

ARTICLE FNIB

“Small address from a retired nurse...”

By Yves Mengal

“Towards a decision-making autonomy and increasingly numerous and expanded responsibilities... Some elements of the evolution of the nursing profession and of the National Federation of Nurses of Belgium (Fédération Nationale des Infirmières de Belgique), who celebrates its 100th anniversary this year”

The same story over and over again ...

After the coronavirus health crisis, and its variants, reminding the Spanish flu (1918), the importance of strict hygiene measures, wearing a protective mask, and confinement, were put upfront. The importance and obligation of vaccination for all also reminds us of the measures taken in France in 1905 to protect against smallpox... And now the war at our doors, bringing with it dramatic consequences for civilians both in terms of public health and healthcare, and of population displacement...

The war in Ukraine reminds us of the Crimean War, opposing, from 1853 to 1856, the Russian Empire to a coalition formed by the United Kingdom, France and the Ottoman Empire... and the disastrous sanitary conditions in which were the repatriated injured people to the Hospital of Scutari (near Constantinople, in Turkey) - vermin, rats, sick and injured people crammed on the floor, without food or drinking water, overflowing latrines and unhealthy premises without ventilation. This situation mentioned at the time in the Parliament in London led Florence Nightingale and 38 English volunteer nurses to go there, and realise that infections, epidemics and the lack of care kill more than the fighting itself...

Florence Nightingale reorganises the hospital, the hygiene, the tasks and the care, through simple but "unprecedented" sanitary measures¹: hand washing, clean linen and dressings, asepsis and antisepsis, disinfection with boiled water, ventilation and clean premises, strict and professional monitoring of each patient's state of health, autonomous decision-making, but also careful observation and reporting of morbidity and mortality rates... laying the foundations for health and public health statistics... In short, the foundations of nursing care, nursing as a profession, and quality of care, still in place today...

This experience that Florence Nightingale and her colleagues on the ground had, led to the complete reorganisation of the English health service, to the raising of the level of staff education and to the creation in 1860 of the first Nursing School at St Thomas Hospital in London, and to the beginning of the nursing profession and professional nursing care,

¹ Sinoué Gilbert « La dame à la lampe - une vie de Florence Nightingale » Calmann- Levy 2008 – Gallimard / collection Folio 2021.

Pia Isabelle « Florence Nightingale – l’ange de Crimée » Article Revue Point de Vue semaine du 10 au 15 janvier, pp63-65. Arte .TV « Florence Nightingale – la première des infirmières » 19 janvier 2022 20h50

recognised and protected (apart from the volunteer and compassionate approach of the nuns...)² ³

Florence Nightingale will increase attention in Belgium. Schools of nursing care and then nursing schools are created between 1880 and 1900 (in Liège, Brussels, Antwerp - by secular, public and Catholic initiatives...)⁴.

After Dr César De Paepe (who died in 1890), Edith Cavell, an English nurse having worked at the Royal London Hospital, but also as a liberal nurse, already advocating at that time to keep patients at home and to provide care at home, settled in Brussels in 1907. She is appointed, by Dr. Antoine Depage, as head nurse at the Berkendael Institute in Ixelles. On 10 October 1907, Antoine Depage founds a nursing school, in four adjoining houses on rue Franz Merjay in Ixelles, for which he gives the general management to Edith Cavell and the administration of the finances to his wife Marie Depage. Antoine Depage, Edith Cavell and Marie Depage develop health, hospital and nursing facilities in war surgery during the 14-18 war, based on the Anglo-Saxon perspective. As war resistant, Edith Cavell is shot by the Germans on 12 October 1915⁵.

In 1910, the first issue of a small journal, "L'Infirmière", is published by Dr Dourlet (father) from Charleroi, Dr Carlier from Mons, Dr Depage from Brussels and ... Edith Cavell⁶.

