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| **Author, Year** | **Title** | **Disease(s) Covered** | **Country** | **Aim of Study** | **Study Design** | **Population** | **Total number of Participants** | **Outcome Measurements** | **Reported Outcomes** | **Reported Barriers** | **Recommendations** |
| Rehill 2020 | Clinical academic leadership in  COVID-19: A rapid response to sharing emerging insights in  intensive care | COVID-19 | UK | To synthesize clinical learning in real-time and disseminate using existing networks and social media to local, regional, national, and international  clinical teams | Case Report | Clinicians |  | Qualitative | Clinicians were concerned that the traditional management of  ARDS and other complications was not having expected outcomes against this novel disease—and that emerging knowledge and  experience needed to be shared to inform care. Taking on the role  of sharing emerging insights during COVID-19 revealed some core elements of leadership, which may be applicable to other situations  requiring rapid learning |  | In a situation where conventional resources to guide clinical management are unavailable, there is a need to act quickly, challenging the system and establishing new methods outside the usual parameters of risk and validation in order to document and disseminate knowledge in real-time.  An Academic Health Science Partnership has the ability to react and support at scale and pace without the confines of centralized institutional bureaucracy |
| Tham 2020 | Infodemic: What physician leaders learned during the  COVID-19 outbreak: A qualitative study | COVID-19 | Other: Singapore | To examine how physicians use digital communication in leadership roles before and during  the outbreak | Qualitative research | Physicians | 24 | Qualitative | The ubiquity of digital communication tools poses challenges for leaders who need to create meaningful understanding of the crisis but face competition from others who have alternative narratives  and posted them faster, Leaders also shared the need to balance their relationship with their smartphone and use digital tools to communicate purpose and meaning to and with their staff when  face-to-face meetings are not possible | The findings are products of the interactions between the researchers, their participants and environment and (ii) it facilitates in-depth exploration of a  phenomenon but limit the generalizability of the finding | For each task leaders on the front line can adopt measures to harness the power of and minimize the risk of damage by instant messaging. Infodemic management must be explicitly  included in crisis management training for leaders |
| Bowden 2020 | Harnessing the Power of  Hospitalists in Operational  Disaster Planning: COVID-19 | COVID-19 | United States | To develop a modified framework for hospital operations management and staffing, anticipating a  massive influx of acutely ill, medically complex, and highly contagious patients with COVID-19. | Qualitative research | Hospitalists | n/a | Qualitative | The three tiers system would allow for the care of at least 460 medically ill patients with an approximate 100% or greater increase in capacity from baseline to care for general medical patients.  Collaboration: forming effective partnerships and information sharing across multiple groups. capacity building became an early priority—and became a guiding principle of the framework.  Containment became a guiding principle to build systems that limited the number of providers exposed to highly contagious patient care environments. conscientiousness of re-sources (people, systems, and cost). | n/a | Using best practices in disaster planning, we developed a working framework for the management of the COVID-19 pandemic. This disaster plan includes collaboration, capacity building, containment, and conscientiousness. Recommendations include a tiered system for the management of COVID-19. |
| Locatelli 2012 | Communication and information sharing at VA facilities during the  2009 novel H1N1 influenza pandemic. | H1N1 | United States | The purpose of the study was to assess information sources and communication provided to Veterans  Affairs (VA) facility infection control departments and how local infection control departments  disseminated information to facility staff during the 2009 novel H1N1 influenza pandemic. | Cross sectional study | Key informants, each representing a VA health care  facility | 33 | Qualitative | n/a | n/a | The findings of the present study provide insight about improving communication efforts within  Veterans Affairs health care facilities during emergent events. The communication experiences discussed and barriers and facilitators identified can also be used in planning for future pandemics and other emergent situations. |
| Cloes 2015 | Risk communication during the  2009 influenza A (H1N1) pandemic: stakeholder experiences from eight European countries. | H1N1 | Other: Europe | The study aimed to assess the difficulties professional stakeholders faced in communicating complex messages about uncertain and unknown issues related to the 2009 influenza A(H1N1) pandemic to a skeptical public confronted with conflicting information. | Case Report | Health experts from 8 European countries | 25 | Qualitative | The knowledge gained from the present study may help to improve risk communication during and before pandemics at a European level. Throughout Europe, collaboration with the media was perceived as poor and professionals felt misunderstood. | Limitations include a small sample size and recall bias. | The stakeholder's views indicate that for effective risk communication, (1) professional stakeholders should be able to access reliable information rapidly through pre-established  channels, (2) good relations between public health and media experts must be established and fostered by a regular exchange of information to build up mutual trust, and (3) society€™s trust in public health authorities must be improved long before a pandemic. |
