profession.



In the framework of the XV European Patients' Rights Day, this Special Feature on the Conference on the Future of Europe has been created by Cittadinanzattiva/Active

Citizenship Network and realised in partnership with *Health Europa Quarterly*.

What do you feel are the current largest issues faced by nurses in Europe? What needs to be done to solve them and, at the end, improve patient outcomes?

The COVID-19 pandemic has disrupted society in its entirety, of course. But out of all the different sectors, one profession remained working day and night: nurses. Of course, physicians, physiotherapists, and the many other professions which staff a hospital were also at work. But it should be emphasised that it has been, and continues to be, the nurses who work incredibly long shifts, without a break or the possibility of a holiday, and that this has now being going on for over a year. Similarly, doctors are no longer visiting

a patient's bedside unless it is absolutely necessary; they are protected behind glass, from where they instruct the nurses; they do not enter rooms they do not have to. In the intensive care environment, it is the nurses who are cleaning, washing, and feeding the patients; it is the nurses who are recording the observations. It is the nurses who are most at risk.

In the beginning of the pandemic, we were without the proper protection and personal protective equipment (PPE), which has sadly resulted in the deaths of several of my own colleagues and many other nurses around the world. And yet we continued to go to work. We were like soldiers going into battle without weapons or armour - something that would never be expected of a soldier!

In addition to those who have died, many more have experienced burnout: as nurses, we are used to patients dying; but when you are confronted with so many deaths every day, it takes its toll.

It should also be emphasised that most nurses in Europe (93%) are women, and, given the fact that it is women too who take care of much of the work at home - from childcare to cleaning, cooking, laundry and so on - their working day is certainly not over when their shift comes to an end; they have more to look forward to when they arrive home, and achieving any semblance of a decent work/life balance is almost impossible.

In a recent meeting with the EFN members, we discussed what they felt was the biggest problem they were currently encountering at work, and the decisive answer was violence. This is wholly unacceptable; they are giving everything they have to patient care, and they receive violence in return!

The evolution of such violence tends to accompany a societal nervousness, and that is certainly something we are experiencing as a result of the pandemic. However, that is absolutely no excuse, and nurses should not feel that either they or their property is at risk from members of the public who, for instance, have a misguided idea that nurses are somehow responsible for spreading the disease.

A further point is that nurses too can get sick whether from COVID-19 or anything else - and many have also needed to take time away from work due to the side effects of the COVID vaccine. This has meant that an already strained and understaffed workforce has come under even more pressure. But those nurses who were able have continued to work and to fight the pandemic.

In light of these challenges, and many more besides, I would call for the governments throughout Europe to treat the nursing profession with more respect and to give us what we need to continue to do our jobs. We should not be offered a

1% pay increase or expected to be grateful for a weekly round of applause.

It should also be recognised that, even before the COVID-19 pandemic, there was not enough nurses in Europe. And given the fact that it takes four years to train to be a nurse, there is no way to immediately staff an under-resourced workforce, which is a significant problem because this is the key to resilience.

If we do not get the tools and the staff we need, then I have no doubt that we will start to see systems collapse. This is something I raised as early as 2008 in a resolution at the European Parliament on the shortage of nurses in the EU. And while some people from some guarters made the right noises at the time, nothing was done, even though I explained that there is absolutely no evidence to concretely demonstrate how EU initiatives have led to the creation of more nurses, and that we therefore need either solid data or initiatives that actually work.

It is highly unlikely that anything from the resilience budget that is now being allocated to Member States as a result of the pandemic – which stands at around €9bn to €12bn in grants and loans - will be spent on developing the nursing profession. I therefore urge the European Commission to act now, before it is too late.

The Conference on the Future of Europe is invited to reach conclusions that will provide guidance for Europe's future direction. How central do you feel healthrelated issues will be in the context of the Conference?

I do not believe that the Conference will be about health; it will be about political power between the European Parliament, Council, and Commission. The Conference on the Future of Europe was not designed to be about health, of course; it is all about who has the power in Europe and will perhaps tackle subjects such as whether to move to a federalisation system, how the next European Commission President can be chosen, and so on.