In 1908, a Royal Decree creates a competency certificate for nurses, issued after one year of training (without internships). In 1913, a second Royal Decree creates the Hospital Nurse Diploma after 2 years of post-competency certificate training (with courses, hospital internships and patients' home care). A national central exam delivers the Diploma... The effective implementation of this Royal Decree will be done after the 14-18 war. During the 14-18 war, a philanthropic association is created "La Famille de l'Infirmière" (supported by patronage and by the Red Cross), to support the nurses, help them socially and to provide them with accommodation. It is through the association initiative that a "Pension fund for nurses" is created... This association still exists nowadays⁷ ...

In 1919, due to material difficulties and precarious working conditions, the Belgian nurses come together as a Professional Union constituted by several regional organisations. At the same time, the nursing schools come together as a Federation of Nursing Schools to implement the Royal Decree of 1913 and to organise courses and internships leading to the State Diploma for Hospital Nurse⁸.

² Nightingale Florence « Notes on Nursing – What it is and what it is not » London Churchill Livingstone 1980 (Harrison and Sons first publishing 1859)

³ ICN International Council of Nurses « Notes on Nursing – a Guide for Today's Caregivers » Baillière Tindall / Elsevier 2009

⁴ Mechelinck Cécile « La Fédération Nationale des Infirmières Belges a quarante Genèse et le développement du Nursing Laïque en Belgique. Ottignies, Editions La Gerbe, 1962

⁵ Joiris Arlette « De la vocation à la reconnaissance – Les infirmières hospitalières – 1789-1970 » Socrate Editions Promarex, 2009.

⁶ Mechelinck Cécile - Ibid.

⁷ Mechelinck Cécile - Ibid.

⁸ Mechelinck Cécile - Ibid.

At the beginning of 1922, the Committee of the Professional Union for nurses pleads for the regional professional unions and the nursing schools, often spread, to come together as one Federation. This leads to the creation of the "Fédération nationale des Infirmières de Belgique - FNIB", on 23 February 1922... We are therefore celebrating, on Thursday 12 May 2022, the 100th anniversary of its creation. In 1923, Jeanne Hellemans becomes the first President of the Federation, and Cécile Mechelynck its first Vice-President.

Since its start, the new Board of FNIB protests and firmly opposes to the political will to create a title of "carer" in parallel to the one of "nurse" and to give the "social workers" the possibility to provide nursing care and give treatments prescribed by the doctor, under the excuse of "nursing shortage"...

After its creation, the FNIB joins the International Council of Nurses (ICN) to represent Belgium. The FNIB will play a very active role during the Congresses which take place around the world every two years. Marie Madeleine Bihet, FNIB President from 1946 to 1950, is elected as ICN President from 1953 to 1957⁹.

On 1st October 1926, the FNIB moves into new premises located at 18, Rue de la Source, in Saint-Gilles, which is still the head office today... The "La Famille de l'Infirmière" also moves there in parallel and in partnership with the FNIB.

Supported by the Bishopric, a catholic section of the FNIB is created in 1925: the "Association des Infirmières Catholiques de Belgique – AICB". The AICB is against the FNIB neutrality and will leave the FNIB to become an independent Association. Later, the Association becomes, in the French-speaking region, the ACN (Catholic Association of Nursing), and then the ABPAI (Association of Belgian Nursing Practitioners). In the Flemish region, it becomes the NVKVV¹⁰.

Similarly, the "neutral" FNIB will split in two (French-speaking FNIB and Dutch-speaking NNBVV, which became the FNBV).

Just before the Second World War, in 1939, the professional nursing associations get together to create in parallel a professional union called "Unitas", which will be recognised in 1940 and represented at the national health care Committee where it manages to have the minimum wage voted... After the war, Unitas loses its accreditation in favour of national unions linked to political parties which, and this is still the case today, defend job sectors rather than "professions". Unitas is then dissolved¹¹...

After the Second World War, the 4 general associations for nurses come together as a Union (the General Union of Belgian Nurses) in 1952, which still exists today.

In November 1946, despite their philosophical disagreements, the 4 associations work together to pass a law protecting the title of Nurse (15 November 1946), making it possible to sue unqualified people providing care illegally...

⁹ Mechelynck Cécile - Ibid.