| Seidl 2010 | A strategy for real time improvement (RTI) in  communication during the H1N1 emergency response. | H1N1 | Australia | To develop and implement a strategy that would enable the Emergency Operations Centre (EOC) to assess the effectiveness of communication  strategies and guide real-time improvements within the life cycle of the emergency. | Qualitative research | Stakeholders of Emergency Operations Centre (EOC) | 328 | Qualitative | The outcomes were perceptions of sufficiency and relative usefulness of various sources of information on Pandemic (H1N1)  2009, including differences between local, state-wide, and authoritative worldwide information sources. Those managing an emergency response, whether in relation to Pandemic(H1N1)  2009, or indeed any other emergency or disaster, should consider internet-based questionnaires as a method for obtaining rapid feedback and making real time improvements to their communication tone, style and methods. | It is a single-center study and survey-based, reliant on respondents perceptions of and attitudes to communications, which are subjective by nature. | Real-time improvement is a useful strategy for implementing change to practice during the life cycle of the current emergency and has broader applicability than Pandemic (H1N1) 2009. Local  stakeholders demand local content for their information feed and messages from a trusted local  leader are the most superior forms of communication |
| Scott 2020 | What Counts as "Good" Clinical Communication in the  Coronavirus Disease 2019 Era and Beyond?: Ditching Checklists for Juggling Communication Goals. | COVID-19 | United States |  | Case Report | Clinicians |  | Qualitative | When all three types of goals are attended to, better communication and better patient outcomes occur. Thus, rather  than learning to check off boxes, clinicians and their patients may be better served by discarding checklists and instead of juggling multiple goals. |  | Authors suggest reconsidering currently adopted notions of good clinical communication through  the lens of multiple goals theory, which has been applied to clinical practice and skills training as a cutting-edge, evidence-based way of defining communication quality. |
| Solnick 2020 | Emergency Physicians and  Personal Narratives Improve the  Perceived Effectiveness of  COVID-19 Public Health  Recommendations on Social Media: A Randomized Experiment. | COVID-19 | United States | To assess the effectiveness of COVID-19 public health messaging on Twitter when delivered by emergency physicians and containing personal  narratives | Randomized controlled trial | U.S. Adults | 2007 | Qualitative | The main outcomes were perceived message effectiveness (35point scale), perceived attitude effectiveness (PAE; 15-point scale), likelihood of sharing tweets (7-point scale), and writing a letter to their governor to continue COVID-19 restrictions (write a letter or none). | The experimental design used a simulated Twitter message in the context of an online survey. Though the participant pool matches U.S. demographics in most regards, the participants had higher educational attainment and a lower proportion of Hispanic origin. the high levels of reported anxiety created a likely ceiling effect for the outcomes. | Emergency physician's Twitter message of a personal story and recommendation relates to COVID-19 increased attitudinal, emotional, and willingness to share measures of an impact compared to a federal official sharing impersonal guidance. |
| Maurer 2011 | Contact and communication with healthcare providers regarding  influenza vaccination during the 2009-2010 H1N1 pandemic. | H1N1 | United States | To measure the frequency and nature of influenza vaccination communication between healthcare  providers and adults for both seasonal and 2009 influenza A(H1N1) vaccination and quantified its association with the uptake of the two vaccines. | Cross sectional study | U.S. adult members of a nationally representative  online panel surveyed  between March 4th and March 24th, 2010. | 4040 | Mixed Methods | The study showed low rates of vaccine-related communication between adults and healthcare providers during the 2009-2010 pandemic. | Data is self-reported and therefore depend on the accuracy of the respondent's recall. Moreover, despite providing a comprehensive  introduction to the survey that highlighted the distinction between seasonal and pandemic influenza and corresponding vaccinations, remaining  confusion about the two types of influenza vaccinations may have resulted  in some measurement error in our self-reported survey data. Estimations provide new insights regarding the frequency and importance of patient-  provider communication for the public health response to the 2009 H1N1 influenza pandemic, it is not clear to what extent the results generalize to regular influenza seasons. | Further research is needed to better understand provides motivation and incentives to communicate with patients about influenza vaccination and relationship to office-based  vaccination practices and patient acceptance of vaccination. There is also the need for healthcare providers to more actively reach out to their patients and promote influenza vaccination, whether it is during the times of influenza season or a global pandemic. |