The recent 'sofagate' incident, in which the President of the European Council Charles Michel seated himself in a chair beside Turkish President Recep Tayyip Erdoğan during a visit to Turkey, while Commission President Ursula von der Leven was offered to take a seat on a sofa in the same room across from the Turkish Foreign Minister Mevlüt Çavuşoğlu, is demonstrative of the power struggle that takes place across the EU's institutions. And while it is apparently being acknowledged that the views of citizens are important - and the Conference is designed to bring a louder voice to the concerns of citizens - it should be highlighted

that EU mechanisms for this are already in place. For instance, if a million citizens' signatures are gathered, then the item needs to be placed on the EU agenda for discussion. Similarly, the European Ombudsman, Emily O'Reilly, has the duty of investigating complaints against EU institutions, bodies, offices and agencies by citizens. And yet, it would seem, the voice of citizens continues to go unheard. As such, I seriously doubt that nurses will become a priority for the European institutions; just as we are not a priority at the national level, as has been made clear by the stances of leaders such as France's Emmanuel Macron and Germany's Angela Merkel, amongst others.

And, of course, Guy Verhofstadt is chairing the Conference on the Future of Europe. He was the Parliament's initial choice to lead the entire conference, but, assumedly due to his views on federalisation, has been effectively demoted, and will now work alongside an Executive Board composed of representatives of the Commission, Council, and Parliament, and so, again, we see this power struggle.

This is wrong. The Conference's governance body should not be about politicians, but about citizens. When we look at this in the context of the increasing shift towards far-right politics across Europe - for instance, in Italy, Germany, and Belgium – it is clear that citizens are not becoming more empowered the opposite, in fact. And we have to worry about what will happen when Merkel, as an example, finishes her term in office. The Conference, via the voice of citizens, should therefore be a platform to discuss how to save democracy in the European Union; how we can maintain Europe's core values and principles. We also need to discuss how we can ensure the EU doesn't continue to lag behind the developments taking place elsewhere, such as in China and the USA.

European Commission President Ursula von der Leyen has discussed her hopes for a 'European Health Union'. What are your thoughts on this?

Citizens' voices are crucial, and organisations such as the EFN, which is the voice of three million nurses, are therefore important, as are journalists. Together, we can continue to advocate for the rights of civil society. To do so successfully, we need to listen to the needs of the people. And if these are ignored by politicians, then I believe that their days in politics are numbered, while those in the nursing profession will continue to do their important work, just as we have always done; we will not give up; we will keep on working with the same enthusiasm until the politicians are replaced with those who deliver on the voice of the citizens.





I believe in democracy, but we need to ensure that citizens are inextricably linked to our democratic values and principles. And if Europe cannot hold to these principles, then it is they who face an uncertain future.

What barriers are in the way of any proposals actually being taken forward, and how can they be overcome?

As I have said, the Conference should have been led by civil society rather than politicians, but the problem is that civil society is not well organised, could be considered weak and is often financially supported by the pharmaceutical industry.

To return to another of my previous points: journalists also have a key role: this is demonstrated by the fact that it is journalists who are often murdered in countries experiencing political turmoil - most recently Myanmar, for instance - because it is they who seek out and publicise the truth. As such, they too need to make sure their voice is heard at the European level.

For my own part, I never communicate my own views; only the views of the three million nurses I represent, and we need to have such diverse stakeholders around the table to act on behalf of their group.

It is civil society's job to ensure that it has a defining role in deciding Europe's future, and I strongly believe that the Conference should be developed within this context. It is not for civil servants from the Commission, Parliament, or Council to tell organisations such as the EFN, or anyone else, what to say and when to say it.

I would like to see active citizenship properly realised in Europe; meetings should be held that include civil society, industry, the media, and others, and these meetings need to be large enough and sufficiently representative in order to affect change.

Perhaps one answer would be to hold our own Conference on the Future of Europe, inviting the Commission, those who defend the rights of European citizens, the Parliament, the Council, the European Ombudsman, and others, and have it led by citizens rather than politicians. Then, perhaps, our voices might be heard.

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