¹⁰ Mechelynck Cécile - Ibid.

¹¹ Joiris Arlette - ibid

In 1955, the FNIB, associated with the UGIB, calls for a reform of the studies. It calls for the title of Nurse to be integrated into the Higher Technical Education (as Graduate Nurse in 3 years of post-secondary studies), so that the Hospital Nurses (as called under the old regime) are assimilated to this level of studies, while maintaining a 2-year training course as auxiliary-caregiver in vocational education and the possibility to do a bridging course to get a Graduate with additional studies.¹²

For their part, the Catholic groups call to keep two parallel training courses, leading each to a title of Nurse (Graduate and 'Brevetée'), as well as the creation of a 3rd category - 'auxiliary', trained in 1 year...

The Royal Decree of 17 August 1957 meet the wishes of the FNIB (Graduate Nurse - 3 years, and Hospital/Auxiliary Certificate - 2 years). But in 1960, a 3rd year is added to the "Breveté" course and finally the title of 'Infirmière Brevetée'¹³ is issued... It is only much later, in 2006, that the title of healthcare assistant is created with a 1-year training... This training structure and titles of Nursing Practitioners in 2 nursing titles and 1 title of healthcare assistant still exists... Even if a project defended by the Federal Council of Nursing and the professional associations now propose a different global reform, still not yet accepted...

Nonetheless, the current structure evolved under the obligations of the Directive 55 of the European Union for the recognition of the nurses' professional qualifications within the countries of the European Union for the training of the Nurse Responsible for General Care, a point discussed below.

The Nurse Graduate became the "Bachelor Nurse in charge of general care" and is now 4 years of post-secondary studies, since the start of the school year in September 2016, instead of the initial 3 years. The first new 4-year trained Bachelor nurses were graduated in June and/or September 2020 (in the middle of the health crisis). The 'Brevet' remained as 'Brevet Infirmier' but went from 3 years to 3,5 years of post-secondary studies in the French-speaking part of Belgium. It is maintained to 3 years at HBO5 level in the Flemish part.

The 1 year of post-secondary training for the healthcare assistants got an extension of her/his nursing activities delegated through additional training of 150 hours... (Royal Decree 27/02/2019).

Even if the clinical practice of Belgian nursing care is fragmented into 2 categories of nurses, the professional nursing associations succeeded in making passing a Law in 1974 recognising and specifically protecting the art of caring or art of nursing (Law of 20 /12/1974), in connection with the AR78 protecting the art of caring, voted in 1967 (10/11/1967). These texts and the legislative texts concerning all the health professions were coordinated in their form and their article numbers in the Coordinated Health Professions Law of 2015 (10/05/2015). All the health professions are recognised and protected in their practice, the Doctor – Pharmacist – Nurse triad constituting the basis of the system and its effectiveness

¹² Mechelinck Cécile - Ibid.

¹³ Mechelinck Cécile - Ibid.

in collaboration with physiotherapists, midwives, dentists, clinical psychologists, and the various paramedics...

Since the 60's, graduate nurses have access to university to improve their skills and obtain a university degree in Hospital Sciences (required for the management of hospital nursing departments and for education, by adding pedagogical training). The University License then became a master's in public health (Nursing Services Management and Nursing Science option). The recent publication of the recognition of the role of Advanced Practice Nurse (2019) - by Minister Maggie De Block, has favored the creation of a Master in Nursing Sciences, now available for nurses both in the North and in the South of the country...

Let us pay tribute to those who, before us, have worked to defend the profession and the development of Belgian, European and international nursing care.

In the 70's, the FNIB participated and was actively involved in the European approach for harmonisation and mutual recognition of the title and training of the "Nurse Responsible for General Care". Although an organisation of Western European nursing associations, group of associations members of ICN, was existing since 1953 (Groupement du Nursing de l'Ouest Européen - GNOE), the European professional nursing associations members of ICN (including the FNIB for Belgium) agreed in 1971 on the creation of a body that would provide advice and would represent the nurses next to the European Union on the preparation of the sectoral Directives, some of which will concern the nursing sector (Mandatory Directives in the EU countries). This nurses' representative body would be called "Comité Permanent des Infirmières de l'UE – Permanent Committee of Nurses of the EU - PCN"¹⁴. Annie Santucci and Thierry Lothaire would be the representatives on behalf of FNIB.