| Mistraletti 2020 | How to communicate with families living in complete isolation. | SARS-CoV-2 | Other: Italy | Delineate and share consensus statements in order to enable the healthcare team to provide by  telephone or video calls an optimal level of  communication with the patients relatives under circumstances of complete isolation. | Case Report | Multiprotection taskforce of physicians, nurses,  psychologists, and legal  experts, together with some family members and former intensive care unit patients  was established by four Italian national scientific societies. | 46 | Qualitative | Ten statements and two practical checklists for phone or video calls were drafted and evaluated; they are related to who, when, why and how family members must be given clinical information under circumstances of complete isolation. | It is based only on the expert opinion of the authors: the physicians and nurses selected for the task force were all working in emergency or in  critical care settings: neither neurologists, epidemiologists, infectious diseases specialists, nor healthcare manager or religious authorities were involved. | The statements and the checklists offer a structured methodology in order to ensure good quality communication between the healthcare team and family members even in isolation, confirming that time dedicated to communication has to be intended as a time of care. |
| RodriguesMENG 2020 | Communication in health work during the COVID-19 pandemic. | COVID-19 | Other: Brazil | Report on communication and qualified listening in nursing work in the face of the COVID-19 pandemic. | Case Report | Nurses |  | Qualitative | Resignifications of communication in the work relationships of the health team and (ii) Guided listening to users by nurses at the Emergency Care Services during the pandemic. | The main limitation identified in the report is the specific regional character of the health service and its specificities in the local context | Nursing as a health profession, with its work processes directly affected by the pandemic, finds in light technologies such as communication and qualified and guided listening, strategies to improve care and relationships established with the health team, family, and patient. |

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| Abrams 2020 | Risk Communication During COVID-19. | COVID-19 | Other: Canada,  United States, and Australia | Analyze risk communication during COVID-19 within the United States, Canada, and Australia and recommend appropriate risk communication strategies. | Qualitative research | Healthcare allergy community | n/a | Qualitative | Clear and pertinent guidance is emerging from allergy societies about the management of allergic conditions during COVID-19. An understanding and appreciation of risk communication will be essential as we communicate with, and inform, our patients, and our colleagues, moving forward. | n/a | Ensure appropriate risk communications through the use of social media, because the public largely relies on media and social relationships to inform their level of risk perception.  Recommendations include that allergy societies should have their Web sites contain as up-to date information as possible, and serve as educational platforms both for physicians and for our patients. Using multiple forms of social media including Facebook, Twitter, and YouTube videos allows the message to be dispersed more widely within the general public. Efforts to decrease sensationalism, to portray honest picture, and to elicit the help and understanding of the public are lessons that can be applied to any epidemic or pandemic. Another important step moving forward is involving all stakeholders, including members of the allergy community, in the broader public health messaging. |
| Li 2020 | YouTube as a source of information on COVID-19: a pandemic of misinformation? | COVID-19 | United States | To review and examine YouTube as a source of COVID-19 misinformation. | Cross sectional study | YouTube videos- specifically those with the subject of  COVID-19 | 150 | Qualitative | The findings, which are consistent with those published in similar studies, suggest the lack of access of professional and statistical reports and infographics and may not be as appealing or  accessible to the general public. Using multi-media and multiple social media platforms, including YouTube, will allow for greater impact. | This is a cross-sectional study at one-time point. However, as YouTube is a dynamic platform, any search strategy would have this limitation. The  inclusion of only English videos presents a language bias and may limit the generalizability of our results to different languages and countries. | As the current COVID-19 pandemic worsens, public health agencies must better use YouTube to deliver timely and accurate information and to minimize the spread of misinformation. This may  play a significant role in successfully managing the COVID-19 pandemic |
| Tangcharoensathien 2020 | Framework for Managing the  COVID-19 Infodemic: Methods and Results of an Online,  Crowdsourced WHO Technical Consultation. | COVID-19 | Other: Global | A World Health Organization (WHO) technical consultation on responding to the infodemic related to the coronavirus disease (COVID-19) pandemic  was held, entirely online, to crowdsource suggested actions for a framework for infodemic management. | Qualitative research | policy makers, public health professionals, researchers, students, and other concerned stakeholders | 1483 | Qualitative | The outcomes following the consultation period are in a set of five  COVID-19 infodemic management areas: (1) scanning and verifying evidence (18%); (2) explaining the science (20%); (3)  amplifying the reach of messages (44%); (4) measuring the infodemic and assessing trends and impacts(12%); and (5) coordination and governance (6%). |  | The first version of this framework proposes five action areas in which WHO Member States and actors within society can apply, according to their mandate, an infodemic management approach adapted to national contexts and practices. Responses to the COVID-19 pandemic and the  related infodemic require swift, regular, systematic, and coordinated action from multiple sectors of society and government. It remains crucial that we promote trusted information and fight misinformation, thereby helping save lives. |