The GNOE was dissolved in 1996. The PCN remained the only body representing nurses in the EU. It was renamed, in 2004, as "European Federation of Nurses Associations – EFN"¹⁵.

In 1977, the European Commission signs a directive (Directive 77/453/EEC of 27 June 1977) aiming at coordinating the laws, regulations and administrative provisions concerning the activities of the "nurse responsible for general care". This directive is then updated by the sectoral Directive 2005/36/EC, and by the Directive 2013/55/EU, which sets the standards in terms of hours for theoretical and practical training of the nurse responsible for general care, with a minimum of 3 years of study post-secondary (6 years of education) and the qualitative standards corresponding to the 8 competences expected from a nurse responsible for general care, allowing the mutual recognition of the nurse responsible for general care and its free movement within the EU countries.

The 80's and 90's see Belgian nursing training and practice greatly influenced by the North American nursing conceptual models. Virginia Henderson is one of its representatives. Its

¹⁴ De Raeve Paul « Nurses' voice in the EU Policy Process » Editions Kluwer 2011.

¹⁵ De Raeve Paul - *ibid*

conceptual model supported and widely valued by the International Council of Nurses (ICN) will inspire a lot around the world and in our country.^{16 17 18}

While Henderson's model, philosophically rich, gives attention to the patient and the way he/she conceives his/her life, autonomy and independence (when he/she can), it will be strongly distorted, perhaps badly misunderstood or misinterpreted and brought to the single concept of "Virginia Henderson's 14 needs" ... However, Virginia Henderson advocates for an active, responsible and autonomous role of the nurse in the process of the care decision-taking with the patient, including a clear diagnosis of the sources, reasons and causes of the problems and needs expressed by the patient. She will also try to show the importance of the complementary and inextricable aspects of physical, technical, technological, relational, psychological, educational, social, cultural and ethical nursing care approaches, under the nurse responsibility.

Indeed, often, there is an opposition between the so-called technical care (or care technique) and relational caring. They are, though, complementary. A good relational professional skill supposes an excellent technical and technological command of the care.

In the 80's and 90's, clinical nursing research also develops considerably. The results based on "homogeneous groups of patients" form the scientific basis and the evidence of clinical practice (Nursing Science), thus justifying the choices that a nurse will have to take and carry on for and with "an individual patient" whose specificities have been clearly identified.

This clinical nursing research, initiated in Anglo-Saxon and North American countries, and implemented later than the clinical medical research, is now well established and supported in Belgium. This will certainly be one of the challenges of the new role of the Advanced Practice Nurse – APN, and of the master's in nursing sciences training linked to it.

Over those years, the FNIB is not outdone; on the contrary, since it organises its annual Congress in 1996, in Charleroi, on the theme "Clinical research: driving practice"¹⁹.

In 2002, the Law on Patients' Rights (22/08/2002), essentially centered on the "duties" of the health professional, clarified the obligations and responsibilities of the nurse and of all the healthcare professionals.

Following the publication of this Law in 2004, the professional nurses' associations drafted a "Code of Ethics for Belgian nursing practitioners". An updated version is published in November 2017.

¹⁶ Virginia Henderson « Basic Principles of Nursing Care » International Council of Nurses » Edité de 1960 à 1977

¹⁷ Virginia Henderson « La nature des Soins Infirmiers » Paris InterEditions, 1994 (traduite de « The Nature of Nursing – A definition and its implications for practice, Research and Education » Mac Millan Publishing Cy 1966

¹⁸ Delchambre , Lefevre, Ligot et al. « Guide d'observation des 14 besoins de l'Être Humain (Virginia Henderson) ». De Boeck Université 2000 (2eme Ed.)

¹⁹ Mengal Yves « La recherche en Matière d'Art Infirmier » - in Memento de l'Art Infirmier 1997 – Kluwer Editorial, Diegem 1996 – pp25-39.

It should be noted that since then, projects have emerged to create a Nursing Ethics Regulatory Body (Professional Order), responsible for applying the terms of this Code. The FNIB had chosen it as theme of its Annual Congress in 2007 “Order or Disorder: the usefulness of a Professional Order for nurses in Belgium”.

Following this Congress, in 2008, Minister Laurette Onkelinx introduced this point in her “Multiannual Plan to improve the attractiveness of the nursing profession”. A law proposal was presented at the Senate by Senator Jacques Brotchi (in collaboration with FNIB) on 19 March 2008 (4/655/1) and was debated and submitted to the Parliament. Unfortunately, this last step was weakened by the social partners and by nursing representatives. It stopped there and came to nothing ...

In 2006 (law of 27/12/2006), the Law on Hospitals, previously coordinated on 7 August 1987, defines the “Structure of nurse activity” in the same way and according to the same parallel structure as of “medical activity”. The functions and responsibilities of the Head of Nursing Department (Director of the Nursing Department), head nurses, nursing staff (including all hospital-based nurses) are defined, as well as the caregivers and the supporting staff: Nursing and Medical Department must collaborate at all levels and be subject to an internal and external qualitative assessment. A nursing file must include the medical file and become the unique file of each patient.

In 2006, the Royal Decree of 27 September is published, specifying, on the one hand, the list of specific professional Titles for the nurses with a Diploma/Graduate/Bachelor (long specialisation training - 1 year) and, on the other hand, the list of specific professional qualifications, for the nurses with a Diploma/Graduate/Bachelor and the Nursing Certificate (short specialisation training - 150h).

In 2015, a contact group in Nursing Sciences was set up within the FNRS (Fonds National de la Recherche Scientifique) on the initiative of three universities (Free University of Brussels – ULB, Catholic University of Louvain – UCL, University of Liège - ULiège) – a first step towards academic recognition of the discipline.

Over the years, major steps were made in terms of nurses’ decision-making autonomy and professional responsibilities.

Recent publications support these developments by deepening the understanding of the patient's problems and by refining the methods, making it possible to address them effectively, through a humanistic approach, largely supported by the FNIB values and philosophy.

These include, among others, the publications of Marc Mayer published in 2011 in collaboration with Dan Lecocq: *“Le soignant entre la vie et ses représentations”*²⁰; of Jacques Dumont and Mohamed Stitou published in 2019 *“Aide-mémoire – Entretien motivationnel en*

²⁰ Mayer Marc (en collaboration avec Dan Lecocq) « Le soignant entre la vie et ses représentations » Editions EME Proximités, Fernelmont, 2011 (publié avec le concours de la Fédération Nationale des Infirmières de Belgique)

*soins infirmiers en 48 notions*²¹; and of Dan Lecocq, Hélène Lefebvre, André Néron and Martine Laloux published in March 2022 *“Le Modèle de partenariat humaniste en santé”*²² (Nursing conceptual model integrating the major humanistic elements of existing models into a concrete approach directly applicable in clinical nursing practice).

But such developments are sometimes countered by obstacles or even risks of regression, at political and social level, including within the profession itself.

Thus, the legal recognition of Consultation, Diagnosis and nursing Prescription is still not registered nor included in the nursing practice Law. However, these activities come from the decision-making autonomy specific to nursing.

On the one hand, the nursing profession is praised by some, and on the other hand, the desire for division and "unraveling" of the profession is high.

This is the paradox of the decisions taken by successive Ministers of Health...

As such, the Coordinated Health Professions Law (published on 05/10/2015 and implemented on 09/01/2016) defines the specific legal Exercises of each health profession (including nursing). A second law (22/04/2019) relating to the “Quality of the healthcare practice” advocates for the obligation of continuing education justified by a training portfolio, a better control of the professionals’ practice, deals with ethics and appropriate behavior of these professionals, strengthens the control of illegal practices of healthcare professions by unqualified people, wants to better prosecute quackery, practices that are not in conformity and not justified by conclusive scientific data, and provides adequate penalties... A recent draft law proposal from the current Minister of Health (March 2022) looks at terms of application from a practical point of view of this ‘Quality Law’, to make it effective from 1st July 2022.