| Zamberg 2020 | A Mobile Health Platform to Disseminate Validated  Institutional Measurements During the COVID-19 Outbreak: Utilization-Focused Evaluation Study. | COVID-19 | Other: Geneva | The aim of this paper is to describe the utilization of a dedicated mobile health (mHealth) platform to  disseminate up-to-date and validated information about SARS-CoV-2 to all medical staff of the Children's Hospital at the University Hospitals of Geneva. | Qualitative research | the medical staff of the  Children's Hospital at the University Hospitals of Geneva. | n/a | Qualitative | From February 25, 2020, to March 13, 2020 (18 days), information documents on SARS-CoV-2 were viewed 859 times, which  accounted for 35.6% of the total content views (total views=332). User activity increased significantly with 50.8(SD 14.4) users per day in this period as compared to the previous weeks (mean 26.4,  SD 9.8; P<.001). In addition, session numbers per day more than doubled during the aforementioned period (P<.001). In a survey, medical staff found the information easy to find within the app. | The main limitation is our inability, at this stage, to provide evidence of the impact of this mHealth intervention on the quality and outcomes of patient care. | While more data is needed to study the short-and long-term clinical impact and outcomes of this type of health intervention, the use of a mobile platform designed to disseminate information during the SARS-CoV-2 outbreak seems to be an effective and time-saving method for communicating local guidance within our institution. |
| Bagdasarian 2020 | Rapid publications risk the integrity of science in the era of  COVID-19. | COVID-19 | Other: Global | The rapid dissemination of information has also highlighted some issues with the communication of  scientific results and opinions; this paper cites three specific examples and propose some solutions for these gaps in communicating scientific information | Case Report | n/a | n/a | Quantitative | The risks of unverified information are amplified at a time when the healthcare community is desperate for information on which to base clinical and policy decisions, and when media outlets are  consumer-driven. Insightful medically trained readers, as well as  the lay press, must consider the content of these articles for what they are, and apply additional scrutiny and skepticism while acknowledging that expedited publications and preprint servers are a valuable resource. | n/a | In an era when information can be widely and swiftly disseminated, it is important to ensure that the scientific community is not an inadvertent source of misinformation. This will require a  multimodal approach, with buy-in from editors, publishers, preprint servers, authors, and the media. The landscape of medical publications has changed, and a collaborative approach is required to maintain a high standard of scientific communications. |
| Wahbeh 2020 | Mining Physicians' Opinions on  Social Media to Obtain Insights  Into COVID-19: Mixed Methods Analysis. | COVID-19 | Other: Global | To identify topics, opinions, and recommendations about the COVID-19 pandemic discussed by medical professionals on the Twitter social medial platform. | Cohort study | Medical Professionals | 119 | Mixed Methods | Tweets revealed the important topics about the COVID-19 pandemic that medical professionals discussed during the period of the study. Medical professionals provided a wide range of actions  and recommendations that must be considered by the government, public health officials, and individuals. These actions and  recommendations mainly focused on flattening the curve, quarantine, self-isolation, social distancing, staying at home, and personal self-care. | Despite the breadth of tweets collected, not all medical professionals use  Twitter, and those who do use Twitter use a significant amount of discretion with respect to their level of engagement with the platform. There are also temporal and geographic dimensions that are not necessarily captured. | Suggested measures included increasing testing, surveillance, and detection as much as possible, adopting drive-through testing, and rapid scale-up of diagnostic testing outside of hospitals. |
| Glatman-Freedman 2020 | A COVID-19 call center for healthcare providers: dealing with rapidly evolving health policy guidelines. | COVID-19 | Other: Israel | To describe and analyze the operation of the call center established by the ICDC (which belongs to the Israel MOH) in order to facilitate effective  communication with health care providers during the early stages of the COVID-19 public health emergency. | Qualitative research | Physicians, nurses, administrators. | n/a | Mixed Methods | The call center offered the country's health providers a centralized  source of information tailored to their specific needs, at a time when major and rapid changes in health care delivery were being made. The data demonstrates that the call center became operational 2 weeks before the diagnosis of the first COVID-19 case in Israel, and about 8 weeks prior to the first observed peak COVID-19 incidence. | Due to the large volume of calls, caller details could not be completed for some calls. However, because we were able to obtain information for the  majority of calls, our analysis does reflect the overall callers profile in terms of their parent organization, their profession, and their geographic location | Optimize two-way communication between health authorities and providers during a public health emergency by developing data systems that facilitate real-time analysis, rapid evaluation (prior to and during the management of a health emergency), and expand available methods for providers to make contact with the MOH in emergency situations. |
| Goldstein 2020 | Science Communication in the Age of Misinformation. | COVID-19 | United States | To describe the background, importance, and guidelines for behavioral medicine science communication during this uniquely challenging  moment in history | Case Report |  |  | Qualitative | Effective science communication regarding behavioral recommendations and public health messaging is critical to reduce the spread and impact of COVID-19 and to promote overall health and well-being at the individual, family, community, and population levels. |  | Tailoring messages requires perspective-taking, insight, humility, and knowledge of the target audiences and will enable health providers to communicate more clearly within our circles of research or practice. In doing so, this will maximize the impact in promoting health, changing behavior, and saving lives at the community and population levels. |
| Hall 2019 | Whose crisis? Pandemic flu,  'communication disasters' and the struggle for hegemony. | H1N1 | Other: Germany | To examine the projected expectations towards the behavior of the audiences and the projected ways  of information circulation informing public health  communication strategies during a pandemic | Qualitative research | Public health experts and critical infrastructure providers | 67 | Qualitative | The analyses center on how the participants framed the failure and what they thought would have been an appropriate communication strategy to prevent this disaster from happening again. |  | What is apparent from the findings is that health professionals underestimated the political register of the vaccination campaign. Coverage of issues of funding, prioritization, and safety of different vaccines followed the routines of political reporting opening the campaign to legitimate controversy. |
| Sharov 2020 | Adaptation to SARS-CoV-2 under stress: Role of distorted information. | SARS-CoV-2 | Other: Russia | To study the situation in the Russian healthcare system and advance recommendations on how to  avoid further crises | Qualitative research | Medical personnel | 903 | Qualitative | The role of using social networks and electronic gadgets in spreading panic throughout Russian hospital clinicians was  enormous. Stress and anxiety within medical care were mainly  caused by the overall highly nervous social background. This background, in turn, was instigated by false or unproven information on the epidemic. |  | Regularly demonstrating full mass-testing statistics in hospital bulletins/communications, media, and social networks instead of simple replicating WHO metrics. It will clearly show low  contagiousness and fatality rate of SARS-CoV-2; revealing deceptive nature of well-recognizable media symbols created specially to cause shock and stress (coffins, anti-plague medical costumes, mass burials, tears, etc.); Political initiatives aimed at curbing media psychosis. |
| Staes 2011 | Public health communication with frontline clinicians during the first wave of the 2009 influenza pandemic. | H1N1 | United States | To describe communication processes between  public health and frontline clinicians during the first wave of the 2009 novel influenza A (H1N1)  pandemic; assess clinicians' use of and knowledge about public health guidance, and assess clinicians' perceptions and preferences about communication during a public health emergency. | Cross sectional study | Public health and healthcare leaders from major agencies involved in emergency  response in Utah and office-  based primary care providers located throughout Utah | 509 | Qualitative | Communication process and information flow, distribution of emails, proportion of clinicians that accessed key websites at least weekly,  clinicians’ knowledge about recent guidance and perception about email load, primary information sources, and qualitative findings from clinician feedback. | Survey response was low and low response rate may have introduced bias that underestimates communication problems. | When developing strategies to communicate during public health emergencies, planners should consider distribution networks within healthcare organizations and institutions in their jurisdiction.  Public health authorities can collaborate with these institutions to distribute public health messages to affiliated clinicians. Authors recommend a single email from an institution with any differences from national or state guidance explicitly explained. |

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| Klein 2010 | H1N1: communication patterns among emergency department  staff during the H1N1 outbreak, April 2009. | H1N1 | United States | To assess how healthcare workers in emergency departments in the US obtained information related to the initial H1N1 influenza outbreak during the spring of 2009. | Cross sectional study | Invitations to participate in the survey were sent primarily to physician listservs whose memberships are both academic and non-academic as well as emergency department leadership, department staff, and emergency managers from personal contact lists. | 298 | Mixed Methods | Communication to emergency perceived as good during the initial  H1N1 outbreak. However, because of the limitations associated with an online survey, these results do not allow for generalization to the total emergency department staff population. | The survey