All this is very nice and positive...

Although often not taking into account the views of the professionals themselves or the professional associations that represent them, these various legislative texts show a laudable political intention to protect the population and a desire to constantly improve the quality of our health care...

However, the same Ministers, over the same years, voted, in a situation of health crisis and emergency, a Royal Decree (04/05/2020 - Minister Maggie De Block) removed by Prime Minister Sophie Wilmès, and a Law (Law of 06/11/2020 – Minister Frank Vandebroucke), maintained by Prime Minister Alexander De Croo, and allowing to delegate all the nursing care to unqualified personnel. The nursing profession is the only “targeted”!!

²¹ Dumont Jacques, Mohamed Stitou « Aide mémoire – Entretien motivationnel en soins infirmiers » Editions Dunod Paris 2019

²² Lecocq Dan, Lefevre Helene, Neron Andre, Laloux Martine « Le Modele de Partenariat Humaniste en Santé » CERESI Cellule de Recherche en Science Infirmiere, Ecole de Santé Publique, Université Libre de Bruxelles, Research Gate, march 2022

While it seems that the process of preparing a law, the debates, and possible amendments that it may cause, its vote and publication in the Belgian Official Gazette, usually take between 3 to 6 months. The Minister of Health, Frank Vandenbroucke, got the law on the delegation of nursing activities to unqualified personnel or not authorised to practice, voted and published in just 4 days ... without any consultation with the interested parties. It is, therefore, a question here of making the illegal, legal. A real slap for the entire nursing profession.

Besides, the same politicians, supported by the social partners and the employers, signed in 2020 a Memorandum of Understanding allowing this delegation of nursing care to unqualified staff, to be effective in normal times, out of crisis situation... but providing (we never know...) a quality framework and safeguards for a delegation of activities supervised and controlled by... the nurse... (Sure!) – A quality framework that must be defined by the Federal Council for Nursing - Conseil Fédéral de l'Art Infirmier - at the request of the Minister. The nurse is, therefore, invited to scuttle herself her profession and practice ... Among other things, under the usual and fallacious excuse of “shortage”.

Still, thanks to the work of the nursing schools, there are now more than 200.000 nurses and more than 100.000 healthcare assistants registered in Belgium (retired and non-active) – SPF Santé Publique (Belgian federal ministry of Public Health) - Planning Commission – data from 2018 and from SPF Santé Publique - Health Professions' Annual Statistics – data from 2020). In total, 300.000 nursing practitioners, for more than 150.000 nurses and more than 80.000 healthcare assistants active. We therefore have one of the highest rates of active qualified nursing staff (13.8 nurses / 1000 inhabitants) in European countries.

However, everywhere, there is “shortage” ... We must therefore look for the structural causes... There are certainly recruitment difficulties in certain key sectors, as hospitals, for example... where more and more nursing staff are leaving their jobs at the hospital or reduce their working time there to carry out care at home or other activity outside the hospital. Some causes: wages, working conditions, access difficulties, unrealistic and obsolete standards in relation to the evolution of the complexity of acute and chronic care, increased workload over the last 30 years by a turnover of patients and by the reduction of the length of stay in the hospital, as well as the administrative burden associated to it...

The strength of the profession being the largest group of the healthcare professions should for long make heard a strong, common and convergent voice... This strength should logically make it possible to get substantial improvements, both in terms of quality and quantity...

Yet, this is not the case...

Many promises, in times of crisis, are then not kept... Financial amounts are largely released (the “white coats” fund, for example) but these are then diluted, and the profession sees little concrete impact on the ground. ... A system of employee remuneration reformed by the social partners and solely based on the functions, and no longer on titles and qualification

levels, leads to identical salaries for different diplomas (IF-IC system not concerted and deeply unfair)²³.