was sent through the Internet to multiple listservs and individuals. Using these methods allowed researchers to reach a large and geographically diverse group in a short period of time. However, it did not  allow for the accurate computation of how many people ultimately received  the survey. Therefore, it was not possible to calculate population-based statistics and the results cannot be generalized. The use of an online  survey introduces systematic and self-selection bias. Additionally, results may be skewed regarding subsets of individuals who received the e-mail but chose not to respond to the survey, or to forward the survey to their colleagues. | Hospital administrators may need to consider the differences in communication preferences of direct patient care providers and indirect patient care providers when distributing important  information to emergency department staff during crisis and emergency situations. It is important to the communicators to take into consideration that information distribution is not a "one size fits all" and must be tailored, even in one's own institution, to the communication preferences of those who need to have the information. |
| Janssen 2006 | "Why tell me now?" the public and healthcare providers weigh in on pandemic influenza messages. | H1N1 | United States | The primary objective of the research was to test selected draft communication materials about pandemic influenza for understandability, believability/credibility, level of interest in the subject, perceived im-portance of the information, the likelihood of action after being exposed to the information, and unanticipated. | Qualitative research | Members of the public and healthcare | 39 healthcare professionals and 97 members of the general public | Qualitative | Awareness regarding pandemic influenza varied across participants but was generally very low, the term priority groups had strong negative connotations, there was little geographic  variation in response, and the most commonly cited sources of information were Google, followed by the CDC. | A significant limitation of the study is that it was conducted in English with the ability to translate into Spanish if needed. | Communications should emphasize the differences between seasonal influenza and pandemic influenza and provide explicit information on who is to be vaccinated first and why.  Communication should make the clear distinction that vaccine is used to prevent influenza, and, in a pandemic, antivirals will likely be used for treatment. Maintaining updated e-mail databases and readying them for electronic communication with healthcare providers through proprietary  sites if there is a pandemic alert. Future communication efforts must focus on the development of multiple language groups and other populations and leaders/spokespersons at all levels of government, healthcare, etc. will need the training to incorporate tested information into their communications. |
| O'Boyle 2006 | Public health emergencies:  nurses' recommendations for effective actions. | Public Health Emergencies | United States | The aim of this study was to identify interventions nurses believe will support their ability to cope  during public health emergencies. A qualitative  research design was used with 33 nurses from designated bioterrorism-receiving hospitals. | Qualitative research | Nurses working during health emergencies | 33 | Qualitative | Nurses recommended adequate protective equipment, education, drills, accessible information and available content experts, and available administrators. Other recommendations included  increased security to protect nurses, emotional and physical  support, communication with nurses' families, and commitment from institutions to care for ill or injured nurses. | The focus group findings are not intended to be generalized to the larger population. Additional studies are needed to further identify concerns and  attitudes influencing the readiness of nurses to report to or remain at clinical sites and to describe the influence of unresolved fears and unmet family obligations on their ability to function during a crisis. | The overarching theme in the nurses' recommendations was a desire for safety and security. All of their recommendations supported establishing and maintaining a controlled, structured environment with resources readily available and hospital leadership and content experts present. |
| VanDijk 2015 | Experiences of General  Practitioners and Practice  Assistants during the Influenza A(H1N1) Pandemic in the  Netherlands: A Cross-Sectional Survey. | H1N1 | Other: Netherlands | The objective of this study was to report on general practitioners and practice assistants€™  acceptance of the chosen national policy, and experiences in the Netherlands during the influenza  A(H1N1)pdm09 pandemic | Cross sectional study | General practitioners and practice assistants | 372 | Qualitative | Communication (of changes) of guidelines during a pandemic plays a major role in the implementation of recommendations. | Data were collected ten months after the beginning of influenza (H1N1) pandemic and could have been subject to recall bias. non-responders were more often employed by another GP; therefore, GPs included in this study might not be representative of the Dutch general practice. | The involvement of general practitioners in future infectious disease outbreaks is essential. This study addresses issues in the pandemic policy which might be critical in a more severe  pandemic. In the case of the influenza A(H1N1) pandemic, the impact of non-compliance on  health outcomes was not tremendous, since the pandemic proved to be mild. However, in the case of future, more severe pandemics, compliance with recommendations may be more crucial. |