Soothing words of thanks to the nursing staff for their availability, their expertise, their professionalism, and the quality of their work are heard on television media sets and are published in the written press, followed by contemptuous, uncoordinated legislative measures prepared to devalue the profession, and attack its status and practice...

The genuine awareness comes when the politicians who have signed these laws are themselves hospitalised. They then realise the reality and suddenly ask (like the population and with good reason) to be cared for by a sufficient number of qualified and competent nursing staff ...

The coronavirus crisis has not improved the situation of little consideration vis-à-vis the nursing profession. They deserve this consideration, however, after the coronavirus health crisis that we have just experienced.

Throughout these years, nurses have been at the center of the action.

During the health crisis, during the 1st wave, initially without protective equipment, then supplied late by correct equipment, Belgian nurses adapted and were at the base (with their colleagues Doctors, Pharmacists and health professionals, and also their colleagues Surface technicians, logistical assistants and administrative staff) of the rapid creation of specific Coronavirus/Covid protected units in hospitals, the adaptation of nursing homes for the elderly (where unfortunately it was necessary to deplore a high mortality rate despite everything), and the adaptation at short notice of nursing care at home. The FNIB was on fire to defend them... They were applauded...

During the second wave, the right equipment and the experience gained were there, but the nurses had paid a heavy price for the crisis. They were either exhausted, or affected by the coronavirus, sick and/or dismissed, or, unfortunately, dead... Their colleagues had to supplement with the means on board. The ban on families visiting their relatives who are hospitalized, housed in nursing homes or cloistered at home has provoked difficult, negative and sometimes violent reactions towards health care staff.

During the vaccination period, the nurses were again in the fire and created and managed, with doctors and pharmacists, the vaccination centers... They themselves have set an example by being vaccinated completely at an average rate of 70 to 80%, even if some have been irreducible in the face of this vaccination.

But, once again, a discriminatory law of vaccination obligation vis-à-vis only health care workers was approved on 03 May 2022 by the government, under penalty of dismissal (even if it is not currently applied), while this same government did not have the political courage to impose compulsory vaccination for the entire population from July 2021... An extra slap in the face for the nurses...

²³ Le Guide Social « A diplômes différents, les infirmiers seront payés pareil » Article paru le 21/03/2028 (site web du Guide Social) à propos du système de barèles IF-IC

This raises many questions, frustrations and ... anger...

But the facts are clear...

Belgian nurses have shown that they are "unavoidable", "indispensable" and "essential", in the health systems of all countries, in collaboration and complementarity with other health professionals (and not as a substitute), including doctors and pharmacists, mainly. This was well known before the health crisis.

But this crisis has reinforced this evidence...

This raises many questions, frustrations and... anger...

So, the ball is now in our court. We constantly need to be vigilant...

The basic professional triad Doctor-Pharmacist-Nurse, around and with the patient, is present and effective. These three professions work in our country in complementarity and collaboration... with other healthcare and paramedical professionals, and not in substitution to it, as unfortunately it often happens in many other countries...

Our country does not have to be ashamed of its evolution, nor of its professional representatives... Quite the contrary. We were, and still are, at the forefront of quality nursing care and professional development.

Let us work for complete professional decision-making autonomy, in collaboration and complementarity with our colleagues from other health professions, in partnership with the patients, the entourage and the population for whom we are professionally responsible and in accordance with their expectations, their wishes and their expressed needs. It is our professional responsibility.

Let's not expect "others" to help or support us... Let's defend and express ourselves... but not in an uncoordinated way and each one in its own corner.

The true professional is the one who commits him-/herself, who proposes innovative ideas and projects and defends them, who is actively involved in his/her associative professional structures rather than passively waiting for others to do the work for him/her on a voluntary basis, on top of his/her professional activity.

Stop asking what professional associations do or offer (this is what we often hear). Stop complaining... Instead, ask yourself what "you" can do for your association and for your profession...

This small address is obviously not addressed to those who are already members (passive or active) of a professional association and in particular of FNIB, but to those who do not see any interest in it.

